Chronology
of the
Swine Flu Pandemic
Global Vaccination Project



RemembeЯ

"… The world can now reap the benefits of investments, over the last five years, in pandemic preparedness …"
Dr. Margaret Chan, Geneva, WHO, June 11, 2009

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Swine Flu Pandemic

a Global Vaccination Project in 2009-2010

a collection
of articles, documents, news, and remarks
on the history of the Global Vaccination Project
which was attempted to organize in 2009-2010

RemembeЯ

2024-2025

M. Teppone.
Chronology of the Swine Flu Pandemic: A Global Vaccination Project in 2009-2010.
A collection of articles, documents, news, and remarks on history of the Global Vaccination Project which was attempted to organize in 2009-2010. – RemembeЯ, 2024-2025, P. 2294.

Disclaimers

This Collection was compiled by Dr. Mikhail Teppone.

It was prepared in the course of research on Swine Flu Pandemic which was declared in 2009. The need for this collection is due to the fact that many web pages with the information related to the history of the 'Swine Flu Pandemic' and 'Global Vaccination Project' have been lost or removed from the original web-sites (see Chapter 19) and were preserved only in the web archive.

Another reason for preparing this collection is that historical facts published not at the scientific sources but at news platforms are usually forgotten and become inaccessible for further research.

The Collection has been prepared for research and education purposes to encourage further studies related to influenza pandemics that have occurred in the XXI century.

The Collection includes information that was found in the public domain.

The Compiler declares there is no conflict of interests or any financial interest.

Contents

Jefferson: It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution. But one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and *they get worse and worse*.

None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. *Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur*. [A Whole Industry is Waiting for a Pandemic. – Spiegel International, 21 July 2009]

Contents

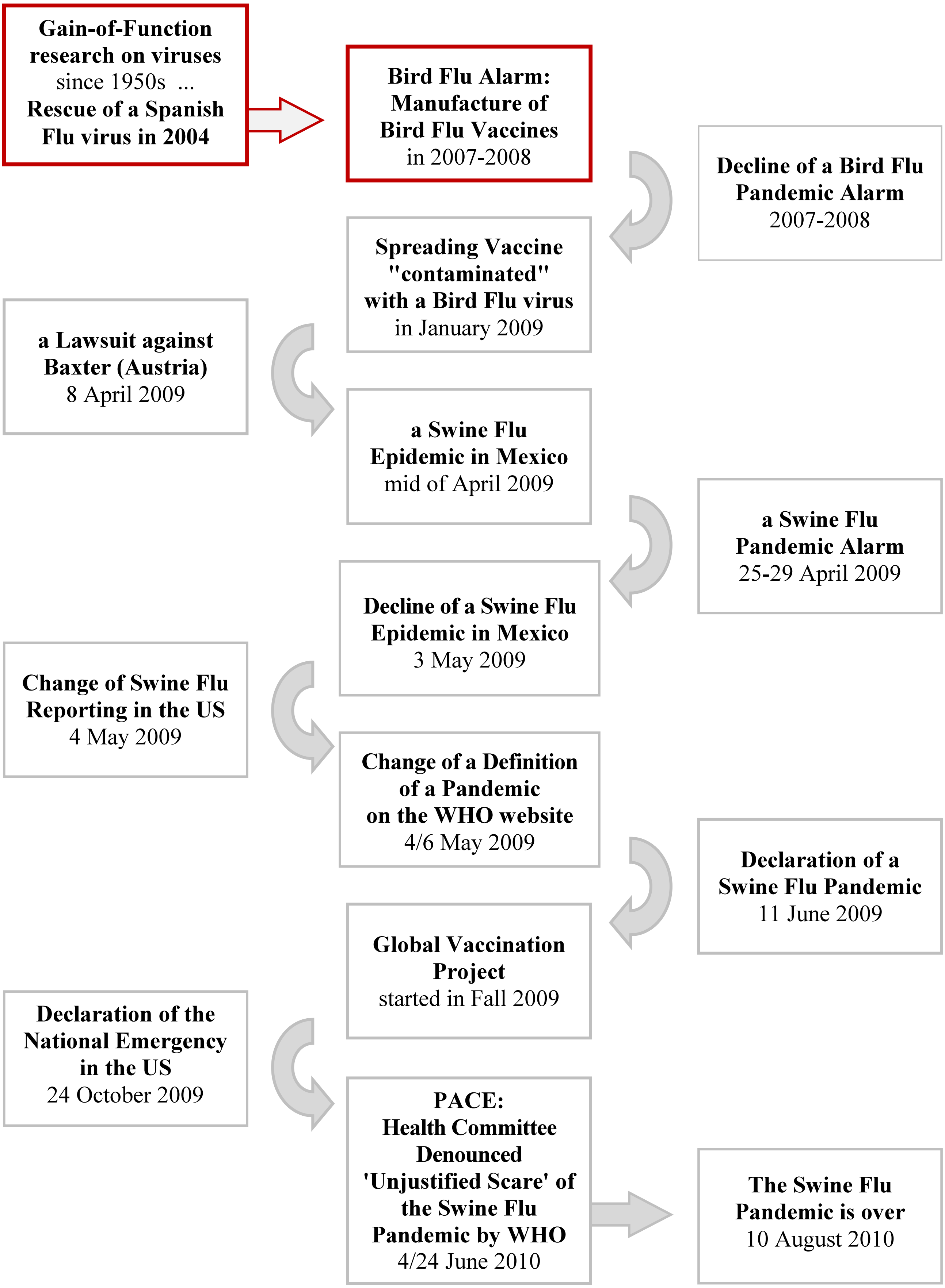
Chapter 1

Introduction:

Some events before Declaration of a Pandemic



Roadmap
of the Swine Flu Pandemic



San Francisco Examiner

Mary Jo Takach

No Cure for that Cold?

San Francisco Examiner (San Francisco, CA), 1972, Oct 8, Sun, N 41: 28.
https://newspaperarchive.com/tags/?pl=common-cold-is-like-the-weather&pr=10&page=2/

No Cure For That Cold?

By Mary Jo Takach

New York

THE common cold is like the weather — everybody talks about it but no one can do much about it.

Nearly 26 years ago Britain's Medical Research Council set up a unit at Harvard Hospital, Salisbury, to study common colds. In the beginning, in England, as in the United States, the major research was to identify the cause of the common cold. The study of viruses was young and scientists were hopeful that only one or two caused the common cold.

Volunteers Exposed

The original viruses were identified by exposing volunteers to them and seeing what happened. The volunteers would be inoculated with potentially infectious viruses by placing a few drops of liquid containing them into the nose and if any of them developed colds this would indicate that virus had been present in the inoculus, explains Dr. Sylvia Reed of the cold unit's research staff.

Today, the number of viruses is no longer of interest. "It is now known that there are more than 90 serotypes of rhinoviruses, which do not cross-immunize against one another," Dr. Reed says. "Furthermore, a new group of viruses has also been isolated. These are called human coronaviruses and they also cause typical colds."

Dr. James Spray of the National Center for Disease Control in Atlanta, Ga., estimates that there are at least 200 cold viruses which cause Americans to lose 47 million workdays and 65 million school days every year.

These viruses do not cross-immunize. This means each virus would need its own vaccine. In addition, vaccines cause antibodies in the bloodstream and cold viruses affect the outer linings of the nasal passages — just about as far away from the bloodstream as one can get in the body." Dr. Spray notes. Also, the immunity against a cold lasts for about two weeks.

Thus, researchers have decided it is just not worth the effort to develop 200 vaccines which would have to be given every two weeks or so. The U.S. National Institutes of Health (NIH) closed down its Board of Vaccine Development last year, deciding it was a waste of time and money. The British equivalent is still flourishing although the trend of its research has changed radically.

There are at least 200 cold viruses

Volunteers, however, still enroll in the British program for 10 days. Only healthy people aged 18 to 50 are accepted and they are isolated in pairs or threes in comfortable apartments. The only people the volunteers meet other than their "flatmates" are the doctor, nurse and virologists, who are all gowned and masked.

Many of the volunteers are students, nurses, married couples or groups of housewives who can enjoy a relaxing holiday without expenses and with a bit of pocket money. Only about a third come down with a cold. Some actually return for another "vacation."

"At present," Dr. Reed explains, "the volunteers assist in two main research topics." One is assessing the activity in man of antiviral drugs. The other is testing influenza vaccines.

"At Salisbury, drugs which are known to be active against respiratory viruses in test tubes and which have satisfactorily completed their toxicology testing can be assessed for activity against experimental infections of volunteers using rhinoviruses, coronaviruses or attenuated influenza viruses," Dr. Reed says.

Possible Drugs

There are several drugs, according to Dr. Donald D'Alessio, an assistant professor of preventive medicine at the University of Wisconsin, which show some tendency to kill viruses the way antibiotics kill bacteria. "We have tested several compounds which showed activity in tissue against a group of viruses. Unfortunately, in humans the activity of these drugs is marginal."

When a specific compound does not work, researchers then try different derivatives of the compound in hope that one of these will prove stronger. As of yet, Dr. D'Alessio says, there has been no compound that shows itself to be "hot stuff," despite recent reports of one that has given some positive results in animal tests.

Enterprise Science Service

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Enterprise Science Service

The New York Times

Edwin D. Kilbourne

Flu to the Starboard! Man the Harpoons!
Fill 'em With Vaccine! Get the Captain! Hurry!

The New York Times, Feb. 13, 1976, p. 32
https://www.nytimes.com/1976/02/13/archives/flu-to-the-starboard-man-the-harpoons-fillem-with-vaccine-get-the.html

World-wide epidemics, or pandemics, of influenza have marked the end of every decade since the 1940's – at intervals of exactly eleven years 1946, 1957 and 1968. A perhaps simplistic reading of this immediate past tells us that 11 plus 1968 is 1979, and urgently suggests that those concerned with the public health had best plan without further delay for an imminent natural disaster.

Since the virus of influenza was first isolated in 1933, it has been measured, dissected and chemically analyzed with the assumption that its tiny particle holds the secret of its unique ability to persist into the twentieth century as the last great plague of man. In truth, the influenza virus particle will reveal the secret of its unusual mutability when the function of its genes and proteins can be understood.

The basic structure of the virus is now known, its proteins and genes counted and numbered and subject to deliberate laboratory manipulation, yet we have no answer to its predictable disappearance every ten years and its periodic replacement by new mutants to which the whole world is susceptible.



Reasonably effective vaccines for influenza have been available for thirty years, but not even recent pandemics have been significantly influenced by human intervention. Whenever pandemic influenza next appears, we must improve upon our well-intentioned but uncoordinated individual efforts of the past that have resulted in ambiguous advice to the public and inadequate production and maldistribution of vaccines.

The initial introduction in 1968 of the currently circulating Hong Kong subtype of influenza virus witnessed within the United States alone the occurrence of more than 50 million illnesses and 19,000 influenza-associated deaths (and 1968 was not our worst pandemic year). The economic burden of such a disaster is not easily Calculated but in 1968-69 approached $4 billion if losses in earnings are added to total medical costs.

If, then, we accept pandemic influenza as a disaster and are concerned about its apparent predictability, what can be done about the predictable disaster of circa 1979? Although hardly as predictable as the tides, the recurrence of pandemics is predictable, if the record of the last 400 years is any guide to the future.

Much can be done without a single new scientific development. Our present vaccine policy is not carried out in practice. This policy recommends the preferential immunization of the estimated 45 million Americans unusually susceptible to influenza complications (pneumonia and death) even in interpandemic years.

But only about 20 million doses of vaccine are produced annually, and of this amount less than half reaches the high-risk population.

A central advisory commission should be established to coordinate the influenza-related research activities of the National Institute for Allergy and Infectious Diseases, the vaccine regulatory functions of the Bureau of Biologics of the Food and Drug Administration, and the epidemiological surveillance and public health advisory functions of the Center for Disease Control, to insure adequate production of vaccine by the private sector and its appropriate distribution. Achievement of this objective may require governmental subsidizing of industry with the probability of occasional overproduction of vaccine – but discarded vaccine should be weighed against discarded lives.

Although present vaccines do not produce lasting immunity, they are 70 percent to 90 percent effective for about one year. These vaccines have never been systematically or widely used during pandemics. If only individuals abnormally susceptible to fatal complications (those over 65 years of age and those with cardiac or pulmonary disease) were selectively immunized, many of the predictable thousands of deaths and millions of illnesses could be prevented.

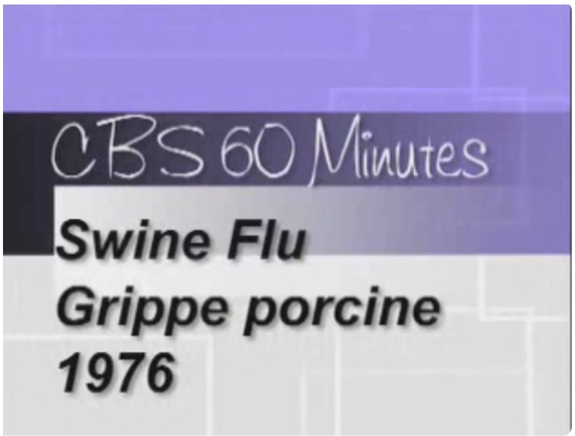
Recent basic research has already yielded practical dividends in enhancement of vaccine production by the use of genetically modified viruses – thus shortening the production lag responsible, in part, for past vaccine shortages in pandemic years.

Meanwhile, research on new live virus vaccines as well as basic studies should be accelerated so that these and other new approaches to the control of pandemic influenza can be tested when pandemic influenza, the predictable natural disaster, next strikes.

PERSONAL GROWTH COURSES

Swine Flu Vaccine Dangers
1976 swine flu vaccine campaign killed hundreds

CBS 60 Minutes, Part 1-2
https://www.youtube.com/watch?v=WmIcvrIqvwE
https://www.personalgrowthcourses.net/video/swine_flu_vaccine_1
https://www.personalgrowthcourses.net/video/swine_flu_vaccine_2









The Swine Flu Affair

Richard E. Neustadt, Harvey V. Fineberg

The Swine Flu Affair. Decision-Making on a Slippery Disaese

Washington (DC): National Academies Press (US); 1978, 189 p. PMID: 25032342
https://www.ncbi.nlm.nih.gov/books/NBK219606/ // https://pubmed.ncbi.nlm.nih.gov/25032342/

Summaru and Comments

In winter 1976, it was cold on the East Coast of the United States. By mid-January, many of the recruits serving in the military at Fort Dix had "colds." The patients were offered hospitalization; one of them, David Lewis, refused hospitalization, continued training, and died suddenly.

On February 20, 1976, the New York Times published an article by scientific columnist Harold Schmeck stating that a recently discovered virus was probably the cause of the 1918-1919 epidemic.

On March 24, 1976, after discussing the events at Fort Dix, US President Gerald Ford announced a plan to vaccinate 200 million Americans against the swine flu virus. To carry out the program of total vaccination, J. Ford asked the US Congress for 135 million dollars, and later received the support of both chambers.

Vaccination began on October 1, but was suspended on December 16, 1976, due to an increasing number of various complications, including Guillain-Barré syndrome and deaths. In two and a half months, more than 40 million Americans received the vaccine.

As it turned out, ***there was no epidemic of swine flu*** and there was no need for vaccination. Human lives and huge funds were wasted. It was a trial balloon for future universal vaccination projects. No one has been held accountable for this crime.

The Economist

Changing your Genes

The Economist Magazine. 25 April 1992
1992 Apr 25; 323 (7756):11-12. PMID: 16001470
https://pubmed.ncbi.nlm.nih.gov/16001470/



Biology is destiny. "Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Francis Crick and James Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints. ...

APRIL 25TH 1992

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At first glance, genetic therapy—the nascent art of giving sick people new genes to alleviate their illness—looks like the apotheosis of this trend towards reducing human life to a few short sequences of DNA. But although its advent means people will be talking in the language of genes even more than they already do, the way they talk will change. They will not be passively reading out the immutable genetic lore passed down from generation to generation. They will not be receiving orders; they will be giving them. The birth of genetic therapy marks the beginning of an age in which man has the power to take control of his genes and make of them what he will.

New promises, new threats, old answers

At the moment, gene therapy is a small field on the fringes of medicine and biotechnology. Genes carry descriptions of proteins, the molecules that do most of the body's work; if someone is missing a gene, they will be missing a protein, and may thus suffer a deficiency or disease. If a gene or set of genes runs amok, cancer can result. The gene-therapists aim to provide the body with genes to make good its deficiencies and problems. If their field had grown as fast as the stacks of ethical reports and regulatory procedures that surround it, it would already be big business. As it is, after years of discussion, it is only now starting to blossom. Therapies are being tried on people around the world (though in tiny numbers) and new ways of delivering genes are being devised (see pages 95-97). A torrent of raw material for tomorrow's therapies is flowing from the human ge-

the drug is being made inside the body. There already exist sets of rules for trying out drugs. The question of the drug's provenance is of secondary importance, as long as its manufacture can be shown to be safe. Experimental gene therapy has satisfied regulators on that count, so far.

"So far", though, is only the beginning. Beyond today's gene therapy, which is a specialised form of medicine not that dissimilar to others, lie far more controversial possibilities: changing genes for non-medical reasons, and changing genes wholesale in such a way that the new genes are passed on from generation to generation. At present, therapists aim at genes that are clearly villains, and the therapies last at most as long as the patient, and often only as long as a transient set of cells. But what of genes that might make a good body better, rather than make a bad one good? Should people be able to retrofit themselves with extra neurotransmitters, to enhance various mental powers? Or to change the colour of their skin? Or to help them run faster, or lift heavier weights?

Yes, they should. Within some limits, people have a right to make what they want of their lives. The limits should disallow alterations clearly likely to cause harm to others. Even if the technology allowed it, people should not be allowed to become psychopaths at will, or to alter their metabolism so that they are permanently enraged. Deciding which alterations sit in this forbidden category would have to be done case by case, and in some cases the toss may be passionately argued. But so it is with all constraints on freedom. Minimal constraint is as good a principle in genetic law as in any other.

People may make unwise choices. Though that could cause them grief, it will be remediable. That which can be done, can be undone; people need no more be slaves to genes they have chosen than to genes they were born with. To keep that element of choice, however, one thing must be out of bounds. No one should have his genes changed without his informed consent; to force genetic change on another without his consent is a violation of his person, a crime as severe as rape or grievous bodily harm. There may be subtle social pressures to choose certain traits; but there is often social pressure for all sorts of things, and it does not deny the subject free will.

Text in full can also be found in the article:

Genetic Engineering should be Unrestricted. – In: Biomedical ethics: opposing viewpoints. Terry O'Neill, ed. – San Diego: Greenhaven Press, 1994, p. 270-274.
https://archive.org/details/econ-genes

Therer are similar articles in The Economist:

The power of gene editing. – The Economist, 17 March 2022.
https://www.economist.com/films/2022/03/17/the-power-of-gene-editing
Science has made a new genetic revolution possible. – The Economist, 25 August 2022
https://www.economist.com/leaders/2022/08/25/science-has-made-a-new-genetic-revolution-possible
How genome editing will change humanity. – The Economist, 8 March 2023.
https://www.economist.com/human-genome-editing-pod
How the Human Genome Project revolutionised biology. – The Economist, 8 April 2023.
https://www.economist.com/science-and-technology/2023/04/08/how-the-human-genome-project-revolutionised-biology

HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Forced Vaccinations coming to Canada: MP Speaks out Against Bill C-42

A rare breed: Bloc Quebecois MP Mario Laframboise in the House of Commons December 3, 2001 speaks out against the Orwellian powers of forced vaccination coming to Canada via Bill 42.

House of Commons, Canada, 3 December 2001

https://web.archive.org/web/20090917004221/http://www.natural-person.ca/pdf/Forced_Vaccinations_coming_to_Canada.PDF

Global Justice Network, Vancouver, BC:

Bill C-42(R), called the Public Safety Act (or by others the New and Improved War Measures Act), amends numerous other Acts of Canada including The Department of Health Act, the Quarantine Act, the Food and Drug Act, and the Hazardous Products Act among others. The Bill has been tabled as part of new anti-terrorism legislation, along with Bill C-35, C-36 (Note: To give new interim powers to the various Ministers in charge of the various Acts; powers that have previously been in the hands of the courts, who have an obligation to respect the rule of law and consider impartially the rights of Canadians under the Charter of Rights and Freedoms).

The potential effect of such interim powers were brought up by Bloc Quebecois **MP Mario Laframboise** in the House of Commons December 3, 2001:

"I can perhaps try to explain, to help Quebecers listening to us to better understand the new powers that would be given to the Health Minister. It is quite simple:

11.1 (1) The Minister may make an interim order that contains any provision that may be contained in a regulation made under section 11 if the Minister believes that immediate action is required to deal with a significant risk, direct or indirect, to health or safety. Hence, by way of an interim order, a new power has been given to the Health Minister. In the case of the anthrax vaccine or the protective inoculation, this power would have entailed the Minister to give his officials the power to buy the necessary vaccine and to compel every Canadian to receive it. These new dispositions all give more powers and this is what makes it so serious. It is not done simply by giving the minister more powers, because we do not simply give him more powers, we tell him that now An interim order is exempt from the application of sections 3, 5 and 11 of the Statutory Instruments Act.

This means that the minister could adopt interim orders for all sorts of emergency purposes and be exempt from the application of sections of the Statutory Instruments Act. And I am not talking about any old section, either. I will read a part of section 3, which would no longer apply to the Minister of Health in the case of interim orders. This section states:

3. (1) Subject to any regulations made pursuant to paragraph 20(a), where a regulation-making authority proposes to make a regulation, it shall cause to be forwarded to the Clerk of the Privy Council three copies of the proposed regulation in both official languages.

Now, it would no longer be necessary to send them in both official languages. I read on:

(2) On receipt by the Clerk of the Privy Council of copies of a proposed regulation pursuant to subsection (1), the Clerk of the Privy Council, in consultation with the Deputy Minister of Justice, shall examine the proposed regulation to ensure that

(a) it is authorized by the statute pursuant to which it is to be made;

(b) it does not constitute an unusual or unexpected use of the authority pursuant to which it is to be made;

(c) it does not trespass unduly on existing rights and freedoms and is not, in any case, inconsistent with the purposes and provisions of the Canadian Charter of Rights and Freedoms If the Minister of Health is empowered to make interim orders, to purchase vaccines, of whatever kind, exempt from the application of the provisions of enabling legislation, he could very well acquire unacceptable vaccines, vaccines whose patents are held elsewhere. This is no problem. He could then require a group to be vaccinated without complying with the charter of rights and freedoms. All this is effective for 23 days. After 23 days, the regulation must be published.

If this does not infringe individual rights and freedoms, I do not know what they can be thinking. If the minister had all these powers, why write in black and white in a bill that, now, he will be able to make interim orders without the House or the usual regulatory procedure requiring him to meet the test of the Charter of Rights and Freedoms." [end of quote]

The entire text of this speech in the House of Commons can be obtained at:
https://web.archive.org/web/20011224164309/http://www.parl.gc.ca/37/1/parlbus/chambus/house/debates/123_2001-12-03/HAN123-E.htm#Int-02138

This legislation is similar to the US Model State Emergency Health Powers Act. Health Scientist and Government Cover-up Investigator Dr. Len Horowitz claims in his article:
https://web.archive.org/web/20040401161443/http://www.prophecyandpreparedness.com/Articles.htm

Advances Totalitarian Legislation under Guise of Public Health:
Forced Drugging and Injections Are On The Horizon that forced vaccinations will soon be authorized in the United States under this proposed Act, a copy of which can be found at:
http://www.publichealthlaw.net/cgi-bin/dl_specs.cgi

One such amendment allows the Minister of Transport to declare temporary military zones for up to one year, without adherence to the Charter of Rights and Freedoms.

Section 260.1 (1) of this Bill reads:
"If it is necessary, in the opinion of the Minister, for the protection of international relations or national defence or security, the Minister, on the recommendation of the Chief of the Defence Staff, may, for the purpose of ensuring the safety or security of any person or thing, designate as a military security zone an area of land or water, a portion of airspace, or a structure or part of one, surrounding a thing referred to in subsection (2) or including it, whether the zone designated is fixed or moves with that thing. The zone automatically includes all corresponding water and land below the earth's surface."

This military zone may be designated to protect, includes property, a place or thing that the Canadian Forces have been directed to protect in order to fulfil a duty required by law. This could apply to the Kananaskis location of the upcoming G8 meeting, or any other area where the government wished to restrict legitimate protest and dissent. Under (4) The Canadian Forces may prohibit, restrict or control access to a military security zone; and under (5) A person found in a military security zone without authorization, and any animal, vehicle, vessel, aircraft or other thing under the person's control, may be forcibly removed by any authorized person, officer or non-commissioned member.

Furthermore, with the recent passage of Bill C-24 (otherwise known as the Police Brutality Act):
http://www.parl.gc.ca/common/bills_individual.asp?Language=E&Parl=37&Ses=1&Bill=C-24&BillType=government
which is an Act to amend the Criminal Code, public officers and their agents are now exempt from criminal charges under certain and very broad conditions. This Bill was passed by the Senate on December 6, 2001, despite a plethora of credible witnesses' testimony of the dangers of this Bill.

The Canadian Bar Association's (CBA) National Criminal Justice Section says sweeping changes in Bill C-24, will place law enforcement personnel and their agents above the law. "We are opposed to this profound change to the law out of respect for Canadian constitutional guarantees and the rule of law," says Heather Perkins-McVey, of Ottawa, National Criminal Justice Section Chair. The

legislation would allow police and even agents of the police to commit serious criminal acts without appropriate accountability, a move the CBA vigorously opposes. "Certainly, police must have the tools they need to do their job. However, creating a criminal exemption for police and their agents will create the possibility of a justice system prone to abuse and misuse of power," says Ms. Perkins-McVey. (See CBA Opposes Putting Police above the Law):

http://www.cba.org/news/releases/2001%5Freleases/2001%2D11%2D22%5Fpolice.asp

For instance, public officers who engage in or direct acts that would otherwise constitute an offense under the Criminal Code can now claim immunity under Section 25.1 if they were: engaged in the investigation of an offence under, or the enforcement of, an Act of Parliament & (i.e. Protection of foreign delegates under C-35 at an international G8 conference or acting under the interim orders of a Minister under C-42) and they believe on reasonable grounds that the commission of the act or omission & is reasonable and proportional in the circumstance. (This is left to the officer's discretion).

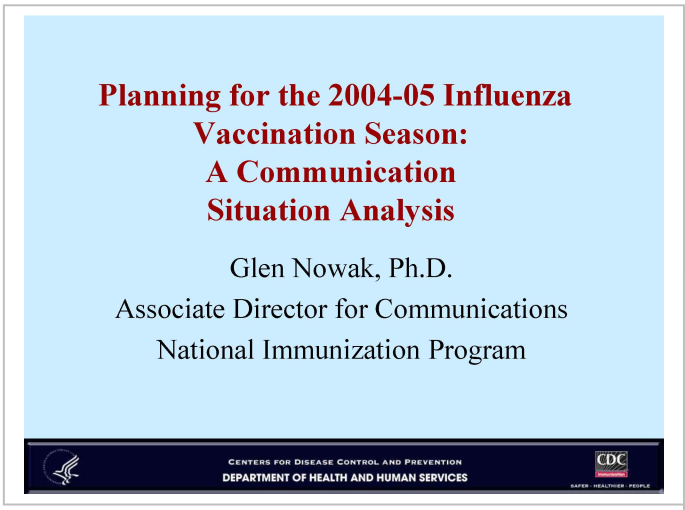
Although the public officer is normally required to obtain written authorization from a senior official, provision is made for the officer to undertake virtually any criminal offense on reasonable grounds that they could get such authorization. The evidence is mounting that democracy is now a farce in Canada, as it is in the United States, and that dictatorial power now resides in the Prime Minister and his select group of Ministers. Please take the time to write Senators and Members of Parliament.

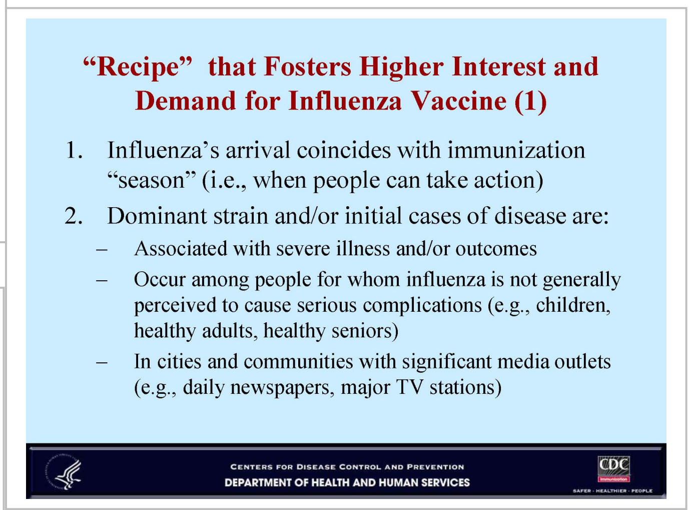
American Medical Association
Physicians dedicated to the health of America

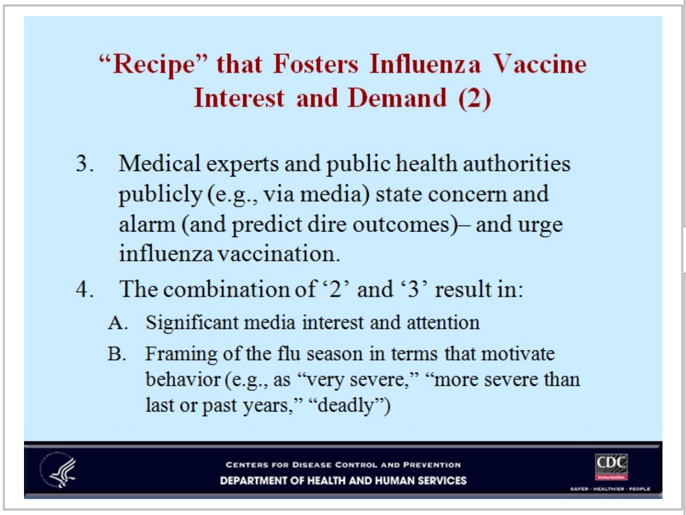
Glen Nowak, Ph.D.
Associate Director for Communications National Immunization Program

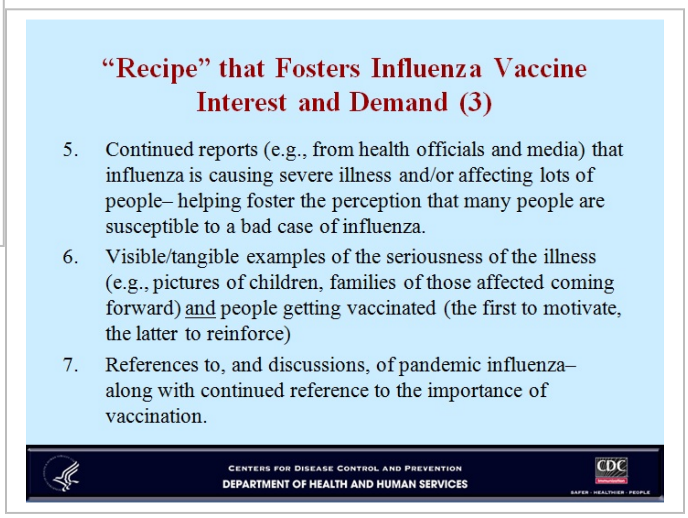
Planning for the 2004-05 Influenza Vaccination Season:
A Communication Situation Analysis

National Influenza Vaccine Summit, November 2004
https://web.archive.org/web/20040604044338/https://www.ama-assn.org/ama/pub/article/1826-8377.html
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Gordon F. Moran

Flu Vaccine Research: More Detailed Statistics Needed

Rapid response to:
Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412 // 5 May 2006
doi: https://doi.org/10.1136/bmj.331.7529.1412

In his article, Peter Doshi contests the official government statistics for flu deaths, claiming the figures are too high. In his letter in response to this article, Prof. Marco Mamone-Capria writes that the situation is more complicated, regarding alleged flu deaths, than public health authorites would have the public believe. And he raises questions about how useful flu vaccines might be.

Some clarifications might be attained by means of more precise and detailed statistics. For example, during each year in which there is a promotional campaign for flu vaccines, there are four groups of persons:

1) Those who got their flu vaccine, and then got the flu.
2) Those who did not get a flu vaccine, and did not get the flu.
3) Those who did not get a flu vaccine, and got the flu.
4) Those who got their flu vaccine and did not get the flu.

Statistics for each of these groups would provide important information for scholars, and the public, in helping to arrive at informed opinions and decisions.

Along a similar line, it would seem likely and logical that many, if not most, of the alleged flu deaths are among persons in the over 65 age group. In fact, this group is a specific target during flu vaccine promotional campaigns.

How many of the alleged flu deaths in this age group include persons who got their flu vaccine in the wake of the public health officials' warnings and suggestions, and how many among persons who did not heed the warnings and did not get a flu vaccine?

Such statistics might provide important information relating to the relative urgency to get flu vaccines, and relating to how useful and effective flu vaccines really are.

EMERGING INFECTIOUS DISEASES

David J. Sencer, J. Donald Millar

Reflections on the 1976 Swine Flu Vaccination Program

CDC, Emerg Infect Dis., January 2006, 12 (1)
https://web.archive.org/web/20110512042827/http://www.cdc.gov/ncidod/eid/vol12no01/05-1007.htm

In 1976, 2 recruits at Fort Dix, New Jersey, had an influenzalike illness. Isolates of virus taken from them included A/New Jersey/76 (Hsw1n1), a strain similar to the virus believed at the time to be the cause of the 1918 pandemic, commonly known as swine flu. Serologic studies at Fort Dix suggested that >200 soldiers had been infected and that person-to-person transmission had occurred. We review the process by which these events led to the public health decision to mass-vaccinate the American public against the virus and the subsequent events that led to the program's cancellation. Observations of policy and implementation success and failures are presented that could help guide decisions regarding avian influenza.

- Edwin D. Kilbourne. Flu to the Starboard! Man the Harpoons! Fill with Vaccine! Get the Captain! Hurry! – New York Times, 13 February 1976 (1)
- Barack Obama and Richard Lugar. Grounding a Pandemic. – New York Times, 6 June 2005 (2)
- It has been 37 years since the last influenza pandemic, or widespread global epidemic, so by historic patterns we may be due for another. – New York Times, 17 July 2005 (3)

Kilbourne in 1976 (1) noted that pandemics of influenza occur every 11 years. Since the latest prediction in the New York Times (3) suggests that after 39 years we may be overdue for a pandemic, and since 2 US senators have recently headlined the possibility (2), that observation may become a political fact. Whether it becomes a scientific fact and a policy fact is yet to be seen. Some reflections on 1976 from 2 insiders' viewpoints may identify some of the pitfalls that public health policymakers will face in addressing potential influenza pandemics.

Swine Flu at Fort Dix

On February 3, 1976, the New Jersey State Health Department sent the Center for Disease Control (CDC) in Atlanta isolates of virus from recruits at Fort Dix, New Jersey, who had influenzalike illnesses. Most of the isolates were identified as A/Victoria/75 (H3N2), the contemporary epidemic strain. Two of the isolates, however, were not typeable in that laboratory. On February 10, additional isolates were sent and identified in CDC laboratories as A/New Jersey/76 (Hsw1N1), similar to the virus of the 1918 pandemic and better known as "swine flu."

A meeting of representatives of the military, the National Institute of Health, the Food and Drug Administration (FDA), and the State of New Jersey Department of Health was quickly convened on Saturday, February 14, 1976. Plans of action included heightened surveillance in and around Fort Dix, investigation of the ill recruits to determine if contact with pigs had occurred, and serologic testing of recruits to determine if spread had occurred at Fort Dix.

Surveillance activities at Fort Dix gave no indication that recruits had contact with pigs. Surveillance in the surrounding communities found influenza caused by the current strain of influenza, A/Victoria, but no additional cases of swine flu. Serologic testing at Fort Dix indicated that person-to-person transmission had occurred in >200 recruits (4).

In 1974 and 1975, 2 instances of humans infected with swine influenza viruses had been documented in the United States. Both persons involved had close contact with pigs, and no evidence for spread of the virus beyond family members with pig contact could be found (5).

The National Influenza Immunization Program

On March 10, 1976, the Advisory Committee on Immunization Practices of the United States Public Health Service (ACIP) reviewed the findings. The committee concluded that with a new strain (the H1N1 New Jersey strain) that could be transmitted from person to person, a pandemic was a possibility. Specifically, the following facts were of concern: 1) persons <50 years of age had no antibodies to this new strain; 2) a current interpandemic strain (A/Victoria) of influenza was widely circulating; 3) this early detection of an outbreak caused by A/New Jersey/76/Hsw1N1 (H1N1) provided an opportunity to produce a vaccine since there was sufficient time between the initial isolates and the advent of an expected influenza season to produce vaccine. In the past when a new pandemic strain had been identified, there had not been enough time to manufacture vaccine on any large scale; 4) influenza vaccines had been used for years with demonstrated safety and efficacy when the currently circulating vaccine strain was incorporated; 5) the military vaccine formulation for years had included H1N1, an indication that production was possible, and no documented adverse effects had been described.

ACIP recommended that an immunization program be launched to prevent the effects of a possible pandemic. One ACIP member summarized the consensus by stating "If we believe in prevention, we have no alternative but to offer and urge the immunization of the population." One ACIP member expressed the view that the vaccine should be stockpiled, not given.

Making this decision carried an unusual urgency. The pharmaceutical industry had just finished manufacture of the vaccine to be used in the 1976–1977 influenza season. At that time, influenza vaccine was produced in fertilized hen's eggs from special flocks of hens. Roosters used for fertilizing the hens were still available; if they were slaughtered, as was customary, the industry could not resume production for several months.

On March 13, an action memo was presented to the Secretary of the Department of Health Education and Welfare (DHEW). It outlined the problem and presented 4 alternative courses of action. First was "business as usual," with the marketplace prevailing and the assumption that a pandemic might not occur. The second was a recommendation that the federal government embark on a major program to immunize a highly susceptible population. As a reason to adopt this plan of action, the memo stated that "the Administration can tolerate unnecessary health expenditures better than unnecessary death and illness if a pandemic should occur." The third proposed course of action was a minimal response, in which the federal government would contract for sufficient vaccine to provide for traditional federal beneficiaries – military personnel, Native Americans, and Medicare-eligible persons. The fourth alternative was a program that would represent an exclusively federal response without involvement of the states.

The proposal recommended by the director of CDC was the second course, namely, for the federal government to contract with private pharmaceutical companies to produce sufficient vaccine to permit the entire population to be immunized against H1N1. The federal government would make grants to state health departments to organize and conduct immunization programs. The federal government would provide vaccine to state health departments and private medical practices. Since influenza caused by A/Victoria was active worldwide, industry was asked to incorporate the swine flu into an A/Victoria product to be used for populations at high risk.

Before the discussions with the secretary of DHEW had been completed, a member of his staff sent a memo to a health policy advisor in the White House, raising the specter of the 1918 pandemic, which had been specifically underemphasized in the CDC presentation. CDC's presentation highlighted the pandemic potential, comparing it with the 1968–69 Hong Kong and 1957–58 Asian pandemics. President Gerald Ford's staff recommended that the president convene a large group of well-known and respected scientists (Albert Sabin and Jonas Salk had to be included) and public

representatives to hear the government's proposal and make recommendations to the president about it. After the meeting, the president had a press conference, highlighted by the unique simultaneous appearance of Salk and Sabin. President Ford announced that he accepted the recommendations that CDC had originally made to the secretary of DHEW. The National Influenza Immunization Program (NIIP) was initiated.

The proposal was presented to 4 committees of the Congress, House and Senate authorization committees and House and Senate appropriation committees. All 4 committees reported out favorable legislation, and an appropriation bill was passed and signed.

The estimated budgeted cost of the program was $137 million. When Congress passed the appropriation, newspapers mischaracterized the cost as "$1.9 billion" because the $137 million was included as part of a $1.9 billion supplemental appropriation for the Department of Labor. In the minds of the public, this misconception prevailed.

Immediately after the congressional hearing, a meeting of all directors of state health departments and medical societies was held at CDC. The program was presented by CDC, and attendees were asked for comments. A representative from the New Jersey state health department opposed the plan; the Wisconsin state medical society opposed any federal involvement. Otherwise, state and local health departments approved the plan.

Within CDC, a unit charged with implementing the program, which reported to the director, was established. This unit, NIIP, had complete authority to draw upon any resources at CDC needed. NIIP was responsible for relations with state and local health departments (including administration of the grant program for state operations, technical advice to the procurement staff for vaccine, and warehousing and distribution of the vaccine to state health departments) and established a proactive system of surveillance for possible adverse effects of the influenza vaccines, the NIIP Surveillance Assessment Center (NIIP-SAC). (This innovative surveillance system would prove to be NIIP's Trojan horse.) In spite of the obstacles discussed below, NIIP administered a program that immunized 45 million in 10 weeks, which resulted in doubling the level of immunization for persons deemed to be at high risk, rapidly identifying adverse effects, and developing and administering an informed consent form for use in a community-based program.

Obstacles to the Vaccination Plan

The principal obstacle was the lack of vaccines. As test batches were prepared, the largest ever field trials of influenza vaccines ensued. The vaccines appeared efficacious and safe (although in the initial trials, children did not respond immunologically to a single dose of vaccine, and a second trial with a revised schedule was needed) (6). Hopes were heightened for a late summer/early fall kickoff of mass immunization operations.

In January 1976, before the New Jersey outbreak, CDC had proposed legislation that would have compensated persons damaged as a result of immunization when it was licensed by FDA and administered in the manner recommended by ACIP. The rationale given was that immunization protects the community as well as the individual (a societal benefit) and that when a person participating in that societal benefit is damaged, society had a responsibility to that person. The proposal was sent back from a staff member in the Surgeon General's office with a handwritten note, "This is not a problem."

Soon, however, NIIP received the first of 2 crippling blows to hopes to immunize "every man, woman, and child." The first was later in 1976, when instead of boxes of bottled vaccine, the vaccine manufacturers delivered an ultimatum – that the federal government indemnify them against claims of adverse reactions as a requirement for release of the vaccines. The government quickly capitulated to industry's demand for indemnification. While the manufacturers' ultimatum reflected the trend of increased litigiousness in American society, its unintended, unmistakable subliminal message blared "There's something wrong with this vaccine." This public misperception, warranted or not, ensured that every coincidental health event that occurred in the wake of the swine flu shot would be scrutinized and attributed to the vaccine.

On August 2, 1976, deaths apparently due to an influenzalike illness were reported from Pennsylvania in older men who had attended the convention of the American Legion in Philadelphia. A combined team of CDC and state and local health workers immediately investigated. By the next day, epidemiologic evidence indicated that the disease was not influenza (no secondary cases occurred in the households of the patients). By August 4, laboratory evidence conclusively ruled out influenza. However, this series of events was interpreted by the media and others as an attempt by the government to "stimulate" NIIP.

Shortly after the national campaign began, 3 elderly persons died after receiving the vaccine in the same clinic. Although investigations found no evidence that the vaccine and deaths were causally related, press frenzy was so intense it drew a televised rebuke from Walter Cronkite for sensationalizing coincidental happenings.

Guillain-Barré Syndrome

What NIIP did not and could not survive, however, was the second blow, finding cases of Guillain-Barré syndrome (GBS) among persons receiving swine flu immunizations. As of 1976, >50 "antecedent events" had been identified in temporal relationship to GBS, events that were considered as possible factors in its cause. The list included viral infections, injections, and "being struck by lightning." Whether or not any of the antecedents had a causal relationship to GBS was, and remains, unclear. When cases of GBS were identified among recipients of the swine flu vaccines, they were, of course, well covered by the press. Because GBS cases are always present in the population, the necessary public health questions concerning the cases among vaccine recipients were "Is the number of cases of GBS among vaccine recipients higher than would be expected? And if so, are the increased cases the result of increased surveillance or a true increase?" Leading epidemiologists debated these points, but the consensus, based on the intensified surveillance for GBS (and other conditions) in recipients of the vaccines, was that the number of cases of GBS appeared to be an excess.

Had H1N1 influenza been transmitted at that time, the small apparent risk of GBS from immunization would have been eclipsed by the obvious immediate benefit of vaccine-induced protection against swine flu. However, in December 1976, with >40 million persons immunized and no evidence of H1N1 transmission, federal health officials decided that the possibility of an association of GBS with the vaccine, however small, necessitated stopping immunization, at least until the issue could be explored. A moratorium on the use of the influenza vaccines was announced on December 16; it effectively ended NIIP of 1976. Four days later the New York Times published an op-ed article that began by asserting, "Misunderstandings and misconceptions... have marked Government ... during the last eight years," attributing NIIP and its consequences to "political expediency" and "the self interest of government health bureaucracy" (7). These simple and sinister innuendos had traction, as did 2 epithets used in the article to describe the program, "debacle" in the text and "Swine Flu Fiasco" in the title.

On February 7, the new secretary of DHEW, Joseph A. Califano, announced the resumption of immunization of high-risk populations with monovalent A/Victoria vaccine that had been prepared as part of the federal contracts, and he dismissed the director of CDC.

Lessons Learned

NIIP may offer lessons for today's policymakers, who are faced with a potential pandemic of avian influenza and struggling with decisions about preventing it. Two of these lessons bear further scrutiny here.

Media and Presidential Attention

While all decisions related to NIIP had been reached in public sessions (publishing of the initial virus findings in CDC's weekly newsletter, the Morbidity and Mortality Weekly Report (MMWR); New York Times reporter Harold Schmeck's coverage of the ACIP sessions, the president's press conference, and 4 congressional hearings), effective communication from scientifically qualified

persons was lacking, and the perception prevailed that the program was motivated by politics rather than science. In retrospect (and to some observers at the time), the president's highly visible convened meeting and subsequent press conference, which included pictures of his being immunized, were mistakes. These instances seemed to underline the suspicion that the program was politically motivated, rather than a public health response to a possible catastrophe.

Annex 11 of the draft DHEW pandemic preparedness plan states, "For policy decisions and in communication, making clear what is not known is as important as stating what is known. When assumptions are made, the basis for the assumptions and the uncertainties surrounding them should be communicated" (11). This goal is much better accomplished if the explanations are communicated by those closest to the problem, who can give authoritative scientific information. Scientific information coming from a nonscientific political figure is likely to encourage skepticism, not enthusiasm.

Neither CDC nor the health agencies of the federal government had been in the habit of holding regular press conferences. CDC considered that its appropriate main line of communication was to states and local health departments, believing that they were best placed to communicate with the public. MMWR served both a professional and public audience and accounted for much of CDC's press coverage. In 1976, no all-news stations existed, only the nightly news. The decision to stop the NIIP on December 16, 1976, was announced by a press release from the office of the assistant secretary for health. The decision to reinstitute the immunization of those at high risk was announced by a press release from the office of the secretary, DHEW. In retrospect, periodic press briefings would have served better than responding to press queries. The public must understand that decisions are based on public health, not politics. To this end, health communication should be by health personnel through a regular schedule of media briefings.

Decision To Begin Immunization

This decision is worthy of serious question and debate. As Walter Dowdle (12) points out in this issue of Emerging Infectious Diseases, the prevailing wisdom was that a pandemic could be expected at any time. Public health officials were concerned that if immunization was delayed until H1N1 was documented to have spread to other groups, the disease would spread faster than any ability to mobilize preventive vaccination efforts. Three cases of swine influenza had recently occurred in persons who had contact with pigs. In 1918, after the initial outbreak of influenza at Fort Riley in April, widespread outbreaks of influenza did not occur until late summer (13).

The Delphi exercise of Schoenbaum in early fall of 1976 (13) was the most serious scientific undertaking to poll scientists to decide whether or not to continue the program. Its main finding was that the cost benefit would be best if immunization were limited to those >25 years of age (and now young children are believed to be a potent source of spread of influenza virus!). Unfortunately, no biblical Joseph was there to rise from prison and interpret the future.

As Dowdle further states (12), risk assessment and risk management are separate functions. But they must come together with policymakers, who must understand both. These discussions should not take place in large groups in the president's cabinet room but in an environment that can establish an educated understanding of the situation. Once the policy decisions are made, implementation should be left to a single designated agency. Advisory groups should be small but representative. CDC had the lead responsibility for operation of the program. Implementation by committee does not work. Within CDC, a unit was established for program execution, including surveillance, outbreak investigation, vaccine procurement and distribution, assignment of personnel to states, and awarding and monitoring grants to the states. Communications up the chain of command to the policymakers and laterally to other directly involved federal agencies were the responsibility of the CDC director, not the director of NIIP, who was responsible for communications to the states and local health departments, those ultimately implementing operations of the program. This organizational mode functioned well, a tribute to the lack of interagency jealousies.

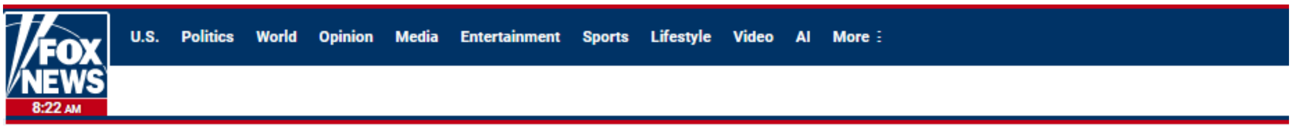
Decision-making Risks

When lives are at stake, it is better to err on the side of overreaction than underreaction. Because of the unpredictability of influenza, responsible public health leaders must be willing to take risks on behalf of the public. This requires personal courage and a reasonable level of understanding by the politicians to whom these public health leaders are accountable. All policy decisions entail risks and benefits: risks or benefits to the decision maker; risks or benefits to those affected by the decision. In 1976, the federal government wisely opted to put protection of the public first.

Dr Sencer was director of CDC from 1966 to 1977.
Dr Millar was director of NIIP in 1976.

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Leavitt to Grant Waivers for Bird Flu Vaccine Makers

Foxnews, 13 February 2006
https://www.foxnews.com/story/leavitt-to-grant-waivers-for-bird-flu-vaccine-makers

Washington – The government won't wait for bird flu to hit U.S. shores before granting liability protections to vaccine manufacturers and others that make products needed to battle a pandemic.

Health and Human Services Secretary Mike Leavitt said Monday that the administration soon would enter into contracts for the bird flu vaccine, rapid tests to detect the virus, and technology that would make available vaccine go farther.

"At some point in that process, we'll need to deal with the issue of liability," he told reporters.

In December, Congress gave Leavitt the authority to grant liability waivers if a public health emergency exists.

Under the waivers, people injured by a vaccine against bird flu would have to prove willful misconduct to bring a claim for damages. Critics have said that such a high threshold would make it almost impossible for people injured by a drug to file a lawsuit.

Leavitt said it's possible that vaccine manufacturers would want the extra protections before conducting clinical trials.

"If you're a vaccine manufacturer, you're likely not going to want to move to that step unless you've got adequate liability protection." he said.

Bird flu has killed at least 88 people in Asia and Turkey since 2003, according to the World Health Organization. An additional two deaths from bird flu have been confirmed in Indonesia. Birds carrying the virus have also been detected in Italy, Greece and Nigeria.

Leavitt said there's no reason to think that H5N1 virus will stop its migration.

"At some point in time, there will be a wild bird that will be discovered (with the virus) in the United States," he said. "That in itself won't be an emergency. That is something we should expect."

If vaccine manufacturers have been given immunity from prosecution for making a toxic product, what incentive do they have to maintain minimum standards of quality control?

LETHBRIDGE Herald

[biff] – ref: Peter Doshi

Viral Marketing: The Selling of the Flu Vaccine

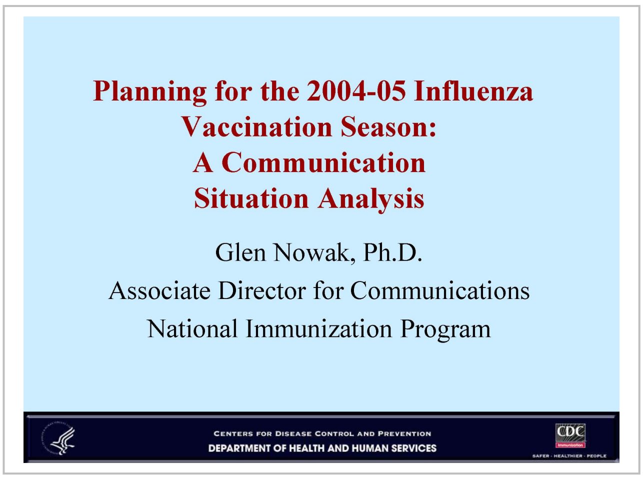
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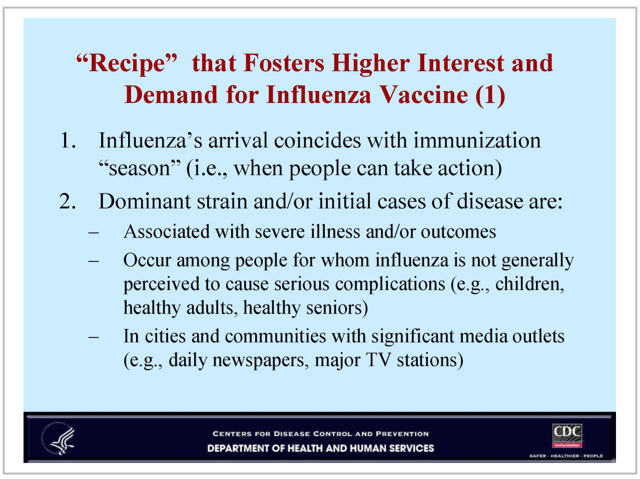
[biff] ... *the following is copied from harper's magazine, 2/28/2006. the article is titled, "viral marketing" (the selling of the flu vaccine). It does not copy very well as the references to power point notes do not show as they do in the article. I say, history repeats, because we are suckers… We are made scared, insecure, too hopeful of govt and big corp, and suspicious of too many of the wrong things. good luck, sheeple.*

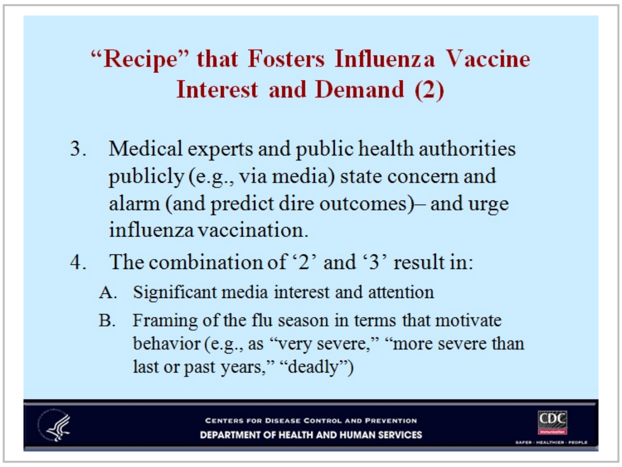
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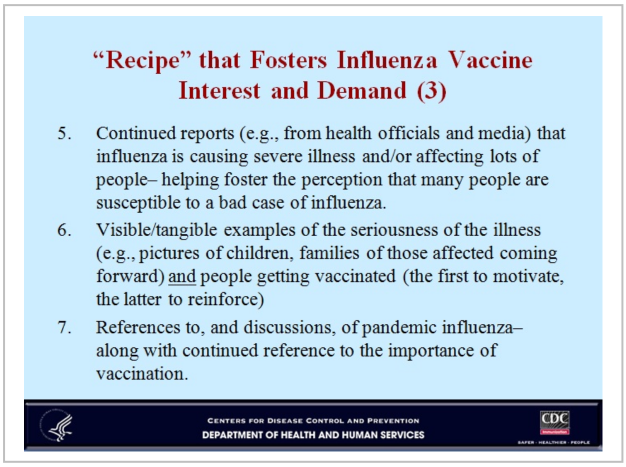
HARPER'S MAGAZINE

This "recipe," outlined in a PowerPoint presentation, is the U.S. government's public-relations strategy for selling Americans on flu shots. At the 2004 National Influenza Vaccine Summit, Glen, Nowak of the Centers for Disease Control and Prevention (CDC) used these slides to explain how certain messages generate buzz and drive demand. Indeed, the influenza virus has spawned a national industry of late, with President Bush himself asking Congress to fund a $7.1 billion flu "preparedness plan." But in the CDC's aggressive marketing of the shots, the agency has employed dubious statistics and questionable methods, leaving Americans less equipped than ever to gauge the threat rationally. The recipe, as Nowak revealed, relies on creating "concern, anxiety, and worry" – its main ingredient, in other words, is fear. See =>
https://web.archive.org/web/20040604044338/https://www.ama-assn.org/ama1/pub/upload/mm/36/2004_flu_nowak.ppt









Government officials and health experts following the recipe are instructed here to "predict dire outcomes." From a 2002 focus group, the CDC determined that death statistics in its fluprevention literature were "eye catching and motivating." Participants in the study believed "20,000 deaths was compelling, frightening" and "should be part of the headline." In 2003, the agency began announcing that the number of Americans killed each year by flu had surged to 36,000, an 80 percent increase that is now widely reported. Among all flu-prevention messages in the news during the week of 9/21/03, according to Nowak's presentation, "Flu kills 36,000 per year" appeared second most often, just behind "Doctors recommend/urge flu shot." But the 36,000 figure is actually a measure of "flu-associated" fatalities-almost exclusively among the elderly and infirm, whose deaths from other illnesses the CDC thinks might not have occurred without the flu. Records show that only 1,400 deaths a year are attributed to flu.

Another way to "motivate behavior," the recipe notes here, is to describe a flu season as "very severe," "more severe" than previous years, and "deadly" – all terms that had been used to frame the 2003-2004 threat. Yet that winter's flu was later ruled typical and "medium in terms of overall impact." The CDC's mortality figures, also presented as fact, are similarly misleading. Although many health experts contend that flu is a significant cause of wintertime mortality, other scientists argue that its role in these deaths is minor. This uncertainty can be seen on the government's list of the leading causes of death: at seventh place, with 65,681 annual fatalities, is "influenza and pneumonia." When separated out, however, flu is credited with fewer than 750 of the total. The CDC claims that more virulent flu strains and a growing elderly population led to the recent sharp climb in flu-associated deaths, but this too is.suspect. These factors did not cause a corresponding rise in recorded flu deaths, which actually fell 30 percent.

The CDC believes anything that encourages more people to get flu shots-even, as suggested in this step, spreading the notion that all of us could be in serious danger – will result in fewer deaths. But the efficacy of the flu vaccine 'is itself uncertain. Each year hundreds of clinically indistinguishable illnesses are diagnosed as flu, yet COC records show that the influenza virus causes only an eighth of these. It turns out that even the best shots have no effect on at least half the illnesses thought to be flu. Several recent studies have also called into question the fundamental justification for expanded vaccination. After looking at more than three decades of data, scientists at the National Institutes of Health last year concluded, "We could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group." And because flu shots contain some level of toxic mercury, there is concern that for some the vaccine might do more harm than good.

Here the recipe emphasizes that the public must be made to grasp the "seriousness of the illness." When 50 million doses of vaccine suddenly became unavailable in 2004, Americans understandably panicked. Health centers were inundated with worried flu-shot seekers, price gouging was reported, and medical experts predicted a public-health "catastrophe." The CDC, with its knowledge of P.R., downgraded its scary portrayal of the flu to "an annoying illness" from which most people "will

recover just fine." It stressed the protective benefits of regular hand washing. And once the alleged crisis abated, the agency returned to its strident communications plan. By the next fall, the CDC director was publicly stating that the flu is not "a benign illness. Many people don't appreciate that it can result in hospitalization, various complications. For about 36,000 people every year, death."

Demand for vaccine is up this year, a trend the CDC attributes in part to its repeated warnings about pandemic influenza. Such accounts of a looming plague are themselves perennial. In 1976 US, officials initiated a plan to vaccinate "every man, woman, and child" for an imminent pandemic of "swine flu." Yet a year later, swine flu had killed at most one person, whereas the vaccine is believed to have caused a debilitating illness. Alan Hinman, former director of the U.S. immunization program, drew what is exactly the wrong lesson from this fiasco: "that expansion to pandemic-level vaccination of the entire population would be much easier if there was an effective, stable, ongoing[flu] vaccination program." In this season's pandemic scare, Congress has responded to Bush's call by passing a bill that allows the government to confer blanket immunity from liability on makers of vaccines. As the wages of fear accrue to pharmaceutical companies, Americans are made into a captive market for vaccines of questionable worth.

[biff] ... Comments:

Just the minuses again – nothing to say….what do you not like in the harper's article? do not like truth that upsets one's glazed over view of reality?

... despite history being a constant with regard to absolute power residing not with the stupid masses, but with a small core of power and wealth brokers, here we are in the so-called age of information…and what do we find? powerless masses made insecure and frightened and suspicious by the owners of mass media and all things that constitute power and real wealth in our society. and, utter failure to be suspicious of the very things that require investigation and suspicion. govt and big corp must be transparent, but they are increasingly opaque; people must be free within the context of responsibility to each other's safety and freedom, but instead, we have been rendered increasingly transparent. it is backward, folks. whsitleblowers are bad; hushed people are good.

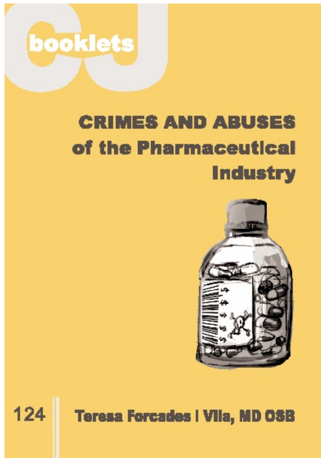
... the bigger joke is that there are the simple minded that see a more egalitarian society as totalitarian. and yet, here we are, under a corrupt and unsustainable economic system, ever more under the watchful eye of big brother and big corp, fearful mo f whatever the govt and big corp controlled media tell us to fear, and we think our freedom is not being whitewashed.

good luck, folks. gas prices about to explode…to pay for the latest covid expenses, most of which is lining big corp pockets. the cost of living is going to jump rather largely as a consequence. but fear and one's inability to face discomfort, and instead buy into a calming narrative that is bs, will keep the masses more passive than if there were military on every corner.

hoping i have got it mostly wrong, but history says no, and so do the facts of the day.

good health and luck to all. minus me to the hilt – my signing off gift.





Teresa Forcades

Crimes and Abuses of the Pharmaceutical Industry

Translation: Gerarda Walsh and Cheryl Waschenko
Barcelona (Spain): Cristianisme I Justícia, 2006
https://archive.org/details/forcades-crimes-abuses

Contents

In the brief period from 2000 to 2003, *almost all the large pharmaceutical companies* went before state tribunals in the USA, *accused of fraudulent practices*.

Eight of these firms were fined over 2.2 billion dollars. Four of these eight companies – TAP Pharmaceuticals, Abbott, AstraZeneca and Bayer- admitted criminal responsibility for activities that put the lives and health of thousands of people at risk1.

What were these activities? And who bore the price? What causes pharmaceutical companies to behave in such a way? What actions have been taken in response to these abuses, and what actions still need to be taken? This booklet will examine the current strategies used by the pharmaceutical industry and the direct impact these strategies have on the way health and illness are defined and on which types of resources are available today to promote health and to prevent or cure disease.

thebmj

Michael Day

Drug Industry Sponsorship. Who's funding WHO?

BMJ, 17 February 2007; 334:338-340
doi:10.1136/bmj.39119.519664.BE
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1801033/

WHO guidelines state that it will not accept money from drug companies, but how rigorous is it in enforcing this? Michael Day investigates

Serious questions have been raised about whether the World Health Organization is using patient groups as a conduit for receiving proscribed donations from the pharmaceutical industry. Email correspondence passed to the BMJ seems to show that in June 2006 Benedetto Saraceno, the director of WHO's department of mental health and substance abuse, suggested that a patient organisation accept $10 000 (£5000; €7000) from GlaxoSmithKline (GSK) on WHO's behalf. The sum was then to be passed on to WHO – ostensibly with the intention of obscuring the origins of the donation. GSK withdrew its offer of funding when it learnt that acceptance was conditional on obscuring its origin. However, the email exchange indicates that other sums of money originating from drug companies may have already been channelled to WHO through patient groups.

When asked about this correspondence, Dr Saraceno told the *BMJ* that his email to the patient organisation was “clumsily worded” and that he had “never intended to solicit donations from the pharmaceutical industry through” the patient organisation. In the email dated 16 June 2006, Dr Saraceno thanks Mary Baker of the European Parkinson's Disease Association (EPDA), for raising the $10 000 “requested by the WHO.” The money was to have funded a report on neurological diseases, including Parkinson's disease, for which GSK produces treatments.

Dr Saraceno then seems to advise Mary Baker on how to get round the WHO's rules forbidding drug industry funding. “Unfortunately,” he says, “WHO cannot receive funds from pharmaceutical industry. Our legal Office will reject the donation. WHO can only receive funds from Government agencies, NGOs, foundations and scientific institutions or professional organisations. Therefore, I suggest that this money should be given to EPDA and eventually EPDA can send the funds to WHO which will give an invoice (and acknowledge contribution) to EPDA, but not to GSK.”

He adds: “This is in line with what we have done so far with other contributions to the report which all are coming from other professional organisations,” – suggesting that less than transparent transactions were the norm for this fundraising operation.

WHO guidelines

According to paragraph 13 of the WHO's guidelines on interactions with commercial enterprises, which deals with cash donations, “WHO should avoid indirect collaboration (particularly if arranged by a third party acting as an intermediary between WHO and a commercial enterprise).” Paragraphs 15 and 16 of the guidelines state that funds may not be sought or accepted from commercial enterprises that have a direct commercial interest in the outcome of the project and that caution should be exercised even when the business has an indirect interest. And paragraph 27 says that for reasons of transparency, contributions from commercial enterprises must be acknowledged.

Richard Nicholson, editor of the Bulletin of Medical Ethics, said: “It would be very bad indeed if the WHO were trying to obtain money surreptitiously from drugs companies. Unfortunately it's also

under-funded, and sadly there's always going to be the temptation of senior officials who ought to know better than to accept such money. But they should remember that there's always a price attached to such funding.”

Even the senior GSK official who offered the money to the EPDA professes outrage at the secretive means by which WHO attempted to obtain the drug company grant. Alastair Benbow, vice president of GSK, withdrew the offer of funding went he learnt of Dr Saraceno's response to GSK's proposed donation. In an email to Mary Baker of 19 June 2006 he said: “Unless I am misreading something here it sounds like they [WHO] will accept funding from you but not from the industry. Worse than this, they will accept funding from you even if they know it originally came from us, in order to bypass their own rules. This is hypocritical in the extreme. It makes a complete mockery of attempts at transparency, which should be welcome, and which the WHO have called for.”

Some critics said the vehemence of Dr Benbow's criticism of the WHO reflected the sensitive nature of drug companies' relationship with patient groups. Tim Reid, European director of Health Action International, which campaigns for the rational and ethical use of drugs, said: “Patients groups are so close to the industry, that they might as well be taking their money straight out of the drug company advertising budgets.” Graham Dukes, a former head of the WHO's medicines programme for Europe, said: “We know that patient groups are heavily influenced by drug companies. In the case of attention deficit hyperactivity disorder, for example, we know that the industry effectively financed the whole campaign – and we're not absolutely sure the condition actually exists.”

Dr Reid added that there were now moves afoot in the European Union to sanction direct to consumer advertising in the form of private-public partnership promotional campaigns. For this reason the industry was keen for everything to be very transparent. “That's not to say we support such a move in Europe,” he said. “There may be some degree of transparency, but that doesn't mean it's necessarily a good source of information for consumers.”

Backtracking

A copy of Dr Benbow's email was forwarded to Dr. Saraceno, who sent a further email to Mary Baker on 20 June seeking to explain his previous email to her. “It is obvious that my reply to your initial message was misunderstood and misinterpreted,” he wrote.

“As I stated very clearly in my message to you, WHO cannot receive funds from the pharmaceutical industry, but can receive funds from a variety of other organizations including NGOs, such as EPDA, whenever there is no conflict of interests. My suggestion that GSK should give funds to EPDA might have been clumsily worded; my intention was to convey that EPDA can raise funds for its activities from a variety of sources (including the pharmaceutical industry) and use its funds for a variety of purposes (including giving donations to WHO). This is not the case for WHO.

“At any rate, any donation can only be accepted in accordance with WHO rules and regulations, and precisely this has been the case with all other NGOs whose contributions are extremely useful to the production of the publication ‘Neurological Disorders: Public Health Challenges'. Therefore, in order to avoid a perception of conflict of interests for WHO, I would prefer to decline any financial support for this publication, particularly since I have never asked your NGO to mobilize funds from pharmaceutical companies, and I now find myself in a situation that I have not solicited.”

When asked about this correspondence, Dr Saraceno told the BMJ: “I was not soliciting any funds. I was in the process of preparing a new report about neurological disease in poor countries, and I was looking for some funding to help with the report and I received an email from the patient group. And the way I reacted was rather stupid. After sending this very unfortunate email I sent another one saying that I had expressed myself in an ambiguous way. I'm strongly against receiving any money from the pharmaceutical industry that would pose a conflict of interest. I started here at the WHO 10 years ago at a time when the mental health division was much closer and more reliant on the pharmaceutical industry, and I've spent ten years trying to stop that.”

The BMJ also spoke to Mary Baker: “Dr Saraceno said he needed money for the report and I said I knew where I might be able to get it. I approached GSK, who we’ve always worked closely with in the past, and they have a clear understanding of transparency. They said they would be able to give us the money for the report. There is absolutely no doubt in my mind that Dr Saraceno knew the $10 000 was coming from GSK and that he was intending to take it and disguise its origins by getting the EPDA to accept it first before passing it on.

“This incident highlights the difficulty facing the WHO in balancing the best interests of patients with a shortfall in funding. Their current policy about not accepting money from pharmaceutical companies is prohibitive in this sense. There needs to be a broader debate about how the WHO, patient groups, and pharmaceutical companies can work together in partnership to produce the best results for patients. The WHO needs to ask itself some serious questions about how it will manage to fund projects in the future.”

This is not the first time that questions have been raised about the nature of the relation between the WHO's mental health division and the pharmaceutical industry. In their book, Medicines Out of Control? social campaigners Charles Medawar and Anita Hardon documented the controversial links between the WHO's mental health division, the World Psychiatric Association, and the drug industry.1 In the mid-1990s, at the suggestion of the World Psychiatric Association, the division produced a report that advocated long term use of potentially addictive benzodiazepine drugs.2 Benzodiazepine manufacturers purchased many copies of the report. And one firm made a $500 000 donation to WHO's mental health division.

Funding pressure

However, as Ralph Edwards, the director of the WHO's drug monitoring centre in Uppsala, Sweden, warns, it wasn't only the mental health division that was being pushed by financial necessity to get closer than was desirable to the drug industry. “These days it's so hard to find anyone completely free of the pharmaceutical industry. A couple of years ago we wanted to publish a safety report on Lapdap [chlorproguanil-dapsone], the combination malaria treatment. The WHO's tropical disease research group had developed the treatment jointly with Glaxo, but Glaxo weren't happy with what we wanted to publish.

“This was a bad situation and it was very, very difficult. We raised the issue with WHO because we thought that there had not been enough safety studies done. We managed to get the report published eventually, after a lot of lobbying and pressure – but it was delayed for more than a year,” said Dr Edwards.

“It's an example of how tortuous it is working with pharmaceutical industry money. GSK stated at the time of the dispute that it “totally disagrees with the assertion that there is concern about Lapdap” and maintains that it is “an effective and well-tolerated therapy for the treatment of malaria.” The company claimed that “A draft [of the WHO Lapdap report] which GSK was given sight of contained many inaccuracies.”

When the BMJ referred its concerns about the Saraceno correspondence to WHO, a spokesman [Q to A can you give his name?] replied: “It's astonishing that the BMJ thinks there's a story here. Dr Saraceno sent a second email saying that he had not meant to ask for the money. So I don't think there's anything to answer.”

References

1. Medawar C, Hardon A. Medicines out of control? Antidepressants and the conspiracy of goodwill. Amsterdam: Aksant Medical Publishers, 2004.

2. WHO. Rational use of benzodiazepines. Geneva: WHO, 1996.

American Journal of Respiratory and Critical Care Medicine
Publishes the most innovative research, highest quality reviews, clinical trials, guidelines, and statements in pulmonary, critical care, and sleep-related fields

Dean T Eurich, Thomas J Marrie, Jennie Johnstone, Sumit R Majumdar

Mortality reduction with influenza vaccine in patients with pneumonia outside "flu" season: pleiotropic benefits or residual confounding?

Am J Respir Crit Care Med. 12 June 2009 / 1 September 2008; 178(5):527-33.
doi: 10.1164/rccm.200802-282OC. Epub 2008 Jun 12. PMID: 18556629.

Abstract

Rationale: Observational studies suggest a 50% mortality reduction for older patients receiving influenza vaccination; some deem this magnitude of benefit implausible and invoke confounding by the "healthy user effect" as an alternate explanation.

Objectives: To evaluate unrecognized confounding by hypothesizing the presence of a 50% mortality reduction with vaccination for patients with pneumonia outside of influenza season.

Methods: Clinical, laboratory, and functional data were prospectively collected on 1,813 adults with community-acquired pneumonia admitted to six hospitals outside of influenza season in the Capital Health region (AB, Canada). Vaccination status was ascertained by interview and chart review. Outcome was in-hospital mortality. Influenza-vaccinated patients were matched to a nonvaccinated control using propensity scores, and then multivariable regression was used to determine the independent association between vaccination and mortality.

Measurements and main results: The cohort consisted of 352 vaccine recipients and 352 matched control subjects. Most (85%) patients were 65 years or older, 29% had severe pneumonia, and 12% died. Influenza vaccination was associated with a 51% mortality reduction (28 of 352 [8%] died vs. 53 of 352 [15%] control subjects; unadjusted odds ratio [OR], 0.49; 95% confidence interval [CI], 0.30-0.79; P = 0.004) outside influenza season. Adjustment for age, sex, and comorbidities did not alter these findings (adjusted OR, 0.45; 95% CI, 0.27-0.76). More complete adjustment for confounding (e.g., functional and socioeconomic status) markedly attenuated these benefits and their statistical significance (adjusted OR, 0.81; 95% CI, 0.35-1.85; P = 0.61).

Conclusions: The 51% reduction in mortality with vaccination initially observed in patients with pneumonia who did not have influenza was most likely a result of confounding. Previous observational studies may have overestimated mortality benefits of influenza vaccination.

REUTERS

Flu shot does not cut risk of death in elderly

Reuters, 30 August 2008, 12:47
https://www.reuters.com/article/us-flu-elderly-idUSHAR96014920080829

New York (Reuters Health) – While influenza vaccination does provide protection against catching the flu, it does not have a major impact on death in the elderly, contrary to what some studies have suggested, a new study suggests.

In prior studies, an impressive 50 percent reduction in death from any cause had been noted in elderly people who got a flu shot, but some researchers were skeptical of this degree of benefit, suggesting that it may have been the result of the "healthy user effect." The new study supports this line of thinking.

The study included more than 700 elderly people, half of whom had gotten a flu shot and half of whom had not. After controlling for a variety of factors that were largely not considered or simply not available in previous studies, the researchers concluded that any death benefit "if present at all, was very small and statistically non-significant and may simply be a healthy-user artifact that they were unable to identify."

"The healthy-user effect," study chief Dr. Sumit Majumdar of the University of Alberta in Edmonton, Canada explained in a statement, "is seen in what doctors often refer to as their 'good' patients – patients who are well-informed about their health, who exercise regularly, do not smoke or have quit, drink only in moderation, watch what they eat, come in regularly for health maintenance visits and disease screenings, take their medications exactly as prescribed - and quite religiously get vaccinated each year so as to stay healthy. Such attributes are almost impossible to capture in large scale studies using administrative databases."

"Over the last two decades in the United Sates, even while (flu) vaccination rates among the elderly have increased from 15 to 65 percent, there has been no commensurate decrease in hospital admissions or all-cause mortality," added co-investigator Dr. Dean T. Eurich, who is also with the University of Alberta.

"Further, only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest that the vaccine can reduce 50 percent of deaths from all causes is implausible in our opinion," he added.

The study involved 352 patients given the vaccine and 352 matched control subjects. Overall, 85 percent of patients were over 64 years of age. Severe pneumonia was seen in 29 percent of patients and 12 percent of the patients died.

Flu vaccination was, in fact, associated with reduced mortality of about 50 percent (8 percent vs. 15 percent mortality in the vaccinated and unvaccinated groups, respectively), and this finding did not change after accounting for age, gender, or co-existing illnesses.

However, after adjusting for other potential confounders, including functional and socioeconomic status, the mortality reduction was weakened and no longer statistically significant.

"Previous studies were likely measuring a benefit not directly attributable to the vaccine itself, but something specific to the individuals who were vaccinated – a healthy-user benefit or frailty bias," Eurich concluded in a statement.

ScienceDaily®

Flu shot does not reduce risk of Death, research shows

American Thoracic Society, ScienceDaily, 31 August 2008
https://www.sciencedaily.com/releases/2008/08/080829091323.htm

Summary:
The widely-held perception that the influenza vaccination reduces overall mortality risk in the elderly does not withstand careful scrutiny, according to researchers. The vaccine does confer protection against specific strains of influenza, but its overall benefit appears to have been exaggerated by a number of observational studies that found a very large reduction in all-cause mortality among elderly patients who had been vaccinated.

The study included more than 700 matched elderly subjects, half of whom had taken the vaccine and half of whom had not. After controlling for a wealth of variables that were largely not considered or simply not available in previous studies that reported the mortality benefit, the researchers concluded that any such benefit "if present at all, was very small and statistically non-significant and may simply be a healthy-user artifact that they were unable to identify."

"While such a reduction in all-cause mortality would have been impressive, these mortality benefits are likely implausible. Previous studies were likely measuring a benefit not directly attributable to the vaccine itself, but something specific to the individuals who were vaccinated – a healthy-user benefit or frailty bias," said Dean T. Eurich,Ph.D. clinical epidemiologist and assistant professor at the School of Public Health at the University of Alberta. "Over the last two decades in the United Sates, even while vaccination rates among the elderly have increased from 15 to 65 percent, there has been no commensurate decrease in hospital admissions or all-cause mortality. Further, only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest that the vaccine can reduce 50 percent of deaths from all causes is implausible in our opinion."

Dr. Eurich and colleagues hypothesized that if the healthy-user effect was responsible for the mortality benefit associated with influenza vaccination seen in observational studies, there should also be a significant mortality benefit present during the "off-season".

To determine whether the observed mortality benefits were actually an effect of the flu vaccine, therefore, they analyzed clinical data from records of all six hospitals in the Capital Health region in Alberta. In total, they analyzed data from 704 patients 65 years of age and older who were admitted to the hospital for community-acquired pneumonia during non-flu season, half of whom had been vaccinated, and half of whom had not. Each vaccinated patient was matched to a non-vaccinated patient with similar demographics, medical conditions, functional status, smoking status and current prescription medications.

In examining in-hospital mortality, they found that 12 percent of the patients died overall, with a median length of stay of approximately eight days. While analysis with a model similar to that employed by past observational studies indeed showed that patients who were vaccinated were about half as likely to die as unvaccinated patients, a finding consistent with other studies, they found a striking difference after adjusting for detailed clinical information, such as the need for an advanced directive, pneumococcal immunizations, socioeconomic status, as well as sex, smoking,

functional status and severity of disease. Controlling for those variables reduced the relative risk of death to a statistically non-significant 19 percent.

Further analyses that included more than 3,400 patients from the same cohort did not significantly alter the relative risk. The researchers concluded that there was a difficult to capture healthy-user effect among vaccinated patients.

"The healthy-user effect is seen in what doctors often refer to as their 'good' patients – patients who are well-informed about their health, who exercise regularly, do not smoke or have quit, drink only in moderation, watch what they eat, come in regularly for health maintenance visits and disease screenings, take their medications exactly as prescribed – and quite religiously get vaccinated each year so as to stay healthy. Such attributes are almost impossible to capture in large scale studies using administrative databases," said principal investigator Sumit Majumdar, M.D., M.P.H., associate professor in the Faculty of Medicine & Dentistry at the University of Alberta.

The finding has broad implications:

- **For patients**: People with chronic diseases such as chronic respiratory diseases such as chronic obstructive pulmonary disease, immuno-compromised patients, healthcare workers, family members or friends who take care of elderly patients and others with greater exposure or susceptibility to the influenza virus should still be vaccinated. "But you also need to take care of yourself. Everyone can reduce their risk by taking simple precautions," says Dr. Majumdar. "Wash your hands, avoid sick kids and hospitals during flu season, consider antiviral agents for prophylaxis and tell your doctor as soon as you feel unwell because there is still a chance to decrease symptoms and prevent hospitalization if you get sick – because flu vaccine is not as effective as people have been thinking it is."
- **For vaccine developers**: Previously reported mortality reductions are clearly inflated and erroneous–this may have stifled efforts at developing newer and better vaccines especially for use in the elderly.
- **For policy makers**: Efforts directed at "improving quality of care" are better directed at where the evidence is, such as hand-washing, vaccinating children and vaccinating healthcare workers.

Finally, Dr. Majumder said, the findings are a reminder to researchers that "the healthy-user effect is everywhere you don't want it to be."

The results will appear in the first issue for September of the American Journal of Respiratory and Critical Care Medicine, a publication of the American Thoracic Society.

ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE

Peter G Szilagyi, Gerry Fairbrother, Marie R Griffin,
Richard W Hornung, Stephanie Donauer, Ardythe Morrow, et al.

Influenza vaccine effectiveness among children 6 to 59 months of age during 2 influenza seasons: a case-cohort study.

Arch Pediatr Adolesc Med. October 2008, 162(10): 943-51.
doi: 10.1001/archpedi.162.10.943. PMID: 18838647

Abstract

Objective: To measure vaccine effectiveness (VE) in preventing influenza-related health care visits among children aged 6 to 59 months during 2 consecutive influenza seasons.

Design: Case-cohort study estimating effectiveness of inactivated influenza vaccine in preventing inpatient/outpatient visits (emergency department [ED] and outpatient clinic). We compared vaccination status of laboratory-confirmed influenza cases with a cluster sample of children from a random sample of practices in 3 counties (subcohort) during the 2003-2004 and 2004-2005 seasons.

Setting: Counties encompassing Rochester, New York, Nashville, Tennessee, and Cincinnati, Ohio.

Participants: Children aged 6 to 59 months seen in inpatient/ED or outpatient clinic settings for acute respiratory illnesses and community-based subcohort comparison. Main Exposure Influenza vaccination.

Main outcome measures: Influenza vaccination status of cases vs subcohort using time-dependent Cox proportional hazards models to estimate VE in preventing inpatient/ED and outpatient visits.

Results: During the 2003-2004 and 2004-2005 seasons, 165 and 80 inpatient/ED and 74 and 95 outpatient influenza cases were enrolled, while more than 4500 inpatient/ED and more than 600 outpatient subcohorts were evaluated, respectively. In bivariate analyses, cases had lower vaccination rates than subcohorts. However, significant influenza VE could not be demonstrated for any season, age, or setting after adjusting for county, sex, insurance, chronic conditions recommended for influenza vaccination, and timing of influenza vaccination (VE estimates ranged from 7%-52% across settings and seasons for fully vaccinated 6- to 59-month-olds).

Conclusion: In 2 seasons with suboptimal antigenic match between vaccines and circulating strains, we *could not demonstrate* VE in *preventing influenza-related inpatient*/ED or outpatient visits in children younger than 5 years. Further study is needed during years with good vaccine match.

BOSTON.COM

Stephen Smith

Boston launches flu shot tracking
City to pinpoint areas of low rates of vaccination

Boston.com, 21 November 2008
https://web.archive.org/web/20090803091728/http://www.boston.com/news/local/massachusetts/articles/2008/11/21/boston_launches_flu_shot_tracking/
https://web.archive.org/web/20090804090328/http://www.boston.com/news/local/massachusetts/articles/2008/11/21/boston_launches_flu_shot_tracking?page=2

Using technology originally developed for mass disasters, Boston disease trackers are embarking on a novel experiment - one of the first in the country - aimed at eventually creating a citywide registry of everyone who has had a flu vaccination.

The resulting vaccination map would allow swift intervention in neighborhoods left vulnerable to the fast-moving respiratory illness.

The trial starts this afternoon, when several hundred people are expected to queue up for immunizations at the headquarters of the Boston Public Health Commission. Each of them will get a bracelet printed with a unique identifier code. Information about the vaccine's recipients, and the shot, will be entered into handheld devices similar to those used by delivery truck drivers.

Infectious disease specialists in Boston and elsewhere predicted that the registry approach could prove even more useful if something more sinister strikes: a bioterrorism attack or the long-feared arrival of a global flu epidemic. In such crises, the registry could be used to track who received a special vaccine or antidote to a deadly germ.

"Anything you can do to better pinpoint who's vaccinated and who's not, that's absolutely vital," said Michael Osterholm, director of the Center for Infectious Disease Research & Policy at the University of Minnesota. "I wish more cities were doing this kind of thing."

Boston is believed to be the first city to embrace this particular approach to tracking vaccinations against the seasonal flu, estimated to kill 36,000 people each year in the United States, principally the elderly.

But when Boston bought the monitoring system from a Milwaukee company in 2006, emergency authorities had a far different use in mind: tracking people injured in big fires, plane crashes, or other disasters.

"When there's a large catastrophic event, people end up in a variety of healthcare facilities," said Dr. Anita Barry, Boston's director of communicable disease control. "Of course, their family members and loved ones are trying to find out where they are and how they're doing."

To see how well the system would work, emergency crews tested it at the Boston Marathon and the Fourth of July extravaganza on the Esplanade. The trial proved successful.

"If we can make it work in the Boston Marathon medical tent, then you have to think about making it so that it can work in other environments as well - whether it's a community clinic or a doctor's office or a flu shot clinic," said Rich Serino, chief of Boston Emergency Medical Services. Thus, the idea to use the registry as a flu vaccine tracker was born.

Every autumn in medical offices across the country, flu vaccine floods in. The perishable medical product must be delivered to millions in a matter of months.

Keeping track of that cache of vaccine - and which patients are getting it - is a daunting proposition.

In some medical offices, the information is entered into electronic medical records. At Boston's health department, nurses fill out paper forms.

But there's never been any way to systematically monitor whether, for example, Dorchester has lower vaccination rates than the North End.

"When you're working in one clinic, you don't have a good sense of that," said Dr. Alfred DeMaria, top disease doctor at the Massachusetts Department of Public Health. "But if you're tracking multiple clinics in real time, you can see where the uptake is better and where it's less, and then focus on outreach."

Today's experiment, which does not require any additional direct spending, is a first step toward that.

When people arrive for their shots, they will get an ID bracelet with a barcode. Next, basic information - name, age, gender, address - will be entered into the patient tracking database. There will be electronic records, too, of who gave the vaccine and whether it was injected into the right arm or the left, and time-stamped for that day.

The resulting trove of data could be used to figure out why some patients had to wait longer than others to be vaccinated. "When all is said and done," said Jun Davantes, director of product management at EMSystems, the company that makes the technology, "Boston will be able to identify where there are certain bottlenecks in the process and hopefully improve it the next time around."

Ultimately, city health authorities said, they envision creating a network across the city that would allow public and private providers of flu shots to add data to a registry.

But acknowledging patients' privacy concerns, officials promised that if a citywide system were implemented, only a limited amount of information would be gathered - all sitting behind an encrypted firewall.

"I have had people say, 'Oh, that's so big brother,' " said Laura Williams, EMS deputy chief of staff. "But in truth, the unique identifier is unique to the incident. It's not like you will go to the hospital, and they'll say, 'You're the one who got the flu vaccine at 10 o'clock yesterday at the Boston Public Health Commission.' "

The New York Times

Robert Mackey

Lessons From the Non-Pandemic of 1976

The New York Times, 30 April 2009, 1:29
https://archive.nytimes.com/thelede.blogs.nytimes.com/2009/04/30/lessons-from-the-non-pandemic-of-1976/

CDC Public Health Image Library During a national immunization campaign in 1976, millions of Americans were given shots of a vaccine against a strain of swine flu.

As news and concern about the swine flu spreads around the world, governments and public health officials are walking a fine line: They try to alert people to the dangers of the illness without stoking people's fears. As a post on our politics and government blog, The Caucus, noted this morning, remarks by Vice President Joe Biden illustrated that politicians are often not very good at walking such fine lines.

As if to prove that Democrats have no lock on spreading confusion about the swine flu, or on cases of foot-in-mouth disease, here is a short burst of Rep. Michele Bachmann, Republican of Minnesota, who said, incorrectly, during a recent interview on the conservative Web site Pajamas TV that the outbreak of swine flu in 1976, which killed one person at Fort Dix, N.J., took place "under another Democrat [sic] President, Jimmy Carter — and I'm not blaming this on President Obama, I just think it's an interesting coincidence."

While Mr. Carter was of course elected in 1976, Ms. Bachmann seemed not to know just when the swine flu outbreak took place, or to remember that President Gerald Ford, a Republican, was still in office every day of that year, when the government developed a vaccine and tried to immunize every American to head off a pandemic:

So what did happen in 1976, and what lessons might we now take from that effort to prevent a swine flu outbreak from spreading worldwide?

The main thing that many people who are following the current swine flu outbreak on the Web seem to know about 1976 is that the government produced two public-service announcements meant to scare people into getting the vaccine, and that they now look equal parts ominous and funny:

As experts now consider whether to produce a vaccine against this new strain of swine flu, it is worth looking back at the controversy that surrounded the mass immunization campaign in 1976.

In an article about flu pandemics and non-pandemics for The New York Times Magazine in 1992, Robin Marantz Henig recalled:

Influenza experts thought they saw big-league trouble coming in February 1976, when a few cases of severe swine flu broke out among young military recruits in Fort Dix, N.J. One of them, Pvt. David Lewis, 19, died. Of 19 patients whose specimens were sent to the Centers for Disease Control for virus typing, Lewis and four others were shown to be infected with the same H1N1 influenza virus as was responsible for the 1918 pandemic. This got many public-health officials into gear, hoping to use modern technology, namely vaccination, to head off a disaster of the magnitude of 1918.

The large-scale effort to manufacture and distribute enough vaccine for everyone in the country showed that millions of doses of high-quality vaccine could be made in a matter of three or four months. But the swine-flu pandemic never materialized. In retrospect, some critics now say 40 million Americans were vaccinated for nothing.

As Andrew Pollack reported in The New York Times a few years ago, the Ford administration's aggressive approach in 1976 may have wound up doing more harm than good:

That is the year President Gerald R. Ford announced a crash program to "inoculate every man, woman and child in the United States" against swine flu. But the virus never became a killer, and vaccinations were halted two months after they began after reports that 500 people who received the shot developed a paralyzing nerve disease and more than 30 of them died.

In an article in The Los Angeles Times last Saturday, "Swine flu 'debacle' of 1976 is recalled," Shari Roan explained that "the federal government paid millions in damages to people or their families" who contracted the nerve disease, Guillain-Barre syndrome, after getting the vaccine that year.

Still, some influenza experts defended the aggressive approach of 1976. For her 1992 article, Ms. Henig talked to Dr. Edwin D. Kilbourne, "an early and consistent advocate of mass immunization in 1976," who had the vaccine virus produced in his lab at Mount Sinai Medical School in New York City. Dr. Kilbourne argued that the government had acted rationally at the time, since the aim was to avoid death on the scale of the 1918 pandemic. "Better a vaccine without an epidemic," Dr. Kilbourne said, "than an epidemic without a vaccine."

Dr. Richard P. Wenzel, the chairman of internal medicine at Virginia Commonwealth University, who also advocated vaccination in 1976, still says "it was a great effort." Dr. Wenzel told The Los Angeles Times on Saturday that while the immunization program "had unexpected, unfortunate side effects," he hoped that "there will be a lot of good, honest public health discussion about what happened in 1976."

As Dr. Pascal J. Imperato, dean of the school of public health at the State University of New York Downstate Medical Center, who was the chairman of the New York City Swine Flu Task Force in 1976, told Donald McNeil of The New York Times on Wednesday that the new strain that emerged that year was identified quickly enough to make containment a viable strategy. All 230 infected soldiers at Fort Dix, N.J., were kept on the base, Dr. Imperato said. "They had no external contacts. One died, the rest had mild infection."

With reports from Peru and Switzerland on Thursday, there are now at least 13 countries that have confirmed cases of the new strain of H1N1 swine flu. But as Ms. Henig wrote in 1992, one of the lessons that experts like Dr. Kilbourne took from the experience of 1976 was that some new strains of flu may not be virulent enough to merit mass immunization, but that it was still a good idea to get vaccine ready, just in case:

In hindsight, those involved in the decision-making realize that major variants of influenza virus in a few individuals do not necessarily signal the start of a new pandemic. Some variants prove easily transmitted; most, like the Fort Dix strain, will die out after a few passages through human hosts. "Early detection of a new virus therefore may not be adequate evidence on which to undertake mass immunization," Kilbourne wrote in a 1979 article called "Swine Flu: The Virus That Vanished." "But it is, I believe, a signal at least to produce vaccine to hold in readiness."

Last Saturday, the Science magazine blog Science Insider interviewed Dr. Kilbourne, now 88 and retired, and asked him how he thought the lessons of 1976 might be applied to today's crisis. Dr. Kilbourne defended the immunization campaign, arguing that the cases of Guillain-Barré syndrome may not have been caused by the vaccine, and said that a vaccine should be made as soon as possible this year, even if it will then be held in reserve until the new strain is known to be virulent:

The only thing I would have done differently in 1976, retrospectively, is to make the vaccine, promote the vaccine, but not give the vaccine until the last moment — but the problem with that is that you may be too late. By all means, find the prevalent strain, make a vaccine that can be used, and grow it in eggs, and then go with it. [But] I think it's premature to do it [vaccinate] now.

Chapter 2

Death of volunteers during clinical trials



dziennik.pl

Szczepionkę na ptasią grypę testowali na bezdomnych

Dziennik.pl, 2 lipca 2008, (2 July 2008) 03:09
https://wiadomosci.dziennik.pl/wydarzenia/artykuly/126671,szczepionke-na-ptasia-grype-testowali-na-bezdomnych.html

Za każde zaszczepienie nowym specyfikiem przeciwko grypie bezdomni z Grudziądza dostawali od przychodni po 5-10 złotych. Nie wiedzieli jednak, że nie chodziło o zwykłą grypę, a o siejącą na świecie spustoszenie ptasią grypę. Kilkanaście osób zmarło. Czy ich śmierć miała związek z testami? Do szokujących informacji dotarł reporter "Faktów" TVN. Zachowanie lekarzy potępiła minister zdrowia Ewa Kopacz.

Bezdomni twierdzą, że nie wiedzieli, iż szczepią ich przeciwko ptasiej grypie. W kwietniu 2007 roku grudziądzka przychodnia "Dobra Praktyka" wysłała do nich zapytanie, w którym była mowa o nieodpłatnym przekazaniu szczepionki przeciw zwykłej grypie o nazwie VAXIGRIP. Za każdą szczepionkę mieli dostać pieniądze, dlatego niektórzy zaszczepili się nawet kilkanaście razy. Dopiero teraz okazało się, że otrzymali dwie dawki szczepionki FLUAD- H5N1, która była ocenianą w tym badaniu szczepionką przeciwko groźnemu wirusowi grypy H5N1.

Tuż po szczepieniach kilkanaście osób zmarło. Nie wiadomo, czy testowanie szczepionki było przyczyną śmierci bezdomnych. Wielu z nich to osoby schorowane i wycieńczone trybem życia, dla których takie eksperymenty mogą być niebezpieczne. Statystyka daje jednak wiele do myślenia.

"W 2004 roku zmarło czterech bezdomnych z naszego ośrodka" - przyznaje w rozmowie z "Faktami" Mieczysław Wacławski, kierownik schroniska im św. Brata Alberta w Grudziądzu. Jednak w 2005 i 2006 roku zmarło łącznie 16 osób, w 2007 roku - roku, w którym testowano szczepionkę - aż 21. Według TVN24, pokrzywdzonych może być nawet 350 osób. Około 150 z nich - to bezdomni. Reszta to zwyczajni mieszkańcy, zwabieni zarobkiem.

Kierownictwo przychodni broni się, że wszyscy pacjenci podpisali zgodę na szczepienie i wiedzieli, przeciwko czemu się szczepią.

Wczoraj do toruńskiego sądu wpłynął akt oskarżenia przeciwko trojgu lekarzom i sześciu pielęgniarkom. Jak wykazało śledztwo, oszukali oni nie tylko pacjentów, ale i firmę farmaceutyczną, która zleciła szczepienia. Prokuratura zarzuca im fałszowanie dokumentacji, nakłanianie świadków do składania fałszywych zeznań i poświadczanie nieprawdy, a także przywłaszczenia mienia. Zarzut narażenia zdrowia i życia bezdomnych jednak w akcie oskarżenia nie pada.

Zachowaniem lekarzy oburzona jest minister zdrowia. "Lekarze, którzy prowadzili te badania, nie powinni wracać do zawodu" – tak oskarżonych lekarzy oceniła w programie "Fakty po Faktach" Ewa Kopacz. "W interesie wszystkich lekarzy leży, by ci, którzy zawinili, ponieśli karę" - dodała.

The Telegraph

Matthew Day

Homeless people die after bird flu vaccine trial in Poland

Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The Telegraph, UK, 2 July 2008, 4:37 pm

https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html
https://web.archive.org/web/20080706125740/https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies.

MED НОВОСТИ

В Польше несколько бездомных умерли во время испытаний вакцины от птичьего гриппа

MED media, 3 июля 2008, 18:19
https://medportal.ru/mednovosti/v-polshe-neskolko-bezdomnyh-umerli-vo-vremya-ispytaniy-vaktsiny-ot-ptichiego-grippa/

В Польше возбуждено уголовное дело в отношении трех врачей и шести медсестер, предположительно привлекавших постояльцев приюта для бездомных к клиническим испытаниям вакцины против птичьего гриппа. По данным администрации, за время исследования смертность в приюте выросла почти в три раза.

Согласно сообщениям местных СМИ, незаконные испытания экспериментального препарата проводились в приюте польского города Грудзёндз в 2007 году. За каждую прививку испытуемые получали вознаграждение в размере 5-10 злотых, причем некоторые из них прививались по десять и более раз. Как предполагают следователи, испытуемым сообщали, что на них тестируют утвержденный препарат от обычного гриппа, на самом же деле им вводили экспериментальную вакцину для защиты от вируса птичьего гриппа H5N1.

Следователи считают также, что организаторы эксперимента вводили в заблуждение разработчиков препарата, которые ничего не знали о методах подбора и составе участников исследования.

По данным директора приюта Мечислава Вацлавского, в течение 2007 года скончался 21 постоялец этого социального учреждения, тогда как предыдущие годы там фиксировалось в среднем не более 9 смертей в год.

Хотя причинно-следственная связь между всплеском смертности и незаконными испытаниями пока не доказана, министр здравоохранения Польши Эва Копач уже заявила о решимости строжайшим образом покарать виновных.

В свою очередь, подозреваемые в грубых нарушениях медицинской этики медики продолжают настаивать на своей невиновности. По их словам, все привлеченные к испытаниям люди были предупреждены о возможных рисках и подписали информированное согласие на участие в исследовании.

BanderasNEWS.COM

12 Babies Die During Vaccine Trials in Argentina

Trading Markets // Banderas News, 8 July 2009
https://www.banderasnews.com/0807/hb-vaccinetrials.htm

Buenos Aires - At least 12 babies who were part of a clinical study to test the effectiveness of a vaccine against pneumonia have died over the past year in Argentina, the local press reported Thursday.

The study was sponsored by global drug giant GlaxoSmithKline and uses children from poor families, who are "pressured and forced into signing consent forms," the Argentine Federation of Health Professionals, or Fesprosa, said.

"This occurs without any type of state control" and "does not comply with minimum ethical requirements," Fesprosa said.

The vaccine trial is still ongoing despite the denunciations, and those in charge of the study were cited by the Critica newspaper as saying that the procedures are being carried out in a lawful manner.

Colombian and Panama were also chosen by GSK as staging grounds for trials of the vaccine against the pneumococcal bacteria.

Since 2007, 15,000 children under the age of one from the Argentine provinces of Mendoza, San Juan and Santiago del Estero have been included in the research protocol, a statement of what the study is trying to achieve.

"Only 12 have died throughout the country, which is a very low figure if we compare it with the deaths produced by respiratory illnesses caused by the pneumococcal bacteria," pediatrician Enrique Smith, one of the lead investigators, said.

In Santiago del Estero, one of the country's poorest provinces, the trials were authorized when Enrique's brother, Juan Carlos Smith, was provincial health minister.

According to pediatrician Ana Maria Marchese, who works at the children's hospital in the provincial capital where the studies are being conducted, "because they can't experiment in Europe or the United States, they come to do it in third-world countries."

"A lot of people want to leave the protocol but aren't allowed; they force them to continue under the threat that if they leave they won't receive any other vaccine," said Julieta Ovejero, great aunt of one of the six babies who died in Santiago del Estero.

Fesprosa's Juan Carlos Palomares said that "in most cases these are underprivileged individuals, many of them unable to read or write, who are pressured into including their children" in the trials.

According to Fesprosa, "the laboratory pays $8,000 for each child included in the study, but none (of that money) remains in the province that lends the public facilities and the health personnel for the private research."

CORPWATCH
Holding Corporations Accountable

Aina Hunter

Is GlaxoSmithKline Behaving Badly in Argentina?

Santiago del Estero / ABC News, 23 September 2008
https://www.corpwatch.org/article/argentina-glaxosmithkline-behaving-badly-argentina

Parents Allege Pharmaceutical Giant Tricked Them with Experimental Vaccine.

Maria Ester, 23, lives in a crumbling, one-room stucco cottage with her mother and daughter in Santiago del Estero, an Argentine province northwest of Buenos Aires.

Ester's 5-year-old daughter and assorted neighborhood children crowd the room, and a sagging mattress that smells like it belongs to a young bed wetter is the only place for a visitor to sit down.

An adult might find the room oppressive. But from a child's perspective, a benefit to living in a shanty is that no one really minds if you draw on the walls. Ester's walls are colorfully scribbled.

Sharp-featured, with glossy hair and warm, brown skin, Ester's small body is still plump with baby weight. She had another daughter, Michaela, but the 5-month-old died May 28.

Michaela had been one of more than 13,000 Argentine children to participate in a clinical study implemented a little more than a year ago by the London-based GlaxoSmithKline, the world's second-largest drug manufacturer.

Streptococcus pneumoniae is a major cause of meningitis and pneumonia in children in Latin America. More than 12 million pneumonia episodes occur each year in this region in children under five and it is estimated that at least 50,000 children die each year of pneumonia in the region according to 2006 data from UNICEF.

Ester says that if her infant hadn't participated in the study Michaela would still be alive.

Protocol Compas is the name of the study designed to test the efficacy of Synflorix, GSK's experimental pediatric pneumonia vaccine, which can also ward off the bacteria that causes meningitis and ear infections. Synflorix is still in the preapproval stage.

GSK compares Synflorix with Wyeth's hugely successful Prevnar vaccine, which has proved effective in the United States. Besides Argentina, trials are also being conducted in Panama, Chile and Colombia.

The Outsourcing of Clinical Studies

Americans are swallowing more prescription medications than ever, and the ever-increasing appetite for pharmaceuticals has fueled the drug industry's search for cheaper and faster ways to conduct clinical testing.

In 1997, the United States conducted 5 percent of its clinical studies outside of the United States and Western Europe, according to a study conducted by Tufts Center for Drug Development. By 2007, that number had climbed to 29 percent.

Because of the multinational business of major drug companies, and how Americans fit in as U.S.-based employees and stockholders of GSK, as well as consumers of drugs that will be available in the U.S. market, there are global ramifications of clinical testing being conducted around the world.

The lion's share of drug studies has gone to regions with "emerging markets": Eastern Europe and Central Europe, Latin America, and south and Southeast Asia. In order for a region to be of use to a legitimate drug company, the country has to maintain a minimal level of infrastructure, says Mary Jo Lamberti, director of market research at the Boston-based Center Watch, a consulting firm that bills itself as the "Global Destination for Clinical Trials Information."

According to Fortune magazine, it takes about $900 million to bring a new drug to market, and procuring and retaining human subjects typically accounts for about 40 percent of a drug company's budget. Conducting trials in regions considered "poor" by Western standards makes economic sense.

Yet money is not the only factor in the equation, Lamberti says, whose work includes helping pharmaceutical companies find suitable locations for clinical trials. It's easier and takes far less time to find suitable subjects in many developing countries, she says, because they have large "drug naive" populations.

In other words, a large percentage of Americans are already on various medications, so it's difficult to find subjects with unadulterated -- that is, completely unmedicated -- bodies in the United States.

Critics say there is an additional issue that has yet to be taken seriously.

Individual countries generally have their own boards of medical professionals charged with setting standards to ensure the safety of their citizens. And the United States, for example, has an arm of the Food and Drug Administration tasked with overseeing clinical studies performed abroad. The trouble, critics say, is that the standards that exist are sometimes not upheld.

Sonia Shah, author of the 2006 book "The Body Hunters: Testing Drugs on the World's Poorest Patients," tells ABCNews.com that there is a "whole steamrolling industry that needs more and more subjects."

She adds, "[The] political will is not there" to protect the interests of those who put their bodies at risk.

Clinical Study: 'Adverse Events Can Arise'

Pneumococcal diseases – that is, diseases caused by bacteria that cause pneumonia, middle ear infections, meningitis and blood infections – are a serious problem in Latin America. According to international health organizations, each year more than 50,000 children die from them.

Dr. Ricardo Ruttiman, the regional medical affairs and research and development director of GlaxoSmithKline responsible for Protocol Compas in Argentina, says the study is being conducted in three Argentine provinces -- Santiago, Mendoza and San Juan. Ruttiman says Compas clinical studies began a little more than a year ago.

Twelve Argentine children who participated in Protocol Compas have died, and of those 12, seven are being mourned in Santiago del Estero, one of Argentina's poorest provinces. Like Ester, many of the parents reportedly blame what they know as Protocol Compas, or simply, Compas.

"Within the COMPAS trial an Independent Data Monitoring Committee (IDMC) oversees safety aspects of the study and ensure that the highest ethical and compliance standards are followed," said Sarah Alspach, director of US Media Relations for GlaxoSmithKline. "The mortality rate of children participating in the COMPAS study is closely monitored by the IDMC and does not exceed the rate in the regions and countries participating in the study."

Some parents say they didn't know that their children were participating in a study at all. Others claim to have been coerced into participating – a suggestion rebutted by Ruttiman, who told ABCNews.com that participation is always voluntary and that parents "are informed, clearly and in a language they can understand, by experienced medical investigators."

They are informed not only about the benefits, he says, such as round-the-clock access to medical care and vaccinations against diseases such as diphtheria, tetanus and hepatitis, but about potential risks.

Ruttiman says there are few risks. The safety of the drug has already been proved, he says, and the vaccine's efficacy against respiratory infections is only being tested.

He adds that "the vaccines used in this study may cause adverse reactions unknown up to now. & As with any vaccine, unexpected adverse events can arise, including allergic reactions."

Ester, who earns a living cleaning houses, says Michaela is among those who experienced an "adverse event."

Three weeks before Christmas, a nurse's aide came to the Esters' home. The nurse's aide, says Ester, who spoke to ABCNews.com through a translator, told her that doctors at the Eva Peron Children's Hospital, Santiago Del Estero's primary children's hospital, wanted to give Michaela a vaccine.

Ester - who told her story to ABCNews.com and a small audience that included five neighborhood children sitting as quietly as possible on the pungent bed -- says that a friend had warned her to stay away from Protocol Compas. The friend told Ester that she knew of another new mother whose baby reportedly suffered health problems after participating in the study, according to Ester.

Ester only gave in, she says, when the nurse's aide threatened to go to the police and have her baby taken away from her. "I didn't know if the doctors, the police, the system would take her away, but I was afraid," she added.

Ester soon signed a 12-page consent form she says she couldn't really understand. Then she allowed Michaela to receive her first injection.

Many health-care professionals assert that holding clinical trials in regions with poor health-care systems has the potential to benefit everyone. GSK's Ruttiman points out that because of the high quality of care the children in the study receive, the infant mortality rate is significantly lower in those who participate in Protocol Compas than in those who do not. Ruttiman would not comment on individual cases citing patient privacy.

Benjamin Wilfond, head of Seattle's Treuman Katz Center for Pediatric Bioethics, says that although he is unfamiliar with Protocol Compas, it's difficult to know what really happened between Ester and the nurse's aide.

"I have no doubt that that was how [Ester] experienced the process. And you will not find anyone who will defend coercion," he said. "But I was in Argentina a few years ago, and the internal regulations seemed quite robust. It could very well be true, because even if the process is being appropriately reviewed, it's difficult to monitor what goes on [on] the ground, what individuals take it upon themselves to do. But I would be wary [of such accounts]. The death of a child could be processed in all sorts of ways. It could very well be true. But I am skeptical."

Trading participation in a medical trial for health care has become the standard operating procedure for drug companies and/or their medical contractors, according to Shah. Some see it as win-win, but Shah views the trade as nearly as coercive as the dramatic threat Ester alleges she received.

"The argument I make is that the drug companies are going [abroad] because people have less access to health care," said Shah. "So they offer incentives and the choice is, 'participate in the trial or your children won't get health care.' That's not a choice. Being in an experiment is not the same as standard care. In an experiment [the drug] might work, you might get a placebo or it might be worse than nothing. They might suffer some terrible unforeseen consequence."

Tricked Into Participation?

When it comes to Protocol Compas specifically, Dr. Ana Maria Marchesse of Eva Peron Children's Hospital is one of several Argentine doctors who is highly critical of the study's methodology.

She heads up the Health Professionals' Labor Association, a group of local doctors who alerted La Federacion de Profesionals de la Salud de la Republica Argentina (the Argentinean FDA) of their concerns about possible wrongdoing.

"It's impossible to say whether the 12 babies' deaths are due to the vaccine or not, because half of the [total number of] children were given a placebo," the pediatrician told ABCNews.com through a translator. "But the way the study has been conducted is reprehensible."

A large part of the problem lies in the consent form, says Marchese. The language in the 12-page document is so convoluted, she charges, that even she had to read it more than once to fully grasp its meaning. Another problem is how subjects say they were recruited, Marchese says.

Claudia Nazarena Hoyos, 31, and Alvaro Martin Ovejero, 32, spoke to ABCNews.com in Ovejero's father's kitchen.

Hoyos and Ovejero allege that a Protocol Compas nurse's aide told them that 4-month-old Gabriel, who suffered from bronchial trouble, would probably get better if they allowed him to be a part of the study. Instead, Gabriel died two months after receiving his first injection.

Ovejero, who works as a part-time disc jockey, alleges the couple was misled by the "agente saniterio," a kind of nurse's aide, who told them about the study. "She did not say it was a test. She said it was a vaccine for his lungs that would keep him from getting worse."

One week after the baby received his first injection, says Hoyos, her son began to produce a lot of mucus. His eyes were perpetually runny, and his breathing grew slow and labored.

GlaxoSmithKline denies allegations of ethical misconduct. Ruttiman says the deaths have been analyzed, and says all of them were clearly unrelated to the vaccine. One child died in a choking incident, he says.

"GSK is saddened to hear of any mortality in clinical trials. Safety of patients is always our primary concern in the development of any new treatment or vaccine," Alspach said. "It is, however, important to review such cases in the context of the rates of post-neonatal infant mortality for the country in which the trial is being conducted."

Nevertheless, Ovejero insists that "something in the process was bad," and that his family and the other affected families "want to find out who or what is responsible."

Unintended Consequences

Global health advocates say bad press is making it difficult for doctors working with children in the developing world, even when the doctors have no connection to clinical studies.

The Nigerian state of Kano is one well-publicized example. In 2004, Kano's government refused to take part in the Global Polio Eradication Initiative sponsored by the World Health Organization out of fears that the immunizations constituted a plot to reduce the country's Muslim population.

According to The Associated Press, the boycott was initiated after Pfizer faced accusations made by families and human rights groups of putting about 200 children at risk during what they claimed was a poorly managed meningitis study 11 years ago.

Eleven children died, while others suffered brain damage, according to the Nigerian government, which this summer filed suit against the London- and Connecticut-based pharmaceutical company. The case is still pending.

Although the immunization boycott lasted 10 months, international health experts reportedly noted a rapid polio expansion, in a pattern that radiated from the west African state.

Shah says that the Kano example points to the public health issues at stake when countries lose trust in the pharmaceutical industry. "It's not that drug companies are trying to go out and harm people," she said. "They really hope and believe that their drugs will work."

Back in Argentina

Franklin Moyano, Santiago del Estero's health minister, told state news media that the province is conducting an independent investigation into the children's deaths. But the families of the children are taking matters into their own hands.

Ovejero, who wears a T-shirt bearing his late-son's photo, says that the family is planning to take legal action. The family also told Inter Press Service that their lawyer had been offered money to halt any legal action, but they rejected the offer.

A GlaxoSmithKline representative told ABCNews.com that the company was aware of reports in the Argentine press that Ovejero and his wife were offered money through their lawyer, but GSK said in an e-mail response, "The company has acknowledged this information through the articles that have been published in the media. Therefore, we do not have acquaintance of this fact."

In the meantime, Ovejero participates in weekly protest marches on the Plaza Liberdad, the town square. For the last month, every Monday around 7 p.m., close to 20 to 50 parents, extended family members and friends carry signs bearing the blown-up likenesses of their dead babies.

"Gabriel was born with a purpose," said Hoyos, Gabriel's mother. "His purpose was to bring justice."

POULTRY WORLD

Natalie Berkhout

Poland: bird flu vaccine scam

Poultry World, 8 April 2009
https://www.poultryworld.net/home/poland-bird-flu-vaccine-scam/

Three doctors and six nurses accused of having tested a vaccine against bird flu on nearly 200 patients without their knowledge went on trial in northern Poland.

The accused health workers have been charged with “fraud, creating false documents and delivering health care without authorisation” to 196 patients, according to judge Piotr Szadkowski of the Torun region.

All nine accused pleaded not guilty, however, if found guilty each health worker could be sentenced to up to 10 years in jail.

It has been reported that the medical personnel are charged with administering a vaccine banned in Poland against the deadly H5N1 strain of bird flu that can be transmitted to humans. Further reports state that the patients were paid for the vaccines.

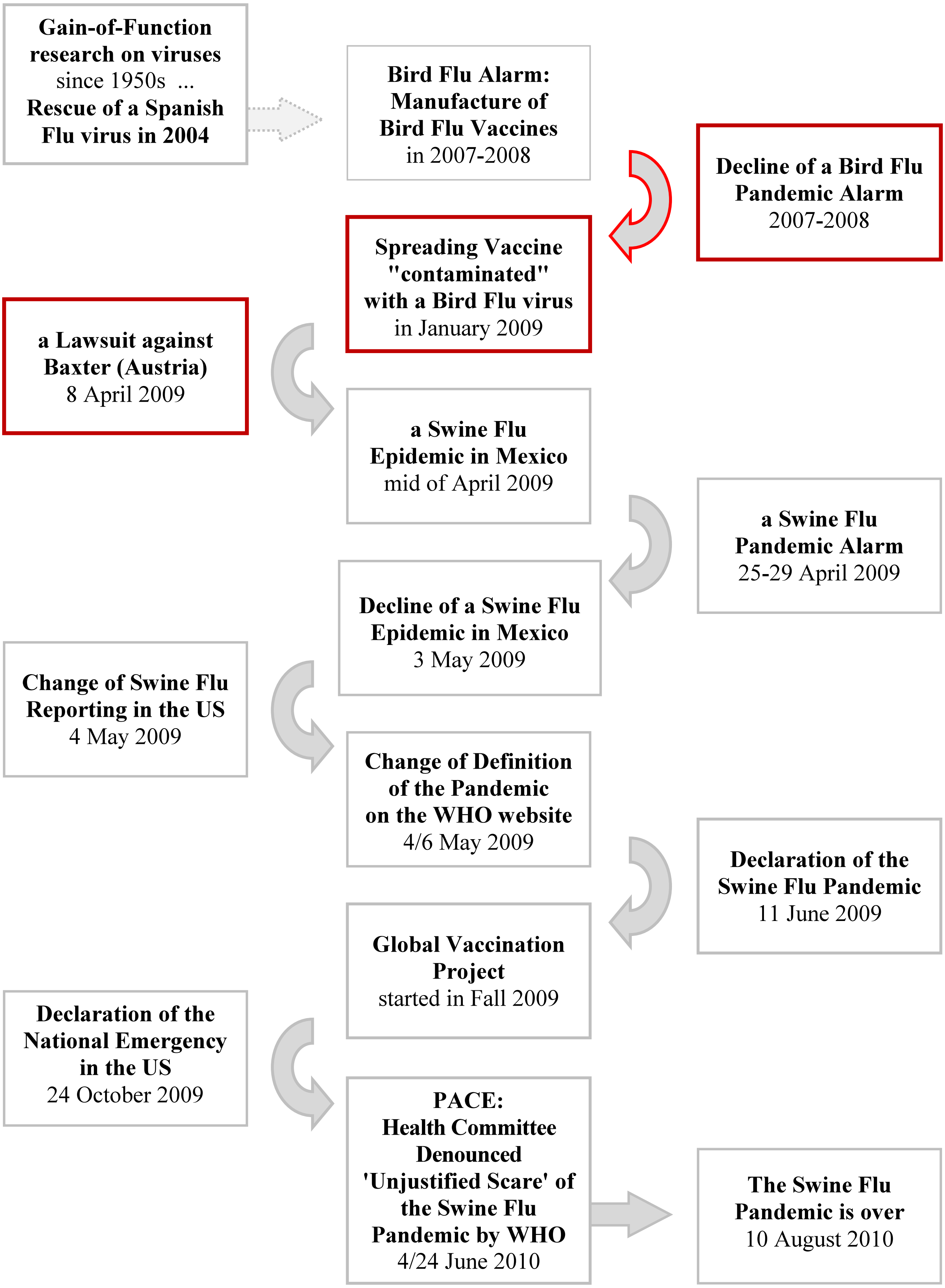
They allegedly led their patients, many of them poor and homeless, to believe they were being vaccinated against ordinary flu.

Chapter 3

Anti-Flu vaccine Contaminated with the deadly Bird Flu virus



Roadmap
of the Swine Flu Pandemic



Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is. "It could be just a cyclical thing," says Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about ... inferring long-term trends from actually reasonably limited data."

Dr. Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

Dr. Uyeki suggests other possibilities. As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

OTS

Kein Vogelgrippefall in Wien

OTS, 11 Februaty 2009
https://www.ots.at/presseaussendung/OTS_20090211_OTS0073/kein-vogelgrippefall-in-wien

Wien (OTS) - Am vergangenen Montag wurden im Wiener Otto-Wagner-Spital 18 Mitarbeiterinnen eines externen Unternehmens ambulant behandelt, da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien. Bei keinem der umfassenden Tests wurde eine Infektion festgestellt.****

Darüber hinaus wurden die PatientInnen umgehend mit einer Grippe-Vorsorge b71ehandelt. "Weder für die Patientinnen und Patienten noch für Personen, die mit ihnen in Kontakt waren, bestand eine Gefährdung. Selbstverständlich haben wir aber alle zuständigen Behörden informiert", erklärte Dr.in Susanne Drapalik von der Generaldirektion der Spitäler der Stadt Wien. (Schluss) cl



Die Klinik Penzing
Bis 2020 Otto-Wagner-Spital

https://lh3.googleusercontent.com/p/AF1QipMS6nTAi9-8fiKVMFC7tgcUE-ND8q7oGjBufrhL=s1360-w1360-h1020

THE CANADIAN PRESS

[Hellen Branswell]

Baxter admits contaminated seasonal flu product contained live bird flu virus

The Canadian Press, 26 February 2009
https://web.archive.org/web/20090304160508/http://www.google.com/hostednews/canadianpress/article/ALeqM5iV_RT6oBK3tOhtsWf5pnu5OIby9w

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine -- including a human H5N1 vaccine for which a licence is expected shortly – at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

That mixing process, called reassortment, is one of two ways pandemic viruses are created.

There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.

"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light – at least not publicly – on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."

He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English

Overview

Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

CONTENTS

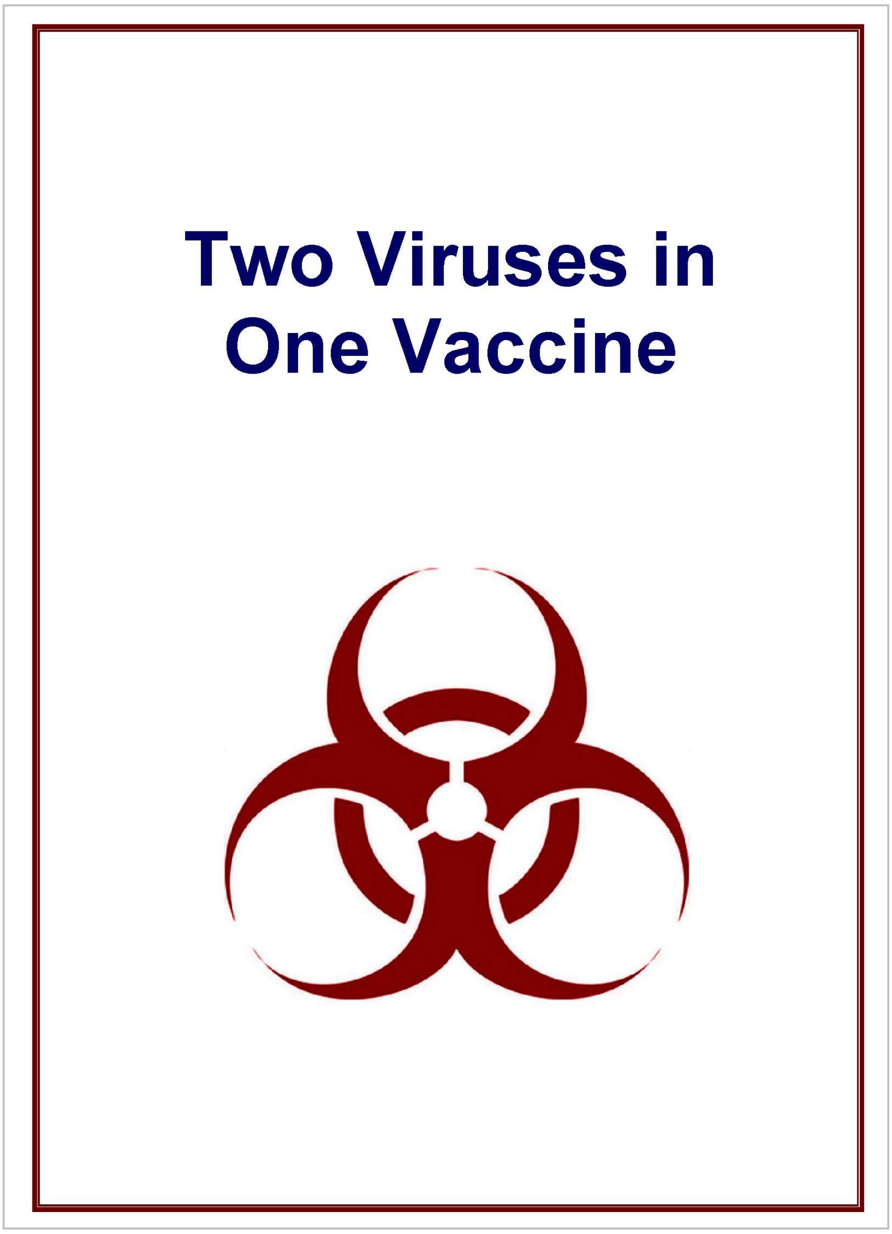
A. Summary of the criminal charges brought and of the grounds for these charges
B. Statement of Facts: Timeline and relevant background information
C. Relevant Laws

=> see detailes in the Volume 3.

Mikhail Teppone

Two Viruses in One Vaccine:
A Collection of articles, documents, news, and remarks
on the history of the vaccine against seasonal flu which contained live avian flu viruses

March-July, 2023, 381 pages. DOI: 10.13140/RG.2.2.14169.60009/2
https://www.researchgate.net/publication/369365605_Two_Viruses_in_One_Vaccine
https://archive.org/details/collection-bird-fluvirus-vaccine



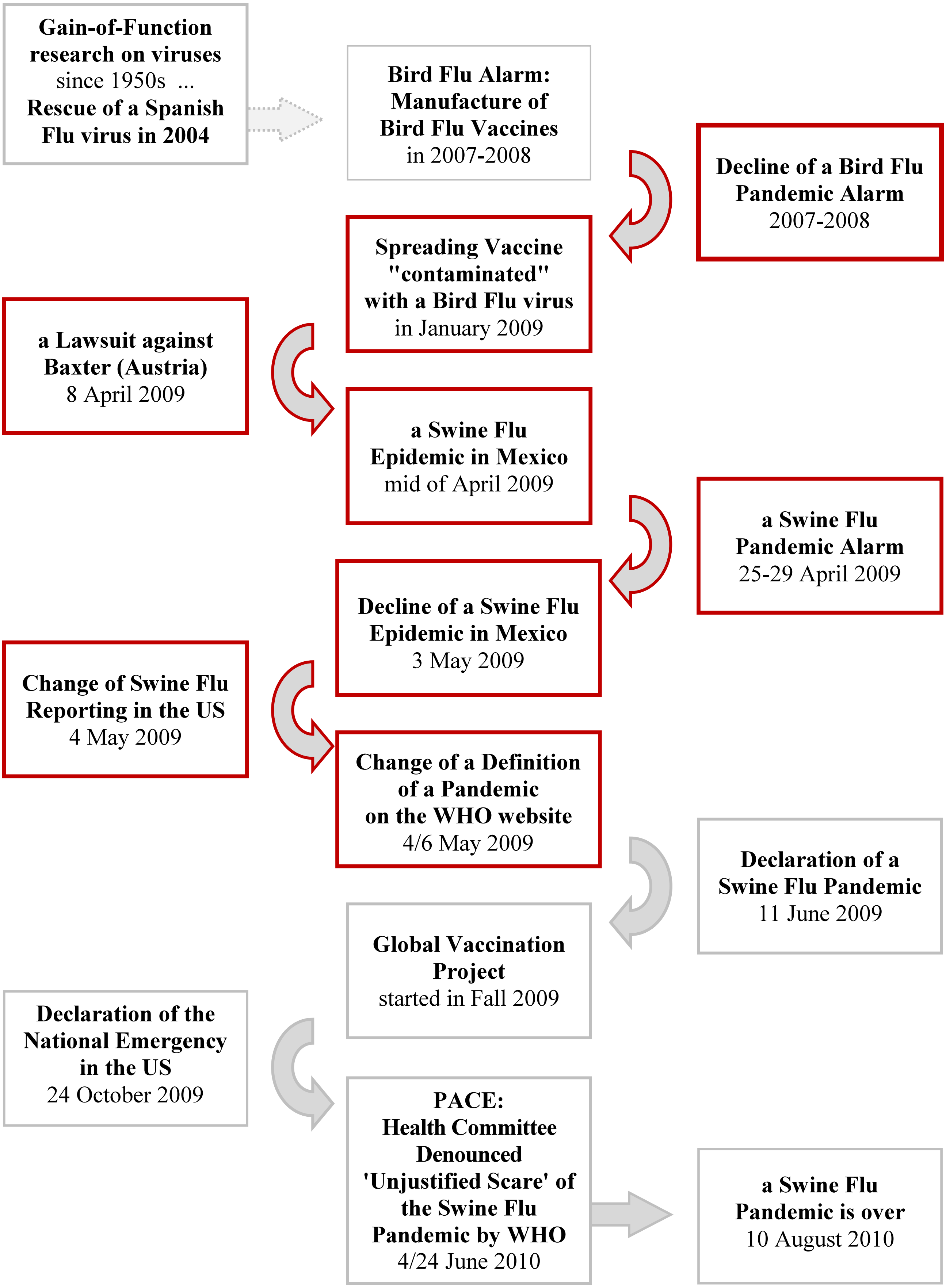
Chapter 4

PREPARING

TO THE GLOBAL VACCINATION CAMPAIGN BEFORE 11 JUNE 2009



Roadmap
of the Swine Flu Pandemic



PATENTSTORM

Genetically Engineered Swine Influenza Virus and Uses Thereof
US Patent Application 20090010962

Patentstorm.us, Application Filed on 1 June 2005; Published on 8 January 2009
https://web.archive.org/web/20091103075557/http://www.patentstorm.us/applications/20090010962/claims.html

Inventors: Peter Palese, Adolfo Garcia-Sastre, Richard J. Webby, Juergen A. Richt, Robert G. Webster, Kelly M. Lager.

1. An attenuated swine influenza virus comprising a mutation in a swine influenza NS1 gene that diminishes the ability of the NS1 gene product to antagonize the cellular interferon response, and permits the attenuated virus, at a multiplicity of infection of 0.001, to grow to titers between approximately 3 fold to approximately 7 fold lower than wild-type swine influenza in pig cells, as determined approximately 5 days post-infection when propagated under the same conditions.
2. The attenuated swine influenza virus of claim 1, wherein the attenuated virus is genetically engineered.
3. The attenuated swine influenza virus of claim 1, wherein the attenuated virus is a mutagenized virus or reassortant.
4. The attenuated swine influenza virus of claim 2, wherein the attenuated virus is a chimeric virus that expresses a heterologous sequence.
5. The attenuated swine influenza virus of claim 2, wherein the attenuated virus is a chimeric virus that expresses a tumor antigen.
6. The attenuated swine influenza virus of claim 2, wherein the attenuated virus is a chimeric virus that expresses an epitope of a foreign pathogen.
7. The attenuated swine influenza virus of claim 1, wherein pig cells are PK(D1) cells, PK(15) cells, PK13 cells, NSK cells, LLC-PK1 cells, LLC-PK1A cells, ESK-4 cells, ST cells, PT-K75 cells, PK-2a/CL 13 cells or SJPL cells.
8. (canceled)
9. The attenuated swine influenza virus of claim 2, wherein the mutation is a deletion at the carboxy terminus of the NS1 gene.
10. (canceled)
11. An attenuated swine influenza virus comprising a modified NS1 gene, wherein the attenuated swine influenza virus is TX/98/del 126, TX/98/del 99 or TX/98/del 73.
12. An attenuated swine influenza virus having an altered interferon antagonist phenotype, wherein said virus comprises a mutation in the NS1 gene resulting in a deletion of between the 105 carboxy terminal amino acid residues and the 160 carboxy terminal amino acid residues of NS1.
13. The attenuated swine influenza virus of claim 12, wherein the virus is attenuated by a mutation in the NS1 gene resulting in a deletion of all of the amino acid residues of NS1 except amino acid residues 1-95, amino acid residues 1-90, amino acid residues 1-85, amino acid residues 1-80, amino acid residues 1-75, amino acid residues 1-73, amino acid residues 1-70, amino acid residues 1-65, or amino acid residues 1-60, and wherein the amino terminal amino acid is number 1 and the mutation in the NS1 gene confers an altered interferon antagonist phenotype.

... etc.

Center for Vaccine Ethics and Policy

Center for Vaccine Ethics and Policy
Global News on Vaccination

CVEAP, March 2009 – March 2025
https://centerforvaccineethicsandpolicy.net/

Hajime Kamiya, Nobuhiko Okabe
Leadership in Immunization: The relevance to Japan of the U.S.A. experience…

Vaccine, 10 March 2009, 27(11): 11724-1728
http://www.sciencedirect.com/science/journal/0264410X

Leadership in Immunization: The relevance to Japan of the U.S.A. experience of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP)

Abstract

Immunization is one of the most effective public health interventions available. However, the difference of how recommendations are established influence the utilization of the vaccine and the number of patients with vaccine preventable diseases (VPDs). In this paper, we compared and highlighted the difference of the situation of the immunization program in Japan and the United States in terms of structure of policy setting system. Since the disease epidemiology clearly indicates that the US has better control of VPDs over Japan, we considered the advantage of development of a comparable vaccine policy setting system of the US in Japan.

KERA News

Bill Zeeble

6.7 million in grants slated for DISD and other schools

KERA News, 22 January 2009 at 7:58 AM CST
https://www.keranews.org/texas-news/2009-01-22/6-7-million-in-grants-slated-for-disd-and-other-schools
http://stream.publicbroadcasting.net/production/mp3/kera/local-kera-816551.mp3

Dallas, TX – Dallas, Fort Worth and other Texas school districts will share nearly 7 million dollar in grants from the Bill and Melinda Gates Foundation. The money should help more high school students go to college. KERA's Bill Zeeble has more.

6.7 million dollars from the Gates Foundations and others will fund research to improve teacher and student performance. The Texas High School Project, run out of Dallas, will get some of the money. In turn, it'll work with DISD and some other big city districts in a pilot project.

It's designed to speed up educational research in urban high schools. Faster access to rapidly changing information is the goal. The payoff's designed to help more high school students stay on track for college. The announcement's expected later this morning at DISD's W.T. White high school.

World Health Organization

WHO Immunization Funding Shortfalls
4th Global Immunization Meeting

New York, 17-19 February 200936
https://web.archive.org/web/20090328102937/http://www.who.int/immunization/funding/en/index.html
https://centerforvaccineethicsandpolicy.net/2009/03/09/who-immunization-funding-shortfalls-4th-global-immunization-meeting-new-york-17-19-february-2009/

WHO summarized presentations made at the 4th Global Immunization Meeting, held in New York, 17-19 February 2009, focused on funding shortfalls in WHO's current annual budget for immunization. The budget is about US$140 million, and main contributors to the 2008-09 budget include:
- the Bill & Melinda Gates Foundation;
- the GAVI Alliance;
- the governments and aid agencies of Canada and the United States of America;
- Johns Hopkins University;
- the Measles Partnership;
- PATH; and
- UNICEF.

During recent years, direct financial support for WHO's immunization work has decreased, with "increasing specificity of funds." The projected budget required for 2010-11 is US$210 million. Of this amount, there is a funding gap of US$109 million, or 52%. Since 2002, on average only 80% of WHO's immunization budget has been met each year. This has "led to challenges in fulfilling core functions in the area of immunization."

In 2007-2008, "various critical activities were not implemented due to the persistence of funding gaps. Updated recommendations for the production, control and evaluation of a number of existing vaccines could not be developed, resulting in a subsequent delay in their prequalification and a potential shortage in their availability. Funding gaps also impacted the evaluation of pneumococcal vaccines as well as the provision of technical support to countries, particularly in the WHO African Region."

The structure of WHO's immunization budget "has become such that today donors providing direct support are committed, but few in number, with the funds that they provide highly specified, leaving little flexibility. These factors do not allow WHO to allocate resources for immunization optimally and are impacting upon WHO's ability to deliver on its global immunization mandate. Increased direct, flexible funding from a greater number of donors would improve WHO's ability to deliver on core immunization functions."

=> see also:

GAVI Alliance welcomes US$ 75 million contribution from the United States. – GAVI, Washington DC, 23 March 2009.
https://web.archive.org/web/20091007025128/http://www.gavialliance.org/media_centre/statements/25_03_09__75_million_contribution_from_the_US.php

IFPMA

Authoritative New Study Reveals Global Pandemic Influenza Vaccine Capacity

IFPMA, 24 February 2009

https://web.archive.org/web/20090414035541/https://www.ifpma.org/News/NewsReleaseDetail.aspx?nID=11559

Geneva & Chicago. – Vaccine manufacturers have substantially increased their capacity to produce pandemic influenza vaccines during the past two years, according to a new study by Oliver Wyman, an international strategy consulting firm. Importantly, this study arrived at capacity estimate numbers that the global health community agrees upon, after considerable prior debate.

Conducted in collaboration with the World Health Organization (WHO) and The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)1, the new study finds that while capacity is increasing, it would not be sufficient to meet the global need for emergency production of pandemic influenza vaccines at the time of a pandemic. However, the study notes that current and future surplus capacity could support the production of billions of doses of H5N1 influenza vaccine prior to a pandemic for stockpiling efforts and other utilization.

"We found that considerable progress has been made to enhance the production capacity of pandemic influenza vaccine," said Adam Sabow, partner at Oliver Wyman who led the study. "While capacity still falls short of global need during a pandemic, the surplus capacity during the inter-pandemic period creates opportunities for preparedness efforts. For example, we are working with the WHO to design a global H5N1 vaccine stockpile. If demand does not exist to utilize this excess capacity, however, manufacturers are likely to rationalize some of it, creating further shortages at the time of a pandemic."

IFPMA Director General Alicia D. Greenidge said, "This study advances our understanding of the world's ability to address pandemic influenza, and demonstrates the progress made by our member companies in developing new vaccine technologies and expanding production facilities. Our member companies are committed to working with the WHO and countries to ensure that we make the best use of the surplus capacity to prepare for a pandemic. The findings suggest that the early use of stockpiled H5N1-based vaccines, followed by pandemic vaccines as soon as these become available, offers a realistic strategy to address this significant threat."

The new Oliver Wyman study provides a number of further insights:

- Pandemic influenza vaccine production capacity has increased by 300 percent over the last two years, largely driven by improvements in production yields and dosage-sparing technologies.

- With current technology, doses of vaccine tailored to the actual pandemic influenza strain will not be available until four months after identification of that strain by the WHO due to the technical lead time required to adapt the strain for vaccine production, manufacture vaccine, and distribute product.

- In the base (most likely) case2, manufacturers could produce 2.5 billion doses of pandemic vaccine in the 12 months following receipt of the production strain, requiring 4 years to satisfy global demand. In the best case, 7.7 billion doses could be produced in the first 12 months, requiring 1 ½ years to satisfy global demand.

- This capacity is expected to rise to 5 - 14.5 billion doses over the next five years. The resulting time to meet global demand would be reduced to between 2½ years (in the base case) and 1 year (in the best case).

- Surplus capacity (above current seasonal influenza and stockpile demand) currently exists to produce 2.5 billion annual doses of H5N1 vaccine prior to a pandemic. This surplus capacity is expected to rise to between 2.6 and 5.4 billion doses per year over the next 5 years.

Oliver Wyman initiated this study in 2008 in cooperation with the WHO and the IFPMA, with funding from the Bill & Melinda Gates Foundation.

1 Oliver Wyman also consulted with 11 other current or potential influenza vaccine manufacturers in developing countries which are not members of the IFPMA.

2 The "base" and "best" cases are based on different assumptions relating to a number of factors, including the level of demand for seasonal influenza and H5N1 vaccine in the inter-pandemic period, the yields that can be attained, the level of antigen-sparing achievable and the degree of rationalization of traditional egg-based vaccine production capacity as new cell-based capacity comes on line. In both cases, effective coverage is calculated based on 2 doses per person, for a global population of 6.7 billion.

About the IFPMA

The International Federation of Pharmaceutical Manufacturers & Associations is the global non-profit NGO representing the research-based pharmaceutical, biotech and vaccine sectors. Its members comprise leading international companies and national and regional industry associations covering developed and developing countries.

Cincinnati Children's

Children's Hospital receives $6.7 million grant from Gates Foundation to study influenza vaccine in pregnant women in Asia

Cincinnati Children's Hospital Medical Center, 26 February 2009

https://web.archive.org/web/20090306040202/http://www.cincinnatichildrens.org/about/news/release/2009/gates-foundation-gives-grant-02-23-09.htm

Cincinnati Children's Hospital Medical Center has received a $6.7 million grant from the Bill & Melinda Gates Foundation to help prevent flu in pregnant women and their infants in rural areas around the world.

Most childhood deaths occur in the first hours and months of life when infants are most susceptible to infections. In developing countries, where many births happen at home, protecting these infants is a challenge. Maternal immunization, which is routinely used in developing countries to prevent tetanus in infants, could also offer us a tool to help mothers protect their infants against influenza in this vulnerable time.

Researchers led by the Cincinnati Children's Division of Global Health will expand on a recent study (also supported by a Gates Foundation grant) showing that influenza vaccine not only prevents pregnant women from getting the flu, but also protects their infants. The new study, to be conducted in Asia, will evaluate the safety and effectiveness of maternal flu vaccination in areas with limited medical resources.

"We have already shown, with the earlier first randomized trial in an urban setting, that the influenza vaccine protects both mothers and their children," says Mark Steinhoff, MD, director of the Division of Global Health. That study, named Mother's Gift, was published in the Oct. 9, 2008, issue of The New England Journal of Medicine. "This new, larger field study will help us demonstrate the full effect of the flu vaccination in low-resource areas."

Flu vaccine is already recommended and used in pregnant women in the US and Canada. This will be the first step in providing that same opportunity to women in the developing world. The study will also help researchers understand the effect that vaccinating mothers has on unvaccinated family members. Studies conducted in the US have shown that vaccinating one family member also provides protection to unvaccinated family members, increasing the benefits of vaccination.

Dr. Steinhoff with colleagues from Johns Hopkins and the University of Washington will carry out the study in rural areas of Bangladesh or Nepal. The study of 1,500 women will take five years to complete.

Dr. Steinhoff said the study could have worldwide implications. "If the flu vaccine has as great an effect in rural settings as in urban ones, the data will be globally relevant and useful to countries considering new vaccine policies."

Cincinnati Children's Hospital Medical Center is one of America's top three children's hospitals for general pediatrics and is highly ranked for its expertise in digestive diseases, respiratory diseases, cancer, neonatal care, heart care and neurosurgery, according to the annual ranking of best children's hospitals by U.S. News & World Report. One of the three largest children's hospitals in the U.S., Cincinnati Children's is affiliated with the University of Cincinnati College of Medicine and is one of the top two recipients of pediatric research grants from the National Institutes of Health.

U.S. Department of Commerce

Otfried Kistner, Christa Tauer, Noel Barrett, Wolfgang Mundt

Method for Producing Viral Vaccines: US20090060950A1

US Patent, Application on 28 August 2008; Publication on 5 March 2009
https://patents.google.com/patent/US20090060950A1/en

US 20090060950A1

(19) **United States**
(12) **Patent Application Publication**
Kistner et al.

(10) **Pub. No.: US 2009/0060950 A1**
(43) **Pub. Date: Mar. 5, 2009**

(54) **METHOD FOR PRODUCING VIRAL VACCINES**

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(21) Appl. No.: **12/199,977**

(22) Filed: **Aug. 28, 2008**

Related U.S. Application Data

(60) Provisional application No. 60/966,724, filed on Aug. 28, 2007.

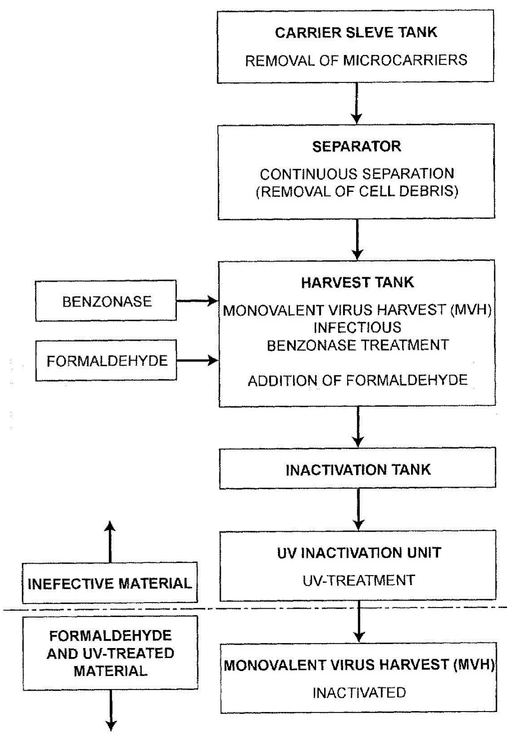
Publication Classification

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A61K 39/145 (2006.01)
A61K 39/12 (2006.01)
A61P 31/16 (2006.01)

(52) **U.S. Cl.** **424/209.1**; 424/204.1

(57) **ABSTRACT**

The present invention provides a method for the manufacture of a preparation comprising virus antigens comprising a) inoculation of cells with infectious virus in a fluid,
b) propagation of said virus in said cells,
c) collecting said propagated virus,
d) inactivating said collected virus, and
e) treating said inactivated virus with a detergent, resulting in a preparation comprising viral antigens.



Open letter to G20 from the GAVI Alliance and the Global Fund

GAVI, 2 April 2009
https://www.gavi.org/news/media-room/open-letter-g20-gavi-alliance-and-global-fund

On the eve of the G20 meeting in London on April 2, 2009, Dr Julian Lob-Levyt, Chief Executive Officer of the GAVI Alliance and Professor Michel Kazatchkine, Executive Director of The Global Fund wrote an open letter inviting G20 leaders to increase investments in improving healthcare for the world's poor despite the global economic crisis

Geneva, 2 April 2009 - As you prepare for the G20 meeting in London next week, we would like to draw your attention to the unprecedented opportunity to improve global health that lies before us.

Over the past eight years we have seen a dramatic scale-up of investments to improve health for the world's poor. Those investments have been transformed into dramatic successes in the fight against the diseases of poverty. Between programmes supported by GAVI and the Global Fund alone, seven million deaths have either been averted or prevented. Other bilateral and multilateral efforts can show that their support has enabled similar results. With a concerted effort we can jointly ensure that the ambition to meet the Millennium Development Goals (MDGs) can be realised.

The G20 is meeting at a time of extraordinarily difficult challenges. the economic crisis that has engulfed the world is threatening to wipe out decades of hard-earned progress in reducing poverty. Relatively small reductions in financing could have dramatic negative effects on health services and lead to a loss of momentum that could take decades to repair. As so often before, it is the poorest, particularly women and children, who will bear the brunt of this crisis.

Increasing investments in health is an effective way to extend a security net to the world's poorest in times of crisis and assist developing countries in overcoming the economic hardships they are facing. If resources for development are to become more scarce, health investments have shown to be efficient and provide a measurable and cost-effective return on investments.

Over the past few years, we have learned valuable lessons. We can now expand the experiences in fighting specific diseases into programmes to reduce child mortality more generally and to improve women's health. Investments in new vaccines to prevent pneumonia and diarrhoea – the two largest child killers – will have a significant impact on MDG4. Investments in proven prevention and treatment technologies can have a dramatic impact on the AIDS, TB and malaria burden.

We are building a body of knowledge about what works in strengthening health systems to ensure a balanced, sustainable delivery of health services in a developing-country context. Through the International Health Partnership we are putting the OECD's principles of aid effectiveness into practice. The experience in institutions tailored to finance performance, such as GAVI and the Global Fund, provide important lessons in other fields of finance for development.

We look forward to building on the successes of the past years, and continuing the progress towards a world where we can bring millions out of poverty and accelerate development and prosperity by reducing the burden of infectious and vaccine-preventable diseases.

Now is the moment to invest in health. It works. It saves millions of lives.

Yours sincerely

Julian Lob-Levyt Chief Executive Officer of the GAVI Alliance

Professor Michel Kazatchkine Executive Director of The Global Fund

Vaccine
Supports open access

Margie C Andreae, Kara Switalski, Leah Abraham, Gary L Freed

National Immunization Advisory Committees of the World Health Organization's European Region

Vaccine, 8 April // 21 May 2009; 27(24):3131-6.
doi: 10.1016/j.vaccine.2009.03.052. Epub 2009 Apr 8. PMID: 19446182
https://www.sciencedirect.com/science/article/abs/pii/S0264410X09004745

Abstract

This study sought to understand the prevalence, structure and decision-making process of national immunization advisory committees (IACs) among the 53 member countries of the World Health Organization (WHO)'s European region. Of the 47 countries responding to the electronically administered questionnaire, 37 (72%) have an IAC. The majority of committees have a legislative basis while just over half have formal terms of reference. Fewer than half have experts in health economics. The vast majority of countries do not allow the public to attend committee meetings nor distribute publicly the minutes of their meetings. Countries should partner with financial experts early in the process of immunization policy decision-making and should examine their policies regarding conflicts of interest and public access to meetings, as financial strategy and public trust are essential to the successful implementation of new vaccines.

Introduction

In 1974, the World Health Organization (WHO) initiated the Expanded Programme on Immunisation (EPI) with the goal to make vaccines available to all children throughout the world. The EPI was designed to provide guidance and support to improve vaccine delivery. A standardized immunization schedule was established on the basis of a review of immunological data. In the late 1980s, hepatitis B and haemophilus influenzae, type b (Hib) vaccines were added to the EPI's list of recommended vaccines. However, despite widespread morbidity and mortality related to these diseases, few countries worldwide implemented these vaccines. With higher use among wealthier countries, low uptake was attributed to economic constraints [1]. Since that time, new financing mechanisms have been developed through large donors to remove these financial barriers resulting in wider uptake, however, still not at the pace desired [2], [3].

With the recent release of several new vaccines and even more in development, the focus of international infectious disease control specialists has shifted to identifying other barriers in the implementation of new vaccines and to the maintenance of national childhood immunization programs. One area of interest is on the decision-making process within national immunization programs and the individuals central to the process.

Many developing countries have established an Interagency Coordinating Committee (ICC) to meet a requirement for financial support from the Global Alliance for Vaccines and Immunizations (GAVI) fund [4]. While the goal of the ICC is to bring together domestic agencies and international donors and advisors to coordinate efficient and effective use of resources [5], these committees are often not designed to address the technical aspects of the nation's immunization program.

Separate and distinct from the ICC, technical Immunization Advisory Committees (IACs) are used by many nations to determine the specific vaccines recommended for use in a particular country. These committees generally bring together a panel of experts to access the wide spectrum of issues involved in the decision to recommend a vaccine. The charge of these committees may include additional responsibilities such as information dissemination, advocacy and oversight of immunization programs.

A recent study [6] of IACs in 10 large industrialized nations in Western Europe revealed significant variation in the composition, process for decision-making and authority of these committees. For example, some committees made decisions through member voting while others operated by consensus. The variation was often a function of the political, social and economic environment in which the committee and the specific government operated.

Many countries in the WHO's European Region are now developing their own IACs. The findings from the 10 industrialized nations present only a limited view of the range of IAC functions currently in place across this region that is diverse both economically and politically. The 53 countries of this region extend from Western Europe to western Asia and include newly independent states of the former Soviet Union. The total expenditure on health as a percentage of the gross domestic product for this region varied from 11.3% (Switzerland) to 3.4% (Azerbaijan) in 2006 [7]. As such, a broader review of the different models of such committees would be helpful in understanding the options available to developing programs and in the assessment of the structure of existing programs. Thus, we studied the current status, composition and processes of IACs across the WHO's European Region.

=> https://www.sciencedirect.com/science/article/abs/pii/S0264410X09004745?via%3Dihub

FIERCE Biotech

Calisha Myers

Novavax Announces Preclinical Study Demonstrating that a Virus-like Particle Vaccine Provided Protection Against H1N1 and H5N1

Fierce BioTech, 16 April 2009, 10:41am
https://www.fiercebiotech.com/biotech/novavax-announces-preclinical-study-demonstrating-a-virus-like-particle-vaccine-provided

NOVAVAX Announces Publication of a Preclinical Study Demonstrating that a Virus-like Particle Vaccine Provided Protection Against Highly Pathogenic H1N1 and H5N1 Influenza Strains.
H1N1 Virus-like Particle (VLP) Vaccine Candidate Based on the 1918 Spanish Influenza Strain Protected Mice and Ferrets Against the Spanish Flu and Highly Pathogenic H5N1 Bird Flu

Rockville, Md., April 14 /PRNewswire-FirstCall/ -- Novavax, Inc. (NASDAQ: NVAX) today reported preclinical study results showing that an investigational H1N1 virus-like particle (VLP) vaccine based on the 1918 Spanish influenza strain protected against both the Spanish flu and a highly pathogenic H5N1 avian influenza strain. The study, published in the March 25, 2009 online issue of the Journal of Virology, was conducted by scientists from the Centers for Disease Control and Prevention (CDC) in Atlanta, GA and Novavax under a Collaborative Research and Development Agreement.

Novavax scientists designed and produced a recombinant VLP vaccine candidate against the 1918 H1N1 influenza strain. This 1918 influenza strain was responsible for more than 50 million deaths worldwide during the great Spanish flu pandemic. Mice and ferrets were vaccinated with VLPs by one of two routes: either by standard intramuscular injection or by administering a small drop of the VLP vaccine in the nose (intranasal immunization). All of the 1918 VLP-immunized animals were protected when exposed to a lethal dose of the 1918 influenza virus, regardless of the route by which the vaccine was administered. Remarkably, animals immunized by the intranasal route were also protected against a lethal dose of a contemporary, highly pathogenic avian influenza subtype H5N1 virus strain, isolated from a fatal human case in 2004 (A/Vietnam/1203/2004 strain).

The H1N1 VLP vaccine candidate was made up of the hemagglutinin (HA), neuraminidase (NA), and matrix 1 (M1) proteins from 1918 Spanish influenza virus strains. These proteins, which were produced in insect cells, formed three-dimensional structures that mimic the 1918 pandemic influenza virus but without the genetic material needed for replication. The mechanism of action by which this H1N1 VLP vaccine candidate provided broad cross-protection is under further study, but the scientists described preliminary evidence that antibody cross-reactivity between the HA and possibly NA proteins of the H1N1 and H5N1 influenza were important.

"Unlike other non-live influenza vaccines, the VLPs are uniquely positioned to stimulate immunity through multiple mechanisms," said Dr. Penny Heaton, Chief Medical Officer at Novavax. "First, they contain HA protein that is the same structure as the live virus, which may stimulate HA antibodies of several types that not only prevent the virus from attaching to cells but also prevent the virus from fusing with cells. Second, the VLPs contain NA which may stimulate production of antibody that prevents spread of the virus down the respiratory tract. Finally, the structure of the HA and NA proteins and the way in which they are embedded in lipids on the surface of the VLP may activate the innate immune system providing protection against both the H1N1 and H5N1 strains," said Dr. Heaton.

Although cross protection against influenza strains of the same hemagglutinin or HA type has been achieved through the use of vaccines with adjuvants (e.g., cross-protection against H5N1 A/Vietnam and A/Indonesia strains), protection against strains with different HA types, as shown in this study, has not been reported. Cross-protection against different HA types is highly desirable for pandemic influenza vaccine candidates because it is not possible to predict the strain that may be responsible for the next pandemic with today's technology. A broadly cross-protective vaccine would be ideal for stockpiling in that it could be administered during the first wave of the pandemic while waiting for manufacture of vaccine specific to the pandemic strain.

Dr. Gale Smith, Vice President of Vaccine Development at Novavax, said, "The discovery that a VLP-based influenza vaccine candidate created through cell-based recombinant technology has the potential to protect against diverse strains of influenza has significant implications for both pre-pandemic and pandemic preparedness. A broadly protective vaccine administered prior to and during the first wave of a pandemic could prevent widespread morbidity and mortality from a newly emerged pandemic influenza strain and allow time for the development of strain-specific vaccines."

About Novavax

Novavax, Inc. is a clinical-stage biotechnology company creating novel vaccines to address a broad range of infectious diseases worldwide using advanced proprietary VLP technology. The company produces these VLP based, potent, recombinant vaccines utilizing new, and efficient manufacturing approaches. The Company has VLP vaccine candidates against seasonal influenza and potential pandemic influenza strains in phase II clinical development.

This report describes the second of two preclinical studies of Novavax's investigational H5N1 pandemic influenza vaccine announced this year that have shown different approaches to achieving broad protection against diverse influenza strains. As announced in February, a VLP vaccine with an HA based on several H5 strains showed broad cross-protection against different H5 strains. In the current study, an alternative route of administration resulted in cross-protection against different HA types. Novavax has shown in clinical trials that an H5N1 VLP candidate vaccine given by intramuscular injection is well tolerated and immunogenic in humans. Preclinical research on alternative pandemic influenza VLP vaccine approaches is expected to continue.

Additional information about Novavax is available at www.novavax.com and in the company's various filings with the Securities and Exchange Commission.

Forward Looking Statement

Statements herein relating to future financial or business performance, conditions or strategies and other financial and business matters, including expectations regarding clinical developments, safety, efficacy and potency of our vaccines, and supply availability are forward-looking statements within the meaning of the Private Securities Litigation Reform Act. Novavax cautions that these forward-looking statements are subject to numerous assumptions, risks and uncertainties, which change over time. Factors that may cause actual results to differ materially from the results discussed in the forward-looking statements or historical experience include risks and uncertainties, including the failure by Novavax to secure and maintain relationships with collaborators; risks relating to the early stage of Novavax's product candidates under development; uncertainties relating to commencing clinical trials and their outcome; risks relating to the supply and commercialization, if any, of Novavax's proposed product candidates; dependence on the efforts of third parties; dependence on intellectual property; competition for clinical resources and patient enrolment from drug candidates in development by other companies with greater resources and visibility, and risks that we may lack the financial resources and access to capital to fund our operations.

Further information on the factors and risks that could affect Novavax's business, financial conditions and results of operations, is contained in Novavax's filings with the U.S. Securities and Exchange Commission, which are available at http://www.sec.gov. These forward-looking statements speak only as of the date of this press release, and Novavax assumes no duty to update forward-looking statements.

Chicago Tribune BREAKING NEWS

Bruce Japsen

Baxter to work to contain Mexico flu outbreak

Chicago Breaking News // Chicago Tribune, 25 April 2009
https://web.archive.org/web/20090428154047/http://www.chicagobreakingnews.com/2009/04/baxter-to-pursue-swine-flu-virus-to-control-mexico-outbreak.html

Deerfield-based medical product giant Baxter International Inc. is working with the World Health Organization on a potential vaccine to curb the spread of the swine flu outbreak in Mexico, the company confirmed today.

Baxter, which has a growing vaccine business, has worked with foreign countries in the past to develop vaccines for the H5N1 virus commonly known as bird flu. Baxter has a cell-based technology that allows the company to more rapidly produce vaccines in the event of a pandemic than a decades-old method that uses eggs to process vaccines and can take weeks or even months longer.

"Upon learning about the swine flu outbreak in Mexico yesterday, Baxter requested a virus sample from WHO to do laboratory testing for potentially developing an experimental vaccine," company spokesman Christopher Bona told the Tribune this afternoon. "Baxter has research and development and manufacturing pandemic planning expertise to rapidly develop candidate vaccines against potentially emerging influenza viruses."

In the past, Baxter has developed vaccines and worked with countries to stockpile vaccines even while they undergo experimental testing. The idea behind the government stockpiles, in the case of the bird flu, for example, is to prepare against outbreak.

The company would not say whether the U.S. or other countries have contacted Baxter. Other companies, too, develop vaccines and have been used to stockpile vaccines. It's unclear whether other vaccine makers have also contacted the WHO.

Because it's so early in the vaccine development process, Baxter would not estimate on when a candidate vaccine would emerge for potential use.

The Mexican government is working to control a swine flu outbreak that has killed more than 65 people and potentially infected more than 1,000 in recent weeks, according to government and news reports.

Chicago Tribune

Bruce Japsen

Swine flu: Baxter seeks swine flu sample to begin work on vaccine: Deerfield-based Baxter has a speedier way to make vaccines than old method

Chicago Tribune, 27 April 2009;
https://web.archive.org/web/20090427195727/http://www.chicagotribune.com/business/chi-baxter-swine-flu-27-apr27,0,3579388.story

With world health officials worried about the global outbreak of another deadly virus, Deerfield-based Baxter International Inc. once again finds itself involved in the action.

Baxter confirmed over the weekend that it is working with the World Health Organization on a potential vaccine to curb the deadly swine flu virus that is blamed for scores of deaths in Mexico and has emerged as a threat in the U.S.

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Baxter has a cell-based technology that allows the company to produce vaccines more rapidly in the event of a pandemic than a decades-old method that uses eggs and can take weeks or months longer. Although the egg-based method has produced safe and effective vaccines, analysts say Baxter's method can cut production times in half compared with the older process.

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The idea behind the government stockpiles, in the case of the bird flu, for example, is to prepare against outbreak.

As of Sunday, Baxter would not say whether the U.S. or other countries have contacted the company to develop a stockpile against swine flu. Other companies, too, develop vaccines and have been used to stockpile vaccines.

The effort to ensure a safe vaccine supply and an adequate number of manufacturers has taken on greater importance in recent years.

Three years ago, for example, the Bush administration awarded about $1 billion to vaccine makers as a way to increase and speed production, particularly after the spread of bird flu.

Several vaccine makers, including Baxter, GlaxoSmithKline and others, were awarded multimillion-dollar contracts.

Baxter, working with another company, was awarded a five-year contract to develop both seasonal and pandemic vaccines using its cell-based technology, according to terms of the deal disclosed in May 2006.

Over the years, Baxter has worked with governments around the world to develop and produce vaccines to protect against infectious disease or potential threats from bioterrorism.

In the wake of the terrorist attacks on Sept. 11, 2001, Baxter worked with British biotech company Acambis to supply stockpiles of a smallpox vaccine. In 2003, Baxter was awarded a U.S. contract to develop and produce a vaccine against severe acute respiratory syndrome (SARS) for use by the National Institutes of Health in early human clinical trials.

And in 2005, Baxter worked with another company to develop a "plasma-based therapeutic targeted for use in individuals who may be exposed to nerve gas poisons," the company said at the time.

Because it's so early in the swine flu vaccine development process, Baxter would not estimate when a vaccine might be ready.

Chicago Tribune

Bruce Japsen

Push is on for vaccine against fatal swine flu:
Deerfield-based Baxter seeks sample to test

Chicago Tribune, 27 April 2009, p. 1.19
https://www.newspapers.com/image/233249749/

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Chicago Tribune

Bruce Japsen

Vaccine Sought for Fatal Swine Flu:
Baxter of Deerfield seeks sample to use in its speedier method

Chicago Tribune, 27 April 2009, p. 31
https://www.newspapers.com/image/233250455/

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Steve Watson

Baxter to Develop Swine Flu Vaccine Despite Bird Flu Scandal
The fox has been given the duty of guarding the henhouse

InforWars, 27 April 2009
https://web.archive.org/web/20100106114432/http://www.prisonplanet.com/baxter-to-develop-swine-flu-vaccine-despite-bird-flu-scandal.html
https://inthesenewtimes.com/2009/04/28/baxter-to-develop-swine-flu-vaccine-despite-bird-flu-scandal/

A U.S. based pharmaceutical company that just weeks ago was involved in a scandal involving vaccines tainted with deadly avian flu virus has been chosen to head up efforts to produce a vaccine for the Mexican swine flu that has seemingly migrated into the U.S. and Europe.

Baxter confirmed over the weekend that it is working with the World Health Organization on a potential vaccine to curb the deadly swine flu virus that is blamed for scores of deaths in Mexico and has emerged as a threat in the U.S., reports the Chicago Tribune.

Baxter has previously worked with governments all over the globe to develop and produce vaccines to protect against infectious disease or potential threats from bioterrorism. After 9/11 Baxter helped supply stockpiles of a smallpox vaccine and in 2003 the company was contracted to develop a vaccine to combat the SARS virus. In 2006 the UK Government announced plans designed to inoculate every person in the country with Baxter's vaccines in the event of a flu pandemic.

However, Baxter has a very recent and most disturbing connection to flu vaccines.

As reported by multiple sources last month, including the Times of India, vaccines contaminated with deadly live H5N1 avian flu virus were distributed to 18 countries last December by a lab at an Austrian branch of Baxter.

It was only by providence that the batch was first tested on ferrets in the Czech Republic, before being shipped out for injection into humans. The ferrets all died and the shocking discovery was made.

Czech newspapers immediately questioned whether the events were part of a conspiracy to deliberately provoke a pandemic, following up on accusations already made by health officials in other countries.

Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident.

Since the probability of mixing a live virus biological weapon with vaccine material by accident is virtually impossible, this leaves no other explanation than that the contamination was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and

more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

Indeed, some have already suggested that the current scare could represent the use of such a weapon.

Now it has been announced that Baxter is seeking a sample of the potentially lethal never before seen form of swine/avian/human flu virus in order to assist the World Health Organization in developing a new vaccine, reaping billions in the process.

Why should Baxter be trusted, when they have already been proven to be at the very least criminally negligent, and at worst a prime suspect in attempting to carry off one of the most heinous crimes in the history of mankind?

The company has already put the safety of the entire human race at risk, and now, just a few weeks later, we're expected to invest our confidence in them and take their shots with a smile and a still tongue?

As Mike Adams of Natural News has commented, "If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter – which mailed samples of a far more deadly viral strain to labs around the world – getting away with saying, essentially, 'Oops?' "

WHO officials are reportedly still closely monitoring the investigation into Baxter's contaminated flu vaccines, seemingly they are not too concerned. Perhaps we should be.

the same text =>

In These New Times
A new paradigm for a post-imperial world

Steve Watson

Baxter to Develop Swine Flu Vaccine Despite Bird Flu Scandal
The fox has been given the duty of guarding the henhouse

In These New Times, 27 April 2009;
https://inthesenewtimes.com/2009/04/28/baxter-to-develop-swine-flu-vaccine-despite-bird-flu-scandal/

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TIME Partners with CNN

Eben Harrell

How to Deal with Swine Flu: Heeding the Mistakes of 1976

Time, 27 April 2009
https://web.archive.org/web/20090524061940/http://www.time.com/time/health/article/0,8599,1894129,00.html

In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers. Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of $135 million (some $500 million in today's money). Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly canceled the program on Dec. 16. The epidemic failed to materialize.

Medical historians and epidemiologists say there are many differences between the relatively benign 1976 outbreak and the current strain of swine flu that is spreading across the globe. But they also say the decisions made in the wake of the '76 outbreak – and the public's response to them – provide a cautionary tale for public health officials, who may soon have to consider whether to institute draconian measures to combat the disease.

"I think 1976 provides an example of how not to handle a flu outbreak, but what's interesting is that it made a good deal of sense at the time," says Hugh Pennington, an emeritus professor of virology at Britain's University of Aberdeen. Pennington points out that conventional wisdom in 1976 held that the 1918 flu pandemic – which started among soldiers and eventually killed as many as 40 million – was the result of swine flu (scientists now know it was in fact a strain of bird flu). Despite modern advances in microbiology, today's health officials still make decisions in a "cloud of uncertainty," Pennington says. "At the moment, our understanding of the current outbreak is similarly limited. For example, we don't yet understand why people are dying in Mexico but not elsewhere."

In a quickly evolving situation, deciding what public health orders to make becomes as much an art as a science, and can often stir debate. On Monday, for example, health officials in Europe advised citizens to cancel all nonessential trips to Mexico and the U.S. The U.S. Centers for Disease Control and Prevention (CDC) said that advisory was too severe. Such decisions, difficult enough to make on purely medical grounds, become even more complicated when they involve politics. In 1976, President Ford's vaccine program came during an election cycle, and some historians believe he was swayed as much by a desire to display strong leadership as by the advice of health experts. (Read "Swine Flu: 5 Things You Need to Know About the Outbreak.")

Howard Markel, director of the Center for the History of Medicine at the University of Michigan and a historical consultant to the CDC on flu pandemics, says the most vexing decision facing health officials is when to institute mass vaccination programs. Vaccines carry risks of complications, leading to agonizing ethical dilemmas. In 1976, Ford offered indemnity to the vaccine manufacturers.

But according to reports, President George W. Bush decided in 2002 not to administer a nationwide smallpox vaccination program – despite Vice President Dick Cheney's belief that doing so was a prudent counterterrorism step – because it could have resulted in dozens of deaths (the smallpox vaccine kills between 1 and 2 people per million people inoculated).

Markel says the political climate in the U.S. is much less combustible today than in the post-Watergate era, when Ford faced a skeptical public. Even so, he says, citizens still need to trust that the government is working for the greater good. He says, "The good news is that our surveillance, methodology and public health professionals have never been better. But we are human and mistakes may be made – as happened with the 1976 swine flu affair – and we may jump the gun in the hope of preserving life. The current outbreak is a situation in flux. The American public has to be forgiving and patient and do [their] part too."

Paul Joseph Watson

Time Magazine Preps Americans For Mandatory Vaccinations:
Says public should "trust" government
when it institutes draconian measures to deal with pandemic

Prison Planet 28 April 2009
https://web.archive.org/web/20090918200352/http://www.prisonplanet.com/time-magazine-preps-americans-for-mandatory-vaccinations.html

Time Magazine's coverage of the swine flu scare has a noticeable subplot – preparing Americans for draconian measures to combat a future pandemic as well as forcing them to accept the idea of mandatory vaccinations.

In an article entitled How to Deal with Swine Flu: Heeding the Mistakes of 1976, the piece discusses how dozens died and hundreds were injured from vaccines as a result of the 1976 swine flu fiasco, when the Ford administration attempted to use the infection of soldiers at Fort Dix as a pretext for a mass vaccination of the entire country.

Despite acknowledging that the 1976 farce was an example of "how not to handle a flu outbreak," the article still introduces the notion that officials "may soon have to consider whether to institute draconian measures to combat the disease."

Later we discover exactly what this will entail, namely "when to institute mass vaccination programs," according to Howard Markel, director of the Center for the History of Medicine at the University of Michigan and a historical consultant to the CDC on flu pandemics.

Markel notes that the less politically combustible situation in America today compared to the post-Watergate era of Ford would make such draconian measures more achievable.

"Even so, he says, citizens still need to trust that the government is working for the greater good," adds the article. "The American public has to be forgiving and patient and do [their] part too," according to Markel.

Americans would indeed have to be very trustworthy and ultimately forgiving in taking a vaccine by government decree manufactured by a company that was been caught red-handed contaminating their vaccines with far deadlier viruses than swine flu.

As we reported yesterday, Baxter International confirmed over the weekend that it is working with the World Health Organization on a potential vaccine to curb the deadly swine flu virus that is blamed for scores of deaths in Mexico and has emerged as a threat in the U.S., reports the Chicago Tribune.

As reported by multiple sources last month, including the Times of India, vaccines contaminated with deadly live H5N1 avian flu virus were distributed to 18 countries last December by a lab at an Austrian branch of Baxter.

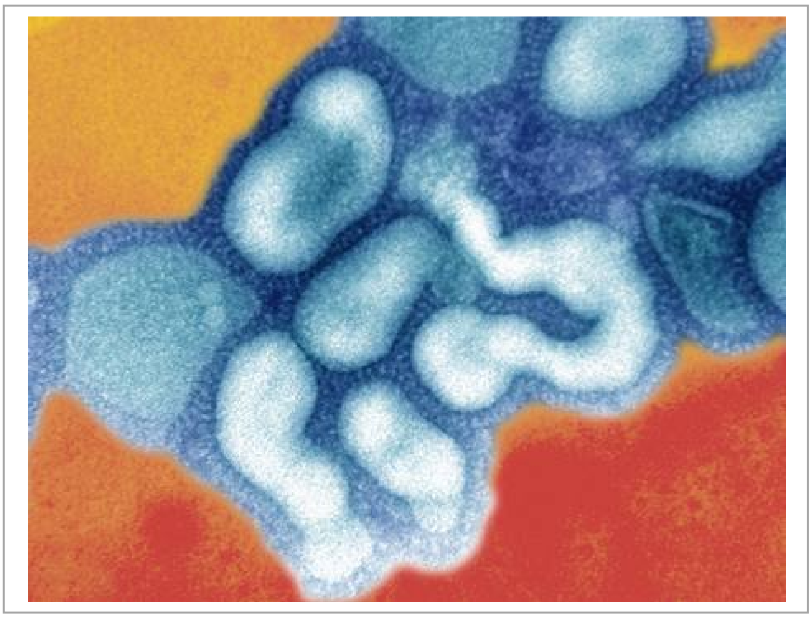
Since the probability of mixing a live virus biological weapon with vaccine material by accident is virtually impossible, this leaves no other explanation than that the contamination was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

These are the people we are supposed to "trust" and "forgive" according to Time Magazine and Markel when the federal government breaks down our door, guns drawn and dripping needle in hand.

Vakcíny proti prasečí chřipce dodá firma, která poslala nakažené vzorky

iDNES, 5. května 2009 (5 May 2009), 18:05
https://www.idnes.cz/zpravy/domaci/vakciny-proti-praseci-chripce-doda-firma-ktera-poslala-nakazene-vzorky.A090505_165450_domaci_adb

Odstupující vláda kývla na nabídku farmaceutické firmy Baxter, že Česku dodá vakcínu proti prasečí chřipce. Topolánkův kabinet se pro Baxter rozhodl jednomyslně i přesto, že firmu provází skandál, kdy v únoru do Česka poslala testovací vakcíny kontaminované virem ptačí chřipky.



Vláda si vybrala farmaceutickou firmu Baxter.
Bez výběrového řízení a přes její únorový skandál. | foto: Profimedia.cz

Zdroj: "Rozhodnutí padlo," řekl už v pondělí premiér v demisi Mirek Topolánek s tím, že víc prozradit nemůže. Jeho kabinet projednal nabídku v takzvaném vyhrazeném režimu, takže se veřejnost nedozví, jak rozhodl a kterou firmu vybral. - čtěte Vakcína proti prasečí chřipce možná vznikne v Česku

Podle informací iDNES.cz je to firma Baxter. Návrh, aby Česko uzavřelo kupní smlouvu s farmaceutickou firmou, přednesla na pondělním jednání vlády ministryně zdravotnictví Daniela Filipiová.

Stát si tak zarezervoval 12 milionů vakcín proti prasečí chřipce. Jen za rezervační poplatek bude muset firmě po dobu pěti let platit 300 milionů, prozradil iDNES.cz zdroj z vlády, který si nepřál být jmenován.

Téma na zasedání vlády vyvolalo velkou debatu, ale kabinet nakonec nabídku jednomyslně schválil. A to i přes riziko, že vakcíny nakonec nebudou využity. Nemůžeme si dovolit to nekoupit, shodli se nakonec ministři.

"Je sebevražedné to neodsouhlasit. Je to ročně jeden třicetikorunový poplatek na občana," nechal se na vládě slyšet ministr práce a sociálních věcí Petr Nečas, jak iDNES.cz prozradil vládní zdroj.

Kabinet si výběr Baxteru bez výběrového řízení odůvodnil tím, že pouze tato firma dovede vakcínu vyrobit do třech měsíců. Jiné farmaceutické společnosti by potřebovaly dvojnásobnou dobu, argumentoval podle zdroje před ministry hlavní hygienik Michael Vít.

Ministryně zdravotnictví Daniela Filipiová odmítla informaci potvrdit. "Nevím, o čem mluvíte," řekla iDNES.cz. "Nevím, odkud tu informaci máte. Já se vám k tomu rozhodně vyjadřovat nebudu," dodala.

"Řeknu jen to, že vláda včera jednala a přijala takové opatření, že v případě opravdu velkého rizika pandemie chřipky H1N1 bude pro občany této země zajištěna vakcinace," uvedla.
Kontaminovaná zásilka putovala i do dalších zemí

Americká firma Baxter, která má svou nejmodernější pobočku v obci Bohumil u Kostelce nad Černými lesy, ale nemá v Česku zrovna dobré jméno. V únoru totiž do Česka poslala testovací materiál nakažený virem ptačí chřipky H5N1. - o skandálu čtěte zde

Virus, který je považován za možnou biologickou zbraň, totiž uchovává ve své rakouské pobočce v Orthu. Právě odsud poslali farmaceuti Baxteru do Česka kontaminované vzorky, aniž by někdo z rakouské či české strany informoval úřad, který má na starosti biologickou bezpečnost.

Čeští vědci zjistili až náhodou, že vakcína obsahuje nebezpečný virus. A jen shodou náhod nebyl nikdo nakažen. Kromě Česka putovala zásilka i do dalších zemí, virus se tak ocitl najednou nekontrolovaně na několika místech v Evropě.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," řekl už tehdy hlavní hygienik.

GlaxoSmithKline update:
A (H1N1) influenza vaccine development

London UK & Philadelphia US, GSK, 15 May 2009

https://web.archive.org/web/20090515213253/http://www.gsk.com/media/pressreleases/2009/2009_pressrelease_10054.htm

- GSK has received orders from several governments aiming to stockpile a new candidate A (H1N1) adjuvanted influenza vaccine as a precautionary measure
- Company to manufacture the new vaccine, once virus seed is made available by the WHO
- Seasonal influenza vaccine production continues

GSK is committed to supporting governments and health authorities around the world to respond to the emergence of the new A (H1N1) influenza strain.

Since the outbreak, the company has been in continuous discussions with governments and public health authorities, including the WHO, the US Centers for Disease Control and Prevention, the US Department of Health and Human Services and the European Centre for Disease Prevention and Control to help develop appropriate options to respond to the emergence of the new A (H1N1) influenza strain.

A (H1N1) influenza candidate adjuvanted vaccine

GSK expects to manufacture a candidate A (H1N1) adjuvanted influenza vaccine once virus seed is made available by the WHO. The first doses of the vaccine are expected to be available four to six months later, subject to regulatory approval.

- The vaccine will comprise antigen of the recently isolated A (H1N1) influenza strain and also contain GSK's proprietary adjuvant system AS03. An adjuvant system can be added to the antigen at time of administration. In clinical studies using the H5N1 influenza strain, an adjuvanted formulation has been shown to stimulate a higher immune response while using a smaller amount of antigen as compared to a formulation without adjuvant. The adjuvant system therefore helps to increase the number of vaccine doses that can be produced.[1] In addition, in clinical studies with the H5N1 influenza strain, the adjuvanted vaccine demonstrated the potential to provide protection even if the influenza strain drifts (changes slightly).[2,3]
- The new candidate vaccine will require regulatory approval. In 2008, GSK received a European licence fora pandemic vaccine based on a 'mock-up' dossier. This approval, which was based on data involving the H5N1 influenza strain, is expected to enable faster registration of this new A (H1N1) influenza vaccine and is currently being discussed with European regulatory authorities.
- To date, GSK has received interest from several governments aiming to stockpile the new candidate adjuvanted vaccine as a precautionary measure.

These include:

- Supplying the UK Government with 60 million doses of the candidate A (H1N1) adjuvanted influenza vaccine.
- The French Government intend to purchase 50 million doses of the candidate A (H1N1) influenza vaccine.

- The Government of Belgium intend to purchase 12.6 million doses of the candidate A (H1N1) influenza vaccine in order to stockpile and to protect, when needed, the total Belgian population.
- An agreement with the Government of Finland to supply 5.3 million doses of H1N1 antigen, which is expected to be used in conjunction with the government's existing stockpile of GSK's adjuvant system.

- GSK has made substantial investments to expand capacity for its adjuvant system. As part of the company's commitment to maximising global manufacturing capacity of a pandemic vaccine, GSK is ready to engage in discussions with companies and governmental agencies that can combine the adjuvant system with alternatively sourced antigen.
- GSK is committed to addressing the needs of developing countries with use of this candidate adjuvanted vaccine. GSK will convert its intended donation to the WHO of 50 million doses of H5N1 pre-pandemic vaccine to the new candidate A (H1N1) adjuvanted influenza vaccine once production begins.
- In the future, as capacity increases, GSK will supply the candidate A (H1N1) adjuvantedinfluenza vaccine to developing countries under a tiered-pricing policy based on World Bank classifications and GAVI eligibility.

Seasonal influenza vaccine

GSK will continue to produce its seasonal influenza vaccine for the 2009/2010 Northern Hemisphere influenza season as planned and expects to complete production of this vaccine by the end of July. The company also continues to supply seasonal vaccine for use in the Southern Hemisphere as it enters the winter season this year.

GlaxoSmithKline – one of the world's leading research-based pharmaceutical and healthcare companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer. For further information please visit www.gsk.com

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3. Baras et al. Cross-protection against lethal H5N1 challenge in ferrets with an adjuvanted pandemic influenza vaccine. PLoS ONE 2008; 3 (1): e1401.

Relenza and Diskhaler are trademarks of GlaxoSmithKline

Notes to Editors

- Adjuvants, from the Latin word adjuvare meaning 'to help', are compounds used to enhance a vaccine's ability to elicit a strong, durable, protective immune response making them more effective. Until recently, vaccine research and development focused nearly exclusively on the antigen, the target molecule that is selected to trigger a specific immune response in the body to protect against a particular disease. It is now widely accepted that adjuvants can also contribute substantially to the immune response induced by a vaccine.

- GSK is continuing discussions with other governments and public health authorities to increase production and supply of its anti-viral medication, *Relenza*. *Relenza* can both treat influenza (flu, infection caused by influenza virus) and reduce the chance of getting flu in the community and household settings. The flu is a highly contagious and potentially fatal disease caused by influenza types A and B. While some antiviral medications only protect against influenza A, *Relenza* is effective against both influenza A and B. *Relenza* is approved for the prophylaxis and treatment of influenza in children and adults.

- *Relenza* is an inhaled medicine delivered as a dry powder through a device called a *Diskhaler* to the surface of the upper respiratory tract, and may shorten the amount of time a person is sick if used within two days of onset of illness. *Relenza* belongs to a group of medicines called neuraminidase inhibitors. These medications attack the influenza virus itself – not just the symptoms – and prevent it from spreading inside your body.

REUTERS

Katie Reid, Laura MacInnis

WHO sees 4.9 billion pandemic flu shots in best-case

Reuters, 19 May 2009, 7:39 P.M.
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

Geneva (Reuters) – Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.

WHO Director-General Margaret Chan told reporters after her meeting with 30 pharmaceutical companies that "there are a lot of unanswered questions" about how many vaccines could be made to protect vulnerable people from the new H1N1 virus.

"That is a very optimistic maximum capacity," she said of the 4.9 billion estimate, which would be significantly lower if people need more than one injection to gain immunity against the strain or if seasonal flu vaccine-making continues.

Bringing a new pandemic vaccine to market – if it goes ahead – is expected to take 4-6 months, according to the WHO. It must be tested first on ferrets and then on humans in clinical trials before regulatory authorities can approve it.

U.N. Secretary-General Ban Ki-moon told the news briefing that while the newly-discovered virus strain now appears mild, it needs to be closely watched as it spreads around the world and starts to afflict impoverished countries.

"We may be in a grace period with H1N1 but we are still in the danger zone," Ban said.

Earlier on Tuesday, the United Nations chief said it was essential for drugmakers to work with governments to avert the worst potential impacts of the flu, which has killed 79 people and infected nearly 10,000.

"Partnerships with the private sector are absolutely vital," he told representatives of the WHO's 193 member governments gathered in Geneva, urging them to think beyond their borders in their response to the H1N1 strain.

Though most people infected so far have experienced mild symptoms similar to the common flu, pregnant women and people with HIV/AIDS, diabetes and other health problems appear to be vulnerable to more severe effects like pneumonia.

Health experts have said weather could affect the continued spread of the virus, with more cases expected as countries in the southern hemisphere move into winter. Flu viruses typically thrive in cold and dry environments.

Ready to Produce

Pharmaceutical executives taking part in Tuesday's vaccines meeting at the WHO's Geneva headquarters said they were primed to ramp up production of H1N1 vaccines if needed, and would await more directions about how to balance their output.

"Our companies stand ready to produce H1N1 vaccines when the recommendation comes from the WHO," the International Federation of Pharmaceutical Manufacturers and Associations said.

Six companies have pledged to make 10 percent of the vaccine they produce available for distribution to poor countries, and eight are in talks about donations, said Gelmer Leibbrandt, general manager of Schering-Plough's Nobilon.

Chan said that vaccine makers have shown "a very serious commitment" to help the international community prepare for a pandemic of flu, which could be mild in its effects to start and become more severe as it circles the globe.

Questions remain about whether an H1N1-only vaccine is needed in the near-term – especially if its production cuts the world's supply of injections for seasonal flu, which kills up to 500,000 people a year and causes severe illness in millions.

U.S. Health and Human Services Secretary Kathleen Sebelius said pharmaceutical companies should ramp up their production of seasonal flu shots and then later switch to pandemic injection making "if that is necessary."

"There is still so much uncertainty about this virus that it is really premature for us to even make a determination about how many people would appropriately be vaccinated, in what order, how many doses will be required, at what point. All those discussions are still very much underway," Sebelius said.

Ban, in his remarks to the World Health Assembly, called on wealthy nations to help support poorer states fight the flu.

But one international official said he expected battles ahead as governments try to secure finite supplies of antiviral drugs and vaccines to protect their populations.

"Enabling poor countries to be able to access the various medical supplies they need is going to be a critical political and technical issue," he said. "This issue will require political attention."

The WHO has said the world is on the brink of pandemic from the H1N1 virus, which has been most prevalent in North America and begun to infect large numbers in Japan, Britain and Spain.



United Nations Secretary-General Ban Ki-moon (R)
listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009.
REUTERS/Christopher Balck/WHO/Handout
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

World Health Organization

Dr Margaret Chan
Director-General of the World Health Organization

World now at the start of 2009 influenza pandemic

Geneva, WHO, 11 June 2009

https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-declares-pandemic-novel-h1n1-virus
https://web.archive.org/web/20090611173204/http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

Ladies and gentlemen,

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries. This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable. I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met.

I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.

The world is now at the start of the 2009 influenza pandemic. We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning. The world can now reap the benefits of investments, over the last five years, in pandemic preparedness. We have a head start. This places us in a strong position. But it also creates a demand for advice and reassurance in the midst of limited data and considerable scientific uncertainty.

Thanks to close monitoring, thorough investigations, and frank reporting from countries, we have some early snapshots depicting spread of the virus and the range of illness it can cause. We know, too, that this early, patchy picture can change very quickly. The virus writes the rules and this one, like all influenza viruses, can change the rules, without rhyme or reason, at any time.

Globally, we have good reason to believe that this pandemic, at least in its early days, will be of moderate severity. As we know from experience, severity can vary, depending on many factors, from one country to another.

On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment. Worldwide, the number of deaths is small. Each and every one of these deaths is tragic, and we have to brace ourselves to see more. However, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

We know that the novel H1N1 virus preferentially infects younger people. In nearly all areas with large and sustained outbreaks, the majority of cases have occurred in people under the age of 25 years.

In some of these countries, around 2% of cases have developed severe illness, often with very rapid progression to life-threatening pneumonia. Most cases of severe and fatal infections have been in adults between the ages of 30 and 50 years. This pattern is significantly different from that seen during epidemics of seasonal influenza, when most deaths occur in frail elderly people.

Many, though not all, severe cases have occurred in people with underlying chronic conditions. Based on limited, preliminary data, conditions most frequently seen include respiratory diseases, notably asthma, cardiovascular disease, diabetes, autoimmune disorders, and obesity.

At the same time, it is important to note that around one third to half of the severe and fatal infections are occurring in previously healthy young and middle-aged people.

Without question, pregnant women are at increased risk of complications. This heightened risk takes on added importance for a virus, like this one, that preferentially infects younger age groups.

Finally, and perhaps of greatest concern, we do not know how this virus will behave under conditions typically found in the developing world. To date, the vast majority of cases have been detected and investigated in comparatively well-off countries.

Let me underscore two of many reasons for this concern.

First, more than 99% of maternal deaths, which are a marker of poor quality care during pregnancy and childbirth, occurs in the developing world.

Second, around 85% of the burden of chronic diseases is concentrated in low- and middle-income countries.

Although the pandemic appears to have moderate severity in comparatively well-off countries, it is prudent to anticipate a bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems.

Ladies and gentlemen,

A characteristic feature of pandemics is their rapid spread to all parts of the world. In the previous century, this spread has typically taken around 6 to 9 months, even during times when most international travel was by ship or rail. Countries should prepare to see cases, or the further spread of cases, in the near future. Countries where outbreaks appear to have peaked should prepare for a second wave of infection. Guidance on specific protective and precautionary measures has been sent to ministries of health in all countries. Countries with no or only a few cases should remain vigilant.

Countries with widespread transmission should focus on the appropriate management of patients. The testing and investigation of patients should be limited, as such measures are resource intensive and can very quickly strain capacities.

WHO has been in close dialogue with influenza vaccine manufacturers. I understand that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come. Pending the availability of vaccines, several non-pharmaceutical interventions can confer some protection.

WHO continues to recommend no restrictions on travel and no border closures.

Influenza pandemics, whether moderate or severe, are remarkable events because of the almost universal susceptibility of the world's population to infection.

We are all in this together, and we will all get through this, together.

Thank you.

Chapter 5

Government

Guaranteed Immunity for Vaccine Manufacturers



Wilmington Morning Star



SIXTEEN — THE WILMINGTON MORNING STAR, WILMINGTON, N. C. — FRIDAY, DECEMBER

Scenes, Personalities In Nazi Trials At Nuremburg

Site of International Justice

Nuremberg Courthouse, where an international assemblage of judges and prosecutors has gathered to try Nazi officials for war crimes, is pictured above. Courtroom is on third floor, center section.

Scene of Nuremberg War Criminal Trials

Courtroom pictured above is the site of trials for top Nazi officials on various charges of war crimes. The room is on third floor of small building adjoining Palace of Justice in Nuremberg, Germany. Formerly accommodating only about 50 spectators, it has been enlarged to allow for about 250 persons. Picture was made during redomeling.

Temporary Home of Top Nazis

Huge stone-walled jail, above, at Nuremberg, Germany, houses Nazi officials charged with war crimes. Wing above is identical to the one in which Goering, Von Ribbentrop and the other 22 prisoners are held.

Clean, well [illegible] cell block, left above, is like the section in which the indicted Nazis spend their time when [illegible] attending the trial. Cell in Nuremberg jail, right above, is similar to those housing Goering, Von Ribbentrop and their henchmen

Marshal Hermann Goering — Joachim von Ribbentrop — Field Marshal Wilhelm Keitel — Rudolph Hess

Konstantin von Neurath — Adml. Karl Doenitz — Grand Adml. Erich Raeder — Franz von Papen

Dr. Hjalmar Schacht — Col.-Gen. Gustav Jodl — Julius Streicher — Dr. Robert Ley

Gustav Krupp — Arthur Seyss-Inquart — Alfred Rosenberg — Dr. Wilhelm H. Frick

Albert Speer — Walter Funk — Ernst Kaltenbrunner — Hans Frank

Count Baldur von Schirach — Hans Fritzsche — Martin Bormann — Fritz Sauckel

Scenes, Personalities in Nazi Trials at Nuremberg

The Wilmington morning star, 7 December 1945, V 79, N 23, p 16

https://chroniclingamerica.loc.gov/lccn/sn78002169/

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The Nuremberg Code

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DOI: https://doi.org/10.1111/j.1748-720X.1991.tb01825.x

Appendix IV

The Nuremberg Code

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an *a priori* reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probably [sic] cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

The NEW ENGLAND JOURNAL of MEDICINE

Evelyne Shuster

Fifty Years Later: The Significance of the Nuremberg Code

N Engl J Med 13 November 1997, 337 (20):1436-1440
DOI: 10.1056/NEJM199711133372006

The Nuremberg Code

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The Nuremberg Code is the most important document in the history of the ethics of medical research.[1–6] The Code was formulated 50 years ago, in August 1947, in Nuremberg, Germany, by American judges sitting in judgment of Nazi doctors accused of conducting murderous and torturous human experiments in the concentration camps (the so-called Doctors' Trial).[7] It served as a blueprint for today's principles that ensure the rights of subjects in medical research. Because of its link with the horrors of World War II and the use of prisoners in Nazi concentration camps for medical experimentation, debate continues today about the authority of the Code, its applicability to modern medical research, and even its authorship.[1,2,4,5,8] The chief prosecutor at the Doctors' Trial, General Telford Taylor, believed that one of the three U.S. judges, Harold Sebring, was the author of the Code.[2] Two American physicians who helped prosecute the Nazi doctors at Nuremberg, Leo Alexander and Andrew Ivy, have each been identified as the Code's author.[5,8–11] A careful reading of the transcript of the Doctors' Trial, background documents, and the final judgment reveals that authorship was shared and that the famous 10 principles of the Code grew out of the trial itself.

In this article I will explain the important role that physicians had in the prosecution of the Nazi doctors and in the formulation of the Nuremberg Code and summarize how medical researchers have used the Code as a guide over the past five decades....

50 Years after Nuremberg

The Nuremberg Code has not been officially adopted in its entirety as law by any nation or as ethics by any major medical association. Nonetheless, its influence on global human-rights law and medical ethics has been profound.[6] Its basic requirement of informed consent, for example, has been universally accepted and is articulated in international law in Article 7 of the United Nations International Covenant on Civil and Political Rights (1966).[6,22] Informed consent, with specific reliance on the Nuremberg Code, is also the basis of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, the most recent guidelines promulgated by the World Health Organization and the Council for International Organizations of Medical Sciences (1993).[23]

The World Medical Association, established during World War II, *has been accused of purposely trying to undermine Nuremberg in order to distance physicians from Nazi medical crimes*.[24] The election of a former Nazi physician and SS member, Hans-Joachim Sewering, to the presidency of that organization in 1992 added credibility to that accusation.[24] (Because of public criticism, Sewering later withdrew.) Nonetheless, the various versions of the Declaration of Helsinki promulgated by the World Medical Association since 1964, although attempting to have peer review supplement informed consent and even supplant it as their central principle in the context of “therapeutic research,” all implicitly acknowledge Nuremberg's authority. Both the Nuremberg Code and the Declaration of Helsinki served as models for the current U.S. federal research regulations, which require not only the informed consent of the research subject (with proxy consent sometimes acceptable, as for young children), but also prior peer review of research protocols by a committee (the institutional review board of the hospital or research institution) that includes a representative of the community.[25]

The Nuremberg Code focuses on the ***human rights*** of research subjects, the Declaration of Helsinki focuses on the obligations of physician-investigators to research subjects, and the federal regulations emphasize the obligations of research institutions that receive federal funds. Nonetheless, by insisting that medical investigators alone cannot set the rules for the ethical conduct of research, even when guided by beneficence and Hippocratic ethics, and by adopting a human-rights perspective that acknowledges the centrality of informed consent and the right of the subject to withdraw, the Nuremberg Code has changed forever the way both physicians and the public view the proper conduct of medical research on human subjects. Fifty years after Nuremberg, we recognize the human-rights legacy of the Nuremberg Code and are better able to face the critical challenge of applying the Code in its entirety and enforcing its human-rights provisions.

U.S. Department of
Health and Human Services
Enhancing the health and well-being of all Americans

Rep. Waxman, Henry A. [D-CA-24]

H.R.5546 - National Childhood Vaccine Injury Act of 1986
99th Congress (1985-1986)

Introduced 18 September 1986 // Passed House amended 14 October 1986
https://www.congress.gov/bill/99th-congress/house-bill/5546

National Childhood Vaccine Injury Act of 1986 –

Title I: Vaccines - Subtitle 1: National Vaccine Program - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to:
(1) direct vaccine research and development within the Federal Government;
(2) ensure the production and procurement of safe and effective vaccines;
(3) direct the distribution and use of vaccines; and
(4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.
Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.
Authorizes appropriations for FY 1987 through 1991.

Subtitle 2:
National Vaccine Injury Compensation Program - Part A: Program Requirements

Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.
Prescribes the contents of any petition for compensation.
Grants U.S. district courts authority to determine eligibility and compensation. Requires the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.
Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.
Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to $250,000. Prohibits awards for punitive damages.
Establishes the Advisory Commission on Childhood Vaccines to:
(1) advise the Secretary on the implementation of the Program;
(2) recommend changes to the Vaccine Injury Table; and
(3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable

where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the Secretary where the Secretary allegedly has failed to perform a duty under this Act. Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

UNITED STATES
HOUSE of
REPRESENTATIVES

COMPENSATING VACCINE INJURIES: ARE REFORMS NEEDED?

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

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http://www.house.gov/reform

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Hearing: Compensating Vaccine Injuries: are Reforms Needed?
before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform House of Representatives One Hundred Sixth Congress, First Session, 28 September 1999, Serial No. 106-136.
Washington: U.S. Government Printing Office, 2000; 66-079 CC
https://www.govinfo.gov/content/pkg/CHRG-106hhrg66079/html/CHRG-106hhrg66079.htm

Lisa Reagan

A Dragon by the Tail

Holistic Pediatric Association, 7 March 2005
https://web.archive.org/web/20090304005731/http://www.hpakids.org/holistic-health/articles/183/1/A-Dragon-By-the-Tail

On the eve of an historic, billion-dollar world vaccination campaign, a leaked transcript ignites questions of vaccine safety and research corruption. Meanwhile, US senators fast-track a bill to protect vaccine manufacturers from litigation. With millions of lives at stake, and billions of dollars to loose, will a merger of philanthropy, big business and compromised science win an epic race between corporate agendas and medical ethics? In this world exclusive report, byronchild exposes how the most powerful medical research bodies in the United States compromise their vaccine safety research for vested interests, as they assist in a global vaccine policy, while a bill looms in the background to protect it all.

On January 24, 2005 – the same day the Global Alliance for Vaccines and Immunization (GAVI) announced the receipt of $750 million for its historic world vaccination campaign – seven US Senators introduced Senate Bill 3 . The bill is an unprecedented act giving comprehensive liability protections to vaccine manufacturers, restricting Freedom of Information Acts on drug/vaccine safety, and pre-empting states' rights to ban mercury from children's vaccines, all under the bill's official title: "Protecting America in the War on Terror Act of 2005".

Meanwhile in Texas, a US District Court judge has ordered the worlds' "big five" vaccine manufacturers to "produce any and all documents relating to payments made to, or stock ownership" by the seventeen members of the Institute of Medicine's Immunization and Safety Review Committee who issued a report last year denying a link between childhood vaccines and the country's autism epidemic.

The judge issued the order after receiving a leaked internal transcript in the first civil juried lawsuit against the vaccine manufacturers that allegedly proves the Institutes of Medicine's committee members "predetermined the necessity of not finding causality between vaccines and autism and/or neurological injury" in its official reports on the issue.

Judge T. John Ward also ordered the vaccine manufacturers to produce all communications with "members of the World Health Organization, the Center for Disease Control, the Food and Drug Administration, the Institute of Medicine, the Brighton Collaboration, or the Global Alliance for Vaccines and Immunization relating to the issue whether the thimerosal contained in pediatric vaccines causes autism or other neurological disorders."

The vaccine manufacturer's legal counsel balked at the amount of expense involved in producing such extensive documentation for the court; however, Judge Ward reassured the defense that the process could be useful for the more than 300 pending lawsuits waiting to be tried in the US .

Vaccine manufacturers Aventis Pasteur, Merck, GlaxoSmithKline, Wyeth and Eli Lilly and Co. are cited as defendants in the lawsuit brought by the parents of a child who developed autism after receiving mandatory routine childhood immunizations.

The same IOM reports denying a link between vaccines and the country's autism epidemic have been used:

- to endorse standardized case definitions for Adverse Events Following Immunizations for "global dissemination";
- as justification for Senate Bill 3's sweeping provisions and protections;
- as a cause for no further federal monies to be spent on research of the potential vaccine/autism link;
- as a reason to silence media inquiries into vaccine safety issues;
- and as a defense for dismissing over 4,500 petitions for vaccine injuries in a federal court.

Is it possible that a closed meeting transcript alleged as proof of a ploy to ignore vaccine risks, a near billion dollar grant for a global vaccination campaign, emerging lawsuits for vaccine injuries and a sweeping federal bill to protect vaccine manufacturers are unrelated?

Is it possible that in spite of US Congressional hearings and reports citing widespread conflicts of interest between federal policy makers and the vaccine industry that Senate Bill 3 will defy the US Constitution's provisions for state and civil rights in order to shield vaccine manufacturers from liability?

And finally, how will a world vaccine policy influenced by allegedly "predetermined" safety reports implemented through a global alliance of international governments and vaccine manufacturers with a fund of billions headquartered in Geneva, Switzerland, support or protect the health and human rights of targeted Third-World country peoples?

History of the IOM's Immunization and Safety Review Committee

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The Transcript of the First Organizational Meeting of the IOM Committee

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Conflict of Interest in IOM Governing Council

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GAVI – Using Corrupt Research to Vaccinate the World?

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World Economic Forum questions GAVI's Global Vaccine Campaign

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Autism – An Epidemic Too Big To Ignore

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States Take Matters Into Their Own Hands

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Senate Bill 3 – Dissolution of Civil Rights?

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Side Bar 1: Not The First Leaked Transcript

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Side Bar 2: Sweeping Ethics Reform to End Culture of Corruption?

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Sidebar 3: Who is Senate Majority Leader Bill Frist (R-TN), co-sponsor of Senate Bill 3?

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Side Bar 4: Senate Bill 3 – What It Could Do

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ASPR Administration for Strategic Preparedness & Response

Public Readiness and Emergency Preparedness (PREP) Act

ASPR, 2005/2006
https://aspr.hhs.gov/legal/PREPact/pages/default.aspx

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a PREP Act declaration. The declaration provides immunity from liability (except for willful misconduct) for claims:

- of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions
- determined by the Secretary to constitute a present, or credible risk of a future public health emergency
- to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures

A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.

COVID-19 PREP Act Declarations
The end of the COVID-19 Public Health Emergency Declaration does not automatically terminate PREP Act coverage. To learn more, view our COVID-19 PREP Act FAQs.



Public Readiness and Emergency Preparedness Act
Targeted liability protections
for pandemic and epidemic products and security countermeasures

United States Code, §247d–6d, 2005/2006
https://uscode.house.gov/view.xhtml?req=(title:42%20section:247d-6d%20edition:prelim
https://www.govinfo.gov/content/pkg/PLAW-109publ148/pdf/PLAW-109publ148.pdf

(a) Liability protections

(1) *In general*: Subject to the other provisions of this section, a covered person shall be immune from suit and liability under Federal and State law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration to or the use by an individual of a covered countermeasure if a declaration under subsection (b) has been issued with respect to such countermeasure.

(2) *Scope of claims for loss*
(A) Loss - For purposes of this section, the term "loss" means any type of loss, including:
(i) death;
(ii) physical, mental, or emotional injury, illness, disability, or condition;
(iii) fear of physical, mental, or emotional injury, illness, disability, or condition, including any need for medical monitoring; and
(iv) loss of or damage to property, including business interruption loss.

Each of clauses (i) through (iv) applies without regard to the date of the occurrence, presentation, or discovery of the loss described in the clause.

(B) Scope - The immunity under paragraph (1) applies to any claim for loss that has a causal relationship with the administration to or use by an individual of a covered countermeasure, including a causal relationship with the design, development, clinical testing or investigation, manufacture, labeling, distribution, formulation, packaging, marketing, promotion, sale, purchase, donation, dispensing, prescribing, administration, licensing, or use of such countermeasure.

(3) *Certain conditions*
Subject to the other provisions of this section, immunity under paragraph (1) with respect to a covered countermeasure applies only if-

(A) the countermeasure was administered or used during the effective period of the declaration that was issued under subsection (b) with respect to the countermeasure;
(B) the countermeasure was administered or used for the category or categories of diseases, health conditions, or threats to health specified in the declaration; and
(C) in addition, in the case of a covered person who is a program planner or qualified person with respect to the administration or use of the countermeasure, the countermeasure was administered to or used by an individual who-
(i) was in a population specified by the declaration; and
(ii) was at the time of administration physically present in a geographic area specified by the declaration or had a connection to such area specified in the declaration.

(4) *Applicability of certain conditions*

With respect to immunity under paragraph (1) and subject to the other provisions of this section:

(A) In the case of a covered person who is a manufacturer or distributor of the covered countermeasure involved, the immunity applies without regard to whether such countermeasure was administered to or used by an individual in accordance with the conditions described in paragraph (3)(C).

(B) In the case of a covered person who is a program planner or qualified person with respect to the administration or use of the covered countermeasure, the scope of immunity includes circumstances in which the countermeasure was administered to or used by an individual in circumstances in which the covered person reasonably could have believed that the countermeasure was administered or used in accordance with the conditions described in paragraph (3)(C).

(5) *Effect of distribution method*

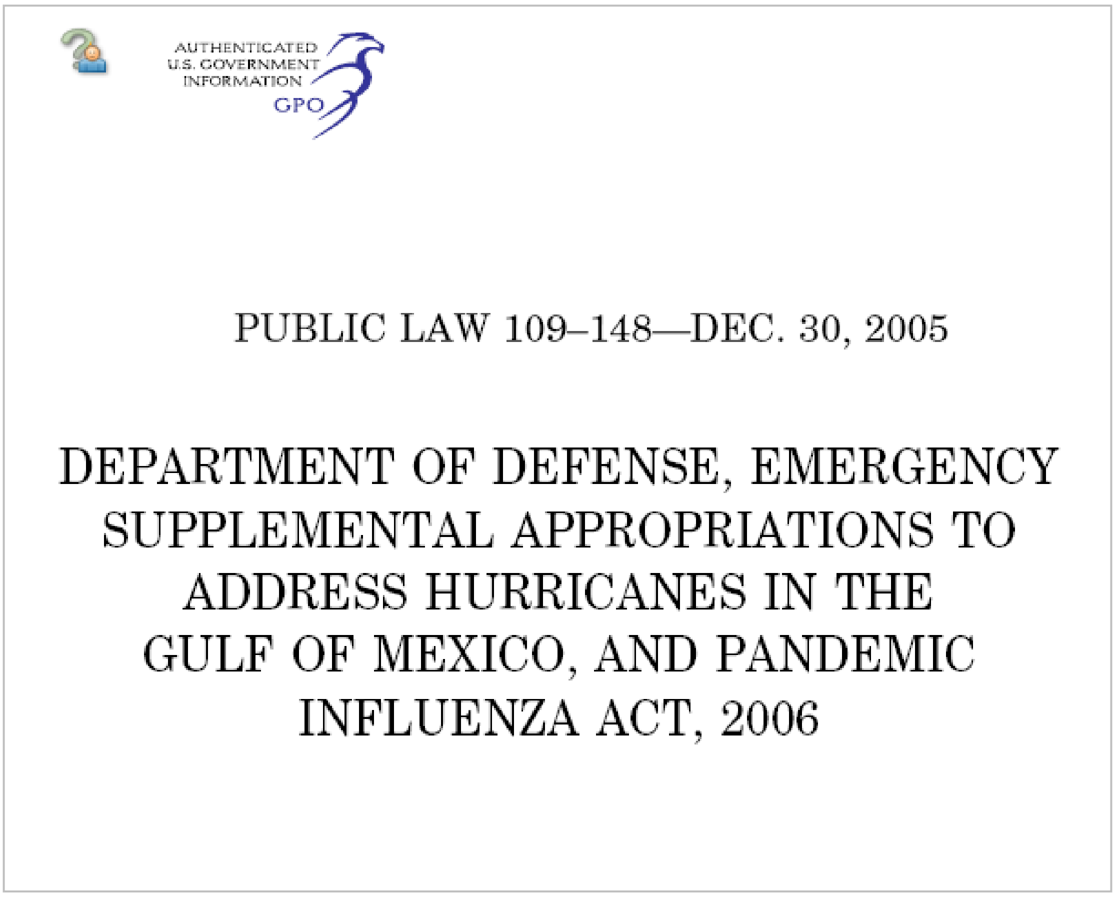
The provisions of this section apply to a covered countermeasure regardless of whether such countermeasure is obtained by donation, commercial sale, or any other means of distribution, except to the extent that, under paragraph (2)(E) of subsection (b), the declaration under such subsection provides that subsection (a) applies only to covered countermeasures obtained through a particular means of distribution.

(6) *Rebuttable presumption*

For purposes of paragraph (1), there shall be a rebuttable presumption that any administration or use, during the effective period of the emergency declaration by the Secretary under subsection (b), of a covered countermeasure shall have been for the category or categories of diseases, health conditions, or threats to health with respect to which such declaration was issued.

(b) Declaration by Secretary

etc...



AUTHENTICATED U.S. GOVERNMENT INFORMATION GPO

PUBLIC LAW 109–148—DEC. 30, 2005

DEPARTMENT OF DEFENSE, EMERGENCY SUPPLEMENTAL APPROPRIATIONS TO ADDRESS HURRICANES IN THE GULF OF MEXICO, AND PANDEMIC INFLUENZA ACT, 2006

THE FLU CASE

U. S. Politicians Give Millions to Vaccine Producers on same Day giving Comprehensive Liability Protection

The Flu Case, 21 December 2009 17:34
https://web.archive.org/web/20100118002448/http://theflucase.com/index.php?option=com_content&view=article&id=2369:u-s-politicians-give-billions-to-vaccine-producers-on-same-day-giving-comprehensive-liability-protection&catid=1:latest-news&Itemid=64&lang=en

On the eve of an historic, billion-dollar world vaccination campaign, a leaked transcript ignites questions of vaccine safety and research corruption. Meanwhile, US senators fast-track a bill to protect vaccine manufacturers from litigation. With millions of lives at stake, and billions of dollars to loose, will a merger of philanthropy, big business and compromised science win an epic race between corporate agendas and medical ethics? In this world exclusive report, byronchild (www.byronchild.com) exposes how the most powerful medical research bodies in the United States compromise their vaccine safety research for vested interests, as they assist in a global vaccine policy, while a bill looms in the background to protect it all.

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The NEW ENGLAND JOURNAL of MEDICINE

Leonard H. Glantz, George J. Annas

The FDA, Preemption, and the Supreme Court

N Engl J Med 1 May 2008; 358(18): 1883-1885
DOI: 10.1056/NEJMp0802108

Everyone would like to be immune from lawsuits. Legislatures sometimes provide immunity in order to advance important social policy goals. For example, by providing health care professionals with immunity under Good Samaritan statutes, legislatures hope to encourage voluntary medical assistance in emergencies. Similarly, Congress provided immunity to *vaccine manufacturers who claimed they could not economically manufacture vaccines with the threat of liability hanging over them*.

Because providing immunity deprives injured people of their day in court, legislation that creates immunity sometimes also creates an alternative compensatory mechanism. For example, the federal law that immunized vaccine manufacturers from lawsuits created a system for the compensation of persons injured by vaccines. Nevertheless, immunity undermines the tort system's goal of deterring unreasonably dangerous actions or omissions.

When Congress creates a regulatory scheme through legislation, immunity is seldom a centerpiece. Instead, the question of immunity is usually determined by another doctrine – that of preemption. Under the U.S. Constitution's Supremacy Clause, federal laws are “supreme” over state laws: when the two conflict, the federal law rules, and the state law is unenforceable. If the two do not conflict, they can coexist – and, for example, subject those charged with drug crimes to both federal and state penalties. The Supremacy Clause also empowers the federal government to explicitly “preempt an area” over which it has authority, “completely occupying” it and depriving the states of all authority to enact and enforce laws in that area.

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Next fall, the Court will hear a case about FDA-approved drugs (see Key Preemption Decisions of the Supreme Court).5 Because drug approval is governed by a different law that contains no explicit preemption language, Riegel provides no indication of how the Court will rule. Nonetheless, the pharmaceutical industry, with the support of the Bush administration, is arguing that once the FDA approves a drug, the preemption doctrine implicitly deprives injured persons of the opportunity to prove it was inadequately labeled. As in Riegel, acceptance of this argument would leave the injured person with no recourse.

NBC NEWS

Legal immunity set for Swine Flu Vaccine Makers

NBC News, 18 July 2009
https://www.nbcnews.com/id/wbna31971355

The last time the government embarked on a major vaccine campaign against a new swine flu, thousands filed claims contending they suffered side effects. This time, the government has already taken steps to head that off. Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius, government health officials said Friday.

Since the 1980s, the government has protected vaccine makers against lawsuits over the use of childhood vaccines. Instead, a federal court handles claims and decides who will be paid from a special fund. The document signed by Sebelius last month grants immunity to those making a swine flu vaccine, under the provisions of a 2006 law for public health emergencies. It allows for a compensation fund, if needed.

Immunity encourages vaccine-makers

The government takes such steps to encourage drug companies to make vaccines, and it's worked. Federal officials have contracted with five manufacturers to make a swine flu vaccine. First identified in April, swine flu has so far caused at least 263 deaths, according to numbers released by the Centers for Disease Control and Prevention on Friday.

The CDC said more than 40,000 Americans have had confirmed or probable cases, but those are people who sought health care. It's likely that more than 1 million Americans have been sickened by the flu, many with mild cases.

The virus hits younger people harder that seasonal flu, but so far hasn't been much more deadly than the strains seen every fall and winter. But health officials believe the virus could mutate to a more dangerous form, or at least contribute to a potentially heavier flu season than usual.

"We do expect there to be an increase in influenza this fall," with a bump in cases perhaps beginning earlier than normal, said Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases.

On Friday, the Food and Drug Administration approved the regular winter flu vaccine, a final step before shipments to clinics and other vaccination sites could begin.

The last time the government faced a new swine flu virus was in 1976. Cases of swine flu in soldiers at Fort Dix, N.J., including one death, made health officials worried they might be facing a deadly pandemic like the one that killed millions around the world in 1918 and 1919.

Thousands filed claims after 1976 campaign

Federal officials vaccinated 40 million Americans during a national campaign. A pandemic never materialized, but thousands who got the shots filed injury claims, saying they suffered a paralyzing condition called Guillain-Barre Syndrome or other side effects.

"The government paid out quite a bit of money," said Stephen Sugarman, a law professor who specializes in product liability at the University of California at Berkeley.

Vaccines aren't as profitable as other drugs for manufacturers, and without protection against lawsuits "they're saying, 'Do we need this?'" Sugarman said.

The move to protect makers of a swine flu didn't go over well with Paul Pennock, a prominent New York plaintiffs attorney on medical liability cases. The government will likely call on millions of Americans to get the vaccinations to prevent the disease from spreading, he noted.

"If you're going to ask people to do this for the common good, then let's make sure for the common good that these people will be taken care of if something goes wrong," Pennock said.

DIGITAL JOURNAL

Andrew Moran

Public Health Official: No-Fault Compensation for Swine Vaccine

Digital Journal, 21 July 2009
https://web.archive.org/web/20091116082418/http://www.digitaljournal.com/article/276290

Top Canadian public health officials are calling for no-fault compensation, which would be given to Canadians who suffer side-effects from swine flu vaccinations.

A leading Canadian public health official says Canada needs to create a no-fault compensation plan to encourage Canadians to take the H1N1 swine flu vaccination, which will be available in three to four months. The official is calling for such a measure because Canadians maybe harmed by the vaccine, which was similar to the previous swine flu vaccine, which caused paralyzed conditions.

The Canada research chair in public health at the University of Ottawa Kumanan Wilson said that the public will receive an incompletely vaccine, which will not receive the standard testing by the World Health Organization and that a compensation plan will encourage Canadians to take the flu shot.

Canada research chair in public health at the University of Ottawa David Butler-Jones said, "The more people that have immunity, the easier it is to stop."

According to CanWest News Service, who has conducted the interviews with the two health officials, states that Canada has no plans to compensate people, unlike the United States, which is false. An article posted on Digital Journal titled: Vaccine Makers Receive Immunity, vaccine developers will receive immunity, therefore, any company like Baxter cannot be held liable.

Officials who are calling for a vaccine injury program, believe that people who develop side-effects would receive faster compensation rather than going through the Canadian justice system. Currently, only Quebec has a no-fault compensation in Canada.

An expert in pandemic planning told CanWest Service, "I'm not saying we shouldn't roll out this vaccine (against H1N1 influenza). I don't know how confident we will be in its efficacy and safety at the outset, but I don't think we'll have any choice but to roll it out, because, at this point, the only way to control the spread is going to be a vaccine. But there are going to be concerns about people not wanting to take the vaccine, health-care workers in particular. We have been arguing that it needs to be complemented with a no-fault compensation program, just like in 1976, and we need to develop systems to pick up these adverse events."

During the swine flu scare in 1976, thousands of people developed Guillain-Barre syndrome and 26 people died.

thestar.com

Theresa Boyle

Canada will protect swine flu vaccine maker from lawsuits

The Star, 30 September 2009, 02:40 PM
https://web.archive.org/web/20091004090926/http://www.thestar.com/newsfeatures/swineflu/article/703355

Canada is protecting the drugmaker of swine flu vaccine from lawsuits over potential side effects, Canada's top doctor has confirmed.

Dr. David Butler-Jones told a media teleconference Wednesday that Canada will shield Galxo SmithKline in the unlikely event there are problems with the vaccine, but it will not shield health practitioners who make mistakes in administering the shot.

"We're not obviously anticipating problems with it, but indemnification for a vaccine is important if someone does malpractice, basically injects someone the wrong way or causes harm because of their practice," he said.

"That's not a vaccine issue, it's a practice issue," he added.

The Public Health Agency of Canada had initially refused to say if Canada would shield drugmakers the way other G-8 governments have done.

Pandemic Flu and Medical Biodefense Countermeasure Liability Limitation

EveryCRSReport, 18 November 2005 – 12 February 2010
https://www.everycrsreport.com/reports/RS22327.html

Division C of P.L. 109-148 (2005), 42 U.S.C. §§ 247d-6d, 247d-6e, also known as the Public Readiness and Emergency Preparedness Act (PREP Act), limits liability with respect to pandemic flu and other public health countermeasures. Specifically, upon a declaration by the Secretary of Health and Human Services of a public health emergency or the credible risk of such emergency, Division C would, with respect to a "covered countermeasure," eliminate liability, with one exception, for the United States, and for manufacturers, distributors, program planners, persons who prescribe, administer or dispense the countermeasure, and employees of any of the above.

The exception to immunity from liability is that a defendant who engaged in willful misconduct would be subject to liability under a new federal cause of action, though not under state tort law, if death or serious injury results.

Division C's limitation on liability is a more extensive restriction on victims' ability to recover than exists in most federal tort reform statutes. However, victims could, in lieu of suing, accept payment under a new "Covered Countermeasure Process Fund," if Congress appropriates money for this fund.

The first PREP Act declaration was issued on January 26, 2007, to limit liability for the administration of the H5N1 influenza vaccine. Since then, declarations have been issued covering countermeasures against other strains of influenza (including H1N1), anthrax, botulism, small pox, and acute radiation syndrome.

Polish Health Minister [Eva Kopacz], a family doctor, tells Parliament She will not allow use of untested Swine Flu jabs: Reveals Secret contracts Violate the Law

The Flu Case, 5 November 2009, 11:59

https://web.archive.org/web/20100106085046/http://www.theflucase.com/index.php?option=com_content&view=article&id=1618%3Aupdate-polish-health-minister-a-family-doctor-tells-parliament-she-will-not-allow-use-of-untested-swine-flu-jabs-reveals-secret-contracts-violate-the-law&catid=41%3Ahighlig



The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs.

She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law.

Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big Pharma.

She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13 % of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab.

She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccinesm, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. *The pharmaceutical companies did not want to take responsibilty for the jab*.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab. Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu. Why is there such a panic about the swine flu virus? She asked. Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies. She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

The NEW ENGLAND JOURNAL of MEDICINE



Wendy E. Parmet
=> https://en.wikipedia.org/wiki/Wendy_E._Parmet

Pandemic vaccines – The legal landscape

N. Engl. J. Med. 2010, 362, 1949–1952;
DOI: 10.1056/NEJMp1000938

Vaccines and vaccination – law feature prominently in pandemic preparedness plans. The recent H1N1 influenza vaccine program provides an important opportunity to assess the complex and perhaps paradoxical effects of vaccine laws during a pandemic.

The vaccine market is fragile, prone to shortages of both supply and demand. These shortages have been attributed to such factors as the ***high costs and low profits*** of vaccine production, the public's failure to appreciate the importance of vaccination (due, ironically, to vaccines' success in reducing the prevalence of once-common diseases), fears about vaccine safety, and tort liability. In order to protect public health, law must address each of these concerns. Resolving one without exacerbating another is always challenging; during a pandemic, it can be especially difficult.

Ever since the 1976 National Swine Flu Vaccination Program, *Congress has addressed these problems by coupling liability protection for vaccine makers with alternative compensation programs for injured patients*. For example, the National Childhood Vaccine Injury Act (NCVIA, see National Childhood Vaccine Injury Act) provides relatively swift, but limited, compensation for persons with well-recognized listed injuries from covered vaccines.

NCVIA also allows other claimants to go before a tribunal of Special Masters of the U.S. Court of Federal Claims, known as the Vaccine Court, to show that a vaccine caused their injury. This court's rulings can be reviewed by the U.S. Court of Appeals for the Federal Circuit. Parties who are dissatisfied with a Vaccine Court ruling also retain a limited right to sue in state court.

Recently, the U.S. Supreme Court agreed to review a case, *Bruesewitz v. Wyeth*, in which the U.S. Court of Appeals for the Third Circuit held that NCVIA bars a state-law design-defect claim brought by a minor after the Vaccine Court found that the whole-cell diphtheria–pertussis–tetanus vaccine did not cause her neurologic injuries. The Supreme Court's decision in *Bruesewitz* should help to clarify which state-law claims survive NCVIA.

When Congress focused on pandemics in 2005, it again combined tort immunity with no-fault compensation. Under the Public Readiness and Emergency Preparedness (PREP) Act (see Public Readiness and Emergency Preparedness Act), manufacturers, distributors, and health care providers administering vaccines and other pandemic countermeasures are granted total immunity (except in cases of willful misconduct) when the secretary of health and human services invokes such immunity while declaring a public health emergency. The PREP Act also authorizes limited no-fault compensation for persons harmed by covered countermeasures, but unlike NCVIA, it does not allow for judicial review or civil litigation. In June 2009, Secretary of Health and Human Services Kathleen Sebelius issued an emergency declaration for H1N1 influenza. The declaration has since been updated and reissued several times.

Ideally, the PREP Act's immunity provisions – in conjunction with Section 564 of the Food, Drug, and Cosmetic Act, which allows the Food and Drug Administration to issue emergency-use authorizations – remove legal obstacles to the rapid production and dissemination of pandemic vaccines.

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JLPP
Journal of Law and Public Policy

Joanna B. Apolinsky, Jeffrey A. Van Detta

Rethinking Liability for Vaccine Injury

Cornell Journal of Law and Public Policy, Summer, 2010, 19(3): article 1
https://scholarship.law.cornell.edu/cjlpp/vol19/iss3/1

Conclusion

The problem of vaccine-liability involves clashing interests and polycentric policy decisions. The instrumentalist approach that had placed protecting manufacturers from legal liability as its foremost goal-leading to the NCVIA and more recent FDA-preemption theories-distorts the nature of the issue by shifting the focus away from the relationship of distributing vaccine-injury costs to the larger problem of integrating injury compensation into a coherent national policy of vaccine funding, research, development, distribution, and reporting of complications.

When considered in light of three fundamental principles relevant to developing rules in this area (enterprise regulation, corrective justice, and social compact) and the polycentric nature of dealing with the balancing of those principles in the six classifications of risk into which vaccinerelated injuries can be sorted, the problem is clearly one that requires political policy-making from a holistic perspective. Congress needs to act, and needs to act now, to transcend their previously disjointed and episodic legislative response to a randomly arising assortment of lobbyists and vaccine-related crises. Instead, as the role of the vaccine promises to increase substantially in the genetic engineering world of a rapidly increasing global population and concentration of people in cities, Congress needs to step back and rethink a series of vaccine-related issues in order to assure the integrity of the individual, society, and of the pharmaceutical development and manufacturing industry.

Only by rethinking vaccine-injury liability within this larger context, and legislating to address such questions as part of comprehensive regulation to ensure vaccine accessibility and continued development, can Congress advance the dialogue beyond partisan questions driven by trial lawyers and tort reformists-a myopic focus that threatens, metaphorically, to allow Washington to bum while Congress fiddles.

Vaccines have become a fundamental aspect anchoring the modem human condition at its optimal realization-not a luxury, nor a cause against which social non-conformists can rally to rebel, nor just another profit center or loss leader for pharmaceutical industry shareholders. Holistic vaccine policy must wield the power of Congress to control the pharmaceutical industry's access to the riches awaiting those who gain the favor of FDA-drug approval in order to finance a national program of vaccine research, development, manufacture, distribution, and injury compensation.

JUSTIA U.S. Supreme Court

Bruesewitz v. Wyeth LLC, 562 U.S. 223 (2011)

Supreme Court of the United States; Docket No. 09-152
Granted: March 8, 2010 // Argued: October 12, 2010 // Decided: February 22, 2011
https://supreme.justia.com/cases/federal/us/562/223/

Syllabus
October Term, 2010
Bruesewitz V. Wyeth LLC

Supreme Court of the United States

Bruesewitz et al. *v.* Wyeth LLC, fka Wyeth, INC., et al. Certiorari to the United States Court of Appeals for the third circuit Argued October 12, 2010–Decided, No. 09–152. February 22, 2011

The National Childhood Vaccine Injury Act of 1986 (NCVIA or Act) created a no-fault compensation program to stabilize a vaccine market adversely affected by an increase in vaccine-related tort litigation and to facilitate compensation to claimants who found pursuing legitimate vaccine-inflicted injuries too costly and difficult. The Act provides that a party alleging a vaccine-related injury may file a petition for compensation in the Court of Federal Claims, naming the Health and Human Services Secretary as the respondent; that the court must resolve the case by a specified deadline; and that the claimant can then decide whether to accept the court's judgment or reject it and seek tort relief from the vaccine manufacturer. Awards are paid out of a fund created by an excise tax on each vaccine dose. As a *quid pro quo,* manufacturers enjoy significant tort-liability protections. Most importantly, the Act eliminates manufacturer liability for a vaccine's unavoidable, adverse side effects.

Hannah Bruesewitz's parents filed a vaccine-injury petition in the Court of Federal Claims, claiming that Hannah became disabled after receiving a diphtheria, tetanus, and pertussis (DTP) vaccine manufactured by Lederle Laboratories (now owned by respondent Wyeth). After that court denied their claim, they elected to reject the unfavorable judgment and filed suit in Pennsylvania state court, alleging, *inter alia,* that the defective design of Lederle's DTP vaccine caused Hannah's disabilities, and that Lederle was subject to strict liability and liability for negligent design under Pennsylvania common law. Wyeth removed the suit to the Federal District Court. It granted Wyeth summary judgment, holding that the relevant Pennsylvania law was preempted by 42 U. S. C. §300aa–22(b)(1), which provides that "[n]o vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side-effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings." The Third Circuit affirmed.

Held: The NCVIA preempts all design-defect claims against vaccine manufacturers brought by plaintiffs seeking compensation for injury or death caused by a vaccine's side effects. Pp. 7–19.

(a) Section 300aa–22(b)(1)'s text suggests that a vaccine's design is not open to question in a tort action. If a manufacturer could be held liable for failure to use a different design, the "even though" clause would do no work. A vaccine side effect could alway*s* have been avoidable by use of a different vaccine not containing the harmful element. The language of the provision thus suggests the design is not subject to question in a tort action. What the statute establishes as a complete

defense must be unavoidability (given safe manufacture and warning) with respect to the particular design. This conclusion is supported by the fact that, although products-liability law establishes three grounds for liability—defective manufacture, inadequate directions or warnings, and defective design—the Act mentions only manufacture and warnings. It thus seems that the Act's failure to mention design-defect liability is "by deliberate choice, not inadvertence." *Barnhart* v. *Peabody Coal Co.*, 537 U. S. 149, 168. Pp. 7–8.

(b) Contrary to petitioners' argument, there is no reason to believe that §300aa–22(b)(1)'s term "unavoidable" is a term of art incorporating Restatement (Second) of Torts §402A, Comment *k,* which exempts from strict liability rules "unavoidably unsafe products." "Unavoidable" is hardly a rarely used word, and cases interpreting comment *k* attach special significance only to the term "unavoidably unsafe products," not the word "unavoidable" standing alone. Moreover, reading the phrase "side effects that were unavoidable" to exempt injuries caused by flawed design would require treating "even though" as a coordinating conjunction linking independent ideas when it is a concessive, subordinating conjunction conveying that one clause weakens or qualifies the other. The canon against superfluity does not undermine this Court's interpretation because petitioners' competing interpretation has superfluity problems of its own. Pp. 8–12.

(c) The structure of the NCVIA and of vaccine regulation in general reinforces what §300aa–22(b)(1)'s text suggests. Design defects do not merit a single mention in the Act or in Food and Drug Administration regulations that pervasively regulate the drug manufacturing process. This lack of guidance for design defects, combined with the extensive guidance for the two liability grounds specifically mentioned in the Act, strongly suggests that design defects were not mentioned because they are not a basis for liability. The Act's mandates lead to the same conclusion. It provides for federal agency improvement of vaccine design and for federally prescribed compensation, which are other means for achieving the two beneficial effects of design-defect torts–prompting the development of improved designs, and providing compensation for inflicted injuries. The Act's structural *quid pro quo* also leads to the same conclusion. The vaccine manufacturers fund an informal, efficient compensation program for vaccine injuries in exchange for avoiding costly tort litigation and the occasional disproportionate jury verdict. Taxing their product to fund the compensation program, while leaving their liability for design defect virtually unaltered, would hardly coax them back into the market. Pp. 13–16.

561 F. 3d 233, affirmed.

Scalia, J., delivered the opinion of the Court, in which Roberts, C. J., and Kennedy, Thomas, Breyer, and Alito, JJ., joined. Breyer, J., filed a concurring opinion. Sotomayor, J., filed a dissenting opinion, in which Ginsburg, J., joined. Kagan, J., took no part in the consideration or decision of the case.

TS NEWS

Landmark Lawsuit Challenges Vaccine Manufacturer Protections Under PREP Act

TSNews, 13 March 2025, 9:00 a.m.
https://www.trialsitenews.com/a/landmark-lawsuit-challenges-vaccine-manufacturer-protections-under-prep-act-fc84f9db

A legal firestorm has erupted in Texas as a group of vaccine-injured Americans, led by Dr. Joel Wallskog and represented by Siri & Glimstad, L.L.P., take on the federal government in a lawsuit that could dismantle legal immunities shielding COVID-19 vaccine manufacturers. At the heart of the battle is the Public Readiness and Emergency Preparedness (PREP) Act, which grants sweeping liability protections to pharmaceutical companies in public health emergencies. Plaintiffs argue this framework unlawfully denies them their constitutional rights to due process and access to the courts, leaving them trapped in the labyrinthine Countermeasures Injury Compensation Program (CICP) – a system with a staggering 98% denial rate.

The Case Against Immunity

The lawsuit, Case No. 4:24-cv-00334-P, filed in the U.S. District Court for the Northern District of Texas, contends that the PREP Act effectively blocks individuals injured by COVID-19 vaccines from seeking justice in the judicial system. Instead, they are funneled into the CICP, a bureaucratic black hole with no transparency, legal representation, or right to appeal. The plaintiffs – each with life-altering vaccine injuries – demand an end to this immunity shield, arguing that it violates the 5th and 7th Amendments, which protect the right to due process and a jury trial.

Among them is Dr. Joel Wallskog, an orthopedic surgeon whose career was shattered by transverse myelitis following his Moderna vaccination. Wallskog went on to join Brianne Dressen to form React19 as a non-profit advocacy for individuals injured by COVID-19 vaccines.

Jessica Smith, a young mother, faces financial ruin as she battles severe dysautonomia and tinnitus, while Harvard Professor Elizabeth Thiele, MD, Ph.D., struggles with debilitating shoulder injuries. Perhaps the most gut-wrenching case is 10-year-old T.C., whose permanent blood disorder demands costly treatment – yet his family has waited 18 months without a single response from the CICP.

The Legal Battleground--PREP Act Under Fire

The PREP Act, enacted in 2005, was designed to shield vaccine manufacturers from lawsuits during public health emergencies, ensuring the swift development and deployment of critical countermeasures. As *TrialSite* has reported, its creation was largely shaped by the aftermath of 9/11 and the anthrax attacks, which spurred a heightened focus on biodefense. This led to establishing a framework aimed at accelerating medical countermeasures to protect the U.S. homeland. The protection of countermeasure developers was very much integral to the law.

The government argues that without such protections, companies would be reluctant to develop vaccines in crisis situations, potentially costing millions of lives. But critics argue that this blanket immunity represents a serious overreach, stripping individuals of their fundamental rights and leaving the injured with no real recourse.

The plaintiffs contend that the CICP fails as an alternative compensation mechanism. Unlike the Vaccine Injury Compensation Program (VICP) – which has paid out billions to vaccine-injured

individuals since 1988 – the CICP operates under a shroud of secrecy, with virtually no public accountability. Only a handful of claims have been approved, and payouts are minimal, leaving victims financially devastated.

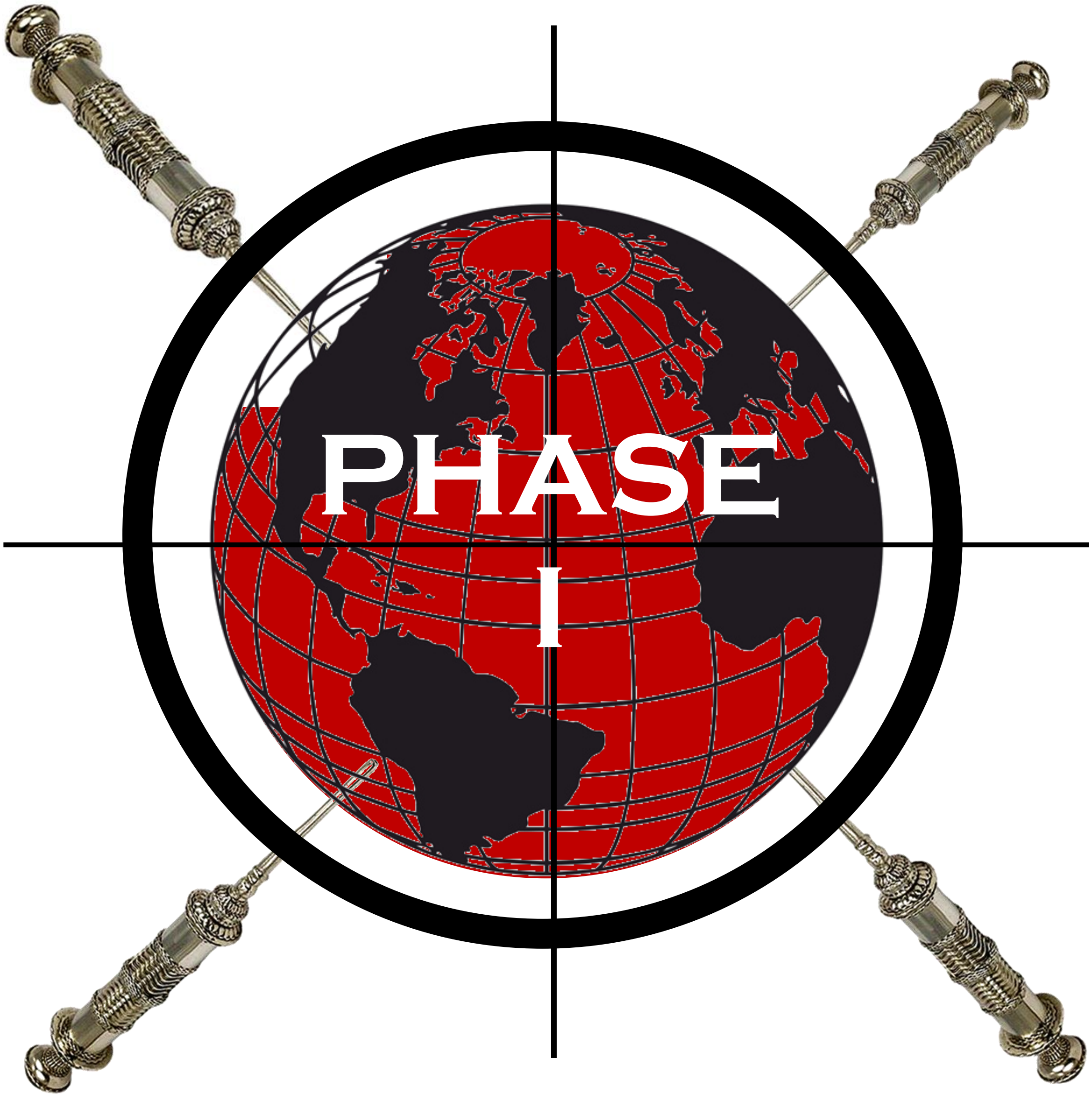
A High-Stakes Showdown

This case could set a monumental precedent. If the court sides with the plaintiffs, it could open the floodgates for litigation against vaccine manufacturers, forcing a re-evaluation of the PREP Act's liability shield. Pharmaceutical companies and public health officials warn that such a ruling could stifle future vaccine innovation. But for the plaintiffs, this fight is about fundamental constitutional rights – the right to due process, the right to be heard, and the right to justice.

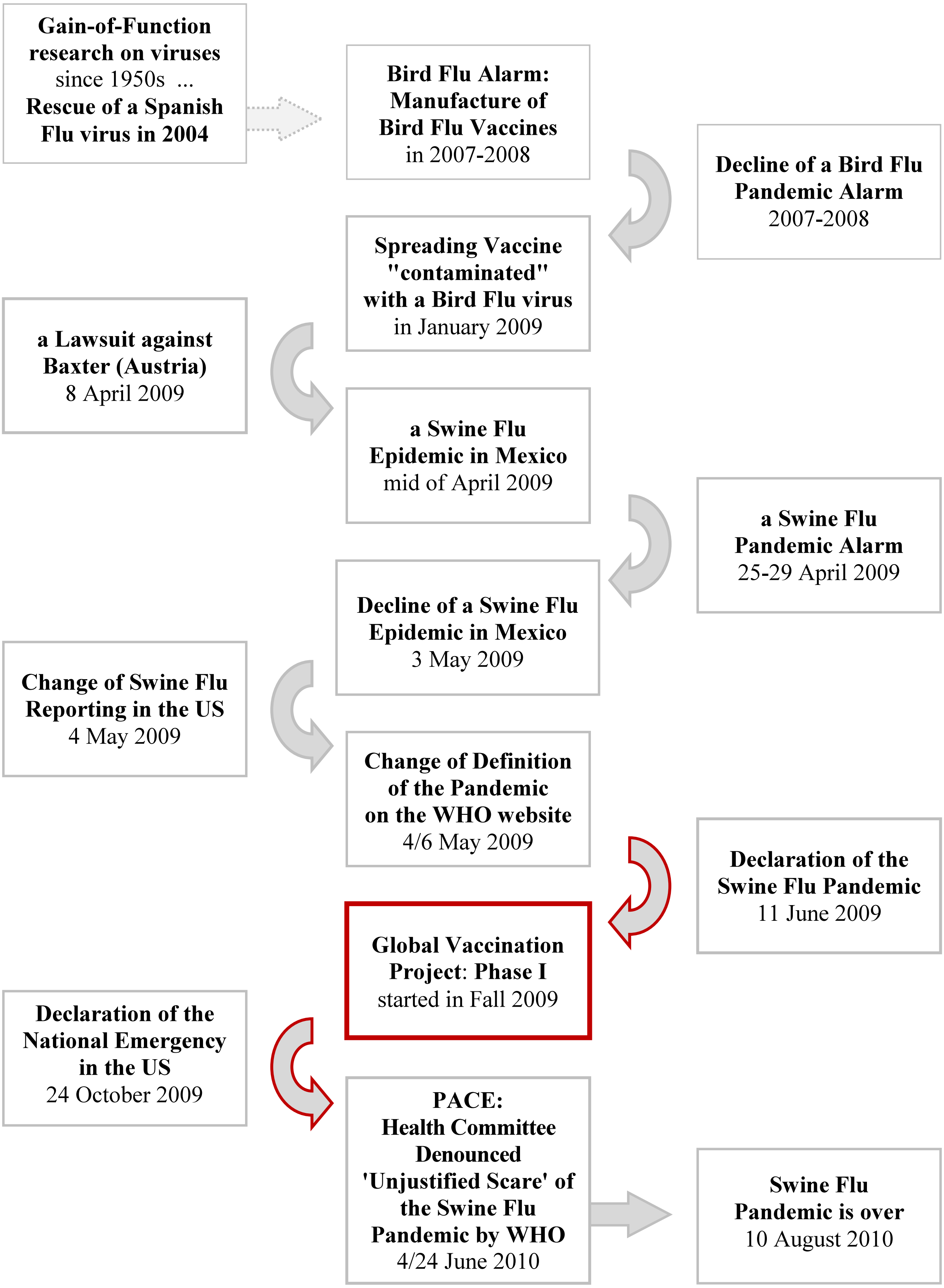
Will the courts uphold the PREP Act's sweeping protections, or will they rule that the government cannot strip injured individuals of their day in court? As the legal battle unfolds, the stakes couldn't be higher – not just for the plaintiffs but for the future of public health policy in America.

Chapter 6

Global
Vaccination Campaign



Roadmap
of the Swine Flu Pandemic



Dr Margaret Chan
Director-General of the World Health Organization

World now at the start of 2009 influenza pandemic

Geneva, WHO, 11 June 2009
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-declares-pandemic-novel-h1n1-virus
https://web.archive.org/web/20090611173204/http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

Ladies and gentlemen,

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries. This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable. I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met.

I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.
The world is now at the start of the 2009 influenza pandemic. We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning. The world can now reap the benefits of investments, over the last five years, in pandemic preparedness. We have a head start. This places us in a strong position. But it also creates a demand for advice and reassurance in the midst of limited data and considerable scientific uncertainty.

...

We are all in this together, and we will all get through this, together.

Thank you.

REUTERS

Bill Berkrot, Gary Hill

Baxter could have pandemic flu vaccine in July

Reuters, 13 June 2009
https://www.reuters.com/article/us-flu-baxter-idUSTRE55B5O620090612

NEW YORK (Reuters) - Baxter International Inc said on Friday that it is in full-scale production of an A/H1N1 flu pandemic vaccine that could be ready for commercial use next month.

The news comes a day after the World Health Organization (WHO) officially declared a pandemic and cautioned governments to prepare for a long-term battle against the new virus.

Baxter said it received an A/H1N1 strain from the U.S. Centers for Disease Control and Prevention in May and has been working to develop a pandemic vaccine for use as early as July.

A number of national public health authorities have agreements with Baxter that allow them to place orders for a vaccine now that a pandemic has been declared by WHO, Baxter said.

Baxter said it would also work with WHO to allocate a portion of the company's commercial vaccine production to address global public health issues deemed most urgent.

The company, which said it has completed testing and evaluation of the virus, is developing the vaccine using cell technology. Traditional flu vaccines are made using chicken eggs and typically take some six months to produce.

Baxter said it believes its Vero cell technology will allow for much more rapid production and delivery of pandemic flu vaccine.

The company plans to submit the A/H1N1 vaccine for approval upon completion of initial manufacturing runs.

A/H1N1 flu strain was first discovered in Mexico and has rapidly spread. There have been 28,774 confirmed cases of the virus in 74 countries with 144 deaths, according to WHO's latest tally of laboratory-confirmed cases. It is believed that tests have turned up only a fraction of the true number of cases of the virus.

National Vaccine Information Center — America's Vaccine Safety Watchdog

Barbara Loe Fisher

Swine Flu Vaccine: Will we Have a Choice?

NVIC, 18 June 2009, 1:26:51 PM
https://web.archive.org/web/20090626043642/http://www.nvic.org/NVIC-Vaccine-News/June-2009/Swine-Flu-Vaccine--Will-We-Have-A-Choice--by-Barba.aspx

The summer will be over before we know it and it will be time for the school year to begin. This fall, many parents are wondering what will happen to their children when they enter the schools. Some public health doctors want to turn schools into vaccination clinics where children will be the first to be injected with experimental swine flu vaccines.[1]

Less Than 50,000 Swine Flu Cases Worldwide

Every day we are being warned by doctors at the World Health Organization and the U.S. Centers for Disease Control to worry a lot about the H1N1 influenza A virus, which was first identified in Mexico in April 2009 and is being called the new swine flu. As of June 15, 2009, the World Health Organization states that 76 countries have reported more than 35,000 cases, including 163 deaths. 108 of those deaths have occurred in Mexico.[2]

We are being told that nearly 18,000 Americans have gotten sick from the new swine flu virus, with about 5 percent being hospitalized and 45 dying.[3] It looks like people, who are in poor health to begin with are at greater risk of having complications and dying from the new swine flu, which has symptoms just like regular influenza.[4,5] This is not surprising because people in poor health are always at greater risk of having complications and dying from infectious disease.

Most Flu-Like Illness Not True Influenza

What a lot of people don't know is that true type A or type B influenza only causes about 20 percent of all flu-like symptoms that people experience during any given flu season.[6] 80 percent of all flu-like illness in a normal flu season is NOT caused by the type A and B strains of influenza contained in annual flu shots. And vaccine acquired immunity is temporary, while immunity gained after recovering from influenza is longer lasting.[7,8]

1968 Flu Pandemic Killed 34,000 Americans

The new type A H1N1 influenza virus public health doctors say is making people sick around the world is an unusual combination of human, bird and pig viruses.[9] Nobody seems to know exactly how this new virus was created and why it suddenly emerged from Mexico in mid-April - or if it will behave like past pandemic influenza viruses that caused 68,000 American deaths in 1957 and killed 34,000 Americans in 1968.[10] (The CDC states that 36,000 Americans die from influenza complications annually, with most of those deaths occurring in the elderly and those in poor health). Influenza pandemics usually start with mild symptoms and progress to more severe symptoms before populations acquire immunity to the virus and it dies out.

Older Americans May Have Antibodies Against Swine Flu

The good news about the new swine flu going around is that there are signs those of us born before 1957, may be naturally protected and at LOWER risk of being infected.[11,12] Why? Because we recovered from influenza caused by similar influenza strains that circulated in past decades and have long lasting antibodies that help us resist infection. So the aging baby boomers have something to be happy about.

Vaccinated Children Don't Have Natural Antibodies

But will health officials allow our children and grandchildren to get those same kind of natural protective antibodies to type A and B influenza, including this new swine flu? It doesn't look like it. First, doctors in America have been insisting for the past few years that every child from six months old to age 18 must get an annual flu shot.[13] Second, there are now calls by U.S. health officials to give American children the first doses of experimental swine flu vaccines in the school setting.[14]

WHO Declares Phase 6 Alert; Public Health Doctors Exercise EUA

This is because the response by doctors at the World Health Organization, who immediately went into high gear within days of identifying the new swine flu virus emerging out of Mexico, was to declare a public health emergency. Now, they have increased the pandemic flu fear alert to Phase 6,[15] which is the equivalent of the U.S. Homeland Security's Code Red warning of an imminent terrorist attack.[16] Doctors at the Centers for Disease Control, who followed the lead of the World Health Organization, have done the same and are exercising unprecedented power that Congress handed over to them after 9-11.

Fast Tracking of Experimental Vaccines With Novel Adjuvants

Whenever the CDC declares a public health emergency, that declaration allows the Food and Drug Administration to permit emergency use authorization for drug companies to fast track creation of experimental drugs and vaccines that do not have to be tested as thoroughly as vaccines that go through the normal FDA licensing process.[17] In this case, Congress responded to the public health emergency declaration by giving a group of drug companies one billion dollars[18] to fast track experimental swine flu vaccines that may include whole live,[19] killed or genetically engineered human and animal influenza viruses, chemicals, and potentially reactive oil based adjuvants that manipulate the immune system to boost the vaccine's potency.[20,21,22]

States Enact Stronger Quarantine & No Free Assembly Laws

In some states, like Massachusetts, public health doctors have persuaded legislators to quickly pass pandemic influenza legislation that will allow state officials to enter the homes and businesses without the approval of occupants; to investigate and quarantine individuals without their consent; to require licensed health care providers to give citizens vaccines and to ban the free assembly of citizens in the state.[23,24]

What Can You Do?

What does this declaration of a public health emergency in the U.S. mean for you and your family? It means that, right now, you need to become educated about vaccination, influenza, vaccine risks, and the public health laws in your state. You need to find out what your rights and options are under new public health laws that may require you and your children to get vaccinated or be quarantined.[25]

Take Action Now

Go to www.NVIC.org and learn more. Register now to attend the Fourth International Public Conference on Vaccination Oct. 2-4, 2009 in Washington, D.C. and help organize in your state to protect your right to informed consent to vaccination. Call and write the state legislators you elected to make public health laws that govern you and your family. Make your voice heard.

Homeland Security, Department of Defense & CDC

As Department of Homeland Security officials are declaring that any disease outbreak is a matter of homeland security;[26,27] as Department of Defense officials are defining public demonstrations as "low level terrorism";[28] as CDC officials make plans to re-route airplanes to designated airports with quarantine centers to screen all passengers for signs of swine flu;[29] and as fast tracked experimental pandemic flu vaccines are being created to be given to American children first, it is time for all of us – whether we are public health officials addressing what we believe is a true public health emergency or whether we are ordinary citizens simply trying to protect our health and the health of our children - to act in rational and responsible ways.

Protect Health Choices

Every pharmaceutical drug, including vaccines, carries a risk and those risks are greater for some than others. In this time of fear, we cannot let that fear take away our freedom to make voluntary health choices, including vaccine choices, so we have the power to make sure that the cure is not more dangerous than the disease.

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Китай произвел первую партию вакцины против свиного гриппа

News.ru, 22 июня 2009 г., 15:47
https://www.newsru.com/world/22jun2009/china_5.html

В КНР в понедельник выпущена первая партия вакцины против смертельно опасного вируса A/H1N1 - свиного гриппа. По информации агентства Sina, всего произведено 90 тысяч доз.

Предполагается, что в течение 40-50 дней вакцина пройдет клинические испытания, после чего примерно в сентябре препарат поступит в больницы. До октября будут привиты все представители групп риска, сообщает РИА "Новости".

По мнению экспертов, больше всего подвержены риску заражения гриппом A/H1N1 дети до 7 лет, люди, имеющие хронические заболевания (сердечно-сосудистые и легочные болезни, диабет), а также люди, находящиеся в тревожно-депрессивном состоянии.

Производство вакцины против нового гриппа в Китае началось в начале июня. Изготовлением препарата занимаются 11 фармацевтических предприятий страны. Объем производства планируется довести до 360 миллионов доз в год.

Всего на борьбу с распространением опасной инфекции власти КНР выделили 5 миллиардов юаней (725 миллионов долларов). В Китае зафиксировано уже 737 случаев заражения вирусом гриппа A/H1N1, смертельных случаев пока нет.

Между тем, по последним данным Всемирной организации здравоохранения (ВОЗ), в 95 странах мира официально подтверждены 44287 случаев заболевания людей гриппом A/H1N1. 180 человек скончались.

11 июня ВОЗ впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру нового вида гриппа. В России официально подтверждены лабораторными анализами три случая заражения A/H1N1.

Россия тоже скоро представит свою вакцину от свиного гриппа

Медики России также готовы в скором времени представить вакцину от нового вируса. Еще в мае они выделили первый в России штамм гриппа A/H1N1, благодаря которому и будет разработана вакцина. На разработку российской вакцины, по оценкам директора Института гриппа РАМН Олега Киселева, уйдет не менее трех месяцев, еще два месяца потребуется на ее испытание и запуск производства. Врачи обещают, что в случае стремительного распространения вируса на территории РФ, препарата хватит всем.

"Что касается вакцины, то здесь особенно чудес никаких нет: на основе традиционного для РФ вируса гриппа A (H1N1) она вырабатывается ежегодно. Сейчас речь идет о том, чтобы привести ее в соответствие с новым высокопатогенным штаммом. Это в состоянии сделать специалисты в России, и мы даже берем обязательства, что постараемся подготовить кандидатную вакцину месяца за три", - сказал Киселев журналистам в понедельник.

По его мнению, Россия столкнется с гриппом A/H1N1 в ноябре этого года, сообщает РИА "Новости". "Вирус гриппа нуждается в сезонной поддержке. Лето - не пора гриппа на территории РФ... В ноябре мы встретим первую реальную волну", - сказал Киселев.

Он напомнил, что к настоящему времени в России подтверждены лишь три случая заболевания гриппом A/H1N1, причем занесенных из других регионов. Также выявлено два случая подозрения на грипп A/H1N1 - в Москве и Петербурге.

Петербургские медики проверяют анализы, взятые у пациента с подозрением на грипп A/H1N1, сообщил Киселев. Он отметил, что в настоящее время петербургские медики продолжают исследовать взятый у пациента биоматериал. "Сейчас материалы расшифровываются. По первым анализам - ситуация сомнительная. Идет повторное исследование", - отметил директор НИИ. Он не смог уточнить состояние здоровья пациента и ему не известно, выписан ли больной из стационара.

Глава НИИ гриппа РАН отметил также, что новые исследования этого вируса, проведенные американским коллегами, "внушают оптимизм". "Он не относится к высокопатогенным", - сказал Киселев. Вместе с тем, по словам главы НИИ, исследователи США подчеркивают, что к группе риска по этому заболеванию относятся те категории граждан, которые имеют серьезные сопутствующие заболевания, например сахарный диабет и сердечно-сосудистые болезни. Этим людям Киселев посоветовал немедленно обращаться к врачу при первых симптомах простуды.

Кроме того, он сообщил, что американские ученые отметили "поразительную чувствительность" к этой болезни людей с избыточны весом. Правда, по его словам, в России и США понятие "избыточный вес" разное, в США к ним относят людей с весом более 120 килограммов. "Я 20 лет занимаюсь этой проблемой и, наверное, первый раз такое объявление в адрес людей с такими проблемам", - сказал Киселев.

ALEX JONES' PRISONPLANET.com

Paul Joseph Watson

Arkansas State Health Department: Mandatory Vaccines Are Constitutional

Prison Planet, 26 June 2009.
https://web.archive.org/web/20100106164203/http://www.prisonplanet.com/arkansas-state-health-department-mandatory-vaccines-are-constitutional.html

A member of the public who was concerned about a mandatory mass vaccination program in light of the swine flu pandemic called the Arkansas State Health Department for advice only to be told that mandatory vaccines were constitutional and could be enforced at gunpoint by the government if necessary.

The editor of the popular blog "Pissed Off Former Democrat" phoned the legal council at the Arkansas State Health Department to seek advice about obtaining waiver forms for a future mass swine flu vaccination program.

One of his main concerns centered around the fact that the company chosen to mass produce the swine flu vaccine, Baxter International, were recently caught in a scandal after it emerged they had sent out vaccines contaminated with the H5N1 avian flu virus to 18 countries from their Austrian branch. It was only by providence that the contamination was found after the batch was first tested on ferrets in the Czech Republic, before being shipped out for injection into humans. The ferrets all died and the shocking discovery was made.

Some Czech newspapers speculated at the time that Baxter was embroiled in a conspiracy to provoke a pandemic from which it would reap billions in profits from producing the vaccine to counter a bird flu outbreak.

As we have previously covered, the last time the government ordered a mass vaccination drive in response to a swine flu outbreak, the program had to be stopped short after the shots caused over 500 cases of Guillain-Barre syndrome, a severe paralyzing nerve disease. 30 people died as a direct result of the vaccinations.

During the phone conversation, the legal council discusses the potential of a future mandatory swine flu vaccination program and states, "That's constitutional, there's no doubt about it….mandatory vaccinations are legal under the Supreme Court….absolutely."

The caller responds, "I'm an American and I have a legal right to make my own decision whether or not someone sticks a needle in me," to which the legal council responds, "That's not true….no."

"As a lawyer you believe that I don't have the right to deny a vaccination," asks the caller," to which the legal council responds, "Absolutely… I don't know why you have a problem with that… mandatory vaccines are constitutional," adding that it doesn't matter about personal or religious objections.

The caller then asks how the mandatory vaccine would be enforced by law, "for example somebody sticking a gun in my face," to which the legal council responds, "you could be held liable."

The legal council at the Arkansas State Health Department cites the 1905 Supreme Court case of Jacobson v Massachusetts to argue that governments can force citizens to take vaccines.

Less than 50 years before, in Dred Scott v. Sandford, the Supreme Court also ruled that black people were slaves - property of their slaveowners with no inherent rights whatsoever.

22 years after Jacobson v Mass., in Buck v Bell, the Supreme Court also ruled that people designated "feeble-minded" by the government could be sterilized.

The fact that the Supreme Court made a ruling over 100 hundred years ago saying the government could inject people by force doesn't make it morally or constitutionally justifiable.

To stick needles in people at gunpoint by government decree is blatantly unconstitutional under any reasonable definition of basic human rights or the freedoms enumerated by the founders in the constitution itself.

American Indians were rounded up and sent to death camps under legal orders, but that didn't make it right or justifiable.

Hitler's mistreatment of Jews, Gypsies, political dissidents, homosexuals and others who resisted government policies imposed during times of "emergency" in Nazi Germany was all perpetrated behind a thin veil of legality, but that didn't make it right either.

As a member at the Prison Planet Forum points out, "Tyrannical evil loves to mask itself in the robes of righteousness, to justify itself with legal documents, to trample the very ideas of what Law and Right mean. Resisting that evil, rising against that tyranny, by saying No More. That is right."

As we previously reported, Time Magazine has been preparing Americans to accept the idea of mandatory vaccinations, reporting on April 28th that a mass vaccination program is being readied to combat swine flu while also urging Americans to "trust that the government is working for the greater good" and to not resist draconian measures.

REUTERS

Louise Egan

Canada aims to give H1N1 flu vaccines in October

Reuters, 30 June 2009, 5:43 AM GMT+8
https://www.reuters.com/article/idUSTRE55S6KS/

Ottawa (Reuters) - Canada aims to start immunizing its population against the new H1N1 flu virus in October but has not yet decided who should be a priority for getting the shot, the country's top public health official said on Monday.

"We're hoping that we'll be on track for having the vaccine, start immunizing in late October so that we can complete immunizing before Christmas," Dr. David Butler-Jones, chief public health officer at the Public Health Agency of Canada, told reporters on a conference call.

"There are many things that need to take place between now and then so everything still looks on track, but there's still much work to do," he said.

Drug makers are gearing up to mass produce vaccines against the new virus, also known as swine flu, and governments have reserved millions of doses as the World Health Organization declared a pandemic.

Yet other countries are not sure yet whether even to give the vaccine to anyone and if so, who should get it. The U.S. Centers for Disease Control and Prevention said on Friday it had not yet decided if it will recommend people get the new shots when flu season arrives in North America this fall.

Butler-Jones said Canada would try to learn as much as possible about the virus's behavior before deciding how to proceed with an immunization campaign.

"Right now, we're looking at what's happening in the Southern Hemisphere, we're looking at what's happened in Canada ... and the priorities we'll develop ...," he said.

"We won't get the vaccine all at once and we'll be starting to immunize," he said.

The vaccines for seasonal flu will be ready earlier in the fall and some people may need to get two shots, Butler-Jones said. For the seasonal influenza vaccine, health officials normally prioritize the oldest, the youngest and the sickest. But the majority of those infected with the new virus in Canada are under the age of 20, Butler-Jones said.

So far, 21 Canadians have died from the new H1N1 flu and 496 have been hospitalized with varying degrees of severity, according to data compiled by the public health agency. Most of those with severe symptoms had some form of underlying health condition.

Casey J. Bortnick

Vaccine safety

Capital News 9, 12 July 2009, 10:19 AM
https://web.archive.org/web/20100201071056/http://capitalnews9.com/capital-region-news-12-content/top_stories/484039/vaccine-safety

It may not be in the mainstream.

"The flu vaccine is loaded with toxins that you just don't want to put in your system."

Information questioning the swine flu vaccine is out there.

"And it's in the majority of flu vaccines and that's mercury."

If you know where to look.

"It's still not proven to be safe yet," said Chris Monahan.

It's counter research that has this father concerned.

"I just don't know what's in it. You can look at the vile and see it, but there's just too many questions," Monahan said.

It's a fear pediatricians say is common. Dr. Michael Pichichero recently published a study he hopes will ease those fears.

"The amount of mercury in these vaccines is safe. And the previous information suggesting that it was not safe is incorrect," Pichichero said.

Rochester Clinical Research has already conducted two pediatric trials of the news H1N1 vaccine.

"This is a process that's been tried and true for years and years," said Dr. Matthew Davis.

While they sped up the normal trial period, Dr. Davis says safety was not compromised.

"The public should have confidence that the vaccine that will be widely administered in October is as safe as any other influenza vaccine that they may have gotten in past years," Davis said.

Davis says no one in the trial has experienced any adverse side effects.

When it comes to the safety of his two kids...

"It's just not the natural way to go," Monahan said.

Monahan still isn't convicted.

"Nobody knows what it's going to do. They say it's going to do this, but is it?" Monahan wondered.

YAHOO! NEWS UK & IRELAND

'All Brits' to be Vaccinated for Swine Flu

Sky News, 12 July 2009, 11:58 am.
https://web.archive.org/web/20090715202501/http://uk.news.yahoo.com/5/20090712/tuk-all-brits-to-be-vaccinated-for-swine-45dbed5.html

The entire population could be vaccinated against swine flu as health chiefs draw up plans to build a nationwide immunity to the disease.

In what would be the biggest vaccination programme of the last 50 years, experts are already formulating a priority list of patients before the bug becomes more virulent.

The fast-tracking comes after the first British patient without underlying health problems succumbed to the disease - the 15th swine flu death in the UK.

Peter Holden, the British Medical Association's lead negotiator on swine flu, told The Sunday Times: "The high risk groups will be done at GPs' surgeries."

He added: "If the virus does (mutate), it can get a lot more nasty, and the idea is to give people immunity.

"But the sheer logistics of dealing with 60 million people can't be underestimated."

On Saturday holidaymakers were advised to check their travel insurance and keep in touch with tour operators as the bug sweeps across the UK.

As school holidays approach, people who contract the virus should consult doctors about whether to stay at home, according to travel association Abta.

Spokeswoman Frances Tuke said the firm had received calls "with regard to insurance".

"Apparently some insurers are placing exemptions on policies. If you need to cancel because of swine flu you need to check your travel insurance policy to ensure it is covered."

Nearly 10,000 Britons have gone down with swine flu after it spread to the UK from Mexico - the third highest case total in the world.

The latest death happened at Basildon and Thurrock University Hospitals NHS Foundation Trust, NHS East of England.

Chief Medical Officer Sir Liam Donaldson has warned that other healthy people were at risk of dying from the disease.

He said: "As with all flu-like viruses, some people are at higher risk than others. Unfortunately, people who are otherwise healthy could also become seriously ill or, sadly, die."

But Sir Liam added: "Fortunately, this particular new virus isn't nearly as severe as it could have been.

"If it had, for example, come out of the bird flu variant it would have been producing much higher levels of mortality."

Paul Joseph Watson

Brits Tell Goons with needles to stick it where the Sun don't shine

Prison Planet, 12 July 2009.
https://web.archive.org/web/20091126081029/http://www.infowars.com/brits-tell-goons-with-needles-to-stick-it-where-the-sun-dont-shine/

The trial balloon went up today on the UK government's efforts to impose a mass mandatory vaccination program against swine flu, but judging from the response on a major newspaper website, millions of British citizens will tell the goons with needles to stick it where the sun don't shine.

Sky News reports today that, "The entire population could be vaccinated against swine flu as health chiefs draw up plans to build a nationwide immunity to the disease."

According to health authorities, they plan to have 60 million plus UK citizens vaccinated by this time next year, despite the fact that only one healthy person has died from swine flu in Britain.

The resounding response to the government's efforts to prepare everyone to accept the shot is a vehement, "I don't think so!"

Respondents to a London Times article concerning the fact that the vaccine will be rushed through safety procedures in just five days, increasing the chances of it causing deaths and injuries in the thousands, as happened with the 1977 mass vaccination program in the U.S. which killed more people than the actual swine flu virus, overwhelmingly indicated that they would refuse to take the shot.

"Nobody's coming anywhere near me or my family with their experimental mass vaccine/poison programme," wrote one. "We will take our chances of catching their manufactured bird/pig/human virus, that was accidentally on purpose! released onto an unsuspecting public in the first place!"

"Anybody who reads this obviously still has the ability to reason and be guided by their own survival instinct and thus should listen to it. The mass fear mongering is a worldwide, co-ordinated and open conspiracy with massive geo political underpinnings. Don't be fooled, eat properly and exercise," adds another.

"A vaccine that is – effectively – being tested on the population, the prime reasons for such being the economy and easing pressure on the NHS? I'll be another one who passes," comments another.

"Thanks but no thanks. Rushed through tests in 5 days? What about long term effects? Vioxx and Thalidomide had long testing. How safe did they turn out to be? The side effects of Statins that they want everyone to take are worrying. I'll take my chances with cholesterol," writes another.

In fact, nearly every one of the respondents to the article so far clearly states that they will refuse to take the shot.

What will the government do when millions of people refuse to take the vaccine? Will they forcibly inject people at gunpoint as health authorities in the U.S. seem to think is constitutional and the right thing to do?

Would you take a vaccine made by a company that got caught contaminating its product with live avian flu virus?

Would you, as an American citizen, take a vaccine from a government that counts amongst its chief scientific advisors a man who once advocated the mass sterilization of the entire U.S. population through the water supply?

I think the answer is clear, U.S. and UK governments – your goons can stick their needles up their backsides because we are not taking it!

World Health Organization

WHO recommendations on pandemic (H1N1) 2009 vaccines
Pandemic (H1N1) 2009 briefing note 2

Geneva, WHO, 13 July 2009
https://web.archive.org/web/20091030055008/http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html

13 July 2009, Geneva – On 7 July 2009, the Strategic Advisory Group of Experts (SAGE) on Immunization held an extraordinary meeting in Geneva to discuss issues and make recommendations related to vaccine for the pandemic (H1N1) 2009.

SAGE reviewed the current pandemic situation, the current status of seasonal vaccine production and potential A(H1N1) vaccine production capacity, and considered potential options for vaccine use.

The experts identified three different objectives that countries could adopt as part of their pandemic vaccination strategy:

- protect the integrity of the health-care system and the country's critical infrastructure;
- reduce morbidity and mortality; and
- reduce transmission of the pandemic virus within communities.

Countries could use a variety of vaccine deployment strategies to reach these objectives but any strategy should reflect the country's epidemiological situation, resources and ability to access vaccine, to implement vaccination campaigns in the targeted groups, and to use other non-vaccine mitigation measures.

Although the severity of the pandemic is currently considered to be moderate with most patients experiencing uncomplicated, self-limited illness, some groups such as pregnant women and persons with asthma and other chronic conditions such as morbid obesity appear to be at increased risk for severe disease and death from infection.

Since the spread of the pandemic virus is considered unstoppable, vaccine will be needed in all countries. SAGE emphasized the importance of striving to achieve equity among countries to access vaccines developed in response to the pandemic (H1N1) 2009.

The following recommendations were provided to the WHO Director-General:

- All countries should immunize their health-care workers as a first priority to protect the essential health infrastructure. As vaccines available initially will not be sufficient, a step-wise approach to vaccinate particular groups may be considered. SAGE suggested the following groups for consideration, noting that countries need to determine their order of priority based on country-specific conditions: pregnant women; those aged above 6 months with one of several chronic medical conditions; healthy young adults of 15 to 49 years of age; healthy children; healthy adults of 50 to 64 years of age; and healthy adults of 65 years of age and above.

- Since new technologies are involved in the production of some pandemic vaccines, which have not yet been extensively evaluated for their safety in certain population groups, it is very important to implement post-marketing surveillance of the highest possible quality. In addition, rapid sharing of the results of immunogenicity and post-marketing safety and effectiveness studies among the international community will be essential for allowing countries to make necessary adjustments to their vaccination policies.

- In view of the anticipated limited vaccine availability at global level and the potential need to protect against "drifted" strains of virus, SAGE recommended that promoting production and use of vaccines such as those that are formulated with oil-in-water adjuvants and live attenuated influenza vaccines was important.

- As most of the production of the seasonal vaccine for the 2009-2010 influenza season in the northern hemisphere is almost complete and is therefore unlikely to affect production of pandemic vaccine, SAGE did not consider that there was a need to recommend a "switch" from seasonal to pandemic vaccine production.

WHO Director-General Dr Margaret Chan endorsed the above recommendations on 11 July 2009, recognizing that they were well adapted to the current pandemic situation. She also noted that the recommendations will need to be changed if and when new evidence become available.

SAGE was established by the WHO Director-General in 1999 as the principal advisory group to WHO for vaccines and immunization. It comprises 15 members who serve in their personal capacity and represent a broad range of disciplines from around the world in the fields such as epidemiology, public health, vaccinology, paediatrics, internal medicine, infectious diseases, immunology, drug regulation, programme management, immunization delivery, and health-care administration.

Additional participants in the SAGE meeting included members of the ad hoc policy advisory working group on influenza A(H1N1) vaccine, chairs of the regional technical advisory groups and external experts. Observers included industry representatives and regulators who did not take part in the recommendation process in order to avoid conflicts of interest.

THE TIMES

Swine flu vaccine rushed through safety checks

Times, 13 July 2009
https://web.archive.org/web/20100106085053/http://www.timesonline.co.uk/tol/news/uk/health/article6694046.ece

A swine flu vaccine will be fast-tracked for use in Britain within five days once it is developed, and 130 million doses are on order.

The Department of Health expects to have enough vaccine this year to give it to half the population. Further supplies will be available if needed. Each person will need two doses of the vaccine, unless one single jab is found to provide high rates of immunity.

The first doses specific to the H1N1 swine flu virus are set to arrive in September and could be given regulatory approval in less than a week.

The move came after the first British patient without underlying health problems died from swine flu, taking the number of swine flu-linked deaths in Britain to 15. Peter Holden, the British Medical Association's lead negotiator on swine flu, said that GPs' surgeries were prepared for one of the biggest winter vaccination campaigns in almost 50 years. He said that, although swine flu was not generally causing serious illness in patients, health officials were eager to start a mass vaccination campaign, starting first on groups that were susceptible to infection or prone to complications.

It is likely that the elderly would be given a seasonal flu jab to guard against other circulating flu strains – as happens every year – as well as the swine flu vaccination. "The high-risk groups will be done at GPs' surgeries. People are still making decisions over this, but we want to get cracking before we get a second wave, which is traditionally far more virulent," Dr Holden said.

It takes several weeks or months to make flu vaccines, which are cultured using chicken eggs. The European Medicines Agency said the fast-tracked approval procedure has involved trials of a "mock-up" vaccine and that the speed would not compromise patient safety. "The vaccines are authorised with a detailed risk management plan," the agency said.

REUTERS

Maggie Fox (ed)

U.S. to spend another $1 billion on flu vaccine

Reuters, 13 July 2009, 7:05 AM GMT+8
https://www.reuters.com/article/idUSN1287171/

Washington, July 12 (Reuters) - The United States will spend another $1 billion on ingredients for an H1N1 vaccine, U.S. Health and Human Services Secretary Kathleen Sebelius said on Sunday.

"There'll be another $1 billion worth of orders placed to get the bulk ingredients for an H1N1 vaccination. Congress has agreed with the president that this is the number one priority, keeping Americans safe and secure," Sebelius said on CNN.

Sebelius has said plans were on track for a mid-October vaccination program, although it was not certain Americans would be offered the vaccine for the so-called swine flu.

"We are aggressively working on, first of all, testing the virus strains to get a vaccination ready. It needs to be safe so testing and clinical trials will start this month. We'll know a lot more by the end of the summer and it needs to be effective," she said.

The World Health Organization may issue guidance as soon as Monday on whether an H1N1 swine flu vaccine will be offered alongside the seasonal flu vaccine.

Vaccine makers Sanofi-Aventis [SASY.PA], Novartis [NOVN.VX], Baxter [BAX.N], GlaxoSmithKline [GSK.L], Solvay [SOLB.BR] and AstraZeneca's [AZN.L] MedImmune subsidiary have finished making seasonal flu vaccines for this year.

The U.S. Food and Drug Administration has scheduled a July 23 advisory panel meeting to discuss clinical trials of the vaccines against the H1N1 influenza virus and the U.S. Advisory Committee on Immunization Practice wills meet July 29.

"FDA is working with the scientists at NIH (National Institutes of Health) to make sure that we have a safe and effective strain and then we're getting ready to make sure that we have a vaccination program," Sebelius said.

Health experts estimate at least 1 million people have been infected with H1N1 in the United States, and the U.S. Centers for Disease Control and Prevention has confirmed 211 deaths. It often takes weeks or months to collect data on flu deaths.

About 36,000 people die each year from the seasonal flu in the United States alone, and 250,000 to 500,000 die globally.

Los Angeles Times

Karen Kaplan

Booster Shots: What are the odds that H1N1 will kill you?

Los Angeles Times, 14 July 2009, 4:01 PM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-07-14/what-are-the-odds-that-h1n1-will-kill-you

It's the one thing everyone really wants to know about the H1N1 pandemic flu: How deadly is it?

By adding up the number of confirmed deaths (429, according to the latest World Health Organization figures) and dividing it by the number of confirmed cases (the WHO says it's 94,512), the simple answer is that the fatality rate is just below 0.5%. That's in line with a bad year for the seasonal flu. But is it accurate?

Not necessarily, according to a group of experts from the Medical Research Council Centre for Outbreak Analysis and Modelling at Imperial College London. In a paper just published online by the British Medical Journal, they describe the reasons why that easy estimate could miss the mark.

For instance, once somebody comes down with the flu, it takes several days or weeks to either die or recover. At any point in time, the number of people known to have become infected is always bigger than the number of people for whom outcomes are known. That means the calculated fatality rate will be too low, and it will grow as the outbreak progresses.

This is exactly what happened in 2003, when severe acute respiratory syndrome spread through Asia, Europe and North America. As the fatality rate rose, people feared the virus had mutated into a deadlier form. If the numbers show H1N1 becoming more lethal when the traditional flu season arrives in the fall, how will public health officials know whether the virus is actually more dangerous? Epidemiologists should take into account the lag time between the onset of flu symptoms and the outcome of infection, the researchers write.

On the other hand, the fact that people with severe symptoms are more likely to interact with the medical system means the calculated fatality rate probably overstates the lethality of the outbreak. "If we take mild unreported cases into account, the true case fatality ratios could therefore be considerably lower and comparable to that for seasonal influenza," the researchers write.

To overcome this source of bias, they suggest close monitoring of at least 1,100 patients from the initial stage of infection to get a full picture of the proportion that requires hospitalization – and the proportion of hospitalized patients that succumbs.

Getting an accurate assessment of H1N1's fatality rate will be crucial in determining the need for school closures and other measures aimed at preventing the spread of the virus, the researchers said.

ZEIT ONLINE

Bundesländer einigen sich auf Impfstrategie

Zeit.de, 15 July 2009, 09:19 Uhr
https://web.archive.org/web/20100104074608/http://www.zeit.de/online/2009/29/schweinegrippe-bundeslaender-impfstrategie

Die deutschen Gesundheitsminister rüsten die Länder zur Abwehr des neuartigen H1N1-Virus. 50 Millionen Impfstoff-Dosen sollen die Bevölkerung schützen

50 Millionen Impfdosen sollen ein Drittel der Bevölkerung in Deutschland gegen das Amerika-Virus immunisieren

Der hessische Gesundheitsministers Jürgen Banzer (CDU) sagte am Dienstag, er habe sich mit seinen Länderkollegen darauf geeinigt, Impfstoff für rund 30 Prozent der Bevölkerung bereitzustellen. Das entspricht 25 Millionen Menschen in Deutschland.

Es solle aber mit Pharmaherstellern verhandelt werden, um zusätzlichen Impfstoff für weiteren Bedarf zu erhalten. Die als Schweinegrippe bekannt gewordene Amerikanische Grippe verläuft allerdings meistens recht milde, wenn sich Menschen mit ihr angesteckt haben. Zudem kann sie in der Regel mit antiviralen Medikamenten behandelt werden.

Das Thüringer Gesundheitsministerium teilte mit, es habe noch keine endgültige Kaufentscheidung gegeben. Im Gespräch seien 50 Millionen Impfstoff-Dosen, sagte Ministeriumssprecher Thomas Schulz. Da zwei Impfungen zum kompletten Schutz nötig sind, reichen diese für 25 Millionen Menschen. "Die Bundesländer werden in den kommenden Wochen gemeinsam Impfstoff bestellen und sich auch darüber verständigen, welche Personengruppen geimpft werden sollen", sagte Schulz und bestätigte damit einen Bericht des Radiosenders Antenne Thüringen.

In den kommenden Tagen werde zudem der Bund eine Verordnung erlassen, welche die gesetzlichen Krankenkassen dazu verpflichte, die Kosten für die Impfung zu übernehmen. Im Anschluss soll über den Bedarf und die Verteilung der Vakzine verhandelt werden.

Grundlage hierfür sei eine zu Wochenbeginn veröffentlichte Empfehlung der Weltgesundheitsorganisation (WHO), sagte Schulz. Demnach sollen zuerst das Gesundheitspersonal, dann ältere Menschen und danach chronisch Kranke geimpft werden. Der Impfstoff wird laut Schulz nach klinischen Tests voraussichtlich zu Beginn der Grippesaison im Herbst bereitstehen.

Dem SPD-Gesundheitsexperten Karl Lauterbach zufolge besitzt die Krankheit das Potenzial, sich rasend schnell auszubreiten, weil das menschliche Immunsystem ihr bislang nicht viel entgegenzusetzen habe. "Dagegen müssen wir gewappnet sein", sagte er dem Tagesspiegel.

Nach jüngsten Zahlen der EU-Seuchenbehörde ECDC sind weltweit bislang mehr als 110.000 Menschen an der Amerikagrippe erkrankt. Es gibt jedoch eine hohe Dunkelziffer. 580 der Patienten sind gestorben. In Deutschland sind bislang 763 Infektionen bestätigt worden.

CTV NEWS

Fight for swine flu vaccine could get ugly

CTV News // The Associated Press, 17 July 2009, 9:13 AM EDT
https://www.ctvnews.ca/fight-for-swine-flu-vaccine-could-get-ugly-1.417429?cache=ypdchpshbgmanqg%3FclipId%3D89563

London – An ugly scramble is brewing over the swine flu vaccine – and when it becomes available, Britain, the United States and other nations could find that the contracts they signed with pharmaceutical companies are easily broken.

Experts warn that during a global epidemic, which the world is in now, governments may be under tremendous pressure to protect their own citizens first before allowing companies to ship doses of vaccine out of the country.

That does not bode well for many nations, including the United States, which makes only 20 percent of the regular flu vaccines it uses, or Britain, where all of its flu vaccines are produced abroad.

"This isn't rocket science," said Michael Osterholm, director of the Center for Infectious Diseases Research and Policy at the University of Minnesota. "If there is severe disease, countries will want to hang onto the vaccine for their own citizens."

Experts say politicians would not be able to withstand the pressure. "The consequences of shipping vaccine to another country when your own people don't have it would be devastating," added David Fedson, a retired vaccine industry executive.

About 70 percent of the world's existing flu vaccines are made in Europe, and only a handful of countries are self-sufficient in vaccines. The U.S. has limited flu vaccine facilities, and because factories can't be built overnight, there is no quick fix to boost vaccine supplies.

Earlier this week, the U.S. Department of Health and Human Services announced it was spending $884 million to buy extra supplies of two key ingredients for a swine flu vaccine. The U.S. has contracts to get swine flu vaccines from Sanofi Pasteur, MedImmune, GlaxoSmithKline and Novartis. Sanofi Pasteur and MedImmune both have vaccine plants in the U.S., while GlaxoSmithKline and Novartis have plants in Europe.

Even if the U.S. held onto all the swine flu vaccine produced domestically, it would still not be enough for all Americans.

About 80 million Americans are vaccinated against the seasonal flu every year. In 2004, when problems with the U.S.' flu vaccine supply at a British factory hit, there were less than 54 million shots available. Flu vaccines were saved for those in high-risk groups like the elderly and pregnant women, and officials asked other people to simply forgo their usual flu shot.

If there are limited swine flu shots during a pandemic that turns more serious, experts are not sure people will be as willing to skip getting a vaccine.

Last week, the World Health Organization reported nearly 95,000 cases of swine flu, including 429 deaths worldwide. If swine flu turns deadlier in the winter, the main flu season in the Northern Hemisphere, countries will likely be clamoring for any available vaccines.

"Pandemic vaccine will be a valuable and scarce resource, like oil or food during a famine," said David Fidler, a professor of law at Indiana University who has consulted for WHO. "We've seen how countries behave in those situations, and it's not encouraging."

Britain claims it will start vaccinating people in August, Italy says it will begin by the end of the year, and many other countries have similar strategies. Those mass vaccination plans could be derailed by problems making the vaccine and by other countries' refusal to ship it abroad.

If the virus remains mild, this could all be moot. Experts estimate swine flu to be about as dangerous as seasonal flu, and there usually isn't a high demand for those vaccines. Still, regular flu kills up to 500,000 people a year.

In past pandemics, or global epidemics, vaccines were never exported before the country that produced them got enough for its own population first.

Unlike the last two pandemics in 1957 and 1968, however, many more countries this time around have struck deals with companies which they say guarantee them first access to vaccine. Yet in a global health emergency, those contracts may ultimately be meaningless.

Countries with flu vaccine plants might decide to seize all vaccines and ban their export, thus breaking the pharmaceutical contracts promising other countries vaccine supplies. These private contracts are not binding international law between two countries, according to Fidler.

He said most vaccine contracts include a clause allowing them to be broken under extraordinary circumstances, such as a health emergency. That would leave the countries who had brokered such deals not only without vaccine, but without legal recourse. – "There's nothing in international law that helps you resolve this, it's just a political nightmare happening in the midst of an epidemiological nightmare," Fidler said.

Britain has ordered 60 million doses, enough to cover its entire population. But those doses are being manufactured by GlaxoSmithKline PLC and Baxter International Inc., whose production plants are in Germany, Austria and the Czech Republic. Neither Britain's department of health or the vaccine manufacturers would comment on delivery plans.

On Thursday, Britain's chief medical officer estimated that as many as 75,000 Britons could eventually be killed by the swine flu pandemic, if 1 in 3 people are infected.

Osterholm said about 80 percent of the United States' pandemic vaccine supply will be coming from abroad and he is very concerned about when it might arrive. Timing could be everything to avoid a vaccine spat. – "It's easy to move vaccine around if the disease is relatively mild. But if it is more severe, countries may not be willing to let it go," he said.

So far, swine flu remains a relatively mild disease, and most people don't need medical treatment to get better. But experts fear the virus could mutate into a more dangerous form. And during the flu season, when the virus spreads more easily, more people will probably fall sick and die.

Public health officials are aware that so-called "vaccine wars" might break out if the swine flu outbreak worsens, but are loathe to even discuss the topic.

The European Centre for Disease Prevention and Control, an agency of the European Union, said it had no mandate to advise countries in such circumstances. WHO said it was not aware of any nations planning to block the shipment of vaccines and said it would work to ensure all countries get enough doses to protect their health workers.

Questions also remain about when a swine flu vaccine will even be available, as WHO reported this week that a fully licensed vaccine might not be ready until the end of the year.

With little or no safety data about a swine flu vaccine, governments that are planning to roll out mass campaigns are taking a gamble, since any rare side effects won't show up until millions of people start getting the shots.

Experts say government promises about when vaccines will arrive should be taken with a huge grain of salt. – "Many pieces of the puzzle are missing," Osterholm said. "Anyone who pretends to have a well-defined schedule of vaccine delivery is obviously very poorly informed."

TELEGRAM & GAZETTE

Maria Cheng

Vaccine for swine flu may stir global fight
Countries may not be willing to share

Telegram & Gazette // The Associated Press, 17 July 2009, 12:34 am ET.
https://www.telegram.com/story/news/local/north/2009/07/17/vaccine-for-swine-flu-may/51944413007/

Researchers work Thursday in the P4 European High Level Security Laboratory in Lyon, France. The lab is preparing to receive the new swine flu influenza virus.

An ugly scramble is brewing over the swine flu vaccine – and when it becomes available, Britain, the United States and other nations could find that the contracts they signed with pharmaceutical companies are easily broken.

Experts warn that during a global epidemic, which the world is in now, governments may be under tremendous pressure to protect their own citizens first before allowing companies to ship doses of vaccine out of the country.

That does not bode well for many nations, including the United States, which makes only 20 percent of the regular flu vaccines it uses, or Britain, where all of its flu vaccines are produced abroad.

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CBSNEWS

Daniel DeNoon

Swine Flu Vaccine: When?

CBS News, 21 July 2009, 10:00 AM EDT
https://www.cbsnews.com/news/swine-flu-vaccine-when/

Pandemic swine flu doesn't worry most Americans. But that's likely to change very quickly.

Most U.S. schools will open before the fall of 2009. That's when experts warn the second wave of the pandemic may start sweeping the U.S. If that happens the U.S. – as well as the rest of the world – needs to be prepared for the worst. A pandemic that sickens millions could close schools and businesses, halt travel and overwhelm health care facilities.

"A pandemic is much more than a health event," said Bruce Gellin, MD, MPH, director of the National Vaccine Program Office and deputy assistant secretary of the Health and Human Services Department (HHS) to coordinate U.S. vaccination efforts. "Given the way a pandemic could play out, it has consequences across government and across society."

The best defense: A vaccine to protect people from swine flu – before the pandemic peaks.

Will there be a vaccine? Perhaps not that soon. The clock is ticking away the short amount of time before federal officials, including President Barack Obama, have to make hard choices about whether – and how fast – to get swine flu shots to everyone who wants one. Or at least to those who most need one.

One choice is already made: The U.S. government has spent $1.15 billion to buy enough vaccine to immunize the entire U.S. population against the new flu. If the government makes the decision to go ahead with a full-scale vaccination program, it would be the largest, fastest vaccination program in world history.

So what will happen and when? Here's WebMD's timeline, based on meetings and interviews with a number of flu experts. Warning: Flu viruses – and flu vaccine production – are notoriously unpredictable. Many things can change, even by the earliest points of this timeline.

July: Making and Testing the Swine Flu Vaccine

Pandemic swine flu vaccine is already rolling off the production lines of the five different vaccine makers supplying the U.S: 46% will come from Novartis, 26% will come from Sanofi Pasteur, 19% will come from CSL, 6% will come from MedImmune, and 3% will come from GlaxoSmithKline.

By mid-July, clinical tests of the vaccines sponsored by the National Institute of Allergies and Infectious Diseases will begin at the eight Vaccine and Treatment Evaluation Units at Baylor College of Medicine, Houston; Children's Hospital Medical Center, Cincinnati; Emory University, Atlanta; Group Health Cooperative, Seattle; Saint Louis University; University of Iowa, Iowa City; University of Maryland, Baltimore; and Vanderbilt University, Nashville, Tenn.

The five vaccine manufacturers will also start separate clinical tests in the U.S., Australia and Europe. These tests will begin in July and August.

On July 29, the CDC's vaccine advisory committee will vote on who should be first in line to get the vaccine. Current indications suggest that children 0 to 4-years-old will be at the top of the list,

followed by school-age children. Children with asthma and pregnant women are also likely high-priority groups, as are critical emergency-response workers.

Preparing the Country for the Swine Flu Vaccine

Beginning with the July 9 Flu Summit, federal health officials stepped up work with state and local officials to lay the groundwork for a massive immunization effort. HHS Secretary Kathleen Sebelius has pledged $7.5 billion in preparedness funds and $350 million in direct grants to states and territories.

August: Administer Vaccine Now or Later?

By mid- to late-August, seasonal flu vaccine – the normal, three-in-one vaccine against seasonal flu – will start arriving. The CDC will recommend people get their flu shots or flu sniffs earlier than usual this year, to make way for possible pandemic flu vaccination. If there seems to be a huge increase in pandemic flu cases, officials will be tempted to trigger vaccine delivery before safety and efficacy studies are completed.

Would that be safe? The pandemic swine flu bug is a type A H1N1 virus. One of the seasonal flu bugs is also a type A H1N1 flu bug. Seasonal vaccine doesn't protect against the new swine flu bug, but there's a long history of safety and efficacy for flu vaccines made of H1N1 antigens, notes flu expert John Treanor, MD, chief of infectious diseases at the University of Rochester, New York.

"You might be sitting at the end of August faced with the decision to do this," Treanor said. "If we wait, we can't do vaccination until November. If the pandemic flu follows the seasonal-flu pattern with the bulk of activity in January through March, fine. But if we see this second wave coming in September, we might be faced with the decision to do vaccinations without clinical data."

An HHS advisory committee on July 17 strongly recommended that Sebelius give the green light to vaccine production by Aug. 15 -- before safety and dosing tests are finished. That would mean 60 to 80 million vaccine doses could be ready by Sept. 15.

The speed at which pandemic flu vaccine gets to people varies, depending if it is given the traditional way or with something called an adjuvant.

A vaccine includes a piece of virus that evokes a flu-specific immune response. It's called a flu antigen. An adjuvant boosts immune responses to the vaccine and could make the antigen supply go four times as far, allowing the U.S. to share some of its vaccine with the rest of the world. Adjuvant may also elicit broader immune responses, which would be very important if the swine flu virus's genetic code "drifts" a bit before the next pandemic wave.

Vaccinating all Americans would be an effort of historic proportions.

"This would be the largest vaccine drop that has ever happened in the world," says Robin Robinson, PhD. Robinson is the director of the Biomedical Advanced Research and Development Authority (BARDA), the HHS authority that makes sure the nation has the biomedical supplies it needs for emergencies.

"The most we've ever done for seasonal flu vaccine is about 120 million doses in 75 days," he tells WebMD. "At this point, with an antigen-alone pandemic vaccine, we would see about 160 million doses in 30 days. If we go with adjuvant it could be over 300 million in 30 days – and more coming back behind it."

Making Sure the Vaccine Is Safe

The most important question about a pandemic flu vaccine *is whether it will be safe*. Unfortunately, like nearly everything about flu bugs, *safety can't be guaranteed 100 percent.*

What's reassuring is that there's been no safety issue with previous H1N1 flu vaccines. We take them every year. There are rare adverse events, but the benefit of vaccination far outweighs this small risk.

Safety tests will be performed on the new vaccines, but there won't be a lot of time to see what happens in the long term. If the vaccines seem relatively safe – that is, if they don't seem harmful in the first weeks after they're administered – they'll be rolled out on a massive scale. That means relatively rare side effects will be seen only after millions of people are vaccinated.

The last time the nation faced something called swine flu was in 1976 when a flu of swine origin struck an army base, triggering fears of a pandemic. A vaccine was rushed into production. Manufacturers demanded that the government indemnify them against possible injury claims, making the public wary before vaccination even began.

It's still not clear why a rare but serious neurological disorder called Guillain-Barre syndrome hit those vaccinated in 1976 at a higher-than-expected rate. But after some 44 million Americans received the vaccine, safety fears scuttled the vaccination program – and gave "swine flu vaccine" the bad name that still lingers in the American psyche.

How the public perceives the safety of the vaccine will depend on how severe the flu pandemic turns out to be, flu expert Andrew Pavia, MD, said at a June meeting at the Institute of Medicine.

"If this were a 1918-like pandemic, we could tolerate a fair degree of risk," Pavia said. "But for this virus, our sensitivity to risk is going to be much more difficult to calibrate."

September: One Dose or Two?

By mid-September, results from clinical studies will show the best dose for pandemic swine flu vaccine, how many doses are needed for which populations, and whether the vaccine appears safe in different populations.

If the decision was made in August to start packaging vaccine doses, vaccine will become available around Sept. 15. Early results from clinical trials will guide the decision whether to start vaccinating people. But that decision will have to be made before officials have all the information they'd like to have.

A huge question is whether it will take two doses of vaccine to immunize against pandemic flu. It's possible that because this is a new flu, everyone will be like a small child. Children who've never had a flu shot need two flu vaccinations, weeks apart, to be immunized.

But it might take only one shot. Or maybe some people could get by with one shot – perhaps those who have had repeated seasonal flu shots, those who have been infected with seasonal H1N1 flu, or those born before 1957 when a different H1N1 flu circulated.

Who Will Want the Swine Flu Vaccine?

A decision will be made whether to deploy pandemic swine flu vaccine for some or all U.S. residents. If that happens, the CDC will begin an intensive campaign to persuade people at high risk of flu complications to get vaccinated. The program will have to address issues of vaccine safety in a straightforward manner. "Public trust is crucial; we risk it at our peril. If we risk public trust with bad vaccination decisions, it will take us years to recover," Pavia warns.

"You are going to have less data than you want to make a decision on the go or no-go, but you are going to have to make it on the best available data at the time," says Gellin. "The middle of September is where all this stuff theoretically converges. That is the point where at least we think we will have preliminary data to see how the vaccine is performing and say where are we with this epidemic and what is the situation."

October Through December

If a vaccine has not already been rushed into use, officials will make final preparations for vaccination programs in early October. This will include a priority list of who gets the vaccine first.

By late November, the first clinical studies of pandemic swine flu vaccine will be completed. If results differ from preliminary findings, vaccination programs will be adjusted.

Early December

Even if unexpected events delay a vaccination program, most experts think a vaccine will be ready by the end of December. That means huge numbers of Americans will be offered the vaccine before flu season hits its usual peak in January or February. Even if there's already been a second pandemic wave, this will blunt new waves of pandemic illness.

But will Americans accept a vaccine that arrives after the pandemic peaked? Will safety concerns wreck the expensive program? Even the best laid plans often go awry.

MARYLAND
THE DAILY RECORD

UM will conduct early Swine Flu vaccine study

The Daily Record, 22 July 2009
https://thedailyrecord.com/2009/07/22/um-will-conduct-early-swine-flu-vaccine-study/

The University of Maryland is among eight centers chosen to conduct one of the first studies on an experimental vaccine that would prevent the spread of the swine flu, officials said Wednesday.

The country is in a race against time to produce a vaccine for the public at the start of the flu season, when those in public health expect the number of people infected with the new strain of the flu to grow rapidly.

The University of Maryland School of Medicine’s Center for Vaccine Development will start recruiting as many as 1,000 healthy adults and children to test the safety of the vaccine and study its ability to stimulate immune responses to the swine flu, known as the H1N1 virus.

The study will begin in August, as soon as the manufacturer is able to provide the university with enough of the vaccine, said Karen L. Kotloff, professor of pediatrics and a researcher at the Center for Vaccine Development. The estimated start date is August 10.

"This is such a time crunch … every week we have an update on when the manufacturer will get the vaccine to us,” Kotloff said. "This is just the latest.”

Maryland and the seven other federally -funded Vaccine and Treatment Evaluation Units will do their research under the National Institute of Allergy and Infectious Disease, a division of the National Institutes of Health. Maryland will be the lead investigator to test the vaccine produced by Sanofi Pasteur, the vaccines division of Sanofi-aventis Group, while another institution will lead the investigation on the vaccine developed by CSL Biotherapies.

CSL, an Australian firm, began the world’s first human trial of the company’s vaccine Wednesday in Australia.

The swine flu has caused the deaths of three people in Maryland and 263 people in the United States since the outbreak began this spring in Mexico, according to the Centers for Disease Control.

The World Health Organization has declared the H1N1 virus a pandemic because it has continued to spread. The swine flu has killed 700 people worldwide.

Maryland has had 766 confirmed cases of the swine flu, said John M. Colmers, secretary of Health and Mental Hygiene. Colmers said he suspects that number is low because in most cases the flu is mild and many do not seek treatment.

Public health officials are keeping an eye on the Southern Hemisphere to see how the flu progresses during that part of the world’s winter season, Colmers said. He called this summer "the summer of the flu” because cases have continued to pop up, even though the flu is usually dormant in the summer months.

Researchers at Maryland said they expect the vaccine to be as safe as traditional flu vaccines.

"Seasonal flu vaccines have an enormous record,” Kotloff said. "In reality, this is a seasonal flu and there is no reason to think that this vaccine will behave any differently.”

Participants in the trial will receive two doses of vaccine in three-week intervals, and the centers will compare reactions following each dose. Two strengths of the vaccine will be tested to determine which level of vaccine will produce a response that will best protect people from the flu.

U.S. researchers will first test a group of healthy adults and elderly volunteers and then move on to children if the vaccines are well tolerated by the adults. As many as 200 adults, 200 seniors and 600 children may be enrolled in the trials.

In Maryland, testing will take place in Baltimore at the University of Maryland Medical Center and in Frederick and Annapolis.

Maryland's researchers also will participate in future studies of the vaccine that will be led by other members of the Vaccine and Treatment Evaluation Units, which will examine how the vaccine works in combination with the seasonal flu vaccine.

CBSNEWS

Volunteers Needed for H1N1 Flu Vaccine

CBS News, 22 July 2009, 3:46 PM EDT
https://www.cbsnews.com/news/volunteers-needed-for-h1n1-flu-vaccine/

The U.S. government called Wednesday for several thousand volunteers to start rolling up their sleeves for the first H1N1 (swine) flu shots, in a race to test whether a new vaccine really will protect against the virus before its expected rebound later in the year.

The first shots should go into volunteers' arms by the second week of August. A network of medical centers around the country is enrolling for the series of studies directed by the National Institutes of Health.

First, doctors will test different doses of the swine flu vaccine in healthy adults, including the elderly - two shots, given 21 days apart. If there are no immediate safety concerns, such as allergic reactions, the same testing quickly will begin in babies and children, said Dr. Anthony Fauci, head of NIH's National Institute of Allergy and Infectious Diseases.

"*The questions are clear. One is: is it safe*? And if so, what is the right dosage and number of doses? We need to ask that question both in healthy young adults, we need to ask the question in elderly individuals, and we need to ask the question in children," Fauci told CBS News medical correspondent Dr. Jennifer Ashton.

Will the results come in time to guide the government's debate on whether to roll out a mass vaccination campaign starting in mid-October, one expected to target mostly school-age children and young adults? – "It's going to be very, very close," Fauci told The Associated Press.

By early September, scientists should have the first clue - how much immune protection that initial dose triggers. How much protection the second dose adds will not be known for yet another month.

"We'll have a good idea by measuring the antibodies whether or not this vaccine is going to work," Dr. Kathryn Edwards from the Vanderbilt University Medical Center told Ashton.

As for safety, the new vaccine is expected to be similar to shots already given each year for seasonal flu. "It ought to be extremely safe," said Dr. William Schaffner, a vaccine specialist at Vanderbilt University, where a colleague will help test the vaccine.

But some question the government's track record. In 1976 the decision to vaccinate 43 million people against a similar strain of flu backfired. The outbreak never materialized and approximately 500 people suffered severe side affects, while 25 died, reports Ashton.

"*We frankly don't know why* there was that rare adverse event in 1976. And there's *never a hundred percent guarantee* that you're not going to see an adverse event now," Fauci said.

Included in the government studies are vaccines made by France-based Sanofi-Pasteur and CSL Ltd. Also Wednesday, CSL began a much smaller study of its vaccine in Australia, where the company is based.

Soon, vaccine from additional manufacturers - including the only non-shot version, a nasal spray - will begin separate, company-led studies in several thousand more volunteers.

But the NIH studies are specifically designed to test how the swine flu vaccine might be used by average Americans, with a set of tests to see how it reacts if given before, with or after the regular winter flu vaccine - which people are supposed to get as usual later this year.

The Guardian

Mark Tran

First human trials of swine flu vaccine begin in Australia

The Guardian, 22 July 2009, 08:23 BST
https://www.theguardian.com/world/2009/jul/22/swine-flu-australia-vaccine-tests

Two biotechnology companies start injecting adult volunteers with swine flu vaccine. Experts say it could be two months before they can verify vaccine's effectiveness.

The world's first human trials of a swine flu vaccine have begun in Australia, drug company officials said today, as the global death toll from the virus rose to 700.

Two biotechnology companies have started injecting adult volunteers in the southern city of Adelaide. CSL, a Melbourne company, has 240 people in its seven-month trial starting today. Vaxine, from Adelaide, began trials on Monday with 300 people.

At least 41 people have died in swine flu-related illness in Australia, now well into its winter flu season.

"We're in the southern hemisphere, and that is where the problem is right now," Vaxine's research director, Nikolai Petrovsky, said. "The demand was here yesterday. We're right in the middle of a surge of swine flu cases where perhaps the US won't have to worry about it as much until their flu season hits, in six months.

Australia had confirmed 14,703 cases of swine flu, while the number of deaths from the virus globally is more than 700, according to the World Health Organisation, which recently stopped counting the number of cases worldwide. A surge in cases is predicted in September and October, when students and workers in the northern hemisphere return from summer vacation.

The Australian government has already ordered 21m doses of CSL's vaccine for use in Australia, should it be proved to work.

"We have a specific vaccine that we believe will be able to protect millions of people against this new H1N1 flu," Andrew Cuthbertson, CSL's director of research and development, told reporters. He called swine flu "a novel strain of influenza", and said the trial would determine the dose and schedule of the vaccination.

Petrovsky said it would be six to eight weeks before results would verify whether a vaccine was effective.

"There is no guarantee any of these vaccines will work," he said. "Swine flu is a very peculiar beast. It is a very different virus that we're dealing with. But we are hopeful."

Medical experts warned against rushing the vaccines through trials.

"I think it's important for the public to know that they're going to get a safe and effective vaccine," Andrew Pesce, president of the Australian Medical Association, told Sky News television. "No one will give anybody brownie points for putting out a vaccine that didn't work or caused harm."

In Britain, the UK's health protection agency (HPA) estimates there were 55,000 new cases of swine flu in England the week before last, including people visiting GPs and those who are looking after themselves at home.

The British pharmaceutical giant, GlaxoSmithKline, said in May it had agreed to supply nearly 130m doses of the swine flu vaccine to the UK, France, Belgium and Finland. It also said it would donate 50m doses to developing countries. The vaccine is expected to come before the end of the year.

Glaxo is one of several companies charged with producing a vaccine for H1N1 after the outbreak of the virus was declared a pandemic last month.

BusinessWeek

Kerry Capell

GlaxoSmithKline: A Swine Flu Windfall?

Business Week, 22 July 2009, 2:02 PM EST
https://web.archive.org/web/20090725053244/http:/www.businessweek.com/globalbiz/content/jul2009/gb20090722_800367.htm

British pharmaceutical giant GlaxoSmithKline (GSK) is set to reap billions as fear of the swine flu pandemic grows. The world's second-largest drug company has secured orders from 16 countries for 195 million doses of the vaccine it is developing against the H1N1 virus, which has killed more than 740 people worldwide.

The Brentford (England)-based drugmaker began production of its new flu vaccine in June and is on track to begin shipping the first doses in September. At a July 22 briefing to announce the company's second-quarter results, CEO Andrew Witty confirmed the number of orders is expected to be "substantially more" as the company currently is in discussions with 50 countries. While Britain has ordered 60 million doses of the vaccine, according to Witty, the U.S. has paid GSK $250 million to supply it with "pandemic products" such as the individual ingredients used in the vaccine. These include the antigen that prompts an individual's immune response and GSK's adjuvent technology, a sort of booster used to increase the vaccine's yield and potency.

GSK also announced it expects to increase annual production of its inhalable anti-viral flu treatment Relenza threefold, to 190 million doses, by yearend. Relenza sales for the three months ended June 30 were $99 million, up from just $5 million in the second quarter of 2008. Since the beginning of 2006, GSK has invested $2.5 billion to put in place the technology and capacity needed to meet demand. "Short of putting beds in the labs, we are throwing just about every resource we have into this," Witty says.

The Competition Heats Up

Witty reckons continued demand for GSK's flu drug and vaccine will likely boost sales in the second half of this year. GSK is one of several companies, including Novartis (NVS), Sanofi-Aventis (SNY), and Baxter International (BAX), racing to develop a swine flu vaccine.

While Witty says he is confident that GSK will meet its commitments, the company's total production capacity is still unknown. That's because the current strain of the swine flu virus is yielding less of the active ingredient or antigen needed to produce the vaccine than expected. (Because each flu virus varies, different strains produce varying levels of antigens.) Novartis also has conceded that the virus it's growing for its swine flu vaccine is producing a lower-than-expected yield. But Witty says based on current production levels, GSK should still be able to meet its commitments to governments around the world by early 2010.

With countries stepping up efforts to combat the pandemic, GSK's bottom line is likely to get a boost. However, Witty says that margins on both Relenza and the new vaccine are likely to be modest. GSK has a differentiated pricing structure for the new vaccine. Wealthier countries such as the U.S. and Britain will pay just under $10 per dose, the same price for the seasonal flu vaccine. Developing countries will pay a lower price, while GSK will donate 50 million doses of the vaccine to the World Health Organization for distribution to the world's poorest countries.

Generics Hurt U.S. Sales

Still, even the boost in sales of GSK's flu treatment and vaccine were not enough to offset the rapid slowdown in U.S. prescription drug sales due to competition from generic drugs. In the three months ended June 30, GSK's sales rose 15%, to $11 billion, on the back of the sterling's weakness against major currencies such as the dollar. In constant currency terms, sales fell by 2% mainly due to the performance of the company's U.S. pharmaceuticals business, where sales plummeted by 15%, to $3.8 billion, as former top sellers such as epilepsy treatment Lamictal faced generic competition. Net profits surged by 12%, to $2.5 billion.

The results, says Sanford C. Bernstein pharmaceuticals analyst Timothy Anderson, were slightly better than expected in large part thanks to the weakening of the British pound against the dollar. Witty acknowledged "there was still a lot more work to do" but claimed the company was "making progress in the right direction."

NBC NEWS

Volunteers sought for testing swine flu shots

NBC News, 23 July 2009, 12:49 AM +08
https://www.nbcnews.com/id/wbna32085899

The government called for several thousand volunteers for the first swine flu shots, in a race to test whether a new vaccine really will protect against this novel virus.

The government called Wednesday for several thousand volunteers to start rolling up their sleeves for the first swine flu shots, in a race to test whether a new vaccine really will protect against the virus before its expected rebound in the fall.

The first shots should go into volunteers' arms by the second week of August. A network of medical centers around the country is enrolling for the series of studies directed by the National Institutes of Health.

First, doctors will test different doses of the swine flu vaccine in healthy adults, including the elderly – two shots, given 21 days apart. If there are no immediate safety concerns, such as allergic reactions, the same testing quickly will begin in babies and children, said Dr. Anthony Fauci, head of NIH's National Institute of Allergy and Infectious Diseases.

Will the results come in time to guide the government's debate on whether to roll out a mass vaccination campaign starting in mid-October, one expected to target mostly school-age children and young adults? – "It's going to be very, very close," Fauci told The Associated Press.

By early September, scientists should have the first clue – how much immune protection that initial dose triggers. How much protection the second dose adds won't be known for yet another month.

As for safety, the new vaccine is expected to be similar to shots already given each year for seasonal flu. "It ought to be extremely safe," said Dr. William Schaffner, a vaccine specialist at Vanderbilt University, where a colleague will help test the vaccine.

Included in the government studies are vaccines made by Sanofi-Pasteur and CSL Ltd. Also Wednesday, CSL began a much smaller study of its vaccine in Australia, where the company is based.

Soon, vaccine from additional manufacturers – including the only non-shot version, a nasal spray – will begin separate, company-led studies in several thousand more volunteers.

But the NIH studies are specifically designed to test how the swine flu vaccine might be used by average Americans, with a set of tests to see how it reacts if given before, with or after the regular winter flu vaccine – which people are supposed to get as usual this fall.

The NIH's main study sites:

- University of Maryland School of Medicine, Baltimore.
- University of Iowa, Iowa City, Iowa.
- St. Louis University, St. Louis, Mo.
- Baylor College of Medicine, Houston.
- Children's Hospital Medical Center, Cincinnati.
- Emory University, Atlanta.
- Group Health Cooperative, Seattle.
- Vanderbilt University, Nashville, Tenn.

Children's Mercy Hospital in Kansas City and Duke University Medical Center partner with two of those hospitals and also will participate in part of the research.

REUTERS

Maggie Fox

U.S. panel prepares to OK swine flu vaccine trials

Reuters, 23 July 2009, 10:47 PM GMT+8
https://www.reuters.com/article/idUSN23382650/

Gaithersburg, Md., July 23 (Reuters) – The new pandemic H1N1 is causing a "brisk" flu season in the Southern Hemisphere and U.S. health officials said on Thursday they want to move swiftly to approve a vaccine to battle it.

Getting a vaccine approved as soon as possible is important, the U.S. Food and Drug Administration's Dr. Wellington Sun told a committee of experts who advise the FDA on vaccine policy.

"Time is really not on our side," Sun said.

"The 2009 H1N1 pandemic is a declared national emergency. The severity of disease seems comparable to seasonal" influenza, Sun added. But it could change, he said, and "We have to prepare for the worst."

He noted that the companies making H1N1 swine flu vaccine had a proven track record of safety and had been making seasonal flu vaccines for the U.S. market for years.

These vaccine makers are struggling to make the swine flu vaccine because they can produce less than a third of the usual amount, compared to seasonal flu vaccine strains, another expert told the meeting.

"Development work has indicated the existing reference strains have an expected yield of around 30 percent of H1N1 seasonal vaccine strains," said Dr. Jerry Weir, the FDA's director of the division of viral products.

This means makers may end up with fewer doses than expected of vaccine against the pandemic strain.

Earlier this month the World Health Organization reported that vaccine makers were not getting the expected yield from swine flu virus samples they were sent, which they have been growing in eggs to then purify and use to make vaccines.

AstraZeneca's MedImmune unit, Australia's CSL Ltd , Baxter International , GlaxoSmithKline Plc , Novartis AG and Sanofi-Aventis SA all are making H1N1 vaccines.

Spreading Virus

They will tell the FDA committee about what they have learned as they work with the virus, which spread globally in less than two months.

"This is clearly a brisk flu season," Dr. Anthony Fiore of the U.S. Centers for Disease Control and Prevention told the meeting.

H1N1 is the dominant strain, and while it is about as bad as a moderate seasonal flu, it is attacking younger people than seasonal flu usually does. Seasonal influenza kills between 250,000 and 500,000 people globally in an average year.

Global health officials are gearing up to vaccinate against both the seasonal flu, using a traditional cocktail that protects against the three most common strains, as well as against the pandemic H1N1 virus.

The U.S. National Institutes of Health reported on Wednesday it had assigned human trials of CSL's and Sanofi's vaccines to start in August at various academic centers and clinics. But the FDA must approve these before they can start.

Vaccine experts will test various doses of the H1N1 vaccine to see how large a dose people need to be protected, and also deliver it along with the seasonal flu vaccine to see if that will work.

The CDC's Dr. Nancy Cox said tests had confirmed that people who have received seasonal flu vaccines in the past have little or no immunity to the new H1N1 virus, including people in Europe who have received vaccines containing materials called adjuvants to boost the immune response to the immunizations.

The FDA committee will consider letting companies test the adjuvants in the United States in the hope of making limited supplies of the new H1N1 vaccine stretch further.

The CDC has a committee of vaccine advisers meeting next week to recommend who should get an H1N1 vaccine.

Helen Branswell

There will be enough swine flu vaccine, but maybe not at first: Health official

CP24 // The Canadian Press, 27 July 2009, 1:56PM EDT
https://www.cp24.com/mobile/there-will-be-enough-swine-flu-vaccine-but-maybe-not-at-first-health-official-1.420300?cache=yesclipId10406200text/html;charset=utf-80404/7.626236/7.626236/7.516026/7.516026

Toronto - Canadian officials are finalizing the number of doses of swine flu vaccine they expect will be enough to get the country through the upcoming flu season, ahead of a July 31 deadline for ordering the country's supply.

There will be a sufficient amount of vaccine for all those who want or need it, Ontario's chief medical officer of health said Monday, though she cautioned there may be a shortfall at first.

The initial amounts of vaccine will become available about mid-November, Dr. Arlene King said as public health officials from across Ontario met in Toronto to discuss pandemic preparations.

"It is important that we plan for the possibility that we're not going to have the amount that we need right from the outset," King said.

"So some of the considerations are looking at the epidemiology, our remote and isolated communities, health-care workers, those with pre-existing chronic diseases and those under the age of 50."

Lists of groups of people given priority for receiving the vaccine will be finalized in the fall, King said.

Higher risk groups for the pandemic H1N1 virus include infants, pregnant women, those with underlying health conditions and the morbidly obese, she said.

Canada has a contract with GlaxoSmithKline, which owns a flu vaccine plant in Ste-Foy, Que., to produce the necessary quantities. That plant is capable of producing 3.5 to four million doses per week, King said.

Health officials are determining the number of vaccines they will need to order so that everyone who needs it or wants it can be immunized, King said. That number was not yet available, but she said it will not be 100 per cent of the population.

People over the age of 50 are less at risk and those who have already had this H1N1 virus will have immunity, King said.

Public health officials should plan for a worse than usual flu season, but beyond that it's difficult to know how the H1N1 virus and three strains of seasonal flu will behave, she said.

"Influenza season is always full of surprises," King said.

But it is likely that during the fall remote and isolated communities, universities and military bases will see swine flu outbreaks, she told the meeting of public health officials.

CBCnews.ca

Swine flu vaccine fast-tracked in Canada, U.S., Europe

CBC News // The Canadian Press, 29 July 2009, 3:50 PM ET
https://web.archive.org/web/20090802101640/http://www.cbc.ca/health/story/2009/07/29/swine-flu-vaccine.html

As pharmaceutical companies rush to make swine flu vaccine, regulators in Canada, the U.S. and Europe are gearing up plans honed over several years on fast-tracking influenza inoculations for a pandemic.

The approaches are not identical but are variations on a theme. Flu vaccines have been used safely for decades, and this pandemic version is just one more flu vaccine, the regulators say.

"Really, the same manufacturer will be making the same vaccine, and it's just considered as a [strain] switch," explained Dr. Elwyn Griffiths, director general of the biologics and genetic therapies directorate, the section of Health Canada that regulates vaccines.

Though they work under different laws, Health Canada, the U.S. Food and Drug Administration and the European Medicines Agency all intend to treat the pandemic vaccine as a supplement or amendment to existing flu vaccine licences, either for seasonal or pandemic vaccine.

The goal is to try to speed approval of the serum so that it can be used before the pandemic is over – if and when political or public health authorities decide vaccinating all or parts of the population is the right way to go.

"Remember, these are two separate decisions," says Dr. Norman Baylor, director of the FDA's office of vaccines research and review. Baylor uses his hands during a recent meeting in Gaithersburg, Md., to explain the demarcation between approving pandemic vaccine and ordering mass vaccination.

Licensing vs. using vaccine

"The decision to deploy the vaccine, that's over here. The decision to license the vaccine, that's over here," he says, holding his hands out to opposite sides of his body.

The second "over here" is the realm of the regulatory agencies, which have been working with the World Health Organization and each other for years striking plans for how to respond to the special demands of a pandemic. The impetus was the dangerous H5N1 virus, which kills about 60 per cent of people infected. Rapid action would be needed if it started a pandemic.

The work led to "Regulatory Preparedness for Human Pandemic Influenza Vaccines," a set of guidelines crafted by the WHO's expert panel on biological standardization.

Governments and their vaccine regulators realized that if pandemic vaccines were treated like a brand new vaccine – for instance, recently introduced products to protect against HPV or rotaviruses – clinical trials involving tens of thousands of people would be needed.

The pandemic would be over before the pandemic flu shots would be injected into anyone but the volunteers in the clinical trials.

Flu shot safety

That approach is obviously impractical. And regulators believe it is also unnecessary for flu vaccines, which have been reformulated countless times to target new virus strains in the half-century or so they've been in use.

Over that time, billions of flu shots have been administered. While people often complain of soreness at the site of the injection, serious side-effects from flu shots are extremely rare.

Unfortunately for those making decisions about this vaccine, the most famous side-effect incident linked to flu vaccine arose the last time there was a mass campaign to vaccinate against a swine flu virus.

An outbreak of swine influenza in the United States in early 1976 led to fears a pandemic was emerging. More than 40 million people in the U.S. were vaccinated. The pandemic never materialized, but roughly 500 people developed Guillain-Barré syndrome, a normally temporary paralytic condition. About 25 deaths were attributed to the vaccination program.

Science can't always explain why Guillain-Barré syndrome occurs, and it still can't answer why the 1976 vaccination program led to a spike in cases. Experts hope the modernization of flu vaccine manufacturing since 1976 will eliminate the risk of a repeat.

But they also know that even if this vaccine were to elevate the risk of developing Guillain-Barré, clinical trials are unlikely to detect it. Millions of doses of the 1976 vaccine were administered before U.S. authorities could see that there was a problem and that the problem was likely related to the vaccine.

Advanced licensing

So how will regulators proceed now?

To understand Canada's approach, it's helpful to first look at what the European Medicines Agency has done. It offered all flu vaccine manufacturers the chance to go through a special advance licensing process, producing a "core dossier" of safety and immunogenicity data on their manufacturing processes and their pandemic vaccines.

Three companies – Baxter International, GlaxoSmithKline and Novartis – went through the process, using H5N1 vaccines as their surrogate pandemic vaccines.

These "mock-up dossiers," as they are called, serve as the regulatory proof of safety and immunogenicity of any pandemic vaccine these manufacturers make. Manufacturers then apply for a "pandemic variation" to switch the subtype covered by the vaccine from H5 to the pandemic virus, in this case an H1N1.

"The whole concept of the mock-up vaccine relies on the fact that you can extrapolate to some extent the clinical efficacy data," explains Monika Benstetter, a media officer for the European Medicines Agency.

The agency says it can process a pandemic variation application in five working days, though it will still be up to national governments as to whether they want to use the fast-tracked vaccines.

Canada went through a similar process with the country's pandemic vaccine contractor, GlaxoSmithKline, Griffiths says. But whereas the European Medicines Agency actually licensed the pandemic vaccines, Canadian authorities held the approval in abeyance.

Small safety trial

"They [Europe] have licensed 'the mock' if you like,… and then all that was needed was a strain change," Griffiths explains. "We have come to the starting line, if I can put it that way, with the mock H5N1 and we did not license."

He insists the difference is a "nuance" that won't gum up the works in Canada. "We can use all those [mock-up dossier] data, switch in the new strain and away you go."

But Griffiths says Health Canada wants GlaxoSmithKline to do a small trial – involving 100 to 200 people, probably – to generate some safety and immunogenicity data for the H1N1 vaccine before the pandemic vaccine can get approval. Like its European counterpart, Health Canada can turn that application around in five days, he says.

As for the U.S., Baylor told the meeting of an FDA advisory committee on vaccines last week that the FDA intends to treat swine flu vaccine as a so-called strain change. No one on the expert advisory panel objected to the plan.

More than a strain change

Strain change is the regulatory tool the FDA uses to allow manufacturers to make the frequent adjustments needed for seasonal flu vaccine.

Flu shots have to be tweaked almost annually to keep up with the rapidly mutating influenza viruses. The strain change system lets manufacturers pull out virus strains no longer needed and slot in vaccine elements against newer viruses more likely to cause disease.

In the U.S. when seasonal flu vaccine is updated in this manner, no new studies are required; a strain change is considered a supplement to the original vaccine licence. (Canada uses a similar approach for seasonal flu vaccine, though it requires a small study each time.)

In this case, though, FDA officials have said they want manufacturers to do trials on the pandemic vaccine to validate that it's safe and ensure it is effective at the dose size that will be used. The data from those studies aren't expected to be available when swine flu vaccination programs start, however.

In fact, given the timing of when pandemic vaccines are likely to be approved and when dosing studies undertaken by companies and governments are likely to be completed, it is quite possible that dosing regimens – the amount of vaccine per shot and number of shots needed – could change midstream in countries that will have the first access to pandemic vaccine.

The Washington Post

David Brown

Health Panel Draws up Flu Vaccine Priority List

The Washington Post, 30 July 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/07/29/AR2009072903607.html?wpisrc=newsletter&wpisrc=newsletter&wpisrc=newsletter&sid=ST2009072903827
https://www.washingtonpost.com/wp-dyn/content/article/2009/07/29/AR2009072903607_2.html?wpisrc=newsletter&wpisrc=newsletter&wpisrc=newsletter&sid=ST2009072903827

A complicated list of who should get pandemic flu vaccine in the fall is now set. When the vaccine starts arriving in September, first in line will be pregnant women; the caretakers of infants; children and young adults; older people with chronic illness; and health-care workers.

That's the advice of a 15-member committee of experts, which met all day Wednesday at the Centers for Disease Control and Prevention in Atlanta to advise the federal government on vaccine policy.

The priority list names targeted groups and suggests the order in which they should be vaccinated. While acknowledging the potential for confusion, the committee chose the strategy because of the possibility that the epidemic will be peaking within four to six weeks of when the vaccine becomes available.

"The results of this meeting will kick planning into high gear," said Pascale Wortley of the CDC's Immunization Services Division. "This is a watershed moment."



Luiza Duszynski, a nurse, administers a dose of flu vaccine to Holly Pyke at the Royal Adelaide Hospital in Adelaide, Australia (By Michael Laurie)

All that's missing is the vaccine, knowledge of how well it works and the nitty-gritty details of how to deliver it to people's arms and noses.

Manufacturers expect to deliver about 40 million doses of vaccine to the government and private distributors in September, and another 80 million doses in October. About 80 million doses a month will be delivered after that.

The vaccine will come in two forms: the traditional flu shot and a "live" vaccine squirted into the nose that contains a weakened version of the new virus.

Unlike nearly every previous effort to get people to use flu vaccine, the promotion of the pandemic vaccine won't first try to reach the elderly. That's because people 65 and older have contracted the new strain at the lowest rate of any age group and appear to be largely protected because of exposure to other distantly related flu strains that circulated decades ago.

The top-priority group includes about 160 million people and contains five populations: pregnant women; household contacts of children younger than 6 months; health-care and emergency medical services workers; everyone 6 months to 24 years old; and people 25 to 64 who have conditions that put them at higher risk of serious infection and death.

Only a fraction of each targeted group is expected to want the vaccine. Once the priority groups have been immunized, the vaccine can be offered to healthy adults ages 25 to 64, and after them, people 65 and older, the committee advised.

Health departments, clinics and private physicians will continue to urge the elderly to get the seasonal flu vaccine, which contains three strains circulating the world along with the new one.

The groups were selected because of long-standing knowledge of influenza outbreaks and the particular behavior of the new virus, which emerged in Mexico and Southern California in late April. Derived from two strains carried in pigs, the new influenza A (H1N1) virus was originally called swine flu.

Pregnant women account for about 6 percent of H1N1 deaths, as well as cases serious enough to require hospitalization, Anthony Fiore, a physician and epidemiologist at the CDC, told the Advisory Committee on Immunization Practices.

Children younger than 6 months do not produce a strong immune response to flu vaccine and are best protected by keeping them away from the virus, which is spread by coughing, sneezing and touching. Physicians, nurses and paramedics are high on the list because of the work they do.

In outbreaks during the spring, people ages 12 to 18 were hospitalized at twice the rate of people ages 19 to 24 and five times the rate of those 25 to 49. Of the 302 U.S. deaths recorded so far, more than half of those patients had an underlying chronic illness or medical condition such as asthma, diabetes, immune deficiency or morbid obesity.

In the "Asian flu" pandemic of 1957, which many experts believe is a model for the current one, many communities experienced an explosive spread of the virus once schools opened and the weather cooled.

Although CDC experts originally suggested making age 18 the ceiling of the healthy-young-people target group, the committee raised the age to 24 to include college students.

Some of the vaccine will be stored in multi-dose vials containing thimerosal, an antibacterial additive that contains mercury. But there will also be single-dose syringes without thimerosal, a substance that some assert is harmful to children.

Among the many unanswered questions is whether two doses will be necessary to provide full protection, how close in time two shots can be given and how big the dose will be. Vaccination programs may start before the answers are known.

Clinical trials in which the prototype vaccine will be tested in hundreds of children and adults are just beginning. Data on the effectiveness of one shot will be available in mid-September; two shots, in late September.



[Kate Couric]

Web Exclusive: Sebelius on Vaccine Fears

CBS News, 30 July 2009
https://web.archive.org/web/20100104120146/http://www.cbsnews.com/stories/2009/07/30/eveningnews/main5199450.shtml

(CBS) Couric: Thimerosol, a preservative which was taken out of childhood vaccines a while ago, because there was fear it could be linked to autism, is being used in some batches of the H1N1 vaccine. Are you concerned that will keep some parents from having their children vaccinated?

Sebelius: Well, we want to make it clear that this is a voluntary vaccination program. But study after study, scientist after scientist, has determined that there really is no safety risk with thimerosol. There is concern about parents of why autism rates are rising. And, as you know, we've got some special NIH studies, thanks to the president, focused on just what is going on.

But thimerosol has been proven to be safe. It's used in seasonal vaccine- seasonal flu vaccine. And, again, we want to assure people that that-- the scientists, again, have confirmed-- that there is really a safe factor with using thimerosol .It's an effective preservative and one that we think actually adds to the likelihood that we'll have a safe vaccine for a while to come.

Couric: As you know, there's a very small but passionate group of people who are convinced that childhood vaccines, in general, or the way they're scheduled, are connected to autism and other neurodevelopmental disorders. Are you concerned there will be a backlash by that vocal group against this vaccine?

Sebelius: Well, I think what- what parents have to understand and, you know, I'm a mom and I know you're a mom - is certainly the safety and security our children is of primary importance. It's important to the president. And what we know is that this disease targets kids. So that we want parents to feel comfortable to get their children vaccinated, because, unfortunately, seasonal flu - year in and year out – kills 36,000 people. Hospitalizes a couple hundred thousand people. So we are taking every precaution. But based on the science. And the science, again, continues to indicate that the ingredients we're anticipating using in this vaccine are safe to use.

Tests will be done. We're going to listen to the science and not release a vaccine until we feel we've got the dosage right and that it's safe and effective for people to – to be vaccinated. And – again, children over age of six months – young adults with underlying health condition, pregnant women, which – who unfortunately are dying in larger numbers – than in seasonal flu, are affected by this virus.

And we think it's important, certainly, for health care workers who will be coming in contact with ill people to be at the front of this line. So those are really the priority groups, along with caregivers and parents of infants under six months old. The infants aren't recommended to get the vaccination themselves. So we want to make sure that the caregivers who come in close proximity to those infants actually are at the front of the line for vaccinations.

Couric: Initially, you had said children between the ages of six months and 18 years. And I've noticed that you have extended that to age 24. Why?

Sebelius: Well, we're particularly concerned with students in college dormitory settings. There is evidence that, in college dorms-- and camp-like settings, this also continues to spread very rapidly. So the age increase really focuses on that target population, but certainly, at the age of 24, with anyone with underlying health conditions, again, is strongly recommended to get the vaccine, once it's available. And, again, we're targeting mid October. But, Katie, I think what we want to do is remind parents that there's a lot that could be done today as your child is getting ready to go back to school.

Teaching basic hygiene. Making sure that hand washing, which often doesn't happen in a school setting, is part of the daily routine. You know, wash your hands frequently. Cough into a handkerchief or a Kleenex or a sleeve. Don't use your hands to cover a cough and sneeze.

You, certainly, please keep your children home if they are sick. I know it's an inconvenience to miss work or find alternative-- daycare arrangements, but this virus spreads very, very quickly. Sending your child to school with the flu introduces the flu to all of his or her playmates and friends. And we're really trying to contain the flu as much as possible until we have an effective vaccine available.

Couric: Since the vaccine won't be available, Madam Secretary, 'til mid October, are you worried about significant outbreaks happening when schools start in September?

Sebelius: Well, what we know is the virus hasn't gone away. We think we have about a million cases right now. Recently it was identified that some-- some kids who were here in Washington paging at the capital have caught the flu. And they are staying home and not introducing that flu to members of Congress who we need to continue to work hard until their August recess.

We know it has spread through summer camps. And it's likely to present itself when schools reopen. So, yes, there-- there are concerns, which is, again, why it's so important to take the basic steps of some isolization.

Don't get on an airplane. Don't send your child to school. Stay home yourself and try to limit how we spread this virus until, again, we have vaccines available. And then, hopefully, parents will feel comfortable about having their vaccinated, keeping them safe and secure as we continue on with the school year.

The New York Times

Andrew Pollack

**A worker gives FluMist by MedImmune,
which is to make more Swine Flu Vaccine than planned**

The New York Times, 30 July 2009
https://www.nytimes.com/2009/07/31/business/31flumist.html

As the nation girds for a possible swine flu pandemic, one of the big weapons may come from an unexpected source — a vaccine squirted or dropped into the nose.

MedImmune, which already makes the nasal spray vaccine FluMist for seasonal flu viruses, says it is on track to produce about five times as much swine flu vaccine as it had expected so much, in fact, that it will run out of nasal spray devices and is looking to administer the vaccines with droppers instead.

A nasal spray vaccine could be a strong weapon against swine flu because makers of conventional flu shots have reported problems producing their vaccines.

If nasal spray vaccines emerge as a central player against swine flu, it would represent a reversal of fortune for MedImmune’s efforts in the field. As a vaccine for seasonal influenza, its FluMist has been a flop from a marketing standpoint, accounting for only a few percent of the inoculations Americans receive each year.

But it appears to have a manufacturing edge. Because its vaccine uses a live but weakened virus, MedImmune uses a different viral strain than the makers of flu shots, which contain an inactivated virus.

Each approach uses chicken eggs as the culture for growing its virus strain, but flu shot makers say the strain of swine flu virus they are using is growing more slowly than expected. MedImmune’s strain, meanwhile, is growing faster than expected.

As a result, MedImmune, a subsidiary of AstraZeneca, says it can make 200 million doses by next March, about five times what it had expected.

Robin Robinson, who heads procurement of the pandemic vaccine for the Department of Health and Human Services, said MedImmune alone accounted for 12 million of the 20 million doses already produced by the five companies under contract to the government.

Dr. Robinson said that the other drug makers were resolving their production problems and would catch up. He said 120 million doses should be available by October, without counting on any extra production from MedImmune. But if the extra nasal spray doses can be used, Dr. Robinson said, "our supply could possibly increase by a very large amount.”

The problem for MedImmune is that the unexpected production surge left the company short of the sprayers used to squirt the vaccine into the nose. It can supply only about 40 million doses in sprayers by March.

"We now are sitting on a surplus of potentially 150 million bulk doses," Bernardus N. M. Machielse, executive vice president for operations, said in an interview.

BD, supplier of the sprayers, said Thursday that it was running its sprayer factory in Columbus, Neb., round the clock to increase annual capacity to 70 million sprayers — up from 20 million.

But even that will not be enough. So MedImmune wants to use droppers in addition to sprayers. Some early clinical trials of the vaccine were conducted with droppers, so the company hopes to win approval from the Food and Drug Administration to use them.

Pandemic vaccines could bolster the total sales of AstraZeneca, the pharmaceutical giant based in London that acquired MedImmune, a Maryland biotechnology company, for $15.6 billion in 2007.

The government has ordered 12.8 million doses of pandemic vaccine from MedImmune for $151 million, Dr. Robinson said. AstraZeneca might get many hundreds of millions more in sales if the government buys the rest of the 40 million or so doses in sprayers and potentially the some 150 million doses in droppers.

Simon Lowth, AstraZeneca's chief financial officer, told analysts on Thursday that FluMist had a lower-than-average profit margin and that the pandemic vaccine, being sold under government contract, had margins that are "lower still."

The pandemic might also allow AstraZeneca to achieve a foothold outside the United States, the only country that has approved FluMist. The company is applying for approval in other countries and is talking to the World Health Organization about supplying some pandemic vaccine to poorer countries, David Brennan, its chief executive, said Thursday.

When MedImmune agreed to buy Aviron, the developer of FluMist, in 2001, executives predicted sales would grow to more than $1 billion a year. But in 2008, the best year yet for FluMist, sales reached only $104 million.

Several missteps nullified any appeal a needle-less vaccine might have. When it was initially sold in 2003, FluMist was priced at about $50, two to six times as much as a flu shot. And FluMist had to befrozen, a problem for some doctors' offices.

Because of safety concerns FluMist was approved only for healthy people 5 to 49 years old. But those are not typically the people who get flu vaccines.

FluMist is now approved for children as young as 2, it can be refrigerated instead of frozen and the wholesale price is down to $18.95.

GlobalResearch.ca
Centre for Research on Globalization

Michel Chossudovsky

H1N1 Pandemic:
Pentagon Planning Deployment of Troops in Support of Nationwide Vaccination
Militarization of public health in the case of emergency is now official

Global Research, 31 July 2009
https://web.archive.org/web/20091207150056/http://www.globalresearch.ca/index.php?context=va&aid=14580

According to CNN, the Pentagon is "to establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials."

"The proposal is awaiting final approval from Defense Secretary Robert Gates.

The officials would not be identified because the proposal from U.S. Northern Command's Gen. Victor Renuart has not been approved by the secretary.

The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military.

It has yet to be determined how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

Civilian authorities would lead any relief efforts in the event of a major outbreak, the official said. The military, as they would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said." (CNN, Military planning for possible H1N1 outbreak, July 2009)
https://web.archive.org/web/20091201173526/http://www.cnn.com/2009/US/07/28/military.swine.flu/

The implications are far-reaching.

The decision points towards the militarization of civilian institutions, including law enforcement and public health. A nationwide vaccination program is already planned for the Fall.

The pharmaceutical industry is slated to deliver 160 million vaccine doses by the Fall, enough doses to vaccinate more than half of America's population.

The Pentagon is already planning on the number of troops to be deployed,. with a view to supporting a mass vaccinaiton program.

It is worth noting that this involvement of the military is not being decided by the President, but by the Secretary of Defense, which suggests that the Pentagon is, in a key issue of of national interest, overriding the President and Commander in Chief. The US Congress has not been consulted on the issue.

This decision to mobilise the Armed Forces in the vaccination campaign is taken *in anticipation of a national emergency*. Although no national emergency has been called, the presumption is that a national public health emergency will occur, using the WHO Level 6 Pandemic as a pretext and a justification.

Other countries, including Canada, the UK and France may follow suit, calling upon their Armed Forces to play a role in support of the H1N1 vaccination program.

US Northern Command

Much of the groundwork for the intervention of the military has already been established. There are indications that these "regional teams" have already been established under USNORTHCOM, which has been involved in preparedness training and planning in the case of a flu pandemic (See U.S. Northern Command - Avian Flu. USNORTHCOM website).
=> https://web.archive.org/web/20100213103744/http://www.northcom.mil/Avian%20Flu/index.html

Within the broader framework of "Disaster Relief", Northern Command has, in the course of the last two years, defined a mandate in the eventuality of a public health emergency or a flu pandemic. The emphasis is on the militarization of public health whereby NORTHCOM would oversee the activities of civilian institutions involved in health related services.

According Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate: "USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands**"**(emphasis added)
See Gail Braymen, USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop, USNORTHCOM, April 14, 2008, and USNORTHCOM: Pandemic Influenza Chain Training (U) =>
https://web.archive.org/web/20100106084531/http://www.northcom.mil/news/2008/041408.html &
https://web.archive.org/web/20100213103708/http://www.northcom.mil/Avian%20Flu/docs/Pandemic_Influenza_Training_Brief.pdf

"Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said. The United States isn't alone in preparing for such a potential catastrophe. (Gail Braymen, op cit)

Apart from the CNN dispatch and a FOX news report, there has been virtually no mainstream press coverage of this issue. No statement has been made by USNORTHCOM. The Fox New Report suggests that US troops would be involved in organising military quarantines.

REUTERS

Maggie Fox

Is it safe? U.S. vaccine experts want to build trust

Reuters, 31 July, 2009, 3:40 am
https://www.reuters.com/article/us-flu-vaccine-safety-analysis-idUSTRE56T63E20090730

Likewise for a meeting on Wednesday of advisers who decide who will be first in line to get the vaccine, which drug companies are racing to make, test and distribute all within the space of a few weeks.

Registered nurse Vicky Debold, on the board of the National Vaccine Information Center, which questions vaccine safety, is also a member of the FDA's Vaccine and Related Biological Advisory Committee. The group's founder, Barbara Loe Fisher, asked extensive questions at the meeting.

Lyn Redwood, president of SafeMinds, a group that advocates about potential links between mercury and neurological disorders, asked questions at a meeting on Wednesday of vaccine advisers to the Centers for Disease Control and Prevention.

The U.S. federal government is more ready than it has ever been for questions, criticisms and fear of vaccines – a state of preparedness more than 30 years in the making.

"We know that there are some people who are reluctant to vaccinate and they have heard information that concerns them," Dr. Anne Schuchat of the U.S. Centers for Disease Control and Prevention told reporters late on Wednesday.

The concerns:

- Will a vaccine against a swine-like virus cause more adverse reactions than a seasonal flu vaccine?
- Will special additives called adjuvants cause reactions?
- Will the vaccines contain thimerosal, a mercury-based preservative that critics say might cause problems?
- Is it dangerous to vaccinate against both seasonal flu and the new H1N1 flu at the same time?

Quick Spread

H1N1 swine flu has swept around the world in weeks, infecting millions and killing more than 800 by official counts. While only a "moderate" pandemic by World Health Organization standards, it could worsen as temperatures cool in the Northern Hemisphere, making conditions better for viruses.

Five companies are making H1N1 vaccine for the U.S. market -- AstraZeneca's MedImmune unit, Australia's CSL Ltd, GlaxoSmithKline Plc, Novartis AG and Sanofi-Aventis SA.

CSL has started trials of its vaccine in people and the U.S. National Institutes of Health starts trials next month. They will compare vaccines with and without adjuvants – ingredients that boost the immune system response to a vaccine.

Adjuvants are used in flu vaccines in Europe but not the United States and although it would be possible to get a U.S. license under Emergency Use Authorization, officials have chosen to use vaccines without it for now.

Companies such as Glaxo say they will be ready to start vaccinating people in Europe just as the first data from those trials start emerging at the end of September. Some have questioned this speed.

The FDA's Dr. Hector Izurieta said the agency had set up an exceptionally extensive network for what is known as post-marketing surveillance.

"If something happens after vaccination, the vaccine will be accused," Izurieta told last week's meeting. "There will be many, many reports of things that could be, or not, associated with vaccination."

Vaccine regulators and public health experts are painfully aware of the last swine flu vaccination campaign. In 1976, the U.S. government rushed out a mass immunization against a swine flu virus that never spread off one military base.

Several hundred cases of a rare, paralyzing neurological disease called Guillain-Barre syndrome were reported afterward and although no clear link has ever been found to the vaccine, the incident made many people mistrustful of immunizations.

More recently, fears center on thimerosal, taken out of most vaccines after activists claimed it could cause autism – a link discredited by many scientific studies but one that some vocal activists say is still valid.

Instead of fighting the perception, Schuchat said the CDC will roll with it. "There will be thimerosal-free formulations available for those people who are interested in that sort of preparation," she said.

THE LANCET

Supply and safety issues surrounding an H1N1 vaccine

The Lancet, 1 August 2009, 374(9687): 358
DOI: https://doi.org/10.1016/S0140-6736(09)61395-7

Last week, Australia and the USA announced that they would begin trials of an H1N1 vaccine. Vaccination against H1N1 will be an important development in controlling the impact of the pandemic. However, several thorny issues exist around vaccine manufacture and approval.

All countries will require the vaccine but current global manufacturing capacity will not be able to meet this demand. Additionally, experts think that individuals might need two doses of the vaccine instead of one, reducing capacity further. Vaccine manufacturers are also struggling to produce good vaccine yields with the H1N1 seed virus.

One way to ease these supply problems is the use of adjuvants in a vaccine. On July 7, WHO's Strategic Advisory Group of Experts on Immunization recommended that vaccine formulated with oil-in-water adjuvants and live-attenuated influenza vaccines should be promoted to help increase the global supply of a vaccine and because they are better at protecting against strain variations. Yet there are signs that the USA might not follow this recommendation. "Adjuvant use would be contingent upon showing that it was needed or clearly beneficial", Jesse Goodman, acting chief scientist and deputy commissioner of the Food and Drug Administration told a press briefing on July 17. The USA must support the use of dose-sparing strategies to avoid depletion of an already short vaccine supply.

As well as availability, safety of an H1N1 vaccine is a concern. Many national regulatory agencies have set-up fast-track approval processes for the H1N1 vaccine, which means that a vaccine might be licensed without the usual safety and efficacy data requirements. Vaccine safety will therefore have to be monitored through post-marketing surveillance. But some fear a repeat of the 1976 H1N1 outbreak in the USA, where mass vaccination was associated with complications, which stopped the campaign and led to the withdrawal of the vaccine.

Countries need to assess carefully the risks and benefits of rapid approval of an H1N1 vaccine, especially since the disease has so far been mild with most patients making a full recovery. They must also ensure that they have strong post-marketing surveillance in place before rolling out a vaccine.

WAtoday .com.au

Steve Gray

Swine flu vaccine priorities being set

WA Today, 3 August 2009
https://web.archive.org/web/20090922094230/http://www.watoday.com.au/breaking-news-national/swine-flu-vaccine-priorities-being-set-20090804-e7fn.html

Australia's leading public health officials will meet later this week to decide who'll get swine flu vaccine first when it becomes available.

Queensland's chief health officer Dr Jeannette Young says a swine flu vaccine is expected to be available in October.

Dr Young says the Australian Health Protection Committee, comprising federal and state health officials and responsible for co-ordinating a national approach to public health emergencies, will meet in Melbourne on Thursday.

"I have a meeting later on this week to discuss it with the other jurisdictions in the commonwealth so we can work through how we'll do it on a national basis," Dr Young told reporters on Monday.

Dr Young indicated that medical personnel, pregnant women and *indigenous Australians* were likely to be priorities for vaccination.

Under the current "protect phase" of the swine flu pandemic, at risk groups also included those with respiratory conditions, heart disease, diabetes, renal disease, the morbidly obese and those with immunosuppression.

However, prioritisation of immunisation will be decided on a national basis, Dr Young said.

REUTERS

WHO sees first swine flu vaccines approved in September

Reuters, 6 August 2009, 9:04 PM GMT+8
https://www.reuters.com/article/idUSTRE57530A/

Geneva (Reuters) **-** The development of new vaccines to combat H1N1 swine flu is on schedule and first regulatory approvals are possible in September, the World Health Organization said Thursday.

Marie-Paule Kieny, WHO director of the Initiative for Vaccine Research, said manufacturers had initially reported poor yields in making vaccine but this was now improving.

"We are on track in development," Kieny told reporters.

First results from clinical trials are expected early next month and these tests will show whether one or two doses are needed to provide immunity, she added.

The current outbreak, declared a pandemic on June 11, is the fastest ever pandemic and could eventually affect 2 billion people, underscoring the need to get vaccines to market as quickly as possible.

Leading flu vaccine makers include Sanofi-Aventis, GlaxoSmithKline, Novartis, Baxter, CSL and Solvay.

World Health Organization

Safety of pandemic vaccines:
Pandemic (H1N1) 2009 briefing note 6

Geneva, WHO, 6 August 2009
https://web.archive.org/web/20090806192723/http://www.who.int/csr/disease/swineflu/notes/h1n1_safety_vaccines_20090805/en/index.html

Geneva – WHO is aware of some media reports that have expressed concern about the safety of vaccines for pandemic influenza. The public needs to be reassured that regulatory procedures in place for the licensing of pandemic vaccines, including procedures for expediting regulatory approval, are rigorous and do not compromise safety or quality controls.

Vaccines are among the most important medical interventions for reducing illness and deaths during a pandemic. However, to have the greatest impact, pandemic vaccines need to be available quickly and in large quantities.

During the 1957 and 1968 pandemics, vaccines arrived too late to be used as an effective mitigation tool during the more severe phases of the pandemics. Influenza vaccines had not yet been developed when the 1918 pandemic swept around the world, eventually killing an estimated 50 million people.

In 2007, as part of preparedness for an influenza pandemic, WHO worked together with health officials, regulatory authorities, and vaccine manufacturers to explore a broad range of issues surrounding the regulatory approval of pandemic vaccines. [1]

Ways were sought to shorten the time between the emergence of a pandemic virus and the availability of safe and effective vaccines. Different regulatory pathways were assessed, and precautions needed to ensure quality, safety, and effectiveness were set out in detail.

Fast-track procedures for approval

Regulatory authorities have shown great flexibility in developing procedures for fast-tracking the approval and licensing of pandemic vaccines.

In some cases, pandemic vaccines are not regarded by regulatory authorities as entirely "new" vaccines, as they build on the technology used to produce vaccines for seasonal influenza, established procedures for testing and regulatory control, and an extensive body of safety data.

In such cases, approval procedures are similar to those applied to "strain changes" made each year when seasonal vaccines are modified to match circulating viruses in the Northern and Southern Hemispheres.

Specific regulatory procedures have been devised to expedite the approval of pandemic vaccines. In the USA, for example, fewer data are required when the manufacturer already has a licensed influenza vaccine and intends to use the same manufacturing process for its pandemic vaccine.

In the European Union, the European Medicines Agency uses a rolling review procedure whereby manufacturers can submit sets of data for regulatory review as they become available, without having to wait until all data can be submitted together in a single formal application.

Also in Europe, some manufacturers have conducted advance studies using a so-called "mock-up" vaccine. Mock-up vaccines contain an active ingredient for an influenza virus that has not circulated recently in human populations and thus mimics the novelty of a pandemic virus. Such advance studies can greatly expedite regulatory approval.

Special safety concerns

Influenza vaccines have been used for more than 60 years and have an established record of safety in all age groups. While some serious adverse events have been reported, these have been rare.

Nonetheless, special safety issues will inevitably arise during a pandemic when vaccine is administered on a massive scale. For example, adverse events too rare to show up even in a large clinical trial may become apparent when very large numbers of people receive a pandemic vaccine.

Some adverse events will be coincidental – that is, associated in time with vaccine administration, yet not directly caused by the vaccine. Genuine adverse events directly caused by the vaccine may also occur, but cannot be predicted in advance. Given the safety record of seasonal vaccines, such events are expected to be rare.

Time constraints mean that clinical data at the time when pandemic vaccines are first administered will inevitably be limited. Further testing of safety and effectiveness will need to take place after administration of the vaccine has begun.

For these reasons, WHO advises all countries administering pandemic vaccines to conduct intensive monitoring for safety and efficacy, and many countries have plans in place for doing so. On the positive side, mass vaccination campaigns can generate significant safety data within a few weeks.

International sharing of data from such post-marketing surveillance will be vital in guiding risk-benefit assessments and determining whether changes in vaccination policies are needed. WHO has developed standardized protocols for data collection and reporting in real-time, and will communicate findings to the international community via its web site.

REUTERS

Jonathan Lynn and Ben Hirschler

WHO sees Swine Flu vaccination from next month

Reuters, 6 August 2009, 10:26 PM GMT+8
https://www.reuters.com/article/flu-vaccines-who/update-1-who-sees-swine-flu-vaccination-from-next-month-idUKL633241920090806/

Geneva/London, Aug 6 (Reuters) – The first vaccines to combat H1N1 swine flu should be approved and ready for use in some countries from September, the World Health Organisation said on Thursday.

Marie-Paule Kieny, WHO director of the Initiative for Vaccine Research, also said vaccine production yields were improving, following a disappointing start that triggered some worries about supplies.

One of the virus strains used by vaccine makers now seems to be yielding the same amount as seasonal vaccine, while early indications were that pandemic H1N1 yields might be only 30 percent of normal.

"I don't want to say too early that the question has been resolved but it really seems that we have found a way to go round this problem," Kieny told reporters. "We are on track in development."

First results from clinical trials are expected early next month and these tests will show whether one or two doses are needed to provide immunity -- another big swing factor in determining how many people can be vaccinated.

Once initial clinical trial results are in, regulators will be able to approve the vaccines from next month and the first countries are expected to start mass vaccination programmes, Kieny added.

The H1N1 flu outbreak, declared a pandemic on June 11, has spread around the world and could eventually affect 2 billion people, according to WHO estimates.

Fears the strain could become resistant to the anti-viral drug Tamiflu [ROG.VX] [GILD.O] have underscored the need to get vaccines to market quickly. The H1N1 vaccines would be given separately from regular seasonal flu shots.

Leading flu vaccine makers include Sanofi-Aventis [SASY.PA], GlaxoSmithKline [GSK.L], Novartis [NOVN.VX], Baxter [BAX.N], CSL [CSL.AX] and Solvay [SOLB.BR].

WHO Director-General Margaret Chan has said the H1N1 virus is stable and there were no signs of it mixing with other more dangerous types of influenza such as the deadly H5N1 bird flu strain.

At present, patients with mild symptoms generally do not need any medicines to recover, and Chan has stressed hospital visits are not necessary unless those infected with flu have certain warning signs.

These include long-lasting high fever in adults and a lack of alertness in children. Pregnant women and people with health problems including diabetes are also vulnerable to more severe effects from the new flu strain.

Fast-Track Approval 'Safe'

The WHO said vaccines had to be available quickly and in large quantities to have the greatest impact and it insists that fast-track approval will not jeopardise safety.

Vaccines arrived too late in the 1957 and 1968 flu pandemics to be of much use, and flu vaccines had not been developed in the 1918 "Spanish flu" pandemic which killed an estimated 50 million people.

Some concerns have been raised because of serious side effects and 30 deaths seen during a U.S. swine flu vaccination in 1976.

Kieny said vaccine production and purity levels had improved significantly since but safety issues could arise during a pandemic when a vaccine is administered on a mass scale, even if they did not show up in safety trials.

As a result, countries are being advised to conduct intensive monitoring as the vaccination campaign goes on.

NBC NEWS

WHO: Swine flu shots on track for next month

NBC News, 6 August 2009, 9:21 PM GMT+8
https://www.nbcnews.com/id/wbna32312913

The World Health Organization says vaccine manufacturers are on track to start delivering the first batches of swine flu vaccine in September, the WHO said Thursday.

Swine flu vaccine manufacturers are on track to start delivering the first batches of it in September, the World Health Organization said Thursday.

Marie-Paule Kieny, WHO's vaccine director, said several drug makers have started testing swine flu vaccine in humans, and that early safety results should be available next month, clearing the way for its use. Kieny also insisted that speeding the vaccine to the market will not compromise its safety.

WHO has recommended the first recipients of the vaccine be health care workers, perhaps followed by pregnant women and people with underlying health problems.

Kieny said WHO expects to see reports of side effects once the vaccine is given to millions of people, but that deadly side effects will be rare. Vaccines commonly provoke reactions such as nausea, fever, pain from the injection, and diarrhea.

She said the agency would work with country officials to detect any sign the vaccine might cause more worrying side effects, like Guillain Barre syndrome, a temporary paralysis disorder reported by hundreds of people after the U.S.'s disastrous 1976 immunization campaign against another variant of swine flu.

To fight the current pandemic , or global outbreak, half a dozen major pharmaceutical companies located in the United States, Europe and Australia are developing their own swine flu vaccines, which will have to be approved by drug regulatory authorities in each country where they are used.

It is the first time that companies have rushed to produce a vaccine within months to fight a flu pandemic. Health officials expect swine flu to surge in the fall, with the return of the regular flu season.

On Wednesday, Swiss drug maker Novartis said it had begun testing its swine flu vaccine in Europe, and would begin selling it long before completing its safety tests next year.

Last month, Australian pharmaceutical CSL started trials on its vaccine candidate.

Kieny said ongoing tests in Australia, China, Germany, the United Kingdom and the United States should inform officials how many doses of the vaccine are required. Many experts think people will need two shots to be protected.

Europe and the U.S. both have fast-track approval systems to make the swine flu vaccine available before extensive safety tests are completed.

In a statement on its Web site, WHO said Thursday "the public needs to be reassured" that procedures for approving swine flu vaccines "are rigorous and do not compromise safety or quality controls."

To increase the global supply of swine flu vaccines, WHO recommends that countries use ones containing adjuvants, a component that stretches the vaccine's active ingredient and boosts the body's immune response. Adjuvants are commonly used in flu vaccines in Europe, but there are no licensed flu vaccines with adjuvants in the U.S.

There is little or no information on how safe flu vaccines with adjuvants are in pregnant women and children – two of the groups most at risk in the pandemic.

Kieny dismissed concerns adjuvanted vaccines might not be ideal for groups such as pregnant women. "We see no apparent safety signal," she said. "There is no safety concern with using adjuvanted vaccine."

РИА НОВОСТИ

Экспериментальные серии вакцины против гриппа A/H1N1 выпустили в Уфе

РИА Новости, 12 августа 2009, 14:30
https://ria.ru/20090812/180629732.html

УФА, 12 августа – РИА Новости, Рамиля Салихова. Уфимские микробиологи завершили работу над созданием первой инактивированной отечественной вакцины против гриппа A/H1N1 на базе филиала ФГУП "НПО "Микроген" МЗ РФ "Иммунопрепарат", три экспериментальные серии вакцины в ближайшие дни отправят в Москву, сообщила в среду пресс-секретарь филиала Гузель Юсупова.

"На создание вакцины ушло три месяца. После того, как мы получили штаммы Калифорния 07/2009 и Техас 05/2009 вируса A/H1N1 из Центра по контролю за инфекционной заболеваемостью США (штат Атланта), наши микробиологи приступили к наработке маточного материала. Затем мы подготовили концентрат вируса "свиного гриппа", - пояснил научный консультант цеха противогриппозных вакцин Михаил Пушкарев.

В основе производства была применена уже известная технология по созданию сезонной вакцины против гриппа. В ближайшее время экспериментальные серии вакцины будут отправлены на контроль в Москву, где пройдут испытания на волонтерах.

Вакцина будет выпущена в ампулах для инъекций. Пока не прошли клинические испытания, специалисты затрудняются говорить о возрастном диапазоне применения препарата. Предполагается, что иммунитет вакцинированного человека будет устойчив к вирусу гриппа A/H1N1 в течение года.

По оценкам экспертов, стоимость препарата будет на уровне цены сезонной вакцины. Сейчас предприятие занято производством сезонной вакцины. Ее в этом году по госзаказу выпустят в количестве более 20 миллионов доз.

Число заболевших вирусом гриппа A/H1N1 в мире превысило 212 тысяч, включая 1,717 тысячи случаев с летальным исходом. В Республике Башкортостан зарегистрирован один лабораторно подтвержденный случай заболевания, завезенный из Турции.

REUTERS

Daniel Fineren

Britain says swine flu vaccination to start in October

Reuters, 14 August 2009, 1:44 AM GMT+8
https://www.reuters.com/article/idUSTRE57C490/

London (Reuters) **-** Britain's swine flu vaccination program is to start in October for at-risk groups, Chief Medical Officer Liam Donaldson said on Thursday, with most vaccines coming from drugs firm GlaxoSmithKline.

A first batch of 300,000 vaccines will arrive this month with 54.6 million expected by December, Donaldson said, adding that exact supply levels would depend on the manufacturers.

"We are getting a lower supply from Baxter than we had envisaged so the majority of our vaccines will come from Glaxo," Donaldson told reporters.

Earlier this month, the World Health Organization said it expected the first vaccines to combat H1N1 flu to be ready for use in some countries from September.

Donaldson said the treatments would need to be approved by European medical regulators before vaccinations begin. – "In October we expect, provided the license is granted, to be able to give the first shots of vaccine," he said.

The pace of new H1N1 infections in Britain has eased in recent weeks, with doctor consultations for flu-like illness falling by 34 percent last week.

The majority of cases have proven to be mild and the government plans to slash the number of flu call center staff from around 1,600 to less than 600 by August 23 because of the sharp drop in suspected infections.

But health experts expect another surge later in the year.

"We have seen an increase in the proportion of deaths among previously healthy people," Donaldson said, adding that five of the eight new deaths in England over the last week were of otherwise healthy people.

"It is causing more deaths in healthy people than seasonal flu," he said.

Fears the strain could become resistant to anti-viral drug Tamiflu have underscored the need to get vaccines to market quickly.

The government plans to immunize about 11 million people seen as most at risk first because it does not expect to have enough doses for the whole population before winter.

The first to be immunized will include about 5 million people aged over six months in current seasonal flu risk groups, all pregnant women, contacts of people with compromised immune systems, and about 2 million health and social care workers.

Healthy people over 65 will not be prioritized because they appear to have some natural immunity to the virus, the Department of Health said.

CBSNEWS

Jennifer Ashton

Weighing Possible H1N1 Vaccine Risks
Dr. Jennifer Ashton on both Sides of Flu Vaccine Coin

CBS News, 17 August 2009
https://web.archive.org/web/20091027125606/http://www.cbsnews.com/stories/2009/08/17/earlyshow/health/main5246940.shtml

(CBS) Many are concerned about whether a H1N1 vaccine will be safe. But now reports are out that a swine flu vaccine could cause GBS or Guillian-Barre Syndrome, a brain disorder.

CBS News medical correspondent **Dr. Jennifer Ashton** explained on **"The Early Show"** Monday the risk of GBS is very low – one in every million vaccinations.

Ashton explained GBS is a rare, neurologic disorder that has elements of an auto-immune condition in that some trigger (usually an infection or rarely a vaccination against an infection) results in a progressive weakening of nerves. GBS starts in the legs and works its way up the body. Estimates are that it may occur one time out of 100,000 or one million vaccine doses. In most cases, Ashton said, patients recover approximately four weeks from the first symptoms, and 80 percent of people have a complete recovery. Some however, can die from GBS; the death rate is quoted as 2 to 3 people in 100.

And some did die from GBS in 1976 when an outbreak of swine flu at Fort Dix, N.J. prompted widespread vaccine use after one soldier died from influenza. As the flu spread through Fort Dix, it was discovered that there was the regular type of influenza, but also the swine flu. Some scientists thought it was an indication of a return of the deadly flu from 1918 that killed 50 million worldwide. They quickly developed a vaccine, but the epidemic they were fearing never happened.

However, according to Ashton, it was never determined that what happened in 1976 was caused by the vaccine. Forty million Americans were vaccinated, and 500 cases of GBS were reported with 25 deaths.

"This is actually less than – or at most equal to – the expected rate of this disease in the general population," Ashton told CBS News. "It is a difficult determination to make with 100 percent certainty, but for the people who were affected, and who thought it was due to the vaccine, obviously it was devastating."

But should you get the vaccine for H1N1 when it is scheduled for released in October?

Ashton said it should be a personal decision based up risk versus benefit.

"If you are at high-risk for serious complications of influenza, then if many people get H1N1, your risk of getting sick is probably greater than your risk of having a rare side effect. And the possible benefit may be life-saving for some people. You have to weigh the risks of getting influenza, and the risk of possibly dying from it."

The risk of death from H1N1, Ashton said, is roughly 1 in 1000 people. She said you should weigh that risk against getting vaccinate, which, however safe the vaccine may be, the risk is never zero.

"People need to make those difficult decisions for themselves with good education and information from reputable sources," Ashton said. "I respect both decisions. Ultimately it's up to the patient."

REUTERS

Ben Hirschler (Reporter), David Holmes (Editor)

Sinovac says one-shot swine flu vaccine effective

Reuters, 18 August 2009, 11:10 PM GMT+8
https://www.reuters.com/article/flu-sinovac-idUSLI544899200908l8/

London, Aug 18 (Reuters) – An H1N1 swine flu vaccine developed by China's Sinovac Biotech is effective after just one shot, its developer said on Tuesday.

The news boosted shares in the Chinese vaccine company by 10 percent in U.S. trading.

Until now, experts have predicted that two shots will be needed to provide swine flu immunity. But Sinovac, which is the first company worldwide to complete clinical trials for an H1N1 vaccine, said a single dose of its vaccine proved sufficient.

Leading flu vaccine makers including Sanofi-Aventis, GlaxoSmithKline, Novartis, Baxter, CSL and Solvay are racing to develop a vaccine against swine flu.

The H1N1 flu outbreak, which was declared a pandemic on June 11, has spread around the world and could eventually affect 2 billion people, according to the World Health Organisation.

Officials are concerned that supplies of vaccine will prove tight, but an ability to vaccinate people once instead of twice would stretch stocks substantially.

Sinovac said immunogenicity after one dose of its vaccine had "reached the international criteria for vaccines". There were no signs of severe adverse reactions, it added.

Its clinical trials were initiated in Beijing in July and inoculation was completed on Aug. 15, with a total of 1,614 participants over three years receiving the vaccine.

Regulators around the world are expected to start approving swine flu vaccines next month as more clinical trial results come in, allowing governments to start mass vaccination programmes from September, according to the WHO.

Medical experts say vaccines need to available quickly and in large quantities to have the greatest impact.

Vaccines arrived too late in the 1957 and 1968 flu pandemics to be of much use and flu vaccines had not been developed in the 1918 "Spanish flu" pandemic which killed an estimated 50 million.

TELEGRAM & GAZETTE

Logjams delay swine flu vaccine

Telegram & Gazette, The Associated Press, 18 August 2009, 8:35 pm ET
https://www.telegram.com/story/news/state/2009/08/19/logjams-delay-swine-flu-vaccine/51895201007/

Faced with an unexpected delay, health officials are trying to counter new problems with swine flu vaccine production, including a logjam at factories that put the precious liquid into syringes.

The newest calculations show the nation won't have the long-promised 120 million doses ready to dispense by Oct. 15, but just 45 million instead.

It appears to be more of a delay than a shortage: More are expected to arrive rapidly, about 20 million doses shipped every week, according to the latest estimates by the Department of Health and Human Services.

"Hopefully there are ways to bring that number up," Dr. Robin Robinson, the department's chief of vaccine procurement, said today.

"We're trying to bring on more manufacturing" for the final packaging step, he said, such as having companies that finish first share their facilities with stragglers.

Swine flu vaccinations still are planned for mid-October, and Robinson noted that 45 million doses means a lot of people inoculated. Add in the weekly deliveries, and there should be 85 million doses on hand by October's end, and the full 195 million the government has ordered by December, the long-set date for final delivery.

But he acknowledged that if there are early outbreaks in September and October, there could be higher-than-anticipated demand for the swine flu vaccine.

"As we've all along said, if things can go wrong they will," Robinson said.

Manufacturers around the world revealed in July that they were having serious problems brewing vaccine. The chief ingredient is grown in eggs, and companies were getting far fewer doses per egg than they usually do for regular winter flu vaccine.

Health authorities have delivered new "seed strains" of the virus to manufacturers to help with that problem, Robinson said.

In addition to the packaging logjam, other factors are adding to the delay, including:

– One manufacturer, Sanofi-Pasteur, took longer than expected to finish brewing the regular winter flu vaccine, delaying the swine flu work, Robinson said. "We knew there were problems," but only recently the extent of them, he said.

– Another supplier, Australia's CSL, recently notified the U.S. that its shipments would arrive later than promised because it first must provide batches to its home country, where the flu season is winding down. Although the U.S. signed a contract with CSL first, "there was always the possibility they could do that," Robinson said. "Our laws can do the same thing. We don't, but we could."

– And it took health authorities longer than anticipated to develop the tests, called reagents, required to ensure doses are at the proper strength before they're cleared for use.

The Eagle

Lauran Neergaard

Swine flu vaccine encounters delays

The Eagle, Associated Press, 19 August 2009
https://theeagle.com/news/business/swine-flu-vaccine-encounters-delays/article_b2185c7d-e28b-5c2f-bb67-d589e7618d58.html

Washington - Faced with an unexpected delay, health officials are trying to counter new problems with swine flu vaccine production, including a logjam at factories that put the precious liquid into syringes.

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Hindustan Times

Russia to begin testing of vaccine from swine flu in early September

Hindustan Times // Itar-Tass, St Petersburg, 20 August 2009, 10:17 AM IST
https://www.hindustantimes.com/world/russia-to-begin-testing-of-vaccine-from-swine-flu-in-early-sep/story-IDzlwBBBwroj9TN7CXpJxK.html

The Flu Research Institute has handed over experimental vaccines from the A/H1N1/ virus to companies for production of pilot batches, head of the National Flu Centre of the WHO in St Petersburg, Oleg Kiselev, said.

The Flu Research Institute has handed over experimental vaccines from the A/H1N1/ virus to companies for production of pilot batches, head of the National Flu Centre of the WHO in St. Petersburg, Oleg Kiselev, said. He said this was necessary for further clinical tests.

The vaccines are scheduled to be tested on volunteers after September 7. The experiment may last a month, Kiselev said. The Flu Research Institute said pilot batches of vaccines would be made in St Petersburg, Irkutsk and Ufa. "The schedule of creating the vaccine from the new flu is under systemic control of the Ministry of Health and Social Development," Kiselev added.

Earlier Russia's chief Sanitary Inspector Gennady Onishchenko had said that 40 million doses of the vaccine from the new flu would be made in the country in 2009. Confirming the news first Vice Prime Minister Viktor Zubkov said, "Funding for the production of the vaccine has been secured, and the enterprises to be involved in this work are ready."

He also added that all work on the vaccine is proceeding as scheduled and testing should be completed at the end of August so that commercial production of the vaccine and its supply to medical institutions could begin in November. The government has provided 340 million roubles for the prevention of the spread of the new flu.

Most of that sum has been earmarked for the creation of the vaccine. A total of 180 A/H1N1/ cases have been registered in Russia till date.

US20130287811A1
United States

Walter Burien

H1N1 Vaccine Patent filed (2007) long before the Swine Flu virus was spread!

CAFR1.com, 20 August 2009
https://web.archive.org/web/20091216044011/http://cafr1.com/H1N1.html
https://patentimages.storage.googleapis.com/37/d1/04/0ba7f9ba430332/US20130287811A1.pdf

Pay special attention to the strains of the H1N1 noted in the 2007 filing. Coming to your hometown soon!

The following is my reply to John Perna per a US Patent Application filed, with one aspect of the patent being for the Swine Flu virus vaccine (H1N1). The patent application was filed long before the Mexican Swine Flu supposedly came forward as a new strain of virus coming out of a "Pig Farm" in Mexico.

In John's post copied in part below my reply, he thought the patent application for the H1N1 vaccine was from 2008 shortly before the swine flu broke out in Mexico.

I am familiar with patents, so I took a look at the US Patent and Trademark site to verify what he was bringing forward was correct and found he was in error. The original application was actually filed in 2007. Long before the virus was staged as an outbreak of "a new viral strain" in Mexico.

As far as I am concerned, this now verified information puts the last nail in the coffin for the immediate suspension of all forms of "civil" government in this country for reorganization under limited purview and then reinstatement. And I hope, no I pray that when done in end result, they axe 85% or more of the attorneys from the system. That is 90% of the solution right there.

Here is the US Patent office link to see that patent

Method for Producing Viral Vaccnes.
https://patentimages.storage.googleapis.com/37/d1/04/0ba7f9ba430332/US20130287811A1.pdf
Division of application No. 12/199.977, filed on Aug. 28, 2008, now Pat. No. 8,497,112.
Pub. No.: US 2013/0287811 A1. – 13 October 2013.
Applicants: Baxter Healthcare SA, Glattpark (Opifkon) (CH); Baxter International Inc., Deerfield, IL (US)
Inventors: Otfried Kistner, Vienna (AT); Christa Tauer, Vienna (AT); P. Noel Barrett, Klosterneuburg/Weidling (AT); Wolfgang Mundt, Vienna (AT)

Medical Economics

Rachael Zimlich

Some flu shot shipments will be delayed

Medical Economics, 21 August 2019
https://www.medicaleconomics.com/view/some-flu-shot-shipments-will-be-delayed

Shipments will be delayed for some flu vaccines, but the delays aren't expected to create any overall shortages.

The delayed shipments apply to flu vaccines produced by Sanofi Pasteur, which sent letters to healthcare providers announcing the issue in late June. The delay will push out the starting point to start flu vaccinations for the year, but vaccines should still arrive in plenty of time to keep patients protected for the flu season, according to company officials.

"We are still on track to produce approximately 70 million doses of seasonal vaccine to support nationwide immunization campaigns," said Michael Szumera, head of U.S. communications for Sanofi Pasteur.

The company anticipates roughly a one-month delay in the first shipment of the vaccine, with shipments beginning in mid-August. All shipments should be completed by the end of November, Szumera said. Patients are generally recommended to be vaccinated for the flu by the end of October, as vaccines take two weeks to offer protection, according to the Centers for Disease Control and Prevention (CDC). The flu season typically peaks between December and February.

The delay was caused by the World Health Organization (WHO) postponing its selection of the influenza A (H3N2) strain to be included in the vaccine for the Northern Hemisphere by one month after observing antigenic drift in the circulating strain, Szumera said.

"This allowed health authorities to collect additional data to improve the match of the vaccine strain to the A (H3N2) strain anticipated to circulate during the 2019-2020 season," he said. "Manufacturing could not begin until the selection was made by WHO and confirmed by the U.S. Food and Drug Administration."

The delay will affect all three Sanofi Pasteur vaccines-Fluzone Quadrivalent, Fluzone High-Dose, and Flublok Quadrivalent. Sanofi Pasteur's flu vaccines make up about 40 percent of the U.S. flu vaccine supply, according to data from the Centers for Disease Control and Prevention (CDC).

"As the single largest provider of flu vaccine to the United States, we support this decision and are committed to delivering millions of flu vaccine doses for the upcoming season," Szumera said.

Other flu vaccine manufacturers have not announced delays, but AstraZeneca has warned that FluMist Quadrivalent supplies will be limited this year due to manufacturing constraints.

Clinicians who have questions about their vaccine orders should contact their distributor, and Szumera said questions specific to the Sanofi delay can call (800) 822-2463.

The Washington Post

Rob Stein

Swine Flu Campaign Waits on Vaccine

Washington Post, 23 August 2009
1st page: https://www.washingtonpost.com/wp-dyn/content/article/2009/08/22/AR2009082202337.html?hpid=topnews&sid=ST2009082300274
2nd page: https://www.washingtonpost.com/wp-dyn/content/article/2009/08/22/AR2009082202337_2.html?hpid=topnews&sid=ST2009082300274
3rd page: https://www.washingtonpost.com/wp-dyn/content/article/2009/08/22/AR2009082202337_3.html?hpid=topnews&sid=ST2009082300274

Government health officials are mobilizing to launch a massive swine flu vaccination campaign this fall that is unprecedented in its scope – and in the potential for complications.

The campaign aims to vaccinate at least half the country's population within months. Although more people have been inoculated against diseases such as smallpox and polio over a period of years, the United States has never tried to immunize so many so quickly.

But even as scientists rush to test the vaccine to ensure it is safe and effective, the campaign is lagging. Officials say only about a third as much vaccine as they had been expecting by mid-October is likely to arrive by then, when a new wave of infections could be peaking.

Among the unknowns: how many shots people will need, what the correct dosage should be, and how to avoid confusing the public with an overlapping effort to combat the regular seasonal flu.

To prepare, more than 2,800 local health departments have begun recruiting pediatricians, obstetricians, nurses, pharmacists, paramedics and even dentists, along with a small army of volunteers from churches and other groups. They are devising strategies to reach children, teenagers, pregnant women and young and middle-aged adults in inner cities, suburban enclaves and the countryside.

"This is potentially the largest mass-vaccination program in human history," said Howard Markel, a professor of medical history at the University of Michigan who is advising the Centers for Disease Control and Prevention as it spearheads the effort.

Public health officials describe the effort as crucial to defend against the second wave of the Northern Hemisphere's first influenza pandemic in 41 years.

As schools reopen, the number of cases could jump sharply within weeks, sparking a second wave potentially far larger than the outbreak last spring. Although the swine flu appears no more dangerous than the typical seasonal flu, the new virus – known as H1N1 – is likely to infect many more people because most have no immunity against it.

The vaccine effort carries political risks for the Obama administration. "If the outbreak fizzles, they will be susceptible to being criticized for spending billions of dollars," said Harvey V. Fineberg, president of the National Academy of Sciences' Institute of Medicine, which advises Congress about medical issues. "On the other hand, if this outbreak is early and severe and there isn't enough vaccine, they'll be criticized for under-preparation."

Officials stress that they are proceeding cautiously. A final decision to move forward will not be made until they get the results of clinical trials – testing to determine safety and dosing – and assess the virus's threat. But officials are confident the vaccine will pass muster and expect a campaign will be launched as soon as manufacturers deliver the first vials.

"There's little doubt we're going to vaccinate people," said Anthony S. Fauci of the National Institute of Allergy and Infectious Diseases, who is leading the government's testing of the vaccine. "Who and when and exactly how – we have to figure out."

The campaign is haunted by memories of the government's ill-fated 1976 effort to vaccinate against swine flu. The epidemic fizzled, but the vaccine was given to 40 million people and blamed for causing a rare paralyzing disorder known as Guillain-Barré Syndrome.

Another wild card will be whether the vaccine will be delivered with an "adjuvant" to boost its effectiveness or stretch limited supplies into more doses. Adjuvants have been used in Europe, but the Food and Drug Administration has not authorized their use in the United States.

"This is an overreaction," said Barbara Loe Fisher of the National Vaccine Information Center, which opposes many vaccine policies. "There is no national security threat here. Why are we operating like this? This is not polio. This is not smallpox."

Fears and misinformation about the vaccine are circulating, including inaccurate claims that it will be mandatory.

"I'm very concerned about the dangers of vaccines," said Janice Smith, 58, of Misawaka, Ind., who attended a public hearing Aug. 15, one of a series of meetings the CDC has sponsored to gauge public sentiment about the vaccine.

Authorities are adamant that vaccination will be voluntary, and they say there is no reason to think the vaccine will be any less safe than the usual flu vaccine. An adjuvant will be used only if necessary and proven safe, they say.

To address concerns of pregnant women and parents with young children, some vaccine is being produced without a mercury additive. And because the short-term studies can identify only common, immediate side effects, the CDC will step up monitoring for rarer, serious complications such as Guillain-Barré.

"We're putting into place systems that are as good as we can have to identify problems quickly if they do occur," CDC Director Thomas R. Frieden said.

On Friday, officials reported that no "red flags regarding safety" had emerged in the clinical trials. "We are continuing oversight on the quality and safety of the vaccine being produced, and the production process itself," said Jesse Goodman of the FDA. "That's going well so far, but our oversight is continuing."

In the meantime, local officials are drafting plans tailored to their communities. The shots in the arms and squirts up the nose will happen in schools, medical offices, hospitals, public health clinics, workplaces, drug stores and at mass vaccination events, possibly including drive-through clinics in parking lots where people would stick their arms out their car windows for a stab.

"It is clearly what we would call an all hands on deck," said James Blumenstock of the Association of State and Territorial Health Officials. "We're not starting from scratch, but we also don't have everything on the shelf that we can just pull off and put in place. It's a full-court press in moving forward to have everything in place when we're ready to go."

In Maryland, officials estimate that 2.9 million people fall into the priority groups for the vaccine; Virginia estimates the number at 2.5 million and the District at 225,000. The national total is about 159 million people.

Public health departments "have suffered from decades of neglect and are now facing a fiscal crisis in many places where they have had to lay staff off, or furlough staff or freeze hiring," Frieden said. "So H1N1 has not come at a particularly good time."

Setting priorities for delivering the vaccines will bring other complications. The elderly, usually first in line for flu shots, will not be this time because they seem more resistant to the virus. But they remain a top priority for the seasonal shots.

Schools considering giving shots to children are making plans to get permission from parents and have to determine how best to line up anxious, rambunctious students.

Everyone who gets a swine flu shot may need a booster several weeks later, potentially causing mix-ups about who got which shot when.

But Frieden and other outside observers expressed confidence that the program would be safe and successful.

The federal government has spent close to $2 billion to buy up to 195 million doses of vaccine and adjuvant, including the standard shots and the newer FluMist nasal spray vaccine made by MedImmune of Gaithersburg.

The government is prepared to buy enough to vaccinate every person – 600 million doses all together – if the pandemic or demand warrants it. That could increase the cost to $5 billion for the vaccine alone. It would cost at least $9 billion to administer the vaccine to the entire population, according to the Association of State and Territorial Health Officials.

Although five companies are racing to produce as much vaccine as possible, the first batches are not expected for two months, in part because the virus grew at about half the projected rate. Production appears to be increasing, but the first 45 million to 52 million doses – about a third of what officials were anticipating – won't be ready until mid-October, with about 20 million doses a week expected after that to continue the campaign through the winter.

Experts are uncertain whether they will face a shortage of vaccine because of high demand or will have plenty of vaccine but little interest.

"People's enthusiasm will depend largely on what they see happening around them," Fauci said. "If we get into the fall season and we don't see an explosion of cases, people will be less enthusiastic. If they see a lot of young people and kids getting sick, people will be very enthusiastic about getting vaccinated."

The CDC is formulating a $4.8 million multimedia campaign to encourage people to get vaccinated and help alleviate concerns and confusion, including radio and television public service announcements, print ads, and messages delivered via Twitter, RSS feeds and video podcasts on YouTube.

Although the vaccine will be free, providers could charge about $15 to administer it – a fee that will be covered by Medicare and many health insurance plans.

Experts also worry the swine flu will divert attention from the seasonal flu, which can cause serious illness. Officials will launch the seasonal flu vaccine campaign Sept. 10 – about a month early in the hopes of vaccinating as many people as possible before the swine flu campaign. The more people who get both vaccines, the less likely the swine flu virus will mingle with one of the others to produce a more dangerous mutant.

"We really don't want those ugly viruses mixing together," said Kim Elliott of the Trust for America's Health, a private nonprofit research and advocacy group.

=> there is the same article in NBC News; is divided into sections - ref. to Washinton Post

NBC NEWS

Rob Stein

U.S. preps for vast swine flu vaccine effort

NBC News, 23 August 2009, 10:52 AM +08

https://www.nbcnews.com/id/wbna32524843

TIME Partners with CNN

Alice Park

Behind the Unproven H1N1 Flu Vaccine

Time, CNN, 26 August 2009
https://web.archive.org/web/20090827163439/http://www.time.com/time/health/article/0,8599,1918743,00.html

Public health officials have been warning for some time that nothing about the flu is predictable. But here's something that is: When it comes to a new strain of the flu like H1N1, which has already stoked global fears of a massive pandemic, there's almost certain to be some overreaction. That's what happened this week when the public was hit with a double-play of scary news: A new estimate showed that that up to 90,000 Americans could die of H1N1 in the upcoming season; and a simultaneous report that the government was taking some unprecedented steps to get a vaccine ready in time. But the fatality numbers are more complicated – and less alarming – than they seem; and the vaccine report is less a reason for alarm than a sign of smart epidemiological planning.

What sparked the reports about insufficient testing of the new vaccine was a statement by Dr. Thomas Frieden, director of the Centers for Disease Control, confirming that the government has given flu vaccine manufacturers a green light to begin bottling up still-experimental shots and readying them for shipment, even before the final results from the ongoing tests on the vaccine's safety and effectiveness are completed.

It's an unusual step, but one that was also recommended by the President's Council of Advisers on Science and Technology (PCAST) in a report released the same day. By initiating the so-called "fill and finish" step of vaccine production, manufacturers can be prepared to ship vials as quickly as possible in mid-October, once testing confirms that the shots are safe and effective at producing immunity against H1N1. "The recommendation was to proceed with filling and finishing even before dosage information is available," said Frieden. "That step has been taken."

That doesn't mean, however, that anyone will get an unproven vaccine. The vials will stay right where they are until the testing is completed – and for now, those trials are going well. Secretary of Health and Human Services Kathleen Sebelius, also speaking at the workshop, noted that "So far there are no red flags. I think we are on target for mid-October to have the vaccine coming off the production lines."

The reason for the wait is biological. The first volunteers to test the new vaccine were inoculated in August, and because most people will not have any existing immunity to H1N1, it will require two shots, spaced three weeks apart, to educate the immune system to recognize H1N1, and another six to eight weeks after that to generate true immunity to the virus. That's when scientists will know if the vaccine provided enough protection to allow the bottled inoculations to be shipped. After decades of making flu vaccines, the scientists are sure they know what they're doing. Indeed, had the pandemic begun earlier, in December or even January – when the World Health Organization made its determination of which flu strains to include in the routine seasonal flu vaccine – instead of April, then H1N1 might have simply been included as part of the 2009 shots.

Still, the decision to approve the fill and finish steps underscores how unusual H1N1 is, and highlights the fact that the upcoming flu season may yet hold surprises. In its report, PCAST also released projections of how severe the pandemic could get: up to 120 million people coughing, sneezing, feverish and otherwise sick with the symptoms of flu, 90,000 people potentially dead from the illness, and half to 100% of beds in intensive care units of hospitals in hard-hit regions filled with flu patients.

But even those alarming numbers require some perspective. The figures, says PCAST member Dr. Harold Varmus, president of Memorial Sloan Kettering Cancer Center in New York and former director of the National Institutes of Health, were generated using data from previous flu pandemics – from 1918, 1957 and 1968 – along with the latest data from last spring's outbreaks of H1N1 around the world. Those stats, say officials at the Centers for Disease Control, were then run through models used in the government's 2005 pandemic preparedness efforts that began in the wake of bird flu cases of H5N1 that arose in Asia.

That's a lot of moving statistical parts, and when it comes to an ongoing pandemic such as the current one with H1N1, it's especially difficult to get reliable data on how many people are infected, how effectively the virus is moving from person to person, and how much disease it can cause. Death rates from H1N1 are particularly challenging, since making reliable projections requires comparing the total number of people infected with H1N1, as confirmed by a lab test, to those who have died from the disease. At the moment, officials don't know how many people have actually been infected with the virus; they can only count people who are sick enough to see a doctor or come to a hospital. For every person who shows up in a hospital, however, there are likely hundreds or thousands more infected with H1N1 who never see a health care professional, because they don't get very ill. That means there's a lot of educated guesswork at play.

By no measure, however, were the new numbers reassuring – and that was the point. While the report's authors, which include some of the country's sharpest minds from science, medicine and engineering, stress that the forecast is not predictive of what could actually occur in coming months, it was intended to remind everyone how devastating a flu pandemic can be.

"There are some people taking the figures too literally," says Varmus. "But it's a wake-up call. The public wants to be aware that while these numbers are not predictive, they are certainly well within the realm of possibility."

Such predictions are also a way for public health officials to get a handle on how infectious a new influenza like H1N1 might be, how it spreads, and how quickly. That helps them know how much vaccine might be needed, how to distribute it, and when to expect a surge in demand for flu treatments, including antiviral drugs such as Tamiflu and Relenza. It can also help predict when hospitals might become overwhelmed by flu cases, and prepare them to patch up already strained health care resources.

"We can't yet predict what proportion of the population will be infected," says Varmus. "But it is very likely that something upward of 50% will be affected. All of us have a responsibility to blunt the epidemic by decreasing the spread of virus. If people understand that they can mitigate the epidemic by washing their hands and staying home when they are sick, it means the peak of disease will occur later, when there is more vaccine available." That could also help to keep the impact of H1N1 – on the health care system, on families and on the economy in the form of fewer sick days – to a minimum.

CHINADAILY 中国日报网 .COM.CN

Mexico to buy A/H1N1 flu vaccine from China (Xinhua)

China Daily, 27 August 2009, 14:31
https://global.chinadaily.com.cn/business/2009-08/27/content_8624357.htm

The Mexican government will buy 10 million doses of A/H1N1 flu vaccine from China, bringing its total stockpile to 30 million doses, Health Minister Jose Angel Cordova Villalobos said Wednesday.

A total of 20 million doses have been commissioned from European laboratories ahead of Mexico's winter season, when the infection rate is expected to increase sharply, he said.

Cordova said the Chinese vaccine will cost about 40 percent less than its European equivalents and is easier to apply.

Mexico has reported 20,860 confirmed A/H1N1 flu cases, including 179 deaths, according to a report published Tuesday.

During his official visit to China last week, Cordova met with his Chinese counterpart and attended a seminar on fighting A/H1N1 flu.

The Sydney Morning Herald

Britain, France get first batches of swine flu vaccine

The Sunday Morning Herald, 28 August 2009, 7:11 am
https://www.smh.com.au/world/britain-france-get-first-batches-of-swine-flu-vaccine-20090828-f1i2.html

Britain and **France** have received their first batches of swine flu vaccine as governments begin to arm themselves against a widely expected second wave of the pandemic in the northern winter.

The World Health Organisation has been warning governments for months to brace for a resurgence of the A(H1N1) virus when the cold season hits the northern hemisphere.

The doses to combat the pandemic arrived as millions of children prepared to return to school in the next two weeks, with concerns that the virus could spread easily between classrooms.

In **South Korea**, the education ministry announced that all primary and secondary schoolchildren will have their temperature checked daily to combat the spread of H1N1 when they return to school next week.

The recent discovery of an outbreak in Chilean turkey farms also raised concerns that swine flu could combine with avian influenza and become a more dangerous virus, a UN agency said. It is the first case of H1N1 among birds.

British and French health officials said the H1N1 vaccine should win licensing approval for distribution in their countries by October.

Britain's Department of Health said it received a first batch of 100,000 doses of swine flu vaccine, while France only announced the arrival of a "limited quantity" of shots.

A British health department spokeswoman said the vaccine was delivered by US pharmaceutical company Baxter and that it could be approved for public distribution by early October "if everything is fairly straightforward".

Once it is fully licensed the vaccine will initially be used on at-risk groups, such as people with asthma and diabetes, officials said.

England's Chief Medical Officer Liam Donaldson said doctors he had spoken to want the vaccine as soon as possible before winter arrives.

Britain is the European country hardest hit by the virus, which emerged in Mexico in April before escalating into a global pandemic. So far 66 people with the virus have died in Britain.

Donaldson stressed that the vast majority of cases produce relatively mild symptoms, while adding: "It still remains the case that this disease is not a killer but it can kill."

French Health Minister Roselyne Bachelot refused to disclose the type of vaccine or the number of doses her country had received, citing "security reasons".

France has reserved 94 million doses of vaccine from four pharmaceutical companies and expects to have several million doses by mid-October when the vaccines are set to win market approval, Bachelot said.

The French government called on regional authorities to have their free vaccination plans ready to activate on September 28.

Up until now, France had included only laboratory-confirmed cases of the disease, recording a total of 1,223 cases since the start of the epidemic.

But based on the number of visits to doctors across France, Bachelot said the number of new infections was now estimated at 3,000 per week.

John Oxford, professor of virology at Britain's St Bartholomew's and the Royal London Hospital, said France could be heading for a tough winter.

"Some countries in Europe will have it worse than others. France, for example, will have it worse than England. A lot of people have been infected in England and they are not going to be infected all over again," he told AFP.

The UN Food and Agriculture Organisation also expressed concern after the discovery of swine flu in Chilean turkeys that the virus could become more potent if it manages to mix with bird flu.

"The current H1N1 virus strain is a mixture of human, pig and bird genes and has proved to be very contagious but no more deadly than common seasonal flu viruses," the Rome-based agency said in a statement.

"However it could theoretically become more dangerous if it adds virulence by combining with H5N1, commonly known as avian flu, which is far more deadly but harder to pass along among humans," it said.

Baxter Files H1N1 Swine Flu Vaccine Patent a Year Ahead of Outbreak

Fight Back, August 2009
https://web.archive.org/web/20090904101539/http://www.fightbackh1n1.com/2009/08/proof-h1n1-is-bioweapon-as-baxter-files.html

Proof H1N1 is Bioweapon as Baxter Files H1N1 Swine Flu vaccine Patent a year ahead of Outbreak.

New York: Baxter had patented vaccines for viruses that even don't exist a year back. This Clearly shows that the pandemic virus was not an act of nature.

The Primary Motive behind this alleged criminal activity is also the primary cause of most murders in the world today, and that motivation is simply: BIG MONEY. Billions of Dollars of windfall profits from government contracts worldwide, as a matter of fact.

And yes the the Swine Flu virus H1N1 is listed "with many others" as copied from the Patent Application here at: [0056] "A vaccine can be used e.g. for an injection as a prophylactic means against a virus associated disease. In particular preferred embodiments the composition or vaccine comprises more than one antigen, e.g. 2, 3, 4, 5, 6, 7 or 8, in particular of different virus strains, subtypes or types such as influenza A and influenza B, in particular selected from of one or more of the human H1N1, H2N2, H3N2, H5N1, H7N7, H1N2, H9N2, H7N2, H7N3, H10N7 subtypes, of the pig flu H1N1, H1N2, H3N1 and H3N2 subtypes, of the dog or horse flu H7N7, H3N8 subtypes or of the avian H5N1, H7N2, H1N7, H7N3, H13N6, H5N9, H11N6, H3N8, H9N2, H5N2, H4N8, H10N7, H2N2, H8N4, H14N5, H6N5, H12N5 subtypes. "

Our additional concern is all the others virus vaccines listed but not yet promoted yet, get my point!

You may want to get this into a few specialists hands for comment immediately.

The following link is the most important. It shows that the original application was filed in 08/28/2007. - https://patents.google.com/patent/US20090060950A1/en

Start off from here http://portal.uspto.gov/external/portal/pair and when you get to the search page make sure "application number" is checked off and in the search field put in the application number of: 60/966,724

When it opens the page click on the tab "Image File Wrapper" then select "Specifications" and go to page "13" of the specifications. Here you will see the virus references to the viruses as noted above and it did so on "08/28/07" long before the virus was promoted as a "New and Deadly Strain" morphed out of a pig farm in Mexico.

NBC NEWS

China set to approve 1-dose swine flu shots

NBC News / The Associated Press, 2 September 2009, 10:52 PM +08
https://www.nbcnews.com/id/wbna32656525

China will soon approve domestically developed swine flu vaccines that manufacturers say can protect people against the virus with only one dose, an encouraging development for health officials racing to prepare for an expected spike in cases this winter.

The answer may be near to a crucial question about vaccine for the advancing swine flu – one shot or two?

Chinese officials say they are about to approve vaccines that prevent the new flu in a single dose.

If they're right, it would be good news. Many health researchers fear it will take two shots to protect people, vastly complicating efforts to stem the spread of the illness.

The World Health Organization says it is encouraged after reviewing the test details from one of the two Chinese vaccines. However, experts said more results are needed from other vaccine makers to determine if one dose would be potent enough.

Australia-based CSL should know within days whether one dose of its vaccine, administered to volunteers in that country in late July, was enough. CSL to date has been mum.

In about two weeks, the U.S. expects to announce initial test results from its vaccine, which is the same type as one of the Chinese versions, said Dr. Anthony Fauci of the U.S. National Institutes of Health.

"From what I've seen and heard of the data, it looks encouraging," Fauci said of the clinical trials of the Chinese vaccine from Sinovac Biotech Ltd. "This is very good news. Let's hope the material that we're using has similar results."

Dr. Tom Frieden, director of the federal Centers for Disease Control and Prevention, said his agency would need to review data suggesting that one dose of H1N1 vaccine will be enough and suggested that it might vary by population.

"It's very likely that at least for kids, two doses are going to be required," Frieden said.

Most experts, however, are optimistic at the prospect of a success of a single shot.

"Everybody is desperately hoping that one (shot) will do because then that's much easier to administer," said Jodie McVernon, a vaccine expert at the University of Melbourne who is involved in Australian trials of swine flu vaccines for young children. She had not seen the Chinese trial results.

However, James McGlothlin, a member of Purdue University's pandemic planning committee, was cautious about the Chinese report.

"They've got some very good scientists over there, but anything that sounds too good to be true ought to be scrutinized," he said in a telephone interview.

"I'd like to look at some of the clinical trials," that led to the one-dose conclusion, he said. "In China, the rules are a little bit different in terms of human subjects," and it's not clear what safety factors were in place, he said.

China's State Food and Drug Administration said on its Web site it will make a decision this week on approving the two vaccines, which completed testing last month and passed reviews by panels of about 40 experts. Four other vaccines are being reviewed, it said.

Government-backed vaccine makers Sinovac and Hualan Biological Engineering Inc. said their studies show one shot of vaccine is effective on people ages 3 to 60. More than 3,000 people participated in the trials.

Sinovac says it has the capacity to produce up to 30 million doses of swine flu vaccine in a year, while Hualan said it can make 160 million doses.

Stockpiling vaccines is China's latest move in its aggressive approach to contain the spread of swine flu in the country of 1.3 billion people and relatively limited medical resources. It has quarantined travelers on suspicion of contact with infected people and ordered schools to test students' temperatures.

The Health Ministry says around 3,700 cases of swine flu have been confirmed on the mainland – none fatal.

China aims to have enough swine flu vaccine for 5 percent of the public by the end of the year, and although health officials have not released detailed vaccination plans, they have said health workers, public service workers and students are priority groups.

Should China export vaccines, however, quality concerns could arise.

Though China is a worldwide manufacturing center for pharmaceuticals, suppliers have been known to substitute cheaper and sometimes lethal ingredients. Tainted cough syrup was linked to several deaths in Central America and blood thinners made with contaminated products are suspected in dozens of deaths in the U.S. in recent years.

Last week, Mexico's health secretary, Jose Angel Cordova, said Mexico is considering buying vaccines from China, which would be more than 40 percent cheaper than other vaccines being offered to the government. But Mexico would want a guarantee that China's vaccine is safe and effective, he said.

The World Health Organization said information provided by Sinovac showed that in studies, the vaccines were tested in three formulations of 15 micrograms per dose, and all gave antibody responses that satisfied regulatory criteria. That vaccine dose is the same amount the U.S. government is testing.

"We have no reason to doubt what Sinovac is reporting," said Melinda Henry, a WHO spokeswoman in Geneva. "Certainly if one dose proves sufficient to produce the desired immune response, this would be very encouraging in terms of augmenting the global supply of vaccine in the near future."

International health experts say swine flu has not been as severe as initially feared. At least 2,185 people have died, but most cases are mild and require no treatment. Worries remain that a rash of new infections could overwhelm hospitals and health authorities, particularly in poorer countries.

White House advisers have estimated that in a worst case scenario, half the U.S. population could become infected and the World Health Organization predicts that within two years nearly one-third of the world's population will have caught it.

CHINADAILY 中国日报网 .COM.CN

Sinovac gets first production license for A/H1N1 flu vaccine (Xinhua)

Chian Daily, 3 September 2009, 15:38
https://global.chinadaily.com.cn/world/2009-09/03/content_8875747.htm

Beijing: China approved Thursday the A/H1N1 flu vaccine produced by domestic pharmaceutical company Sinovac, making it the first to get a production license in the global race.

The State Food and Drug Administration (SFDA) issued the license for Sinovac's vaccine called Panflu.1 on Thursday, after it passed SFDA's experts evaluation on August 31.

Panflu.1 could safely be given to people aged from 3 to 60 years old in a single shot, 15 microgram dose, according to the evaluation report.

Sinovac had the capacity to produce 5 million doses of vaccine before October1, and 20 million to 30 million doses per year, said president Yin Weidong.

Another A/H1N1 flu vaccine, produced by Chinese pharmaceutical company Hualan Biological Engineering Inc.,is also hopeful to be given the country's second approval this week.

REUTERS

Compiled by Sam Cage in Zurich

Who is making the swine flu vaccine?

Reuters, 3 September 2009, 7:46 PM
https://www.reuters.com/article/us-flu-vaccines-factbox-sb-idINTRE5822NQ20090903

(Reuters) - Pharmaceutical companies are racing to develop a vaccine against swine flu ahead of a possible spread of the virus in the northern hemisphere autumn and winter.

Officials are worried vaccine supplies will prove tight and sales are expected to provide a windfall for the global drugs industry.

Here are details of some companies' progress in making and supplying the vaccine:

GLAXOSMITHKLINE

Glaxo is testing its pandemic H1N1 swine flu vaccine in humans and expects to start giving the results to government agencies in September.

The world's second largest drugmaker said in August it has won orders for H1N1 swine flu vaccine from a further nine governments, taking the total number of doses ordered to 291 million. With more orders still to come, it could be in line for a flu vaccine windfall of more than $3 billion in the next six months or so, according to industry analysts.

SANOFI-AVENTIS

The world leader in flu shots has received major orders from the United States and France for H1N1 flu vaccines and said in July it was in discussion with more than 30 countries about supplies, though it cautioned 2009 sales might not be that large.

An executive said last month Sanofi is "reasonably" comfortable it would be able to honor its contract to supply H1N1 swine flu vaccines to the United States in October. It has a $250 million deal to provide the United States with the swine flu antigen in bulk. Sanofi would also fill France's order of doses between November and early December, as planned.

NOVARTIS

Basel, Switzerland-based Novartis -- whose vaccine gave a strong response even after one dose in a pilot trial -- expects to have a vaccine ready by the end of September or October. It has secured several orders for H1N1 vaccines, though does not expect to see any benefit in its figures until the fourth quarter.

ASTRAZENECA

Astra's MedImmune unit has an initial $90 million order from the U.S. government and has said there is potential for more orders.

MedImmune's vaccine technology, currently only available in the United States, is different from traditional injectable flu shots in that it is a mist sprayed into the nose, where the flu virus usually enters the body.

SINOVAC

China's Sinovac Biotech is the first company worldwide to complete clinical trials for an H1N1 vaccine, which has received approval from Chinese health authorities. Experts have predicted that two shots will be needed to provide swine flu immunity, but Sinovac said a single dose of its vaccine proved sufficient.

CSL

CSL has been in mass production of H1N1 vaccine for several weeks, has completed a first batch of 2 million shots and is producing 1-1.5 million doses per week until it fills all orders.

The Australian group has won a $180 million contract from the United States for H1N1 flu vaccine and an order for 21 million doses for the Australian government, saying in May it expected to book sales of about $250 million from swine flu vaccines in the year to 2010.

BAXTER

Baxter International has completed its first commercial batches of H1N1 vaccine made using a cell culture process designed to be faster than traditional vaccine production methods that use chicken eggs. It has supply contracts with countries including Britain, Ireland and New Zealand, but not the United States, and said in July it could not take on additional orders.

SOLVAY

Solvay said in late July that production of a cell-based H1N1 vaccine for clinical studies would start in August. The Belgian group missed out in June on a Dutch government contract to supply the Netherlands with an H1N1 flu virus vaccine because it could not supply the product within the required timeframe.

GREEN CROSS

South Korea's Green Cross is expected to benefit from the country's H1N1 preparations as the government has set aside $155 million to secure vaccines. Analysts reckon talks with South Korean authorities will guarantee Green Cross to deliver 50 percent of the vaccine supply, but there are concerns about its production capacity.

HUALAN BIOLOGICAL

A Chinese panel of experts gave a green light to a vaccine from Hualan Biological this week. Shares in the Shanghai-listed company have risen 44 percent in two weeks, hitting a life high.

INOVIO BIOMEDICAL

U.S. group Inovio has said its DNA-based H1N1 flu vaccines provided protection against the swine flu strain in pigs and mice. It said in August it expects to begin manufacturing vaccine supplies for H1N1 clinical studies in a "matter of weeks," even though it does not yet have the U.S. approval to begin human trials for that indication.

NOVAVAX

U.S. biotech company Novavax has a new kind of influenza vaccine that works against the swine flu virus in animals. It would have to get approval from the U.S. Food and Drug Administration before it could test the new vaccine in people and years of testing are likely to be required before such a new formulation could be widely used in humans.

THE WALL STREET JOURNAL

Betsy McKay

Swine Flu Remains mild as Vaccine Advances

The Wall Street Journal, 4 September 2009, 12:01 ET.
https://www.wsj.com/articles/SB125198466331383281

CDC study shows most U.S. children who died had pre-existing conditions; China makes headway with one-dose formula.

The H1N1 swine-flu virus is sickening many people around the world, but so far isn't becoming more virulent, health experts said Thursday, giving a bit of breathing room to pharmaceutical companies and officials rushing to deliver a vaccine.

"The good news is that so far, everything that we've seen, both here and abroad, shows that the virus has not changed to become more deadly," said Thomas Frieden, the director of the U.S. Centers for Disease Control and Prevention. "That means that although it may affect lots of people, most people will not be severely ill." But he cautioned that "the H1N1 influenza and influenza generally is unpredictable."

A CDC study Thursday showed that most of those U.S. children who have died of the new H1N1 flu were at least five years old, and 67% had high-risk medical conditions, predominantly neuro-developmental disorders such as epilepsy or cerebral palsy. Some otherwise healthy children who died had bacterial infections, the study found, warning doctors to be on the lookout for them so they could be treated quickly.

Health officials welcomed early evidence that one dose of the new H1N1 vaccine may be sufficient to protect some people from infection. If that finding bears out, public health authorities would be able to stretch limited supplies of vaccine to a larger portion of the population.

Their assumption has been that most people would need two doses to build enough immunity to the new virus. World-wide, the new flu has been confirmed to have infected more than 209,438 people, and at least 2,185 have died, according to the World Health Organization.

Chinese vaccine maker Sinovac Biotech Ltd. won approval from China's drug regulator for commercial production of that country's first H1N1 swine-flu vaccine, and said it is effective with a single standard dose. Novartis AG also said that its H1N1 swine-flu vaccine also prompted a strong immune response after a single dose in a pilot trial. The company said that two doses provided better protection, but that the study suggested one dose could be enough to protect adults against swine flu.

"While we do not yet have full details, these appear to be encouraging results," Marie-Paule Kieny, the WHO's vaccine research director, said of the findings.

U.S. officials are hoping for similar results from their own clinical trials. The Chinese vaccine is similar to shots being tested in the U.S., according to Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. Initial results are expected sometime in the next two weeks.

The WHO has warned that there isn't enough production capacity to produce shots for the world's entire population. About 25 companies are making H1N1 pandemic vaccines, including Sanofi Aventis SA, GlaxoSmithKline PLC and Novartis. The U.S. has ordered 195 million doses from five companies, and is expected to take delivery of the first 45 million to 52 million doses in mid-October.

The WHO has asked vaccine manufacturers to set aside at least 10% of their vaccine production for the developing world, and is talking with governments, as well as potential nongovernmental donors, about helping poor countries obtain vaccine. The WHO is trying "to do whatever we can to improve access in developing and poor countries to vaccine. This is a high priority for us," said Keiji Fukuda, the WHO's assistant director-general for health security and environment.

So far, though, only two companies have agreed to donate doses for developing nations, according to the WHO: Sanofi with 100 million doses, and GlaxoSmithKline with 50 million. The agency is also trying to obtain a portion of H1N1 vaccine production from other manufacturers at reduced prices, and is providing seed financing and technical assistance to 11 vaccine manufacturers in developing countries.

China is among the countries the WHO is pressing to donate vaccine for the developing world. China says that by the end of the year its vaccine manufacturers will produce enough vaccine for about 65 million people – or about 5% of its population. That would exceed China's usual seasonal flu-vaccination rate.

Demand for the vaccine is potentially vast in China. The country's work force plays a critical role in world manufacturing, and the global economy could be affected if large numbers of Chinese become ill. Some scientists also fear that if H1N1 were to spread in China's huge population, chances would increase that it could mix with other viruses such as avian influenza and become more deadly.

Mao Qunan, a spokesman for China's Ministry of Health, said experts are discussing how to allocate the vaccine and which groups of people should have priority for immunization, which he said should "start as soon as possible." He said Beijing as yet has no specific plans about providing vaccine outside China, but that "we will do our best" to help other developing countries.

Liu Peicheng, a spokesman for Sinovac, said specific plans for the distribution and use of its vaccine would be decided by the government. "The priority is to meet the domestic demand. The surplus will be provided to other countries," he said. Sinovac is supposed to supply five million doses of the vaccine by Oct. 1, and annual capacity would be 20 million to 30 million doses, the company said.

DERSTANDARD



Minister:

"Zwangs-impfung ist sicher nicht notwendig"
Stöger: "Panik ist nicht notwendig."

Der Standard, 6 September 2009, 18:47
https://web.archive.org/web/20091019014454/
http://derstandard.at/fs/1252036709195/
Minister-Zwangsshyimpfung-ist-sicher-nicht-notwendig

Vorsichtig, aber nicht hysterisch will Gesundheitsminister Alois Stöger mit der Schweinegrippe umgehen - Er werde sich nicht impfen lassen

Standard: Droht mit dem Schulbeginn eine weitere Ausbreitung der Schweinegrippe?

Stöger: Wir gehen nicht davon aus. Es wird möglicherweise im Herbst, in der normalen Grippesaison, mehr Erkrankungen geben. Verglichen mit den Ländern in der südlichen Hemisphäre ist der Verlauf bei uns sehr milde, die Ansteckung ging nicht in der Geschwindigkeit vor sich, wie das die WHO befürchtet hatte.

Standard: Waren die getroffenen Maßnahmen, etwa die rasche Entwicklung des Impfstoffes, übertrieben?

Stöger: Wenn die Weltgesundheitsorganisation die Pandemiestufe sechs ausruft, muss eine Gesundheitsbehörde handeln - das haben wir getan. Wir sind mit dem Virus sehr vorsichtig umgegangen und haben den schlimmsten Fall zur Vorbereitung angenommen. Die Menschen brauchen Sicherheit, sie können sich auf die Gesundheitsbehörden verlassen. Aber wir machen keine Hysterie. Panik ist nicht notwendig. Wir haben vorgesorgt für Menschen, die sich impfen lassen wollen. Aber eine flächendeckende Zwangsimpfung ist sicher nicht notwendig.

Standard: Werden Sie sich selbst impfen lassen?

Stöger: Nein, ganz sicher nicht. Ich gehöre nicht zu den Risikogruppen. Es wird aber genügend Impfstoff geben für diejenigen, die das wollen. (Andrea Heigl/DER STANDARD, Printausgabe, 7. September 2009)

Zur Person: Alois Stöger (49) ist als Gesundheitsminister für die österreichischen Pandemiepläne verantwortlich.

PreventDISEASE.com
Aiming Towards Better Health

Junk Science and Contradictions Dominate WHO Pandemic Statements and Policies

Prevent Disease, 8 September 2009
https://web.archive.org/web/20090915190037/http://preventdisease.com/news/09/090809_swine_WHO_junk_science.shtml

The World Health Organization (WHO) claims that by employing their monitoring standards on outbreaks from different parts of the world, they are able to obtain sufficient information to make tentative conclusions about how the influenza pandemic might evolve in the coming months. Much of the clever phrasing on the WHO website is convincing enough to conceal the fact that all their pandemic policies on response and preparation recommendations are based on pure speculation and junk science.

More and more investigations on the flu pandemic hype are exposing the malicious intent by the agencies involved. The hype which has been so masterfully publicized by the WHO, CDC and other government agencies, is simply an evolving perpetual motor of deception.

Some of the myths propagated by the WHO are as follows:

WHO Claim: **H1N1 is now the dominant virus strain**

The WHO claims that the evidence from multiple outbreak sites demonstrates that the H1N1 pandemic virus has rapidly established itself and is now the dominant influenza strain in most parts of the world.

This is extremely deceptive of the WHO since they admit they are routinely re-categorizing a large number of cases of common influenza as H1N1 swine flu. The WHO stated in a briefing note that the "…increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures. ”

They also admit that:

- they will not collect data on the spread of H1N1 based on systematic lab confirmation.
- they will discourage national health officials to conduct detection and laboratory confirmation, while also pressuring the countries' public health authorities to duly deliver to the WHO on a weekly basis the data on H1N1 cases.
- they will only refer to "confirmed cases”. They do not distinguish between confirmed and non-confirmed case. It would appear that the "non-confirmed” cases are categorized as confirmed cases and the numbers are then used by the WHO to prove that the disease is spreading.

Reality: Since the swine flu has the same symptoms as seasonal influenza, the widespread incidence of the common flu is being used to generate the confirmed case H1N1/swine flu reports delivered to the WHO. Therefore, without laboratory evidence, it is impossible (scientifically or otherwise) for the WHO to ascertain any reliable evidence that H1N1 is the dominant virus strain. They routinely use such junk science in dealing with the body of pandemic facts and truths.

WHO Claim: **Pandemic flu is not the same as seasonal influenza**

They claim that there are differences between patterns of illness reported during the pandemic and those seen during seasonal epidemics of influenza. Specifically, they imply that age groups affected by the pandemic are generally younger than those of seasonal influenza.

The WHO is knowingly misleading the public with their claims. On their own website, they specify that "yearly influenza epidemics can seriously affect all age groups." Moreover, by insisting that "most of the severe cases and deaths have occurred in adults under the age of 50," they are specifically targeting populations with the largest demographic age group. Their intention is to endorse the greatest compliance for public administration of vaccines and the highest profits to the pharmaceutical industry. Without any scientific evidence, they promote these assumptions and advertise their fictitious data and opinions as facts.

The symptoms of seasonal influenza are known to be quite mild for the majority of the population. Coincidently, the WHO continues to define the severity of the H1N1 virus as an illness requiring neither hospitalization nor even medical care. Most cases are having mild symptoms that clear up on their own, very much like seasonal influenza. These types of contradictory statements are littered throughout the WHO literature and their policies.

Reality: There is no substantive or credible nature to this claim since the WHO will not collect data on the spread of H1N1 for ANY age group based on systematic lab confirmation. The fact that they are not distinguishing between confirmed and non-confirmed cases strongly translates this claim into pure conjecture.

WHO Claim: **Pregnant Women are a vulnerable group**

According to the WHO, there is an increased risk of the pandemic flu during pregnancy which is well-documented across countries. They further state that this risk takes on added significance for this virus since it preferentially infects younger people.

Pregnant women have been identified as being at high risk of complications resulting from H1N1 flu, following publication of research in the Lancet medical journal in July. As a result, officials on both sides of the Atlantic have identified mothers-to-be as priority cases for the fast-tracked vaccine, despite the fact that relatively nothing is known about the possible side effects of the vaccine on unborn babies. => https://www.theguardian.com/world/2009/jul/29/swine-flu-pregnant-woman-lancet

Just as there was no evidence of the avian flu virus mutating to cause a pandemic, there is also no evidence of any mutagenic process involved in the H1N1 swine flu virus. Talmage Holmes, a relationship manager for the Centers for Disease Control and Prevention (CDC) in Columbus, Ohio, states that pregnant women should not have any special worries. "Pregnant women are at no greater risk than others." says Dr. Holmes. "Until there has been mutation or re-assortment of the avian flu virus' genetic material, the risk to all humans is very low."

Reality: To date, there are NO well-documented case studies in any country that establish pregnant women as having an increased risk for pandemic flu. Globally, the effects of the H1N1 swine flu virus have been relatively mild and it has behaved no differently than any other influenza virus. The WHO is well aware of this fact despite its tireless effort to advocate the opposite by manipulating the data. By targeting pregnant women, the WHO is attempting to instigate fear which they hoped would activate the maternal protective reponse in women who would then opt for the vaccine. In reality, it has accomplished the opposite effect. According to the results of recent polls on mumsnet.com, just 6% of pregnant women say they definitely will take the swine flu vaccine to protect their children.

WHO Claim: **Regulatory procedures for pandemic vaccines are rigorous and do not compromise safety.**

According to the WHO, they attempt to shorten the time between the emergence of pandemic viruses and the availability of safe and effective vaccines.

For example, to fast-track vaccines, they only require minimal data from manufacturers who already have licensed influenza vaccines if they intend on using the same manufacturing process for pandemic vaccines.

One such method used in Europe is to conduct advance studies using a "mock-up" vaccine that contains an active ingredient for an influenza virus that has not circulated recently in human populations.

When testing these mock-up vaccines, it is very possible to release the novel influenza virus into the population, as its purpose is to "mimic the novelty of a pandemic virus" and "greatly expedite regulatory approval."

Why are the potential effects of releasing a viral strain to which humans have acquired NO immunity for? This alone is an extremely dangerous practice which leaves gaping holes in the safety protocols at the WHO.

They also claim that fast-tracked vaccines will require post-inoculation testing to validate vaccine safety. "Time constraints mean that clinical data at the time when pandemic vaccines are first administered will inevitably be limited. Further testing of safety and effectiveness will need to take place after administration of the vaccine has begun." In other words, the first groups or populations treated with the vaccine are human experiments.

Reality: This clearly demonstrates the irresponsible nature of WHO pandemic policy. The fast-tracked pandemic vaccines they attempt to regulate and approve are those with the least safety testing prior to being used. This potentially gives vaccine manufacturers the green light to develop medically approved poison with no regard to human health. They compromise safety in every respect.

WHO Claim: **Influenza vaccines have been used for more than 60 years and have an established record of safety in all age groups.**

Reality: For the last 60 years, influenza vaccines have contained combinations of the following: Ammonium sulfate, polysorbate 80, thimerosal, formaldehyde, egg or chicken protein, antibiotics and aluminum, among others. Each of the above ingredients are toxic and pose a scientifically established hazard when injected into the human body. The long-term adverse effects of vaccines and their additives are no longer questioned by hundreds of internationally recognized scientists. The facts are clear, the risk of vaccines outweigh any benefits to human health.

Inoculations are the true weapons of mass destruction, and have absolutely no correlation to disease prevention. Vaccines have caused millions of chronic health ailments and deaths in the last 60 years. The statements made by the WHO claiming "an established record of safety in all age groups" is at the very least outlandish and criminal.

CHINA.ORG.CN

China issues world's first warrant for A/H1N1 flu vaccination

China.org.cn, Xinhua News Agency, 8 September 2009, 16:11
http://www.china.org.cn/government/central_government/2009-09/08/content_18481874.htm
http://www.china.org.cn/government/central_government/2009-09/08/content_18481874_2.htm

Beijing, Sept. 8 (Xinhua) – China has issued its first warrant for mass inoculation with domestic A/H1N1 flu vaccine, the first country in the world to do so, Health Minister Chen Zhu said Tuesday.

Chen said the warrant was issued by the State Food and Drug Administration Monday after the safety and effectiveness of the vaccines had been proved in clinical tests.

The first people to receive the vaccinations will be those attending celebrations for the 60th anniversary of the founding of the People's Republic of China, Chen said.

The celebration on Oct. 1 consists of a military parade, a mass pageant and a gala. The pageant alone will involve about 200,000 citizens.

Chen said protection would also be given to vulnerable groups, such as carriers of chronic disease, school students and medical staff.

"We will also consider the differences between regions and start the vaccinations in areas where flu situations are serious," Chen said.

Chen said the vaccination plan had been drafted on the basis of repeated and conscientious work by medical experts, with advice from the World Health Organization (WHO).

Besides vaccination, other preventive measures, such as education for the public on prevention, would be carried on to keep the epidemic in a "controllable state", Chen said.

"We will improve information channels and formulate prevention plans targeting railway and a

"We will also improve treatment methods," he said. "Apart from respiratory and anti-virus medicines, we will use traditional Chinese medicine."

Chen said the medical system was prepared to treat patients "ona large scale", especially those showing severe symptoms.

By Monday, all 31 provinces and municipalities on the Chinese mainland had reported A/H1N1 flu cases, bringing the total to 5,592. So far, nearly 70 percent have recovered and no deaths have been reported.

Both the WHO and domestic experts say they believe the A/H1N1 flu epidemic will reach the peak in autumn and winter, Chen said.

He said China's situation was "grim" given the large number of students who started the new semester in September and the National Day celebrations.

In the past week, 95 percent of newly confirmed A/H1N1 flu cases were locals, he said.

Since late-June, China has reported 128 cases of group infections. In some provinces there has been a rising proportion of A/H1N1 flu cases against other flu-linked illnesses.

On Friday, Shanghai reported an A/H1N1 flu patient showing severe symptoms, including respiratory and multi-organ function failures. On Sunday, eastern Zhejiang Province reported another patient in a critical situation with adult respiratory distress syndrome.

The Shanghai patient, though not completely out of danger, has shown signs of improvement, Chen said. The Zhejiang patient is also in a less critical situation.

A meeting presided over by Premier Wen Jiabao on Monday vowed to step up the prevention and control of the A/H1N1 flu virus in the run-up to the National Day celebrations.

Schools are currently the key battlegrounds in China's fight against the virus and classes would be suspended "properly" to avoid mass infection when an outbreak occurs, the meeting decided.

China's ability to produce A/H1N1 flu vaccines is still limited compared with its 1.3 billion population, Chen said.

"Therefore, we still need to carry out preventive measures proved effective previously, especially the public's ability to protect itself," he said.

MMnews

Schweinegrippe: Impfstoff-Versuche an Kindern

MM News, 8 September 2009
https://web.archive.org/web/20090911015002/http://www.mmnews.de/index.php/200909083720/MM-News/Schweinegrippe-Impfstoff-Versuche-an-Kindern.html

Die Uni-Klinik Rostock sucht Kinder im Alter von 3 bis 18 Jahren für Impfstoff-Tests gegen Schweinegrippe. Belohnung: 250 Euro. Auftraggeber: Novartis. Ausgang: unbekannt. Eltern stellen Kinder als Versuchskaninchen zur Verfügung.

In einer Anzeige der Ostsee-Zeitung sucht das Tropenmedizinische Institut der Universitätsklinik Rostock nach Testkandidaten für einen Impfstoff gegen Schweinegrippe. Den jungen Teilnehmern wird der Impfstoff im Wochenabstand drei mal eingespritzt. Nach einem Jahr stehen dann noch mal zwei Termine beim Arzt an.

Untersucht werden soll, ob der vorgesehene Impfstoff von Novartis zu unerwarteten Nebenwirkungen führt, erklärte der verwantwortliche Mediziner. Er rechne zwar nicht, dass solche Nebenwirkungen auftreten, aber eine 100%-Garantie könne man derzeit nicht geben - deshalb seien die Tests erforderlich.

Auf die Frage, ob der das Projekt leitende Arzt sich selbst und seine Kinder auch schon gegen die Schweinegrippe impfen lassen würde, antwortete der Mediziner mit "ja".

Derzeit laufen weltweit Tests mit Kindern und Jugendlichen, um die Unbedenklichkeit des Novartis-Impfstoffs zu testen. Insgesamt werden 600 Testkandidaten benötigt. 200 davon werden aus Deutschland rekrutiert.

Nach Aussagen des Mediziners seien die Tests an Erwachsenen weitgehend abgeschlossen. Nun müsse noch überprüft werden, wie Kinder und Jugendliche reagierten.

Über mögliche Nebenwirkungen äußerte sich der Arzt folgendermaßen:

Rötungen an der Einstichstelle, Druck, grippeähnliche Beschwerden, Kopfschmerzen, Gelenk- und Muskelschmerzen. Fehlsteuerungen des Immunsystems.

Auf die Frage, ob eine generelle Impfung überhaupt sinnvoll sei, da die Schweinegrippe doch bisher glimpflich verlaufe, erläuterte der Mediziner, dass das Virus jeder Zeit mutieren könne und damit gefährlich werden könne.

Ob jedoch gegen ein mutiertes Virus der Impfstoff noch hilft, bleibt fraglich.

Dem Vernehmen nach nutzen besonders arme Familien den Impfstoff-Test als willkommene Einnahmequelle und bringen ihre Kinder in die Klinik. Pro Termin gibt es 50 Euro - insgesamt locken 250 Euro für 5 Termine.

REUTERS

Toni Clarke (reporter), Maggie Fox (editer)

Biotech companies benefiting from flu outbreak

Reuters, 8 September 2009, 3:43pm EDT
http://www.reuters.com/article/healthNews/idUSTRE5875SM20090908?virtualBrandChannel=10522

(Reuters) - Here is a list of biotech companies whose shares may rise or fall depending on the course of the swine flu pandemic.

GILEAD SCIENCES INC - Receives royalties on sales of the Tamiflu pill, which Roche Holding AG sells under license from Gilead. According to analysts at Barclays Capital, current projections for the second half of the year suggest combined seasonal and pandemic Tamiflu sales of $1 billion.

BIOTA HOLDINGS LTD - The Australian biotech company receives royalties on sales of the inhaled antiviral drug Relenza, which is marketed by GlaxoSmithKline Plc. Biota's royalties more than doubled to $37.5 million in the year to June. The company is developing a new flu drug, laninamivir, with Daiichi Sankyo. Late stage studies in Asia showed a single dose of inhaled laninamivir alleviated flu as effectively as five days of twice-daily Tamiflu.

* NOVAVAX INC - Will apply to U.S. Food and Drug Administration in the fourth quarter to start human clinical trials of its H1N1 vaccine. An earlier trial of the virus-like particle (VLP) vaccine showed it protected ferrets from swine flu. The vaccines can be grown in caterpillar cells and can be produced much quicker than traditional vaccines made using chicken eggs.

* BIOCRYST PHARMACEUTICALS INC - Has intravenous antiviral called peramivir in late stage development. A late-stage trial sponsored by partner Shionogi & Co Ltd of Japan showed peramivir was no less effective than Tamiflu.

* VICAL INC - Developing a gene-based vaccine using its Vaxfectin adjuvant, which boosts the immune system. Early trials showed it produced a robust immune responses in animals. The company is developing vaccines against the H5N1 avian flu strain and the new H1N1 virus.

* INOVIO BIOMEDICAL CORP - Developing DNA-based H1N1 flu vaccines that protect pigs and mice. It will jointly develop universal influenza vaccines -- vaccines that target several strains of the virus -- with the National Institutes of Health's research unit.

* MEDICAGO INC - The Canadian biotech makes protein-based vaccines through the genetic engineering of plants such as tobacco. It is working to form agreements in different geographies. Most recently, it said it expects to sign a licensing agreement with a Middle East company that will pave the way for the say for the development of its swine flu vaccine in the region.

* GENEREX BIOTECHNOLOGY CORP - Making synthetic peptide vaccines. These differ from egg-based vaccines in that they do not use a live virus. Instead, peptides are arranged so as to mimic

the virus, priming the immune system. The vaccines are designed to be produced more quickly than traditional vaccines. Generex will apply to U.S. regulators in the fourth-quarter to start human trials.

* CRUCELL NV - The Dutch biotech plans to begin clinical trials of its experimental antibody-based flu drug mAB CR6261 next year. The company's PER.C6 technology uses human cells rather than chicken eggs to produce an antibody to prevent a infection with a variety of flu viruses.

* CSL Ltd - Australia's CSL has completed its first batch of 2 million shots in 15 microgram doses and is producing up to 1.5 million doses per week until it fills orders, which include an order for 21 million doses from the Australian government and $180 million in orders from the United States.

* GREEN CROSS - Green Cross, the only South Korean drug company that can mass produce an H1N1 flu vaccine, has signed a $7.4 million supply deal with the government, which secured 1.1 million doses of the vaccine for delivery by the end of November.

SINOVAC BIOTECH LTD - The China-based company is the first worldwide to complete clinical trials of an H1N1 flu vaccine. It said the vaccine, which is given in a single dose, rather than the two doses typical for a vaccine, is ready for delivery. Sinovac expects to produce 30 million doses.

HUALAN BIOLOGICAL - A Chinese panel of experts has given the green light to the Shanghai-listed company's vaccine. It is expected to be approved there this month.

THE FLU CASE

Ineffectiveness of seasonal flu vaccines
Report in Chinese on the "swine flu" jab risks

The Flu Case, 9 September 2009
https://web.archive.org/web/20090917131846/http://www.theflucase.com/index.php?option=com_content&view=article&id=535%3Areport-in-chinese-on-the-qswine-fluq-jab-risks&catid=1%3Alatest-news&Itemid=64&lang=en

11) Ineffectiveness of seasonal flu vaccines

Given the rush to get H1N1 influenza vaccines into production, it is unlikely that there will be much, if any data, on the effectiveness of these vaccines in preventing H1N1 influenza or its complications before the vaccine is released into the market. The "efficacy" of influenza vaccines is a term used to describe its effect in creating an antibody response; this does not necessarily mean that the vaccine will protect against infection. Influenza vaccines have a long history of producing disappointing results in terms of preventing influenza or influenza like illness. A recent article published in the British Journal of Medicine stated that:

"In children under 2 years inactivated vaccines had the same field efficacy as placebo,8 and in healthy people under 65 vaccination did not affect hospital stay, time off work, or death from influenza and its complications.9"

The author also expressed surpise at the lack of safety studies:

"A Cochrane Database Systematic Review found only one old trial with data from 35 participants aged 12-28 months.8 In the general population of elderly people, despite a dataset of several million observations, safety was only reported in five randomised controlled trials (2963 observations in total) on local and systemic adverse events seen within a week of giving parenteral inactivated vaccine."

He recommended that in light of the evidence poor effectiveness of inactivated influenza vaccine, poor methodology of some studies and the surprisingly small amount of information relating to vaccine safety, that a "a re-evaluation [of influenza vaccination programmes] should be urgently undertaken." => http://www.bmj.com/cgi/content/full/333/7574/912

Concluding Comments:

Given that seasonal influenza vaccines do not appear to be very effective in preventing influenza like illness or complications and the fact that the serious concerns have been raised about the safety of H1N1 pandemic influenza vaccines, the decision about whether or not to receive an H1N1 vaccine is one that should be made very carefully. (Certainly, at the very least, potential candidates for vaccination would do well to study the vaccine manufacturer's datasheet when this is available before making a decision about the vaccine). In New Zealand the decision about whether or not to be vaccinated has always been made by the individual concerned (or the parents/guardians of a child aged under the age of 16 years).

It is a basic human right that individuals give informed consent to any proposed medical treatment, including vaccination. It is crucial to the well-being of both individuals and our country as a whole that we resist any attempt by the State to erode individual rights and freedom of choice by making vaccination against H1N1 influenza compulsory for any group of New Zealanders or within the country as a whole. Considering that the World Health Organisation influences the health policies of every country in the world, citizens of countries other than NZ would do well to look at the policies of their country's Ministry of Health and relevant national legislation and take whatever steps necessary to preserve (or regain) freedom of choice when it comes to vaccination.

Thomas Stephens

Progress made on swine flu vaccine

Swiss Info, September 11, 2009, 13:42
https://www.swissinfo.ch/eng/progress-made-on-swine-flu-vaccine/1007006

Less deadly than initially feared, the A/H1N1 flu pandemic will soon be up against a vaccine, expected to be available between mid-October and November.

Delivery in Switzerland will be spread out between the end of September and mid-October, but the date of the first actual jabs remains open, says Claire-Anne Siegrist, president of the Federal Vaccination Commission.

Definitely between the second half of October and November, according to swissmedic, the Swiss agency for therapeutic products.

Similar to the annual fight against seasonal flu, vaccines will be first administered in Switzerland to people at risk. The US Centers for Disease Control and Prevention has said this category includes pregnant women, children younger than five and people with certain chronic conditions like asthma and heart disease.

In a second stage, a couple of weeks later, anyone wishing to vaccinate themselves or their immediate family could do so.

Pascale Boyer Barresi, a financial analyst at private bank Bordier, sees this happening from December or January.

Switzerland has ordered 13 million doses from pharmaceutical companies Novartis and GlaxoSmith-Kline. Novartis confirmed to swissinfo.ch that deliveries will be ready on an international level between October and the beginning of 2010.

The Basel-based firm said it could produce 150 million doses a year, mainly from its units in Germany, Italy, Britain and, from November, the United States.

So far more than 1,100 cases of A/H1N1 have been reported in Switzerland and Liechtenstein. Since July, 18 people have been admitted to hospital, some for complications arising from the flu and others among risk groups such as pregnant women.

Highly specialised

Novartis uses two techniques: the traditional method – still responsible for about 90 per cent of the world's flu vaccines – of injecting the virus into chicken eggs, and cell culture.

This second method, which involves cells being grown under controlled conditions, is "much more profitable in terms of productivity but does require highly specialised equipment, which is expensive", said Boyer Barresi.

"The cost price would double. I'd be astonished if they sold their vaccine at a loss – but with a limited mark-up, without doubt."

He expects Novartis, Sanofi Pasteur, Baxter and GlaxoSmithKline to bring their respective vaccines onto the market more or less simultaneously, "having been given access to the genetic properties of the virus at the same time and possessing similar development capacities".

These four pharmaceutical firms will share the northern markets. China and India are also looking to respond to global needs.

One dose or two?

Optimum quality is one of the criteria used by Switzerland when considering a vaccine.

Also important is the presence of an adjuvant, a chemical component used to stretch a vaccine's active ingredient and essentially make it more efficient.

The strength of the immune response is important in determining not just that the vaccines work but how many doses people will need. Because swine flu is a new strain, many infectious disease experts have been expecting people will need two doses to get full immunity against the virus.

However, Novartis said last week that a single dose of one of its experimental vaccines appeared to protect against the virus, raising hopes that potentially tight supplies could go further when mass immunisation gets under way.

According to Novartis, people who got two injections of vaccine had a better immune response, but just one injection also provided adequate protection within two weeks of the vaccine being given.

"It is very rare for a virus to circulate only once," said Siegrist, adding that experts were expecting one or more waves but were unable to predict when.

EUR-**Lex**
Access to European Union law

Commission Staff Working Document [SEC(2009) 1191 final]
Regulatory process for the authorisation of antiviral medicines and vaccines in the protection against Pandemic Influenza (H1N1) 2009

Brussels, Commission of the European Communities, 15 September 2009
https://eur-lex.europa.eu/legal-content/PT/ALL/?uri=CELEX%3A52009SC1191

Accompanying document to the
Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee and the Committee of the Regions. Pandemic Influenza A (H1N1) 2009; {COM(2009) 481}; {SEC(2009) 1188}; {SEC(2009) 1189}; {SEC(2009) 1190}; {SEC(2009) 1192}

Executive Summary and Conclusions
On 11 June 2009 the WHO declared the influenza pandemic. Moreover the Strategic Advisory Group of Experts (SAGE) of the WHO recommended that healthcare workers should be vaccinated as a first priority to protect the essential health infrastructure. SAGE suggested the following order of priority encompassing the whole population: pregnant women, those aged above 6 months with one or several chronic medical conditions, healthy young adults of 15 to 49 years of age, healthy children, healthy adults of 50 to 64 years of age, and healthy adults of 65 years of age and above. WHO endorsed these recommendations on 11 July 2009.
https://web.archive.org/web/20090714231253/http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html

The EU Member States are responsible for the definition and implementation of any strategy for vaccination, while both the EU and the Member States are carrying responsibilities for the authorisation of vaccines and for the needed pharmacovigilance. On this basis, Member States developed a shared approach for priority groups for vaccination, which was published on 25 August 2009. http://ec.europa.eu/health/ph_threats/com/Influenza/docs/HSC_EWRS_statement_en.pdf

The EU has already started taken action to tackle the pandemic. While various anti-viral medicines received approval for marketing in the past and are available for treatment of pandemic influenza in the EU, new measures have been concentrated on an accelerated assessment of new applications for marketing authorisations of Influenza A (H1N1) vaccines and variations thereof. Both the European Medicines Agency (EMEA) and Member States have received or are expecting applications for market authorisations and variations thereof. Community legislation provides for a sound legal framework to address the challenges of a pandemic influenza. For defined categories of medicinal products, such as vaccines manufactured using a biotechnological process, the central authorisation process for marketing is mandatory. The national authorisation procedure is applicable to all other procedures and under certain conditions there is a choice between the two procedures. On the basis of these provisions, swift scientific assessment of Influenza A (H1N1) 2009 vaccines by the EMEA and a swift subsequent Commission Decision on the marketing authorisation will be ensured with the objective to have substantial amounts of safe vaccines available across the EU 27.

Moreover, Community legislation has specific legal provisions in the case of a declared pandemic influenza. The Commission has underpinned legislation by regulatory guidelines and the EMEA has, through its scientific committees, adopted scientific guidelines including guidelines for pandemic vaccines. Specifically designed processes for the scientific evaluation of a variation of pandemic vaccines are intended to allow for best possible planning reliability in the case companies

intend to start early production. In addition, the EMEA is in close contact on an exchange and sharing of strategies for drug development, assessment and scientific information with major international partners, with which a confidentiality agreement exists (US, Canada, Japan).

Scientific assessment of the risk-benefit balance of any vaccine to be authorised for the protection against Influenza A (H1N1) 2009 will be important on the basis of available data in the current pandemic situation. In any case depending on the evolvement of the real situation the EU has all means at its disposal to act as rapidly as needed. Equally important for public trust and confidence is pharmacovigilance. After an authorisation for marketing of vaccines has been granted, companies will be subject to intensive pharmacovigilance monitoring and reporting obligations. When deemed necessary from a risk-benefit perspective, competent authorities will take the necessary actions with respect to the marketing authorisation granted. This may include, but is not limited to, a widening or a restriction of the scope of the marketing authorisation with respect to patient population, contra-indications and posology amongst others.

The Commission will facilitate as much as possible cooperation and the exchange of information. Cooperation with WHO is crucial. In order to develop vaccines against novel influenza, manufacturers depend on the isolation and supply of the relevant virus strains by the World Health Organization, which provided the Influenza A (H1N1) 2009 strains in May 2009. In addition, the WHO may proceed to issue specific recommendations for the development of this vaccine and on the continued production of seasonal vaccines. Furthermore, after the declaration of the pandemic by WHO there are specific provisions which allow certain flexibility on the extent of data requirements to support a marketing authorisation application and variations thereof, and the subsequent timeframe for its regulatory assessment. *In any case the risk-benefit assessment has to be positive for each vaccine*.

...

3.5. Specific legal provisions for the distribution by Member States

As a general rule, marketing authorisation holders are subject to liability for the use of their products as long as they are used within the terms of the marketing authorisation. Member States may temporarily authorise the distribution of an unauthorised medicinal product in response to the suspected or confirmed spread of pathogenic agents. This encompasses pandemic situations, such as the Influenza A (H1N1) 2009 pandemic. In such a case marketing authorisation holders, manufacturers and health professionals are not subject to civil or administrative liability for any consequences resulting from the use of a vaccine when such use of an unauthorised vaccine is recommended or required by a competent authority in response to the pandemic situation. This also applies when the use of an authorised medicinal product, such as an antiviral medicine and a vaccine, is recommended beyond authorised conditions (e.g. indications, age groups). These provisions apply independently whether a national or Community authorisation has been granted.[23]

etc. => https://eur-lex.europa.eu/legal-content/PT/ALL/?uri=CELEX%3A52009SC1191

European Commission gave Big Pharma blanket Immunity before start of Swine Flu campaign

The Flu Case, 28 December 2009

https://web.archive.org/web/20100102013146/http://theflucase.com/index.php?option=com_content&view=article&id=2414%3Aeuropean-commission-gave-big-pharma-blanket-immunity-before-start-of-swine-flu-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

Days before implementing the biggest mass vaccination campaign in history this autumn, the European Commission issued a directive giving pharmaceutical companies and governments total immunity from liability for any damages caused by the untested swine flu jab and Tamiflu, even when the drugs were used inappropriately... etc.

REUTERS

Maggie Fox

Flu experts gear up for pandemic of vaccine worry

Reuters, 16 September 2009, 3:04pm EDT
https://web.archive.org/web/20100103013122/http://www.reuters.com/article/idUSTRE58F3A720090916

Yet this year, they know a significant number will be blamed on the H1N1 vaccine, which will roll out within weeks, and they are struggling to be ready.

They expect an avalanche of so-called adverse event reports, which are reports of death, illness or other health trauma that occur within two weeks after receiving treatment -- in this case, the swine flu vaccine.

"We are going to be overwhelmed with potential events," said Mike Osterholm, a public health expert at the University of Minnesota.

"Anything that happens to anybody in the period of seven to 14 days after vaccination will be reported."

And not just to U.S. officials. The World Health Organization is trying to reassure a global audience that vaccines being made by 25 different companies, with various formulations, are all safe.

"If we have a safety signal in one country it could stop vaccination efforts in others," WHO's top flu expert Dr Keiji Fukuda told a meeting of infectious disease specialists organized by the U.S. Institute of Medicine this week.

Flu experts themselves have little doubt the vaccine being made against H1N1 is safe. It is made using precisely the same technology as the annual seasonal flu vaccine, which is given to hundreds of millions of people every year.

But because H1N1 is new, vaccine makers have been testing it to learn what the right dose is.

Spirit of '76

Memories linger of the 1976 swine flu debacle, when 43 million Americans were vaccinated against a virus that never spread, and newspapers filled with reports of a rare and crippling neurological disease called Guillain-Barre syndrome.

Guillain-Barre was never definitively linked with the vaccine, but many Americans have viewed immunizations with suspicion ever since.

"We have anticipated that there will be a need for enhanced surveillance for Guillain-Barre as well as other adverse events," Dr Nancy Cox of the U.S. Centers for Disease Control and Prevention told the meeting.

And there will be more to contend with than critical newspaper and television reports. The Internet did not exist in 1976. Nor did blogs, Facebook, Twitter or dozens of other ways for people to communicate globally and instantly.

"Information is the most globalized product of all," Fukuda said. "The ability of blog sites to influence countries' decision-makers and so on -- coming to grips with how we deal with this is going to be a priority."

To address this, CDC and the U.S. Food and Drug Administration are gearing up for one of the biggest surveillance efforts ever. "We know how absolutely essential clear, transparent communications are to the public in order to have a successful vaccination campaign," Cox said.

CDC's weapons of choice -- Facebook, Twitter, Internet RSS feeds, humorous "viral" videos posted on YouTube, iPhone apps such as the CDC News Reader. Children's Hospital Boston has an app (short for application) called Outbreaks Near Me that allows people to track the pandemic locally.

REUTERS

Susan Heavey

US approves H1N1 vaccine, says enough for everyone

Reuters, 16 September 2009, 5:28 AM GMT+8
https://www.reuters.com/article/idUSN1562056/

Washington, Sept 15 (Reuters) - U.S. health officials have approved vaccines from four drug-makers to help prevent the H1N1 swine flu, ensuring there will be enough to inoculate Americans who want the protection, U.S. Health Secretary Kathleen Sebelius told lawmakers on Tuesday.

The U.S. Food and Drug Administration cleared vaccines from Sanofi-Aventis SA , CSL Ltd , Medimmune [MEDI.UL] and Novartis AG for the H1N1 strain of influenza, she said.

"There will be vaccines for everyone," Sebelius said at a hearing of the U.S. House of Representatives Energy and Commerce Committee. There are about 300 million potential users, she said, adding that not all Americans will opt for the shot. The first doses should be available within the next four weeks, according to the FDA.

Manufacturers and governments have been scrambling for vaccines to target the new H1N1 flu strain, which was declared a pandemic in June. The World Health Organization said it could infect as many as one-third of the world's population, or 2 billion people.

Sebelius said the government has already contracted to buy 195 million doses from a total of five manufacturers and that more purchases are likely depending on how many people decide to get vaccinated.

GlaxoSmithKline Plc is also working to develop a H1N1 vaccine and win FDA approval.

Some skeptics have questioned the safety of the vaccines, especially given the quick development. Clinical trials for most adults began in early August.

So far, preliminary data show most healthy adults have a good immune response eight to 10 days after receiving a single shot, the FDA said. Other studies are underway for children, and trials for pregnant women just began, Sebelius said.

"The H1N1 vaccines approved today undergo the same rigorous FDA manufacturing oversight, product quality testing and lot release procedures that apply to seasonal influenza vaccines," Dr. Jesse Goodman, FDA's acting chief scientist, said in a statement.

Free Vaccines

U.S. officials are launching a large-scale vaccination effort in mid-October to inoculate the population, including those most at risk such as pregnant women and young people ages 6 months to 24 years. H1N1 vaccines will be free, Sebelius said, but some healthcare providers may charge an administration fee. The federal government is planning to spend about $1.4 billion for states and hospitals to prepare for the virus, she added.

Flu season typically runs from October to May, but U.S. officials saw H1N1 cases throughout the summer with an uptick from summer camps and now schools.

Still, people won't be able to get the vaccine for weeks. –

"The fact that vaccines won't begin distribution until October makes preventing the spread of flu even more critical," Sebelius said in her testimony.

lesaffaires.com

Denis Lalonde

GlaxoSmithKline obtient 20M$ de Québec

Les Affaires, 17 September 2009
https://web.archive.org/web/20100109023603/http://www.lesaffaires.com/secteurs-d-activite/biotechnologies-et-pharmaceutique/glaxosmithkline-obtient-20m-de-quebec/498273

Le montant a été accordé pour permettre à l'usine de l'entreprise à Ste-Foy, en banlieue de Québec, de remplacer une ligne de remplissage et d'emballage stérile de vaccins par une nouvelle ligne plus moderne et de plus grande capacité qui devrait entrer en service en 2012.

Le montant de 20 millions de dollars fait partie d'un financement de 60 millions de dollars accordé en partenariat avec le gouvernement fédéral annoncé le 9 septembre dernier. Ottawa accordera une subvention de 40 millions de dollars.

De plus, GlaxoSmithKline ajoutera 30 millions de dollars dans la mise à niveau de son usine, pour des investissements totaux de 90 millions de dollars.

Les travaux permettraient de plus que doubler la capacité de l'usine et de consolider ses 800 emplois.

En août, GSK a obtenu un contrat évalué à 400 millions de dollars du gouvernement canadien pour la fabrication de 50 millions de doses de vaccins contre la grippe A (H1N1).

ID Biomédical a été achetée en 2005 par la multinationale GlaxoSmithKline (GSK) pour un montant de 1,7 milliard de dollars.

China issues world's first warrant for A/H1N1 flu vaccination

CCTV, 17 September 2009, 14:06 BJT
http://english.cctv.com/program/worldinsight/20090917/103353.shtml

Beijing, Sept. 8 (Xinhua) - China has issued its first warrant for mass inoculation with domestic A/H1N1 flu vaccine, the first country in the world to do so, Health Minister Chen Zhu said Tuesday.

Chen said the warrant was issued by the State Food and Drug Administration Monday after the safety and effectiveness of the vaccines had been proved in clinical tests.

We will also improve treatment methods," he said. "Apart from respiratory and anti-virus medicines, we will use traditional Chinese medicine."

Chen said the medical system was prepared to treat patients "ona large scale", especially those showing severe symptoms.

By Monday, all 31 provinces and municipalities on the Chinese mainland had reported A/H1N1 flu cases, bringing the total to 5,592. So far, nearly 70 percent have recovered and no deaths have been reported.

Both the WHO and domestic experts say they believe the A/H1N1 flu epidemic will reach the peak in autumn and winter, Chen said.

He said China's situation was "grim" given the large number of students who started the new semester in September and the National Day celebrations.

In the past week, 95 percent of newly confirmed A/H1N1 flu cases were locals, he said.

Since late-June, China has reported 128 cases of group infections. In some provinces there has been a rising proportion of A/H1N1 flu cases against other flu-linked illnesses.

Science

Richard Stone

China first to vaccinate against novel H1N1 virus

Science, 18 September 2009; 325(5947): 1482-1483
doi: 10.1126/science.325_1482. PMID: 19762610.
https://www.science.org/doi/10.1126/science.325_1482

Abstract

Swine Flu Outbreak: No country has taken stricter measures than China to protect residents from pandemic swine flu.

Although its draconian quarantine system sparked scientific debate and more than a few diplomatic spats before it was scaled back a couple of months ago, China's latest exploit is winning praise:

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As the swine flu pandemic picks up steam, China is racing to immunize a sizable percentage of its 1.3 billion people before the pandemic's expected peak here this autumn or early winter.

Epidemiologists here forecast that, without mass vaccination, tens of millions will become infected in China and hundreds of thousands will seek treatment.

Beijing – No country has taken stricter measures than China to protect residents from pandemic swine flu. Although its draconian quarantine system sparked scientific debate and more than a few diplomatic spats before it was scaled back a couple of months ago, China's latest exploit is winning praise: Earlier this week, China was first off the blocks to launch a mass vaccination campaign against the novel H1N1 virus. "It's an impressive achievement," says biostatistician Ira Longini of the University of Washington, Seattle.

As the swine flu pandemic picks up steam, China is racing to immunize a sizable percentage of its 1.3 billion people before the pandemic's expected peak here this autumn or early winter. Epidemiologists here forecast that, without mass vaccination, tens of millions will become infected in China and hundreds of thousands will seek treatment, says Yang Weizhong, deputy director of the Chinese Center for Disease Control and Prevention (CDC).

China's lightning-fast vaccine effort might soften the blow. As of 14 September, Chinese authorities had 650,000 vaccine doses on hand and expect nearly 7 million more by the end of September. (U.S. manufacturers are slated to deliver 50 million doses by 15 October and 18 million a week thereafter.) In interviews with Science, the architects of China's campaign described how they managed to hold H1N1 at bay long enough to develop and test a vaccine that they hope will avert a collapse of China's fragile health care system. "Our hope is to delay the peak and particularly to reduce severe cases and prevent deaths," says Chen Zhu, China's health minister.

China's aggressive campaign, crafted shortly after the world learned of the swine flu outbreak in Mexico last April, "was based on our particular situation: a huge population, poor health care in rural areas, and a limited stock of antiviral medicines," says Liang Wannian, the health ministry's deputy director general and chief of its Center for Public Health Emergencies. His team knew that China's health system would be overwhelmed if tens of thousands of people at any one time – including medical workers – were hospitalized with the pandemic H1N1 virus. Another concern was that China is a reservoir of H5N1 avian influenza, which kills roughly half the people it infects. "We wanted to reduce the opportunities for H1N1 and H5N1 to mix," says Liang.

The country's stringent measures to keep out the virus – early on, screening overseas passengers before they disembarked and quarantining all cases and contacts – appear to have worked, for a while: China

reported its first nonimported case of pandemic H1N1 on 29 May, 2 weeks before the World Health Organization (WHO) raised the global pandemic alert to phase 6. But in early July, when it was clear the virus could not be stopped, China "adjusted its strategy to the situation," says Liang, bringing it in line with most other countries.

By mid-August, nonimported infections in China were climbing, and in the past 3 weeks, their number has doubled to nearly 7000 confirmed cases, with three severe cases and no deaths. The early quarantine "bought us time," says Liang – enough time, that is, to make a vaccine.

China received H1N1 virus stock from WHO in early June, a little later than multinationals such as GlaxoSmithKline and Aventis Pasteur, says Liang. "Immediately, our industry put all their capacity into production," he says. Ten Chinese companies got to work, with the State Food and Drug Administration (SFDA) riding herd. The "green channel" SFDA created to speed review of vaccine development saved about a month, says Liang. Rather than wait for WHO to work up reference reagent for H1N1 vaccine hemagglutinin antigen (HA), the National Institute for the Control of Pharmaceuticals and Biological Products in Beijing, drawing on its experience with H5N1, developed a temporary reference. "If [the Chinese lab] was wrong, it would have been a waste of time," says Yang. When WHO released its standard reagent in early August, "ours matched almost exactly," Yang says. That saved another month.

On 21 July, Chen was the first person in China – perhaps in the world – to receive a novel H1N1 vaccine. The next day, China launched a clinical trial of three kinds of vaccine in 13,000 children and adults, testing preparations from all 10 companies as "a kind of internal control," says Liang Xiaofeng, director of the Chinese CDC's National Immunization Program. On 21 August, the health ministry announced that a single dose of inactivated split virus vaccine containing 15 micrograms of HA generated a robust antibody response in all age groups; a stronger effect was seen in adolescents and adults than in children under 12 and adults over 60.

Chinese flu experts are still debating "whether one shot is enough or not," says Liang Xiaofeng. Preliminary results from two Chinese vaccinemakers – Sinovac and Hualan – indicate that a second dose, delivered 3 or 4 weeks after the first, offers "very limited further improvement," but analysis is continuing, he says. A single 15-microgram dose of a similar vaccine made by CSL Biotherapies in Parkville, Australia, elicited ample antibody levels in 116 of 120 adults, CSL epidemiologist Michael Greenberg and colleagues reported last week in The New England Journal of Medicine. "It's hard to imagine what additional protection would be afforded by a second dose," says Greenberg. He cautions that his group's study was limited to adults, so "it remains to be seen what is needed for children," who for their first seasonal flu vaccination require two doses.

In mid-August, says Chen, a cross-agency panel advised the central government that with schools about to reopen, a large-scale outbreak was inevitable. On 7 September, the State Council ordered Chinese companies to produce at least 65 million vaccine doses by the end of 2009, Liang Wannian says.

Earlier this week, China began vaccinating doctors, nurses, border staff, and the roughly 200,000 soldiers and performers who will take part in celebrations at Tiananmen Square on 1 October to mark the 60th anniversary of modern China's founding. In the coming days, the campaign will begin in primary and secondary schools. Liang Wannian acknowledges that China can vaccinate only a fraction of its roughly 200 million school-age children. "But if you can get 30% of the population," he says, "the severe epidemic will be greatly mitigated." Longini disagrees. To tamp down pandemic H1N1 into something resembling mild seasonal flu is likely to require about 70% vaccine coverage, he and colleagues predicted in a paper published online last week in Science.

Vulnerable groups – pregnant women and individuals with chronic respiratory illness or cardiovascular disease, for example – will also have priority, although Liang Wannian worries that in China "pregnant women are not very keen to accept the vaccine." He says China is "closely observing" a vaccine trial in pregnant women launched last week in the United States.

Thanks to a greatly enhanced flu-surveillance network, China plans to first focus its vaccination campaign on harder-hit regions: Shanghai and the Pearl River delta of southern China, which has three teeming cities – Guangzhou, Hong Kong, and Macau – in close proximity. In the delta and in Shanghai, China's business hub and a major port of entry, more than 30% of influenza-like illnesses are caused by pandemic H1N1, compared with a few percent in other parts of China. (The percentage currently exceeds 90% in the United States.) Vaccinating first in the delta, Shanghai, and the capital, Beijing, "will build up a barrier of immunity among the population and reduce the risk to other regions," says Liang Wannian. If that barrier holds, Chen insists, "we can keep the situation under control."

The Guardian

Rajeev Syal

Swine flu 'could kill millions unless rich nations give £900m'

The Guardian, 20 September 2009, 00.08 BST
https://www.theguardian.com/world/2009/sep/20/swine-flu-costs-un-report

UN report says pandemic may result in anarchy unless western world pays for antiviral drugs and vaccines

The swine flu pandemic could kill millions and cause anarchy in the world's poorest nations unless £900m can be raised from rich countries to pay for vaccines and antiviral medicines, says a UN report leaked to the Observer.

The disclosure will provoke concerns that health officials will not be able to stem the growth of the worldwide H1N1 pandemic in developing countries. If the virus takes hold in the poorest nations, millions could die and the economies of fragile countries could be destroyed.

Health ministers around the globe were sent the warning on Thursday in a report on the costs of averting a humanitarian disaster in the next few months. It comes as officials inside the World Health Organization, the UN's public health body, said they feared they would not be able to raise half that amount because of the global downturn.

Gregory Hartl of WHO said the report required an urgent response from rich nations. "There needs to be recognition that the whole world is affected by this pandemic and the chain is only as strong as its weakest link. We have seen how H1N1 has taken hold in richer nations and in the southern hemisphere. We have been given fair warning and must act soon," he said.

The report was drawn up by UN officials over the last two months. It was commissioned in July after Ban ki-moon, the UN's secretary general, expressed concern that the H1NI virus could have a severe impact on the world's poorest countries.

It paints a disastrous picture for the world's most vulnerable people unless there is immediate action. "There is a window in which it will be possible to help poor countries get as ready as they can for H1N1 and that window is closing rapidly," it says.

"Countries where health services are overburdened by diseases, such as HIV/Aids, tuberculosis and malaria, will have great difficulty managing the surge of cases. And if the electricity and water sectors are not able to maintain services, this will have serious implications for the ability of the health sector to function.

"If suppliers of fuel, food, telecommunications, finance or transport services have not developed plans as to how they would continue to deliver their services, the consequences could be significantly intensified," it adds.

The 47-page report provides a detailed breakdown of the basic needs of 75 vulnerable countries with the weakest capacity to withstand an escalation of the virus. Six countries from Latin America, including Cuba and Bolivia, 21 countries from Asia and the Pacific such as North Korea and Bangladesh, and 40 countries from Africa such as Congo and Eritrea are included in the survey.

UN officials say in the report that £700m should be spent on antiviral drugs and vaccines to protect health care workers and other essential personnel as well as cover those suffering from severe illness. They have identified 85 countries that do not have the ability to access vaccines from any other source and intend to cover 5-10% of each population.

A further £147m should be put aside to organise vaccine campaigns, improve communications, monitor levels of illness and improve laboratory capacity in 61 countries, the report claims. The remainder should be used to pay for the WHO and other UN-related organisations to help in these countries as well as an emergency fund for additional antiviral medicines, it argues.

The UN's efforts were boosted last week when nine countries, including Britain and the US, pledged to give the equivalent of a 10% share of their swine flu vaccine supply to help fight the deadly virus's global spread. In Britain, Douglas Alexander, the development secretary, pledged to give £23m.

Some officials within WHO believe, however, that this will not be enough. One said that richer countries were reluctant to pay out all of the money that was needed. "The downturn means that governments countries are reluctant to give," he said.

Another said: "The money is a trickle, not a flood. It is going to be a struggle. If we are not careful, the virus could destroy a burgeoning economy or democracy."

The UN's request for the money comes as the virus begins to establish itself in some of the world's most vulnerable countries. On Wednesday, health officials told one website that the African continent had recorded 8,187 confirmed cases of swine flu and 41 deaths.

Swine flu was declared a pandemic in June and has since been identified in 180 countries. Pandemic experts believe that the western world, including Britain, is facing a second wave of the virus.

The New York Times

Andrew Pollack

Benefit and Doubt in Vaccine Additive

The New York Times, 21 September 2009
https://web.archive.org/web/20201109030053/https://www.nytimes.com/2009/09/22/health/22vacc.html

Are Americans obligated to use an unproven vaccine to help protect people in other countries from the flu pandemic?

That is the crux of a debate over adjuvants – a class of substances that somewhat mysteriously increase the potency of vaccines. Early studies suggest that adjuvants (pronounced AD-joo-vants) could allow four times as many people to be immunized against the H1N1 pandemic influenza with a given amount of vaccine. So with the world facing possibly severe shortages of vaccine, the World Health Organization and some health experts have been calling for the use of adjuvants to stretch the vaccine supply.

"We have always argued that using adjuvanted vaccine would leave more vaccine for poor people," said Marie-Paule Kieny, director of the World Health Organization's initiative for vaccine research.

Wealthy nations have contracted for much of the expected pandemic vaccine production, leaving little for poorer countries. But while Canada and some European nations will use vaccines containing adjuvants, American officials have decided against it for now. They say that they have enough vaccine and that the safety of the additives has not been proved.

"These are products that potentially can be given to millions of healthy people," said Dr. Jesse Goodman, chief scientist at the Food and Drug Administration. "There is not a known, specific safety danger or issue" with the adjuvants, Dr. Goodman acknowledged. "There's just more uncertainty."

Officials also fear that using an adjuvant would raise public fears about vaccine safety at a time when their challenge might be about to shift from procuring enough vaccine to persuading people to use it.

"If you add what the public would perceive as another unknown there, there's a concern that people would be reluctant to get vaccinated," said Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

Furthermore, officials say, one reason to use adjuvants is that they can increase a vaccine's potency against a virus to which it is poorly matched. But the swine flu vaccine is well matched to the virus, which has not mutated.

In the last two weeks, new data has lifted some of the pressure on the government to use adjuvants. Early studies suggest that even without an adjuvant, a single injection of swine flu vaccine – rather than the two anticipated – will confer adequate protection on adults and children at least 10 years old. That effectively doubles the number of people who can be immunized, and last week the government said it would make 10 percent of its roughly 200 million vaccine doses available to other countries. Eight other nations are also releasing some vaccine.

Still, Dr. Tadataka Yamada, president of the global health program at the Bill and Melinda Gates Foundation, said that most of the world's population of six billion people, mostly in poorer countries, would still be without vaccine, especially early in the pandemic.

Less vaccine than expected has been produced so far because of manufacturing problems. "Over all, there is still clearly a shortage of vaccine supplies," said Dr. Andrin Oswald, chief executive of the vaccine business at Novartis. Except for the United States, Dr. Oswald said, most countries ordering from Novartis have taken vaccine with adjuvant.

Dr. Kieny, of the W.H.O., said as many as three billion doses of vaccine could be produced in a year. But she said governments that had ordered adjuvant vaccines should not abandon them. "There's no reason to think these vaccines will not be safe," she said.

Even if adjuvants do not save the day in this pandemic, experts say they will become increasingly important for vaccines against all manner of diseases.

That is because many vaccines now being developed "simply don't work that well without an adjuvant," said Dr. Thomas Monath, acting chief medical officer of Juvaris BioTherapeutics, a company developing adjuvants.

Vaccines once typically contained a weakened or killed pathogen to spur an immune response. Some newer vaccines consist of only proteins or protein fragments from a pathogen, which makes them purer, safer and quicker to produce. But it turns out that the missing parts of the pathogens help to jolt the immune system; without them, an adjuvant is needed. Companies and academic laboratories are racing to develop adjuvants, "mainly because everyone recognizes the adjuvant could be the make-or-break component of a vaccine," Dr. Monath said.

Intercell, an Austrian company, is developing an adjuvant for flu shots in a patch worn on top of the injection site for a few hours.

Scientists are also learning how adjuvants work and how to devise them rationally rather than by trial and error.

"For the longest time, adjuvants were sort of a witch's brew of substances, empirically designed," said Bali Pulendran, a professor of pathology at Emory University. "What was once a black box is now being illuminated at the mechanistic level by new advances in immunology."

The term adjuvant, from a Latin word meaning "to help," was coined in the 1920s by Gaston Ramon, a veterinarian at the Pasteur Institute in France, who observed that horses given diphtheria toxin had a stronger immune response if they had some inflammation at the injection site. Among his first adjuvants were bread crumbs and tapioca.

Within a few years, scientists discovered that aluminum salts could prompt an immune response. Alum, as this adjuvant is often called, is now used in various vaccines, including those for tetanus and hepatitis B. It is a relatively weak adjuvant. But about 80 years after its discovery, it is still the only one used in vaccines the United States.

That could soon change. An advisory committee to the F.D.A. recently recommended approval of Cervarix, a vaccine against the virus that causes cervical cancer. The vaccine, made by GlaxoSmith Kline, uses an adjuvant containing a bacterial lipid. (Gardasil, the Merck cervical cancer vaccine already in use, has an aluminum adjuvant.)

Alum is not used in flu shots because it has little effect. But Novartis and GlaxoSmithKline are selling pandemic flu vaccines containing newer adjuvants they have developed. They are oil-in-water emulsions of squalene, a lipid that is found in the body. Glaxo's also contains vitamin E.

A seasonal flu vaccine containing Novartis's MF59 adjuvant has been used in Europe since 1997. Glaxo's adjuvant, called AS03, is in a vaccine approved in Europe for use against the H5N1 bird flu, which spurred fears of a pandemic a few years ago.

For the bird flu, an adjuvant was crucial because vaccines without adjuvants did not work well in tests and required huge doses. Glaxo's vaccine required only one twenty-fourth as much antigen, the viral component of the vaccine, as another company's vaccine that did not contain an adjuvant.

Thinking the swine flu might pose the same problem, federal officials ordered $700 million worth of adjuvant from Novartis and Glaxo.

If the adjuvants were used, they would have to be combined with the vaccine before the injection was given. And because the adjuvants have not been approved by the F.D.A., they would fall under a so-called emergency use authorization.

But in the last two weeks it has been learned that the vaccines against the H1N1 virus stimulate a strong response on their own. A single shot containing 15 micrograms of antigen – the same amount used for each strain in a seasonal flu vaccine – should confer adequate protection for most people.

Preliminary data from GlaxoSmithKline show that a vaccine with an adjuvant might use only one-fourth as much antigen. But federal officials say the savings are not large enough to offset the possible risks and extra complexity of using the adjuvants.

While adjuvants tend to increase the temporary pain, swelling or fatigue caused by a vaccine, the main concern is whether they might cause an autoimmune disease, like rheumatoid arthritis, in which the immune system attacks the body’s own tissues. Some animal studies have suggested that possibility.

Last year, the F.D.A. halted a clinical trial of a hepatitis B vaccine containing a novel adjuvant after one participant developed a type of blood-vessel inflammation that is considered an autoimmune disease. But the agency lifted its hold this month, apparently satisfied that the vaccine, made by Dynavax Technologies, was not the cause.

Adjuvant makers say there is no cause for concern with the flu vaccines. Dr. Bruce Innis, head of the clinical flu vaccine team at GlaxoSmithKline, said the immune response spurred by his company’s adjuvant was directed only at the antigen in the vaccine. "There is not a general upregulation of immune responses across the body," which would be needed for an autoimmune disease, Dr. Innis said.

Novartis says more than 40 million doses of vaccine with its adjuvant have been used in Europe, with no signs of problems. But Dr. Fauci, of the National Institute of Allergy and Infectious Diseases, said Novartis’s adjuvant had been used mainly among the elderly, who tended to have weaker immune systems. There is less data, he said, on its use among children, younger adults and pregnant women.

https://web.archive.org/web/20090930220831/http://www.doh.wa.gov/cfh/Immunize/documents/suspdeclaration.pdf

ASSOCIATED CONTENT | HEALTH & WELLNESS

Sherry Tomfeld

H1N1 FluMist ~ the Nasal Spray that Keeps on Giving!

Associated Content, 23 September 2009
https://web.archive.org/web/20091023091136/http://www.associatedcontent.com/article/2205843/h1n1_flumist_the_nasal_spray_that_keeps.html?cat=70 (link is corrupted)

Everyone has to be responsible for their own decisions. If you are afraid of catching the H1N1 flu this year. You may be pondering whether to get a flu shot or using the H1N1 FluMist. The FluMist is administered into your nostrils. Before making your final decision, you may want to ask some questions and think of some consequences to taking the H1N1 FluMist nasal spray.

The H1N1 FluMist is made with "live" virus. This means that the H1N1 flu will be a part of the nasal spray formula. It's supposed to be just enough to start your immunity to build defenses to it. The shot is supposed to be a killed virus.

If you take the H1N1 FluMist, you will in fact become a carrier of the H1N1 flu. Information on this drug states that *you can and will shed the virus for up to 21 days*. That means as you are visiting with your elderly family members, or shopping in the isles of your grocery store or sitting in church with young children and people with immune problems, YOU are going to be shedding the virus H1N1 germs.

If you are a person that cannot tolerate the shot or the FluMist for the H1N1 flu, you are a sitting duck when it comes to being around people who have taken the FluMist. The use of FluMist is for people ages 2 - 49. How many people do you come into contact each day that don't fit the age range?

Drugs.com says that you should be careful when coming into contact with "FluMist with anyone who has a weak immune system caused by disease (such as cancer, HIV, or AIDS), or by certain medicines such as steroids, cancer chemotherapy, or radiation treatment. A person with a weak immune system can become ill if they have close contact with you after you have recently received a an influenza vaccine." Pregnant women are also on this list of people who should NOT use FluMist.

What happens when anything gets in your nose? You sneeze! Please be a responsible user of the FluMist and cover your face when you sneeze and cough. Remember, you are passing the H1N1 flu germs. The flu is passed from person to person with the sneezing, the coughing and germs from your hands. So if you take FluMist for the H1N1 flu, please practice good hygiene for the rest of us and wash, wash, wash your hands! => the next page is blocked


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H1N1 FluMist ~ the Nasal Spray that Keeps on Giving!

September 23, 2009 by Sherry Tomfeld

Department of Health
Information for a Healthy New York

Mandatory Flu Vaccine for Health Care Workers

Department of Health, New York, 24 September 2009
https://web.archive.org/web/20090928023749/http://www.health.state.ny.us/press/releases/2009/2009-09-24_health_care_worker_vaccine_daines_oped.htm

Commissioner Tells Health Care Workers: Mandatory Flu Vaccine is in the Best Interest of Patients and Workers.

Albany, N.Y. (Sept. 24, 2009) - State Health Commissioner Richard F. Daines, M.D., today released this open letter to health care workers in New York State:

As health care workers, we share one of the proudest traditions of all professions: we put our patients' interests ahead of our own.

As a physician who spent more than 20 years working in hospitals, I had the honor of working side by side with other physicians, nurses, food service workers, technicians and transporters in the early and uncertain months of what would become the HIV epidemic, in those first confused days of the anthrax attacks, and when any new international traveler with a fever might have been carrying SARS. Never once, no matter what our private fears might have been, did we shirk from our duties or put personal anxieties ahead of the interests of our patients. We took the recommended precautions, worked carefully and cautiously, and gave our patients the compassionate and selfless care for which our professions and institutions are rightly given a special place in our society.

In furtherance of that tradition, on August 13th the New York State Hospital Review and Planning Council adopted a regulation recommended by the New York State Health Department making approved annual influenza vaccinations mandatory, unless medically contraindicated, for health care workers in hospitals, outpatient clinics and home care services. Legislation applying the same standards to nursing home workers has also been proposed. The new regulation will apply first to the routine annual seasonal influenza vaccine now available. With the recent FDA approval of the vaccine for novel H1N1 flu ("swine flu"), the regulation will also apply to that vaccine, just in time for the second wave of novel H1N1 influenza already returning this fall.

Questions about safety and claims of personal preference are understandable. Given the outstanding efficacy and safety record of approved influenza vaccines, our overriding concern then, as health care workers, should be the interests of our patients, not our own sensibilities about mandates. On this, the facts are very clear: the welfare of patients is, without any doubt, best served by the very high rates of staff immunity that can only be achieved with mandatory influenza vaccination – not the 40-50% rates of staff immunization historically achieved with even the most vigorous of voluntary programs. Under voluntary standards, institutional outbreaks occur every flu season. Medical literature convincingly demonstrates that high levels of staff immunity confer protection on those patients who cannot be or have not been effectively vaccinated themselves, while also allowing the institution to remain more fully staffed.

Throughout this fall and winter, more patients than ever may enter our hospitals and clinics without effective influenza immunity. Some will be too young or have other contraindications to vaccination or will have failed to receive vaccinations for a variety of reasons. Others will be too

frail for vaccination to be effective. Large numbers of people quite clearly would like to take the new H1N1 vaccine as soon as it is available but will be denied that opportunity because they do not fall into one of the first prioritized groups. For all of these individuals, safety lies in being treated in institutions and by health care personnel with the nearly 100% effective immunity rates seen with other long-mandated vaccinations for health care workers, such as measles and rubella.

In recognition of health care's noble tradition of putting patients' interests first and understanding the need to keep our health care system functioning optimally during this challenge, federal authorities made a remarkable decision regarding the first groups to be given access to the new H1N1 vaccine. In addition to giving highest priority for the new vaccine to those who would receive the direct or personal benefit – pregnant women, caregivers to infants, children and the chronically ill – authorities declared that health care workers would also be given earliest access to the vaccine, ahead of millions of other individuals who have roughly equal or even higher risks of contracting H1N1 influenza with all the discomfort or worse that could mean for them as individuals.

Knowing that our privileged access to the new vaccine is earned not by our personal risk factors but by the special trust society places in us, then how can we as health care workers maintain that our cooperation in protecting the most vulnerable members of society is nevertheless optional? Without mandated vaccinations, many ethically troubling situations may occur. A health care worker unconcerned about "ordinary flu" might refuse the routine seasonal vaccine, but then expect to be in the front of the line for the "good stuff" – the new and strictly rationed swine flu vaccine. Institutions may find themselves short staffed and less than fully capable if their workers fail to get the seasonal influenza vaccine but then proceed to consume hundreds of doses of the new vaccine, therefore denying those doses to other groups. This scenario will certainly not achieve the staff-wide immunity levels needed to assure patient safety and optimal staffing – the very reasons for which health care workers received their priority in the first place.

Influenza vaccination has saved thousands upon thousands of lives over the last three decades, and thousands more could have been saved if the vaccinations had been more widely used. This year, through effective use of vaccination, we have perhaps the best opportunity to save lives and keep our society and institutions running more smoothly than we have had in 50 years or more. This is not the time for uninformed or self-interested parties to attempt to pump air into long-deflated arguments about vaccine safety in general or to use a single 33-year-old episode to deny decades of safety and saved lives achieved by influenza vaccines prepared in the same way as this year's formulations.

The seasonal influenza vaccine has completed, and before its approval the new H1N1 vaccine also underwent, the most careful development, production and testing processes leading scientists, clinicians and public health authorities can devise. Approval of the H1N1 vaccine was based on the application of the same scientific standards and methods that we believe should govern all our health care practices. We, as health care workers, owe it to our patients and to society in general to demonstrate our confidence in those scientific standards. Even more importantly, we should reconfirm our noble commitment to the tradition of putting patients' interests first by supporting the mandatory influenza vaccination requirement.

Richard F. Daines, M.D.
New York State Commissioner of Health

REUTERS

Ben Hirschler and Kate Kelland

EU agency recommends first two H1N1 flu vaccines

Reuters, 25 September 2009, 10:55 PM GMT+8
https://www.reuters.com/article/us-flu-vaccine-europe/eu-agency-recommends-first-two-h1n1-flu-vaccines-idINTRE58O1UB20090925/

London (Reuters) – European healthcare regulators recommended two swine flu vaccines for approval on Friday, clearing the way for mass vaccination programs to start imminently.

Governments and manufacturers have been scrambling for vaccines to target the new H1N1 flu strain, ahead of a feared second wave of infection as the northern hemisphere heads into winter.

The European Medicines Agency (EMEA) said its expert committee on new drugs gave the go-ahead for the first H1N1 swine flu vaccines from GlaxoSmithKline and Novartis, called Pandemrix and Focetria.

The shots now only need final approval from European Commission, a move EMEA chief executive Thomas Lonngren said he expected to happen "very rapidly ... hopefully next week" as part of an accelerated regulation system for pandemic vaccines.

A third vaccine from Baxter, which had also been submitted under the fast-track "mock-up" procedure, did not get a green light, but the watchdog said it was still reviewing this and other applications.

A spokeswoman for Baxter said it expected to receive a positive opinion "within days."

Shares in Glaxo rose 1.7 percent by 1350 GMT, buoyed by the European green light.

"They weren't first out of the gate with the other players in the U.S. -- although they are confident of getting approval there – so this has given them a bit of boost," said Navid Malik, an industry analyst at Matrix Corporate Capital.

Baxter stock added 1.2 percent, while Novartis was flat.

The World Health Organization (WHO) said on Thursday that drugmakers will only be able to produce enough H1N1 vaccine each year for half the planet - around 3 billion doses per year – meaning governments will have to decide who should get the limited supplies.

The WHO added that a single dose should be enough to give immunity to healthy adults and older children from the virus commonly known as swine flu, which was declared a pandemic in June.

Two doses...for now

The EMEA, however, said it was currently recommending two doses be given, at an interval of three weeks, although it acknowledged preliminary data suggested one dose might suffice and this recommendation could be updated as new data comes in.

The London-based watchdog said it was confident the new vaccines were safe, despite being rushed through the approval process, adding manufacturers would have to carry out safety studies in 9,000 subjects for each vaccine after launch.

"Decades of experience with seasonal influenza vaccines indicate that insertion of a new strain in a vaccine should not substantially affect the safety or level of protection offered," the agency said in a statement.

Both the Glaxo and Novartis shots contain adjuvants -- substances that enhance the immune response so that less active ingredient, or antigen, can be used in each dose.

Glaxo said its vaccine contained just 3.75 micrograms of antigen while the Novartis product contains 7.5 micrograms. That compares with 15 micrograms needed in non-adjuvanted vaccines.

Most rich nations have contracts with drugmakers to obtain enough vaccine to cover their populations and governments have already been building up stockpiles ahead of the shots winning regulatory approval.

But poorer countries lack the financial resources to compete for an early share of limited supplies.

Earlier this month, America's Food and Drug Administration (FDA) approved H1N1 flu vaccines from four drugmakers – Sanofi-Aventis, CSL, AstraZeneca's MedImmune unit and Novartis.

The WHO says it will begin an initial distribution of around 300 million doses of H1N1 vaccine donated by rich nations to more than 90 developing countries from November.

Anthrax Vaccine -- posts by Meryl Nass, M.D.

Meryl Nass

Hospitals and States Mandating Swine Flu Vaccinations Don't Get it
They will be on the Hook for all Liability for Injured Recipients

Anthrax Vaccine, 26 September 2009
http://anthraxvaccine.blogspot.com/2009/09/hospitals-and-states-mandating-swine.html

A domino effect is cascading through the country, as officials rush to impose vaccination mandates on citizens (Massachusetts) and health care employees (New York), as well as mandate influenza (seasonal +/-swine) vaccinations in many other healthcare systems and hospitals. Many state laws are written such that in a declared emergency, vaccination or, alternatively, quarantine are required. The tsunami mandating vaccinations (see WaPo article) is occurring in a vacuum of information about the incidence and impact of the diseases citizens will be forcibly protected against, and the effectiveness and safety of mandated vaccines. Meantime, the institutions mandating the vaccinations appear clueless about the massive liability for vaccine injuries they are assuming as a result of these mandates.

1) Low disease incidence of seasonal influenza viruses

Currently (this week) only 1% of circulating influenza viruses in the United States are of the "seasonal" type. Seasonal flu outbreaks usually start late in the season: November at the earliest. It takes 7-10 days to develop a strong immune response. Vaccine recipients who are elderly or have weak immune systems have a rapid decline in antibody levels over the few months following vaccination. It makes no sense to vaccinate these people early in the season, as they may lose vaccine protection before flu season is over.

And since only 1% of currently circulating flu viruses will be covered by the seasonal vaccine, **it** hardly makes sense to use that vaccine at all, at this point in time. If such viruses increase in the population as time passes, vaccinations could be started later. (Those with good memories may recall that seasonal vaccinations are normally offered in October and November.)

2) Uncertain swine flu vaccine effectiveness and adverse effects

Swine flu vaccine generates good antibody levels, but we still don't know how well it prevents influenza disease. Nor do we know how safe it is, since pretty much all the experts agree that until millions receive a vaccine, it is impossible to accurately identify its adverse effects.

Now, a story out of British Columbia's Center for Disease Control indicates that people who have received flu vaccine in a previous year may be more susceptible to developing swine flu (the disease). Odd as this sounds at first, it is a fact that receiving certain animal vaccines *increased* susceptibility to the disease the vaccine was designed to prevent. Such vaccines were taken off the market.

Update: Most of Canada's provinces have suspended seasonal flu shots for those under 65 due to this study, since it suggests last season's flu shot enhances susceptibility to swine flu infection. Apparently Canada fears this year's seasonal flu shot may do so as well. But those over 65 are more susceptible to seasonal flu, and less susceptible to swine flu, than younger age groups, so they are the appropriate target group for seasonal flu vaccine.

We need to wait to learn if this finding (higher risk of swine flu associated with prior vaccination) is borne out by other studies, but it does offer a reminder that vaccinations can have unanticipated effects that are a lot more serious than a sore arm. By the way, CSL's swine flu "vaccine triggered [systemic] side-effects including headache, myalgia, fever and nausea in more than 60 per cent of trial participants."

From Bloomberg:

"This is the biggest mass vaccination we have done in world history and we are doing it on data so far which shows this virus is not a lot worse than seasonal influenza," said Peter Collignon, director of infectious diseases at the Australian National University's medical school. "There is a real worry that the fear makes us do things out of proportion to the risk."

"If this was causing 1 or 2 percent mortality and spreading quickly, I would be the first person up there with my arm," Collignon said. As it is, "I will put my arm up next February or March when I have seen more data."

Swine flu killed 170 people in Australia, and the epidemic peaked there in July: a far cry from predictions of many thousands of deaths. Now Australia plans to start swine flu vaccinations; but it is likely most of the population is already immune as a result of widespread exposure. (When Australians enrolled in swine flu vaccine trials, 30% of subjects were found to be immune already.)

3) Workplaces and states that mandate swine flu vaccinations *don't have liability waivers*

But everyone else involved in the swine flu vaccination process does have a liability waiver: this includes manufacturers, distributors, medical professionals who administer the vaccine and government program planners who worked on the vaccination program. Read it in the Federal Register of June 25, 2009.

It says that licensed individuals authorized to prescribe, administer and dispense the vaccine have liability waivers, but there are no other "qualified persons" (pursuant to section 319F-3[i][8][B]) who are given this immunity, (such as employers of these persons, or states). Unless there has been a new government declaration extending immunity to these entities since June 25, of which I am unaware, hospitals, other health care institutions and states appear to be inviting lawsuits as a result of employee or state mandates they are issuing.

Since the newly created federal compensation program for swine flu vaccine injuries has both a low payment cap and prohibits access to the U.S. legal system, the occurrence of employee mandates virtually guarantees that any vaccine injuries suffered by employees will result in lawsuits against employers, the only "deep pocket" left liable.

It appears that some employers may have already dug themselves a hole by issuing blanket mandates, since some states guarantee vaccine exemptions on the basis of religious beliefs or union contracts.

4. Vaccine Mandates, Exemptions and Legal Implications

See this Congressional Research Service report on state provisions for vaccine exemptions. And this book chaper by Malone KM and Hinman AR, page 273 (current in 2001) for discussion on vaccine exemptions, constitutionality of mandates, and list of 48 states with religious exemptions and 15 with philosophic vaccine exemptions. Also see this 2008 ACLU Report by Annas G, Mariner WK and Parmet WE, titled "Pandemic Preparedness: The Need for a Public Health--Not a Law Enforcement/National Security--Approach." It "examines the relationship between civil liberties and public health in contemporary U.S. pandemic planning and makes a series of recommendations for developing a more effective, civil liberties-friendly approach." An excerpt:

"It is worth noting that federal legislation has given vaccine manufacturers immunity for the vaccines they produce in response to a public health emergency. The CDC has also called for broad immunity statutes to protect "first responders" and unlicensed health professionals who respond to emergencies. These proposals are viewed as a form of "Good Samaritan" statute, but should be resisted in the pandemic setting for at least three reasons:

(1) almost all of the people and corporations covered are not volunteers, but are doing a job that they have been trained for and are being paid for and **should be accountable and responsible for their actions**;

(2) negligent Samaritans are no good – they harm rather than help; and

(3) immunity [from liability] encourages negligent and intentional violations of individual rights that breeds public distrust."

The New York Times

Donald G. McNeil, Jr.

Don't blame flu shots for all ills, officials say

The New York Times, 27 September 2009
https://www.nytimes.com/2009/09/28/health/policy/28vaccine.html
https://web.archive.org/web/20111228010319/http://www.nytimes.com/2009/09/28/health/policy/28vaccine.html?_r=1

As soon as swine flu vaccinations start next month, some people getting them will drop dead of heart attacks or strokes, some children will have seizures and some pregnant women will miscarry.

But those events will not necessarily have anything to do with the vaccine. That poses a public relations challenge for federal officials, who remember how sensational reports of deaths and illnesses derailed the large-scale flu vaccine drive of 1976.

This time they are making plans to respond rapidly to such events and to try to reassure a nervous public – and headline-hunting journalists – that the vaccine is not responsible.

Every year, there are 1.1 million heart attacks in the United States, 795,000 strokes and 876,000 miscarriages, and 200,000 Americans have their first seizure. Inevitably, officials say, some of these will happen within hours or days of a flu shot.

The government "is right to expect coincident deaths, since people are dying every day, with or without flu shots," said Dr. Harvey V. Fineberg, president of the Institute of Medicine and co-author of "The Epidemic That Never Was," a history of the 1976 swine flu vaccination campaign.

Officials are particularly worried about spontaneous miscarriages, because they are urging pregnant women to be among the first to be vaccinated. Pregnant women are usually advised to get flu shots, because they and their fetuses are at high risk of flu complications, but this year the pressure is greater. Expectant mothers are normally advised to avoid drugs, alcohol and anything else that might affect a fetus.

"There are about 2,400 miscarriages a day in the U.S.," said Dr. Jay C. Butler, chief of the swine flu vaccine task force at the federal Centers for Disease Control and Prevention. "You'll see things that would have happened anyway. But the vaccine doesn't cause miscarriages. It also doesn't cause auto accidents, but they happen."

In the opening days of the 1976 vaccination campaign, which eventually vaccinated 45 million Americans, three elderly Pittsburgh residents died soon after receiving their shots at the same clinic. Though scientists believe it was just a freakish coincidence, some news reports suggested the vaccine had killed them.

"Press frenzy was so intense it drew a televised rebuke from Walter Cronkite for sensationalizing coincidental happenings," Dr. David J. Sencer, who was then the director of the C.D.C., wrote in 2006 reflections on the vaccination campaign.

Two months later, reports emerged of vaccine recipients suffering from Guillain-Barré syndrome, in which the body's immune system attacks the nerves, leading to temporary or permanent paralysis and, in a few cases, death. That effectively ended the campaign, as officials suspended it to investigate. Experts still disagree over whether the vaccine caused cases to increase that year, and the C.D.C. will be on high alert for reports of it this year.

Guillain-Barré's cause is unknown, though different studies have suggested it more often affects people who have had a flu shot, the flu itself, some bacterial infections – or even, according to Dr. Sencer's paper, people who have been struck by lightning.

In any case, after the suspension, there was no reason to restart because the predicted swine flu epidemic never emerged.

That, experts emphasize, is the great difference between 1976 and 2009. The earlier virus apparently burned out the previous winter inside Fort Dix, N.J., before any vaccine was even made, while this pandemic H1N1 virus has already infected millions and, unchecked, will probably reach over two billion, according to the World Health Organization.

In 1976, getting flu shots into 45 million Americans was unprecedented. Now about 100 million get annual shots, and the government has ordered twice that many doses of swine flu vaccine.

Other changes since 1976 worry officials. The 24-hour cycle of news on television and the Internet did not then exist; public health officials now must be ready to respond to rumors instantly. In 1976, the C.D.C. did not hold news conferences, and it took it five days to respond to the Pittsburgh deaths, Dr. Fineberg said.

"Back then, it was a neat thing to have a fax machine and get out four pages a minute," said Joe Quimby, a press officer for the disease centers. "Now, communications have to be multimodal. Turning on the three broadcast news outlets is not going to reach everybody any more."

The agency now has a "war room" in its Atlanta headquarters and, since the pandemic began in April, has held news conferences, sometimes even daily, at which reporters from around the world ask questions by phone. They can be seen live on the agency's Web site, and it has another Web site, flu.gov, devoted to the pandemic, as well as a constantly updated Facebook page and Twitter feed.

Complicating the challenge for officials, some experts argue, is that health news coverage has suffered since 1976.

"I've seen the rise and fall of experienced medical reporters," said Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. "I can't tell you how many reporters have come to me since last spring who don't really know what flu is."

Also, antivaccine activists are far more powerful now. Thirty-three years ago, vaccines were enthusiastically welcomed; many parents or grandparents still remembered children dead of smallpox, measles or polio. The minority opposing them were often followers of natural healing or traditional chiropractic beliefs.

In 1976, autism was not on the public's mind, and the problem was still attributed to indifferent mothering. Vietnam veterans with chronic illnesses usually blamed Agent Orange, a defoliant.

Today, many parents blame vaccines for their children's autism and some ill Gulf War veterans blame their anthrax shots.

Some antivaccine groups are raising fears of thimerosal, a preservative used in some brands of flu vaccine. Others issue dire warnings about squalene, an immune booster used in military vaccines and in some European flu vaccines but not in any American ones.

And, in the rancor over health insurance reform, unfounded rumors are spreading that the Obama administration will make swine flu shots mandatory. Administration officials have emphatically denied that. But a recent decision by New York State to make them mandatory for all hospital employees has reinvigorated those rumors on the Internet.

To defend itself, Dr. Butler said, the C.D.C, has compiled data on how many problems like heart attacks, strokes, miscarriages, seizures and sudden infant deaths normally occur. And it has broken those figures down for various high-priority vaccine groups, like pregnant women or children with asthma. When vaccinations begin, it plans to gather reports from vaccine providers, hospitals and doctors, looking for signs of adverse events, so it can detect problems before rumors grow.

"Then we'll try to verify the signal, see if it's real," Dr. Butler said. "Then we'll try to see if it's associated with the vaccine. If it is, we'll say so. The process will be as transparent as we can make it."

The Washington Post

Authorities Respond to H1N1 With Post-Vaccine Monitoring

The Washington Post, Associated Press, 28 September 2009

https://web.archive.org/web/20150905092027/http://www.washingtonpost.com/wp-dyn/content/article/2009/09/27/AR2009092702913.html
https://web.archive.org/web/20100105175227/http://www.washingtonpost.com/wp-dyn/content/article/2009/09/27/AR2009092702913_2.html



Kathleen Sebelius, HHS chief, talks with Mayo Clinic vaccine expert Gregory Poland, center, and David Tayloe of the American Academy of Pediatrics. (By Luis M. Alvarez -- Associated Press)

More than 3,000 people a day have a heart attack. If you're one of them the day after your swine flu shot, will you worry that the *vaccine was to blame and not the more likely culprit, all those burgers and fries*?

The government's system to track possible side effects of mass flu vaccinations will begin next month, aimed at detecting any rare but real problems quickly, and explaining the inevitable coincidences that are sure to cause some false alarms.

"Every day, bad things happen to people. When you vaccinate a lot of people in a short period of time, some of those things are going to happen to some people by chance alone," said Daniel Salmon, a vaccine safety specialist at the Department of Health and Human Services.

Health authorities hope to vaccinate more than half of the population in just a few months against swine flu, which doctors call the 2009 H1N1 strain. Vaccination is voluntary, and how many get it depends partly on confidence in its safety.

"*The recurring question is, 'How do we know it's safe?'* " said Gregory Poland of the Mayo Clinic.

Enter the intense new monitoring. On top of routine vaccine tracking, there are these government-sponsored projects:

- Harvard Medical School scientists are linking large insurance databases that cover as many as 50 million people with vaccination registries around the country for real-time checks of whether people see a doctor in the weeks after a flu shot and why. The huge numbers make it possible to quickly compare rates of complaints among the vaccinated and unvaccinated, said the project leader, Richard Platt, Harvard's population medicine chief.

- Johns Hopkins University will direct e-mails to at least 100,000 vaccine recipients to track how they're feeling, including the smaller complaints that wouldn't prompt a doctor visit. If anything seems connected, researchers can call to follow up with detailed questions.

- The Centers for Disease Control and Prevention is preparing take-home cards that tell vaccine recipients how to report any suspected side effects to the nation's Vaccine Adverse Event Reporting system.

"*We don't have any reason to expect any unusual problems with this vaccine*," said Neal Halsey, director of Hopkins's Institute for Vaccine Safety, who is directing the e-mail effort.

Health authorities will have to tell quickly if there seem to be more cases of a particular health problem than usual. So the CDC is racing to compile a list of what's normal: 25,000 heart attacks every week; 14,000 to 19,000 miscarriages every week; 300 severe allergic reactions called anaphylaxis every week.

Any spike would trigger a quick investigation to see whether the vaccine increases risk and by how much, so health officials could issue warnings.

Very rare side effects by definition could come to light only after large-scale inoculations begin -- making this the year scientists may finally learn whether flu vaccine is linked to Guillain-Barr? syndrome, an often reversible but sometimes fatal paralysis. It sometimes occurs after viral infections.

But the vaccine concern stems from 1976, when 500 cases were reported among the 45 million people vaccinated against that year's swine flu. Scientists never were able to prove that the vaccine increased the risk. The CDC maintains that if the seasonal flu vaccine is related, the risk is no more than a single case per 1 million vaccinated.

However the flu season turns out, the extra vaccine tracking promises a lasting impact.

"Part of what we hope is that it will teach us something about how to monitor the safety of all medical products quickly," said Harvard's Platt.

CBCnews.ca

Swine flu vaccine may be mandatory for soldiers in Afghanistan

CBC News, The Canadian Press, 28 September 2009, 5:05 PM EDT
https://www.cbc.ca/news/canada/swine-flu-vaccine-may-be-mandatory-for-soldiers-in-afghanistan-1.835532

The Canadian Forces reserves the right to order its soldiers deployed in Afghanistan to take the vaccine meant to prevent swine flu, says the military's surgeon general.

But Commodore Hans Jung said it would be an order of last resort that will need to be studied to ensure it doesn't violate the Charter of Rights and Freedoms.

Just how far the military can go in ordering illness-prevention measures is a sensitive topic given the bruising legal fights almost a decade ago over anthrax injections.

The current plan is to make the H1N1 vaccine, expected to be available in November, voluntary for soldiers, sailors and aircrew throughout the Canadian Forces, including those on duty in Kandahar and elsewhere around the world.

But the nightmare scenario of an army laid up with the flu isn't far from minds of commanders.

"The option of mandatory (injections) is a hip-pocket issue. It's a card that would be played in a truly dire circumstances," Jung said in a recent interview with The Canadian Press.

"We're going to be strongly recommending that everybody take the vaccine offered. Obviously depending on how the pandemic evolves in Canada and around the world, the government and the military may have to think about" ordering soldiers to take it.

Anthrax shots violated soldiers' rights

Jung said the chief of defence staff, the country's top military commander, has the necessary legal authority to make it happen, as seniors commanders did during the 1990s, when troops, sailors and air crew heading to the Middle East were required to take anthrax vaccinations.

Those who refused were brought up on disciplinary charges and faced courts martial.

The practice of mandatory anthrax injections, which made some soldiers sick and raised fears among them of Gulf War Syndrome, ended in 2000 on the orders of military judge Col. Guy Brais.

He ruled the program was violation of a soldier's constitutional rights.

Jung took over as surgeon general and head of the military's health branch in the summer.

He said the possibility of a swine flu pandemic, with an army fighting in the field, presents National Defence and the military's health services branch with a unique challenge. He described the policy as being in "evolution."

There is growing public skepticism about the H1N1 vaccine. Canada has ordered more than 50 million doses from GlaxoSmithKline.

For military members stationed at home, the system of immunization isn't much different from that for ordinary citizens.

H1N1 not mandatory, for now

Health Canada officials have repeatedly stressed that the swine flu vaccination will not be mandatory for Canadians, and Jung said that includes members of the military.

But overseas it's a different matter, where the army's health services branch has set a goal of voluntarily immunizing between 60 and 70 per cent of the roughly 2,850 Canadians serving in Kandahar.

Jung said if they don't get that figure and the flu is severe, commanders would have to look at a mandatory system.

One of the complicating factors is that Canadian troops share the airfield with more than 15,000 other NATO troops and patrol through regions where Afghans have little access to basic medical care and sanitation.

Jung said he's confident they'll get enough volunteers and said much depends on the severity of the anticipated second wave.

The military is watching the computer simulations on the potential spread H1N1. The contingency plans at National Defence range from those for a mild outbreak, similar to the seasonal flu, all of the way up to aiding civil authorities in the event of am outbreak as serious as the 1918-19 Spanish flu, which is estimated to have killed at least 21 million people around the globe.

Infection Control TODAY®

AMA Creates New CPT Codes for H1N1 Flu Immunizations

Infection Control, 28 September 2009
https://www.infectioncontroltoday.com/view/ama-creates-new-cpt-codes-h1n1-flu-immunizations

With both seasonal influenza and H1N1 influenza circulating this flu season, the American Medical Association (AMA) today announces it has expedited the publication of a new code specific to vaccine administration and revised existing code 90663 to include the H1N1 vaccine.

The new Current Procedural Terminology (CPT) code issued by the AMA will streamline the reporting and reimbursement procedure for physicians and healthcare providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the United States. The codes will also help to efficiently report and track immunization and counseling services related to the H1N1 vaccine throughout the health care system.

In consultation with the U.S. Department of Health and Human Services, the AMA CPT Editorial Panel created code 90470 to report H1N1 immunization administration and counseling. Code 90663 was revised by the CPT Editorial Panel to refer specifically to the H1N1 vaccine product. Both, revised code 90663 and Category I CPT Code 90470 are effective immediately.

For quick reference, the two codes are:

90470–H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

90663–Influenza virus vaccine, pandemic formulation, H1N1

The San Diego Union-Tribune

Lolita C. Baldor

Military to get mandatory swine flu shots soon

The San Diego Union-Tribune // The Associated Press, 29 September 2009, 2:52 PM PT
https://www.sandiegouniontribune.com/sdut-us-military-swine-flu-092909-2009sep29-story.html

Washington – U.S. military troops will begin getting required swine flu shots in the next week to 10 days, with active duty forces deploying to war zones and other critical areas going to the front of the vaccine line, a top military commander said Tuesday.

Air Force Gen. Gene Renuart also told The Associated Press that as many as 400 troops are ready to go to five regional headquarters around the country to assist federal health and emergency management officials if needed as the flu season heats up.

The Pentagon has bought 2.7 million vaccines, and 1.4 million of those will go to active duty military. National Guard troops on active duty are also required to receive the vaccine, as are civilian Defense Department employees who are in critical jobs.

As a result, the military is expected to provide health officials with an early assessment of the vaccine.

"Because I can compel people to get the shots, larger numbers will have the vaccine," said Renuart, commander of U.S. Northern Command. "They will, as a percentage of the population, be vaccinated more rapidly than many of us. So we may see some objective results, good or not, of the vaccinations."

thedoctorwithin

Tim O'Shea

Swine Flu Vaccine – October 2009
Licensed and Untested

The Doctor Within, 29 September 2009
https://web.archive.org/web/20091002215800/http://www.thedoctorwithin.com/swine/swine-flu-vaccine.php

This has been a big week for swine flu vaccines. With the money machine in full swing to get the untested swine flu vaccine out to the public ASAP, it's hard to keep up with the level of deception in mainstream media. But we'll give it a try.

Associated Press - 22 Sep 09

On 22 Sep 9, *Associated Press* ran the story "**Govt: 1 swine flu shot enough for older kids**" wherein they buried the lead: National Institutes of Health now wants to give four separate flu shots to kids younger than 9 years old. Two of the shots will be the brand new untested swine flu vaccines, and the other two will be the 'regular' flu shot.

Before we look at the direct misstatements of fact in that *AP* article, let's read it at face value. Here is some of the new 'information': [3]

National Institutes of Health director Fauci and CDC's Dr Schuchat do proclaim:
- children 9 and younger will need 2 flu shots and 2 swine flu shots
- everybody else will need 1 of each
- swine flu vaccine will be ready in October
- we'll have 251 million doses
- swine flu targets young children, which is why they need 2 shots
- they can get both shots the same day, one in each arm
- NIH has studies involving 600 children
- children 10 and older showed protection from the new vaccine
- younger children didn't show protection, since they don't have a mature immune system
- a second dose is necessary to 'rev up' the immune system

For a study in modern propaganda techniques, the reader is directed to the entire *AP* article:
https://web.archive.org/web/20090925013406/http://news.yahoo.com/s/ap/20090921/ap_on_he_me/us_med_swine_flu

The article is nothing more but a dressed up, watered down version of the NIH's own article [4] which came out the same day - "**Early Results: in Children, 2009 H1N1 Influenza Vaccine**"
https://web.archive.org/web/20090923181003/www.nih.gov/news/health/sep2009/niaid-21.htm

Associated Press offers not one bit of independent research, commentary, criticism, or analysis. Except for deliberately omitting some of the glaring lack of science in the NIH article, all that *AP* does is to try and give a junior-high parroting of the high points from their master's voice.

The *AP* article obediently adopts the NIH's new pet word "protection" across the board:
"Protection kicks in for older children within eight to 10 days of the shot..." Only a tested and proven vaccine could even hope to provide protection. The clinical trials on swine flu vaccine are less than a month old, and won't be completed until April 2010. The only thing these shots are protecting at this point is an experiment on the live population.

Trying to make believe that giving a 6 month old infant 4 flu shots would be 'normal' Fauci: "...*the very young often need 2 doses of vaccine against regular winter flu*." Really? Why has he never shared that secret with anyone before now? CDC has never recommended 2 flu shots for children.

Flu shots were added to the vaccine Schedule back in 2005, beginning at 6 months of age, and yearly thereafter. [1] One shot. What is Fauci trying to pretend? He then bumbles on... "*this is very good news for the vaccination program*." Why would we care what is or isn't good news for the vaccination program? At $1 billion per shot approved, I guess it would be good news for the vaccination program. What does that have to do with the health of our kids? Another graduate of the Josef Goebbels school of social graces: always be upbeat...

CDC's Schuchat, another towering medical genius, obviously off her meds, then pipes in "*it will be OK for kids to get one shot in each arm on the same visit*." Excuse me, Dr Mengele? Did you remember in first quarter med school when you learned that both arms were attached to the same body, sharing the same systemic circulation? Exactly what clinical trials confirm this personal hallucination of yours? And this is the principal representative of our CDC?

The *AP* article plods bravely on: *...The new swine flu seems no more deadly than regular winter flu, which every year kills 36,000 Americans and hospitalizes 200,000. But there's an important difference: This H1N1 strain sickens younger people more frequently...* [3]

There are no references for these sweeping statements in the *AP* article - again, it is attempting to be summarizing NIH's article. What new swine flu are they talking about? What disease? See the original Swine Flu chapter [1] at www.thedoctorwithin.com for that discussion.

Flu Deaths Stats

Next item, the figure of 36,000 deaths from flu is an old CDC sales technique that has been employed unchanged for the past 20 years. Actual figures, according to CDC's own documents [5] put the true figure at closer to 500 per year: www.cdc.gov/nchs/datawh/statab/unpubd/mortabs/gmwki10.htm

As we thoroughly explore in the full day vaccine seminar, there is no way that 36,000 people die from flu every year in this country, not by any stretch, although this figure is rampantly misquoted in every media. The sales job here is that the new chimera we call swine flu will be no greater threat than regular flu has been all these years, so it will be easy for the vaccine to control it, the same way as flu is controlled by flu shots. That's the perception they're going for here. But even if their own figures were accurate, they admit that there has been no change in annual flu deaths in the past 20 years, even though we started mandating flu shots in 2005. So what good have vaccines done? This is supposed to be an endorsement for the new swine flu shots?

NIH: preliminary sleight of hand

Let's continue with the *AP* article: "*To determine the right child dose, the NIH set up studies involving 600 children, from babies to teenagers*." [3]

https://www.seattletimes.com/seattle-news/health/govt-1-swine-flu-shot-enough-for-older-kids/

That is actually true. At present there are 5 separate swine flu vaccine trials being done on sample sizes of about 600 children. [2] But *AP*'s next statement is a deliberate misrepresentation: "*About 76 percent of 10- to 17-year-olds showed strong protection after one H1N1 shot*."

Looking at the actual studies themselves [2] we learn that they won't be finished until April 2010! So what is Fauci talking about here? Answer: *preliminary findings* based on a select group of *25 children* ! But you can't find that fact out in the irresponsible *AP* whitewash promo. No, for that fact you have to go to the NIH site, and actually read the article that *AP* is supposed to be reporting on:

Early Results: In Children, 2009 H1N1 Influenza Vaccine Works Like Seasonal Flu Vaccine – 21 Sep 09. [4]

Easy to see misrepresentation right here -- the *AP* article leads us to believe these high numbers were conclusive final evidence from complete studies. 76% favorable response would be a gratifying

long term result in any major study, but we find out that is only after 10 days, looking at only 25 children within the entire sample of 600 subjects. [4]

https://web.archive.org/web/20090923181003/www.nih.gov/news/health/sep2009/niaid-21.htm

Again, don't miss the point: these high numbers of "protection" are *preliminary findings only*. The formal studies, which are the only ones being done in the whole world to test the safety and efficacy of the new swine flu vaccines, these studies have just begun last month, August 2009. Preliminary findings are meaningless in formal science. That's why they design the entire study, and await the final outcome before making conclusions.

Here we see one of the most disconcerting and insidious characteristics of the new swine flu sales program: enlisting mainstream media to deliberately portray preliminary findings as definitive, conclusive scientific results. This only happens in the world of marketing. Real scientists are embarrassed by it.

The NIH report is further compromised in its own second paragraph wherein it quotes Fauci prematurely ejaculating these minor preliminary findings into an overblown sales pitch for a completely untested experimental vaccine, immediately making policy statements based on this tiny amount of skewed information:

It seems likely that the H1N1 flu vaccine will require just one 15-microgram dose for children 10 to 17 years of age.

Oh, does it really seem likely, Tony? Does it indeed? Well we're certainly grateful to have someone like you at the helm, someone whose instincts and feelings we can trust without actually carrying out the complete clinical trials themselves.

Infants are Not Miniature Adults

One final important revelation about the *AP* article, and perhaps the agenda of the Director of the NIH: "*Younger children simply don't have as mature an immune system*," Fauci explained. "So a first dose of vaccine against a flu strain they've never experienced acts as an introduction for their immune system, and a *booster shortly thereafter revs up that immune response*." [4]

Wow. Let's take a breath here, or maybe a cocktail. For the first time in history we have the director of the National Institutes of Health enunciating in a public worldwide forum one of the principal reasons why young children should not be vaccinated at all: they don't have a mature immune system. Absolutely true. No child is born with an intact immune system. That very complex biological symphony of interrelated allergic responses, antibodies, antigens, self-recognition, cell response, etc – about which we still have only the most fragmented and vaguest knowledge – struggles its way into existence during the early years of the child's life. It needs no help, no interference, no enormous experimental toxic load, especially one so politically contrived, in its fight to survive.

True to his training, Fauci immediately sidetracks us from that fact of nature to a landmark illusion of American pseudo-science: pretending that a flu shot in a 6 month old is a gentle natural gradual normal immune-building stimulus that will coax the infant immune system into being: "...an introduction to their immune system..." Each flu shot contains 30x the adult safe level of mercury, according to FDA's own toxicity index.

Fauci then absurdly follows that falsehood with a sublimely idiotic non-sequitur: the subsequent booster shot 'revs up the immune system'. Revs up the immune system. Jesus wept.

This is not the president of Harley Davidson talking here, my friends. This is the director of the branch of government that is in charge of providing funding for all the medical research done in this country, controlling an industry that is in excess of $1.2 trillion annually. And this is his perception of the normal development of an infant's immune system: an engine that needs to be 'revved up'. This is the individual who controls policies and input and decisions on what substances will be mandated into your child's bloodstream.

Revs up the immune system.

Swine Flu Vaccine Clinical Trials

There are actually five similar clinical trials on the new swine flu vaccine, being carried out in various locations, all having just begun, all scheduled to be complete in about 6 months: spring of 2010. [2] And yet the *AP* article has just informed us that the swine flu vaccine will be available in less than one month - October 2009! Untested.

Going now to the recent published report (15 Sep 09) of one of the five swine flu vaccine clinical trials, the one by Sanofi Pasteur (http://clinicaltrials.gov/show/NCT00944073) [6] we learn that their trial began in August 2009 and will go until April 2010. The sample size is 650 children.

These children are all receiving doses of an H1N1 vaccine, although whether it's all the same strain is never addressed. They just refer to it as the 2009 H1N1 virus, whatever that may be. As we learned in the Swine Flu chapter at www.thedoctorwithin.com there are dozens of strains of H1N1 virus, none of which has ever been proven to be the cause of any disease in humans. Including swine flu. So even though this fact is uncontested, what is certain is that the swine flu vaccines will all contain derivatives of some H1N1 virus. And that's what all of America will be getting.

Imaginary Disease

Now let's ruminate on that fact for one second here and not gloss over it. Swine flu as a disease has never been proven to exist. Caught up in the media-driven hysteria of global pandemic, thousands of cases of something in several countries have been counted as swine flu for the past 5 months without any conclusive testing that verifies all these people have the same disease. Three months ago the specter of H1N1 was raised, with no verifiable proof it was a virus that all the cases had in common. But if we have to make a vaccine, we need a pathogen, and this was the best theory they could come up with: H1N1.

After another month, with no conclusive testing of the dozens of strains of H1N1 that exist, the claim was suddenly made that swine flu was being caused by a "novel" H1N1 virus, suggesting they found a brand new strain of disease-causing flu virus... No proof of testing on how they supposedly discovered that one novel strain was ever offered or brought forth, or even asked for, from any scientific quarter. At the same time the CDC continued to maintain on their website that a positive test for swine flu was merely the presence of any Influenza A virus, of which there are hundreds of strains.

Again, there is no solid proof whatsoever that all these thousands of cases being counted in all the various countries during the past 5 months – there is no evidence that it wasn't just plain old flu. All of it.

It was almost as though we are watching the birth of a religion here – unsubstantiated claims, vacillating science, relentless hype from irresponsible media trying to stay ahead of the curve, government bureaucrat officials falling all over themselves to magnify the potential of the global threat, lest anyone accuse them of down-playing the possible horrors of the coming pandemic, followed by **hundreds of millions** in contracts being awarded to several vaccine manufacturers to create 251 million doses.

Washington Surprise: Unrestricted Mercury in New Vax

A few days after the *Associated Press* article, another shocking bit of information came: the new swine flu vaccines will contain high levels of mercury! Washington state Health Secretary Salecky announced [2] that the state of Washington just lifted allowable limits of thimerosal in the new swine flu vaccines, with no new levels set.

https://web.archive.org/web/20090928091425/http://www.doh.wa.gov/cfh/immunize/providers/h1n1-thimerosal.htm

The announcement was masterfully phrased, obviously the work of professional Bernays-type publicists:

"*Lifting mercury limits for H1N1 vaccin*e will give pregnant women and parents or guardians of children under three the option of getting the vaccine if they want it."

Couching the issue in terms of availability to poor pregnant women sidesteps the obvious: it would also give these women the option of exposing themselves and their unborn children to unrestricted levels of the third most lethal neurotoxin known to man: organic mercury. Perhaps realities like that don't make for good promo copy.

All this for a disease that has never been proven to exist, and has been admitted by the CDC to be generally mild and self-limiting.

The Washington state declaration was helpful in that it quoted from one of the 5 swine flu vax manufacturers – Sanofi Pasteur – from their 15 Sep 09 announcement [6] that their new swine flu vaccination had just been licensed by the FDA. Even though the wording is confusing, reading Sanofi's entire statement does give one the impression that their brand new swine flu vaccine, which was in clinical trials for only 5 weeks, has actually been approved by the FDA for general use.

This is in line with CDC's well published expectation to have the vaccines available by October 2009.

Sanofi states that the clinical trial just began on August 6. Now remember – none of the clinical trials is scheduled to be completed until April 2010. Which begs the questions:

- Why are vaccines being licensed at the very beginning of the clinical trials?
- If they're brand new vaccines, why do they have thimerosal at all, let alone unrestricted levels?

Something's not right here.

Perhaps we can gain some insight from the tone of Sanofi's honcho:

"*Obtaining FDA licensure of this vaccine for A (H1N1)* pandemic response is a key milestone that will enable Sanofi Pasteur to provide a licensed vaccine to the U.S. government to support pandemic immunization efforts," said Wayne Pisano, President and Chief Executive Officer of Sanofi Pasteur.

Sanofi is now referring to their vaccine as the *Influenza A (H1N1) 2009 Monovalent Vaccine.* This is the latest incarnation, or at least the newest name for the swine flu vaccines. No more 'novel,' no more just plain H1N1 vaccine – by putting H1N1 in parentheses after Influenza A, Sanofi is trying to create the illusion that H1N1 is the same thing as Influenza A virus.

We explained this completely in the swine flu chapter [7] - hundreds of strains of Influenza A, and dozens of strains of H1N1. The pretense here is that by meticulous testing they have identified the exact strain that has caused all these deaths and cases of swine flu in all these countries during the past 5 months.

Nothing could be further from the truth.

The spectre of thimerosal having been raised portends the possibility, indeed the likelihood, that the vaccine manufacturers who have just been awarded these huge contracts to rush a vaccine onto the market – that the new vaccines will not be new at all, but rather old stockpiled vaccines that have been sitting around for years: either old flu vaccines or Avian flu vaccines, or whatever. Virtually anything with a fragment of any flu virus might qualify.

Again, if the vaccines are going to be brand new, created right now at this time, why would they have to contain thimerosal at all? If these are brand new batches, why not just leave it out? There are thimerosal-free vaccines, and have been for years. Even Salecky notes this in her statement. So why add this neurotoxin to a vaccine that we're going to be giving 2 shots of to a 6 month old infant, especially now when the connection with autism has been so clearly documented?

For years, the 'regular' flu shots contained 25 mcg of mercury, which is 30 times the adult safe level. That was bad enough that we have been doing it since 2006. And now we have just learned that there will be even higher levels of thimerosal in the new vaccines....?

The practice of trotting out old vaccines, giving them a new promo package, and re-marketing them is not new. We did the same exact thing back in 2002 with the smallpox vaccine hoax. [8] At that time a vaccine manufacturer dug up 90 million doses of old smallpox vaccines that had been sitting around in storage since 1971. With no new clinical trials, the old vaccines were 'tested' by Aventis, the company who had just received four hundred million dollars to produce a smallpox vaccine overnight, and found to be "still good."

Remember this: batches of vaccines do *have expiration dates, but they are never thrown away*. Vaccine manufacturers are the packrats of the drug industry in that regard. Just never know when any of these old vaccine batches might come in handy.

New or Reconditioned?

A working hypothesis at the present time is that faced with the "emergency" to get swine flu vaccines out immediately in order to stem the tide of the so-called global pandemic, manufacturers will be digging through their cupboards to see if they have any old stuff they can sell now just by changing the name and a little tweaking.

Historically it generally takes a year or more to create, test, and approve a brand new vaccine. If this one's being forced into existence after one month by sheer political expediency, the manufacturers are likely going to try every trick in the book. Remember, Sanofi is the same company who got the hundred million dollar contract to produce avian flu vaccine back in 2005, which they never delivered on. [9] So why on earth would they not try to sell any expired inventory as swine flu stock? Time is money.

Another company, Baxter, was recently caught by the Czech government for doing exactly that: selling unlicensed avian flu vaccine as swine flu vaccine. That was a major worldwide scandal, in all the news in September 2009. [10]

When the Czech government pre-tested the vaccine on ferrets before giving it to humans, all the ferrets died! That was earlier this month. Again, why wouldn't Sanofi or any of the others try the exact same ruse?

Not surprising that about 25% of Sanofi's recent statement on swine flu [6] is directed to their investors as a disclaimer about the way they are marketing the vaccine. The economics of politics, exemplified in both the swine flu disaster of 1976 and also the smallpox vaccine scam of 2001.

In both instances the excuse was offered by the FDA that there was no time to test the vaccine because of the 'imminent danger' of the 'pandemic.' And so the vaccines were rushed through the approval process without completing the clinical trials. All politics, no science. In 1976, hundreds of people died from that mistake. In 2001, they took the easy way out - after the $3 billion was spent they scrapped the whole smallpox vaccine program.

Remember?

It's eerie. This identical urgency over today's swine flu program is being stoked almost daily by inflammatory, largely unfounded news stories, all directed toward the same outcome: there simply isn't time to test these new vaccines. So let's just get them out there to the children and pregnant women such as they are. We'll sort of the details later.

Like toxicity, lethal side effects, permanent neurological damage, autism, etc.

Mandatory Vaccines?

Almost as bad as the promotion of an untested vaccine for a nonexistent disease is all this internet noise making hysterical claims about subtextual Machiavellian aspects of the swine flu program. Like the stories predicting mandatory swine flu vaccination which evoke Third Reich policies of quarantining any objectors in stadiums or mass detention centers (which actually is law in this country at present, part of the Homeland Security Act), etc. ...

In reality all this is completely unnecessary. There's no need to make swine flu vaccine mandatory. No vaccine in history has been supported and promoted by such an enormous, well-crafted, incessant global media blitz. And of course it's working: most people can't wait to get the new vaccine.

In the midst of everything we do not know, one fact is certain: without hyperbole or sensationalism, the new swine flu vaccine coming next month - unidentified, untested and untried - will be the most dangerous immunological experiment on this country's children in the past 30 years.

Click here to buy Dr. O'Shea's current vaccine textbook, The Sanctity of Human Blood, 13th Edition.
https://www.abebooks.com/9781929487080/Sanctity-Human-Blood-Vaccination-Immunization-1929487088/plp

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LOCAL 12

Hospital Workers to get Mandatory Flu Shots

Local-12, 1 October 2009, 6:55 am
https://web.archive.org/web/20091105074915/http://www.local12.com/news/local/story/Hospital-Workers-To-Get-Mandatory-Flu-Shots/NAKhVWrVb0i0il7yi9aJUA.cspx

Workers at Christ Hospital in Mount Auburn will be required to get the seasonal flu shot this year... or be forced to stop working at the hospital.

The hospital says it made the change in policy, from voluntary shots to mandatory vaccinations, for the safety of workers and patients. They say in just the last month, they've seen a spike in the number of patients with flu-like symptoms.

All workers including residents, volunteers, medical students and vendors will need to get a flu shot. Workers with religious or medical reasons are exempt. But workers who refuse for any other reason will not be allowed to work inside the hospital. Most workers who spoke with Local 12 say they haven't heard many objections from fellow employees about receiving the shots.

The next step is vaccinations for the H1N1 virus. Doses are expected to arrive later this month and they'll be mandatory for workers in the emergency room and obstetrics.

Also, the Greater Cincinnati Health council has issued new rules for hospital visitors. No one under the age of 14 will be allowed to visit patients inside local hospital. Facilities are also restricting people with respiratory symptoms like a cough or fever.

You can learn more about the seasonal and H1N1 flu by visiting our special Flu Tracker website.

FIERCE Pharma

John Carroll

Vical shares soar on Navy's H1N1 contract

Fierce Pharma, 1 October 2009, 9:40am
https://www.fiercepharma.com/vaccines/vical-shares-soar-on-navy-s-h1n1-contract

Anyone doubting just how hot H1N1 news is right now should check out Vical's stock price this morning. The developer announced a modest $1.3 million contract with the Navy to fund the manufacturing and testing of its swine flu vaccine and the company's stock shot up 22 percent. And this was all laid out in releases weeks ago.

Vical's Vaxfectin-formulated DNA vaccine is one of the most closely watched vaccines among a new generation of treatments now in the clinic. Last spring the company inked an R&D pact with the U.S. Naval Medical Research Center to advance the vaccine. And last month the company announced plans to start human trials just weeks after the Navy funding lands. Researchers say that the DNA vaccine has demonstrated a robust response in animals.

"The current threat from H1N1 influenza and the potential for other future pandemics from strains like H5N1 call for a proactive approach to developing new vaccine technologies, such as DNA vaccines, that can be deployed rapidly," said Vijay B. Samant, Vical's CEO. "We are pleased with the Navy's vision in funding this important vaccine development program, which can benefit from their experience and capability to advance this program to the next stage."

Of course, Vical isn't the only vaccine developer to find itself in the spotlight. A slate of vaccine companies boasting new technology are also enjoying a rapid run-up in share price.

WinonaDailyNews.com

Matt Christensen

More hospitals require flu shots;
Winona Health does not

Winona Daily News, 2 October 2009, 12:05 am
https://web.archive.org/web/20091005034017/http://www.winonadailynews.com/news/local/article_9938fe26-af06-11de-9386-001cc4c002e0.html

Hospitals around the country are requiring their employees get seasonal flu vaccines to increase the number of health care workers protected against the bug.

Winona Health makes the vaccine available to its employees, who are "highly encouraged" to get the shot, said Sara Gabrick, vice president of patient care, but it does not require them.

The health care provider also plans to encourage but not require its workers to get the swine flu vaccine, expected to become available later this month.

State health officials said Thursday that Minnesota will soon receive is first batch of swine flu vaccinations - 28,000 doses in the form of a nasal spray - and health care workers will be offered the vaccines first.

While Winona Health encourages its workers to become vaccinated, other hospitals require it.

The Marshfield Clinic in Marshfield, Wis., the University of Iowa Hospital in Iowa City, Iowa, and the Nashville-based HCA hospital chain require employees receive the seasonal flu vaccine.

For the first time, workers at UW Hospital and St. Mary's Hospital in Madison, Wis., must get seasonal flu shots this year or sign waivers saying they understand the risks of not doing so.

Seasonal flu kills about 36,000 people and puts 200,000 in the hospital each year, according to the national Centers for Disease Control and Prevention.

Swine flu could kill 30,000 to 90,000 people and lead to 1.8 million hospital admissions this year, a White House report said in August.

A Winona Health spokeswoman couldn't immediately say how many of its employees typically receive the seasonal flu vaccine.

Louisa Hodge

Get a Flu Shot at Sacramento International

News 10, ABC, 2 October 2009
https://web.archive.org/web/20091008060505/http://www.news10.net/news/story.aspx?storyid=67986&catid=2

Sacramento, CA – Starting Friday morning, flu shots are available at Sacramento International Airport. An airport spokesperson says it's a service aimed at the the busy traveler and it's another way for the airport to try to stay flu-free.

The airport will provide flu, pneumonia, and tetanus shots in Terminal A. The vaccinations will be available in Terminal B on Wednesday, October 7. The flu and pneumonia shots cost $30 and the tetanus shots cost $35.

Passengers can get a shot either before they board a flight or after they land. Some travelers think it's a good idea.

"There's no reason that I wouldn't do it," said traveler Steve Chalkins. "I think it's a good service for people."

"I think it's a wonderful idea because you have people coming in from all over the country with different germs and it would protect some of us," said traveler Maxine Fields.

But some people are a little concerned about this non-traditional location for inoculations.

"If you were getting one here and you have any kind of reaction within the first hours or something, you might be on the plane and it might be kind of difficult to do anything about it," said one traveler.

The most common side effects of the flu shot are soreness of the arm, cold symptoms, and in some cases, a low-grade fever. The CDC reports serious reactions are very rare.

NBC NEWS

What you need to know about swine flu shots
Inoculations against swine flu are expected to gear up in mid-October
Here's what you need to know

NBC News, 5 October 2009, 9:37 PM +08
https://www.nbcnews.com/id/wbna33175413

And we're off: Swine flu vaccinations begin this week, after months of preparations and promises. But don't start bugging your doctor about an appointment just yet.

Inoculations won't gear up in earnest until mid-October, when at least 40 million doses against what scientists call the 2009 H1N1 flu will have rolled out, with more arriving each week after that.

Here's what you need to know:

Q: Why not wait to start until there's enough for everybody instead of the confusing here-and-there vaccinations?

A: Even though Sunday was the official start of flu season, this H1N1 wasn't heeding the calendar – it's already causing illness in nearly every state. That means getting vaccine to the people at highest risk is a race. So each week, states will distribute however much they have on hand.

Q: If factories are still racing vaccine out the door, how can I be sure it's safe?

A: The Food and Drug Administration clears batches of vaccine before they're released. The H1N1 vaccine is made in the same way as the regular winter flu vaccine that is used with very few, minor side effects by nearly 100 million Americans a year. There's no biological reason the H1N1 vaccine should react any differently, and no red flags have appeared in studies of several thousand people.

"What I want people to know is that no corners have been cut at all," said Dr. Anne Schuchat of the Centers for Disease Control and Prevention.

Q: Why is the nasal-spray vaccine arriving before the shots, and can I use either one?

A: They're considered equally effective, but the maker of the squirt-in-the-nose FluMist was able to finish brewing sooner. There is an important difference, though. Flu shots, made of killed flu virus, are for anyone without an egg allergy. FluMist, besides the egg issue, is only for use in healthy people ages 2 to 49. It's made of live but weakened flu virus. So some people on the first-in-line list for H1N1 vaccine aren't eligible for FluMist.

Q: Who's first in line?

A: Pregnant women; the young, ages 6 months through 24 years; people younger than 64 who have conditions such as asthma or diabetes that increase the risk of complications from flu; health workers and caregivers of newborns.

Q: I thought flu was most dangerous to people 65 and older.

A: Regular winter flu is most dangerous to older adults, but the new H1N1 is predominantly striking the young.

Q: How many shots, or squirts, will I need?

A: Most people will need one dose each of the H1N1 vaccine and the regular winter flu vaccine. But health authorities believe children under 10 will need two doses of the H1N1 vaccine, about three weeks apart. And some very young children getting their first regular flu vaccination will need two doses of it, too, for a total a four inoculations.

Q: Can I get both types of vaccine at the same visit?

A: If you're lucky enough to find a provider who has both at the same time, a jab in each arm is OK, or a jab of one and a squirt of the other. If you opt for the FluMist version of each vaccine, however, you're supposed to wait three to four weeks between squirts.

Q: What if I'm not on the high-risk list and want H1N1 vaccine anyway?

A: Only some will be physically reserved, doses sent to schools or obstetricians, for example. But eventually enough is expected for everyone who wants it within just a few weeks. The government doesn't expect people to be turned away unless that day's supplies run out.

Q: What will it cost?

A: The H1N1 vaccine itself is free because the government bought it with your tax dollars. But providers can charge a small fee for administering it, usually about $20. Regular flu shots tend to cost up to $35.

Q: If H1N1 is the only kind of flu making people sick now, why do I need the regular shot?

A: Health authorities expect regular flu strains to start circulating, too, as it gets colder; seasonal flu typically peaks in January.

REUTERS

Swine flu vaccination effort starts Monday: CDC

Reuters, 5 October 2009, 11:04 AM GMT+8
https://www.reuters.com/article/us-flu-vaccines-usa-idUKTRE5940BH20091005/

Washington (Reuters) - Healthcare workers in Indiana and Tennessee will be among the first to get swine flu vaccines in the United States on Monday, the U.S. Centers for Disease Control and Prevention said.

Vaccination clinics are scheduled for Monday morning for staff at Le Bonheur Children's Medical Center in Memphis, Tennessee and Wishard Health Services in Indianapolis, the CDC said.

Last week, the center said the first doses of H1N1 swine flu vaccine would arrive on Tuesday. The first vaccines to administered will be AstraZeneca unit MedImmune's nasal spray.

The U.S. government has ordered about 250 million doses from five companies - Sanofi-Aventis SA, CSL Ltd MedImmune, Novartis AG and GlaxoSmithKline. MedImmune had especially good production of the H1N1 vaccine and has been the first to make doses available.

The vaccines will trickle in at a rate of about 20 million doses a week, and officials are unsure how many Americans will actually get them. The U.S. government is providing them for free, but clinics and retailers may charge to administer them.

The picture is further complicated by seasonal flu vaccination, which started last month.

Pandemic H1N1 has been circulating since it was first identified in two U.S. children last March but it has picked up speed since schools returned from their summer break in August.

The CDC said it is not especially deadly, but it is affecting younger people than seasonal flu usually does and at a time of year when there is generally little or no influenza.

Dozens of children and at least 28 pregnant women in the United States have died from the virus and at least 100 pregnant women were sick enough with it to be hospitalized, the CDC said.

Pregnant women, healthcare workers and people with special health conditions including heart disease and diabetes are supposed to be the first to get the vaccine.

The New York Times

Donald G. McNeil Jr.

Swine Flu Vaccinations Start as Officials Attack Myths

The New York Times, 6 October 2009
https://www.nytimes.com/2009/10/07/us/07flu.html

As children received swine flu vaccine for the first time on Tuesday, federal health officials attacked popular myths about the pandemic and the vaccine designed to stop it.

Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, said in an afternoon news conference that the most common misperceptions are that this flu should ever be called a "mild disease," that the vaccine is untested and that it has arrived too late.

Flu is widespread across the country and some hospitals are getting so many emergency room visits that they have set up triage tents, but Dr. Frieden said one problem that planners had feared has yet to emerge: no intensive care units have had more patients than ventilators – something that did happen in one Canadian province last spring.

Children in several states, including New York, received nasal spray vaccines Tuesday – shots are due to begin next week – and all 50 states have started sending vaccine orders. Of the 2.4 million doses expected to ship this week, 2.2 million have been spoken for, Dr. Frieden said. Orders are expected to increase rapidly as states rent more refrigerated storage space and schedule vaccination drives.

Myths and worries about the vaccine have spread on talk radio and anti-vaccine Web sites, but Dr. Frieden seemed to debunk them on Tuesday.

While most people recover, he said, "on average, flu is not a 'mild' illness – it can make you pretty sick, knock you out for a day or two or three." And in rare cases, he emphasized, it kills.

He rejected suggestions that the new vaccine is untested. Its seed strain was created, grown and purified in the same slow way as seasonal flu shots, which hundreds of millions of people have had, and rapid clinical trials last month showed the same lack of serious side effects.

He conceded that the flu returned in force faster than a vaccine could be ready, but argued that it is not too late. Even in places like New York City that were epicenters of the spring outbreak, epidemiologists believe that only 5 percent to 10 percent of the population was infected.

"That leaves 90 to 95 percent of the population still susceptible," he said. "It's too soon to say it's too late. We don't know what the rest of the season will bring."

China began its swine flu vaccinations on Sept. 21, the first country to do so. Of the first 39,000 Chinese to get shots, only four had side effects, muscle cramps and headaches, a World Health Organization spokesman said Tuesday, wire services reported.

An 18-year-old Tibetan woman became the first swine flu death on the mainland under Beijing's control, China's health ministry announced Tuesday; there have been 28 swine flu deaths in Hong Kong, which did not use the rigid quarantines the mainland did.

New York City held an orchestrated kickoff to its swine flu vaccinations Tuesday at Children's Hospital at Montefiore in the Bronx.

Brandon Marty, 13, seemed nervous as he went first, taking a squirt in each nostril as city officials applauded. "It felt good and cold," Brandon said afterward.

His sister, Ashley, 9, was next, followed by Dr. Philip O. Ozuah, chairman of pediatrics at the hospital. They were chosen because they represented two high-risk groups set to get vaccine first: children and medical workers.

Actually, officials said, a few doses were given on Monday without any fanfare from the first batch of 68,000.

Dr. Thomas A. Farley, the city's new health commissioner, said he expected a vaccine shortage until the end of the month, when a batch of 1.2 million is scheduled to arrive.

Public school officials hope to begin giving vaccines in elementary schools at the end of the month and will send consent forms to parents. Middle and high school students will be offered shots on weekends.

CP 24

Helen Branswell

As U.S. starts swine flu vaccination, vaccine proponents watch with concern

CP 24, The Canadian Press. 6 October 2009, 7:28 AM EDT
https://www.cp24.com/mobile/as-u-s-starts-swine-flu-vaccination-vaccine-proponents-watch-with-concern-1.441110?cache=yesclipId10406200text/html;charset=utf-80404/7.578962/7.246408/7.129018

Toronto - The United States began to vaccinate its citizens against swine flu on Monday, one of the first countries to roll out its portion of what may be an unprecedented effort to immunize upwards of a billion people around the world over the next few months.

Health-care workers in a Memphis, Tenn., hospital were among the first in the U.S. to receive the vaccine, which is currently only available in the U.S. in nasal spray form. Injectable vaccine is expected to start flowing out of the production pipeline soon.

With substantial H1N1 activity in the U.S. at present, officials are relieved vaccine is starting to become available five months after the new virus was first detected.

The relief is tempered, however, with the knowledge that the coming weeks will be challenging at best, given the difficulties of getting still limited amounts of vaccine to the people who want it. If things go badly, they know, the reputations of flu shots specifically and vaccines in general could take a beating.

"I think it will be tough," predicted Dr. Paul Offit, chief of infectious diseases at Children's Hospital of Philadelphia and a key figure in the pro-vaccination movement.

Dr. Anne Schuchat, director of the national centre for immunization and respiratory diseases at the U.S. Centers for Disease Control, agreed.

"I think that the positive impact of a successful program could be huge. And the unintended consequences of problems in the program would also be huge," Schuchat admitted.

"So I think that public health and the health-care system do feel a lot of pressure in trying to make this go as smoothly as possible. And then on top of that we do have this race against the virus, which is continuing to cause disease around the world."

The U.S. is not the first to begin to vaccinate; China began a few weeks ago. And Australia started to offer pandemic flu shots last week.

Canada is currently only scheduled to begin vaccinating in early to mid November, though Chief Public Health Officer Dr. David Butler-Jones has said he could ask Health Canada to release the vaccine a few weeks earlier under special licensing provisions if the risk from the virus seemed to increase.

Eventually, the World Health Organization has predicted, three billion doses of the new H1N1 vaccine could be produced over 12 months. It remains unclear whether global delivery systems are in place to administer so many doses. It's also unclear whether there is that much demand for vaccine against this relatively mild pandemic strain.

In the U.S. and Canada, poll after poll shows somewhere around half the population – sometimes less – plans to get a flu shot. While that's better than the uptake rate for seasonal flu vaccine – last

year just under 30 per cent of Canadians over age 12 got a flu shot – it is not as high as officials would like to see.

Dr. Michael Osterholm, an infectious diseases expert at the University of Minnesota, said the population at this point breaks down into three groups: Those who are eager to get the vaccine and who will be annoyed by any delay; those who are undecided about whether to get it and who plan to watch how the roll out unfolds before making up their minds; and those who either reject vaccines in general or flu vaccines specifically.

Any signs of adverse reactions that might be linked to the vaccine will drive away the second group, said Osterholm, who is director of the university's Center for Infectious Diseases Research and Policy.

And Offit said the third group will jump at the opportunity to discredit the vaccine if and when such events arise. He admitted that prospect has the pro-vaccine forces essentially holding their collective breath.

"Of course," Offit said. "Because I think when the anti-vaccine groups get a hold of something, they're very good at it."

"They're very good at public relations. They understand how to get the ear of the media and how to get the ear of Congress."

Schuchat and colleagues at the CDC have been trying to inoculate the program against the impact of that kind of event, warning that even though these vaccines should be as safe as seasonal flu shots, things will happen once mass vaccination starts. Pregnant women will miscarry. People will have heart attacks. Rare neurological disorders may occur.

But these things happen all the time among people who haven't just received a flu shot. Determining whether the events were caused in some way by the vaccine or – as experts think is more likely – are ere coincidences will be critical. Unfortunately, the work needed to answer those questions takes time.

"If we detect a signal we'll need to investigate it carefully and even with rapid investigation, it may take some time," Schuchat said.

"I think that patience is a hard thing to have when there's disease around us or vaccination needs to occur quickly. So I think expectations about how quickly we'll be able to understand signals – that's a tricky issue."

Osterholm said the situation is made more difficult still by the fact that there will be glitches in distribution and the fact that no one knows what is going to happen with the virus.

If there appears to be an increase in reports of deaths among children and pregnant women, demand will rise, he predicted. But if severe cases remain rare and the illness is perceived as mild, people could decide to take a pass.

"We're not quite in Never Never Land, but we are charting previously uncharted waters, because of all these issues," Osterholm said.

The New York Times

Anemona Hartocollis / Donald G. McNeil Jr.

Swine Flu Vaccine Reaches an Anxious Nation.

The New York Times, 6 October 2009
http://www.nytimes.com/2009/10/06/nyregion/06vaccine.html

The fear of swine flu is being compounded by new worries, this time among primary care doctors who say that they are swamped by calls from patients seeking the new vaccine, and that they are ill-prepared to cope with the nationwide drive to immunize everyone, particularly children and chronically ill adults.

The federal Centers for Disease Control and Prevention released the first doses of vaccine on Monday. But many doctors, especially pediatricians, say they know little about the program and have been deluged with questions.

At the same time, the pediatricians are struggling to figure out how to administer perhaps thousands of doses quickly in small offices with limited staff, while still dealing with other illnesses.

Some said they were considering hiring nurses just for the vaccinations and setting aside days when children would be vaccinated in alphabetical order.

At Westchester Pediatrics, an office with 6,000 to 8,000 families in Hartsdale, N.Y., exasperated doctors have added a new choice to the office answering machine: "If you have a question about the flu vaccine, please dial 6." Pressing 6 produces a further message saying that the swine flu vaccine is not yet available, and to keep checking the CDC.gov Web site for updates.
For those who are not satisfied, a sign in the office waiting room counsels patience.

Kathryn Paterno, the office manager, summed up the situation as "a nightmare." – "People want it," Ms. Paterno said of the swine flu vaccine. "When they listen to news reports, they pick out bits and pieces – 'swine flu, get it' – but they don't quite comprehend that we don't have it yet, and we're dealing with a quite affluent socioeconomic group here."

When asked whether his office had received vaccine inquiries, Dr. Herbert Lazarus, a pediatrician on the Upper West Side, said only half-jokingly: "Do you think that's accounting for two-thirds of our phone calls, or three-quarters?"

In Philadelphia, Dr. Shea Cronley of Advocare Society Hill Pediatrics said she was concerned that emergency rooms were starting to see a rise in flu cases, but she did not know when she would be getting her share of vaccine. – "We're waiting," she said.

The Centers for Disease Control has embarked on an extensive immunization drive with a goal of producing 195 million to 250 million doses of vaccine.
The vaccine is being distributed free to local jurisdictions, like city and state health departments, which are responsible for taking orders from doctors, hospitals, school systems and the like. Normally, doctors order vaccines directly from manufacturers.

As of Monday, 62 states or localities had put in orders for a total of more than 1.7 million doses.

Actual delivery will lag, however, adding to the confusion about when doctors will get their share. The New York City Department of Health and Mental Hygiene said Friday that it expected to get only 68,800 doses by early this week, and New York State expected 59,000. Increasing amounts of vaccine are expected to be available in the next few weeks.

Even the city's public hospitals remained uncertain about the logistics. "We are prepared to provide access to the H1N1 vaccine," said Ana Marengo, a spokeswoman for the New York City Health and Hospitals Corporation, "and the piece of information still missing is knowing when it will be available and how much everyone will get."

Kathleen Sebelius, secretary of Health and Human Services, acknowledged the concerns, but said it was up to local health departments to run interference between doctors, hospitals and the federal government. – "I've heard a lot about how much confusion there is about how to get the vaccine," Ms. Sebelius said Friday. – "We'll never, from the mother ship, give one national picture," she added. "It's going to be many, many local decisions. What we do need to know is, if that information isn't getting across, then maybe we can do something about it."

Many school districts, including New York's, are making plans to immunize children at school. But in interviews over the last few days, doctors said they were confused about whether they were expected to vaccinate their patients, or whether schools would take the lead. – "That's a critical issue, and I can't find out," said Dr. Max Van Gilder, a New York City pediatrician in an office with about 4,800 patients.

In the Chicago suburb of Evanston, Ill., Dr. Irwin Benuck, a pediatrician in a practice of 8,000 patients, said parents were flooding the office with questions about when the vaccine would be available. He has ordered the vaccine from the local health department, but he does not know when he will get it. He is telling families also to look to other sources, like schools and drugstores.
"We've heard nothing in terms of timetables," he said.

Dr. Jane R. Zucker, assistant commissioner of New York City's bureau of immunization, said the city considered doctors to be the first line of defense, and the schools a backup for children who did not have private doctors.

She said that New York would be splitting its first shipment of vaccine (in the form of a nasal mist unsuitable for pregnant women and people with chronic health conditions) between health care workers in hospitals and clinics, who are required by state law to be immunized, and doctors treating children.

She said the city expected to get the vaccine into its elementary schools by early November and was considering setting up weekend vaccination clinics for older children.

Some doctors wondered whether the vaccination drive was necessary for a flu that has caused only mild symptoms in most cases. They said some of their patients had expressed doubts about whether the vaccine had been sufficiently tested for safety, and they admitted that they were sympathetic to those fears.

Dr. Lazarus, the Upper West Side pediatrician, recalled that as a child, he had lined up for the polio vaccine on a sugar cube. But it was the early 1960s, he said, and by then the science of that vaccine was well established. "You don't always want to be the first person on line to get the vaccine – do you think?" he said.

Dr. Jessica Sessions, director of pediatrics at the Ryan Center, which treats many poor patients on the Upper West Side, said that she was reassuring patients that she herself was going to get the vaccination, to protect her twins, who are 4 ½ months old.

Dr. Van Gilder said that when he got his share of vaccine – and he was wondering when that would be – he was planning to conduct a vaccination blitz, immunizing 250 children a day in alphabetical order.

"It's a logistical nightmare," he said.

=> the same article as above

Anemona Hartocollis. **Doctors swamped by swine flu vaccine fears. -** NBC News, 6 October 2009, 2:21 AM +08 https://www.nbcnews.com/id/wbna33179695

Doctors say they are already being deluged with questions about the new swine flu vaccine and that they are ill-prepared to cope with the nationwide drive to immunize everyone. The fear of ...

NBC NEWS

Swine flu spray demand outstripping supply

NBC News, 6 October 2009, 8:12 pm UTS
https://www.nbcnews.com/id/wbna33196660

The initial swine flu vaccine doses this week will be the nasal spray version, and arm injections will begin next week to help meet demand, health officials said Tuesday.

About 2.4 million doses of nasal spray are available so far, with about 2.2 million doses drawn down or ordered. However, the spray is not recommended for some people who are most in danger of complications from flu, including pregnant women and people with asthma. While some priority groups like health care workers and healthy children 2 or older can get vaccinated this week, pregnant women and others at risk should wait.

The vaccine first became available in some states on Monday. Because there's a limited amount of vaccine available and some people aren't eligible for it, demand so far is outstripping supply, said Dr. Tom Frieden, director of the Centers for Disease Control and Prevention, at a Tuesday press conference. He did not say by how much.

Swine flu is widespread across the country, although cases are on the upswing in some areas and seem to be receding in others, Frieden said.

According to the latest CDC data, reports are falling a bit in five regions that comprise about half the country – the New York-New Jersey area; the Southeast; the Midwest; the central Plains; and the region that includes Hawaii, California, Nevada and Arizona.

However, the unpredictable flu could make a resurgence, Frieden said, noting it's not too late for people in any region to be vaccinated.

"Even in places where flu has been widespread, it's affected 5 percent to 10 percent of the population. That means 90 percent to 95 percent of the population is still susceptible," he said.

The CDC doesn't have an exact count of swine flu deaths and hospitalizations, but existing reports suggest the infection has caused more than 600 deaths and more than 9,000 hospitalizations since the virus was first identified in April.

The government keeps a more careful count of deaths of pregnant women and children attributed to swine flu. CDC officials say they are aware of 28 deaths of pregnant women and about 60 of children.

REUTERS

Maggie Fox

Ordinary flu jab may protect against H1N1 – study

Reuters, 7 October 2009, 7:44 AM GMT+8
https://www.reuters.com/article/economy/ordinary-flu-jab-may-protect-against-h1n1-study-idUSN06445278/

WASHINGTON, Oct 6 (Reuters) - Mexican researchers say they have some evidence that the ordinary seasonal flu vaccine may offer some protection against the new pandemic H1N1 swine flu – contrary to other studies.

They found that people who had been vaccinated against seasonal flu were far less likely to be sick or to die from H1N1 than people who had not been immunized against seasonal flu.

"These results are to be considered cautiously and in no way indicate that seasonal vaccine should replace vaccination against pandemic influenza A/H1N1 2009," Lourdes Garcia-Garcia and colleagues at the National Institute of Public Health in Cuernavaca wrote in the British Medical Journal.

But they said the findings might offer some good news for people who have been vaccinated against seasonal flu, especially as governments are just beginning to distribute newly made swine flu vaccines.

The new H1N1 swine flu virus is a very distant cousin of the H1N1 seasonal flu virus, which is included in the mixture provided every year in the seasonal flu vaccine.

Most studies have shown the annual vaccine provides little or no protection against H1N1, likely because it is very different.

One study in Canada suggested that in fact people who got seasonal flu vaccines may be more likely to become infected with H1N1, although the World Health Organization and the U.S. Centers for Disease Control and Prevention both expressed doubts about the findings.

Garcia's team studied 60 patients with confirmed swine flu and 180 similar people with other diseases being treated in the Mexico City area.

The Mexican government distributes seasonal flu vaccine.

Only eight people who had been vaccinated against seasonal flu were among the swine flu cases, the researchers reported. They found that 29 percent of unvaccinated people in the study became infected with H1N1, versus 13 percent of vaccinated people.

None of the vaccinated people died, but 35 percent of swine flu patients who died had not been vaccinated against seasonal flu, they found.

"Seasonal vaccination might protect against the most severe forms of the disease," the researchers wrote.

Menno de Jong of the University of Amsterdam and Rogier Sanders of Cornell University in New York said the study shows some protection but said what the world really needs is a universal flu vaccine that protects people against all strains.

Currently, the seasonal vaccine must be formulated every year because influenza viruses mutate, and new strains, such as the H1N1 swine flu, require a completely new vaccine. The new H1N1 vaccine took five months to formulate and manufacture.

THE WALL STREET JOURNAL.

Phred Dvorak, Betsy McKay

Flu Shots Delayed in Canada

The Wall Sreet Journal, 7 October 2009, 12:01 am ET
https://www.wsj.com/articles/SB125487330214569325
https://web.archive.org/web/20150525033239/https://www.wsj.com/articles/SB125487330214569325
https://www.massnurses.org/2009/10/07/oct-7-09-wsj-flu-shots-delayed-in-canada-unpublished-study-showed-seasonal-shots-could-increase-h1n1-risk/

TORONTO – An unpublished Canadian study that suggests getting an *annual flu shot may make it easier to contract swine flu* has caused most provincial governments in Canada to postpone or limit seasonal-flu vaccination programs.

The study remains a mystery in many ways. It is being reviewed for potential publication in a scientific journal, but the authors won't say which one. Few people have seen the data, and some experts have expressed skepticism of the results.

The study is co-authored by researchers from the British Columbia Centre for Disease Control, the Ontario Agency for Health Protection and Promotion and Laval University in Quebec.

The World Health Organization isn't recommending that seasonal-flu vaccinations be postponed. Public-health officials in the U.S., Australia and other countries said their own data doesn't show such links between seasonal-flu-shot recipients and people who have gotten the new flu strain, known as the 2009 H1N1 flu.

Thomas Frieden, director of the U.S. Centers for Disease Control and Prevention, said at a recent news conference that there was no "real explanation technically or scientifically" for an association between the two.

Local governments are taking no chances. Twelve of Canada's 13 provinces and territories are delaying the rollout of seasonal-flu shots for the bulk of their populations until after their H1N1 inoculations are complete – likely at the end of this year.

The study "*wasn't something we felt we could ignore*," said Perry Kendall, provincial health officer for British Columbia, which like most provinces is limiting seasonal-flu shots to people ages 65 and older until after it has finished its H1N1 vaccinations. "*Why would you want to run the risk of doubling peoples' risk of getting H1N1*?" said Dr. Kendall, who noted that he has seen the data and talked to the study's authors.

The study began after researchers in British Columbia this summer found a possible link between contracting H1N1 and receiving flu shots the previous season, for some people in the province.

The researchers shared the information with colleagues in the other provinces, some of whom in turn found their own links, said Dr. Kendall. Those results were collated into one study covering about 2,000 confirmed cases of H1N1 in places such as British Columbia, Ontario and Quebec. It found that people who got flu shots last year were about twice as likely to contract swine flu as those who weren't vaccinated, according to sources who have seen the study's data.

The Public Health Agency of Canada commissioned an international panel of experts to take a look at the study's methodology; that panel last week said it found no methodological errors and that the study has "merit," an agency spokeswoman said.

The WHO reviewed the Canadian study and data from other countries in a teleconference late last week with flu experts both inside and outside the agency, including the Canadian researchers involved in the work. "Based on that review, WHO is not issuing any general warning about seasonal-flu vaccine," spokeswoman Aphaluck Bhatiasevi said.

The WHO's immunization advisory group will also discuss the study at a meeting at the end of this month, Ms. Bhatiasevi said.

Canada's local governments said the study was just one factor in their decisions to put off seasonal-flu shots. Provincial health officials said they expect H1N1 to be the dominant flu strain in Canada this winter, as it was in most countries in the Southern Hemisphere during their winter; it thus makes sense to concentrate resources on H1N1 first, they said.

Concurrent inoculations for seasonal flu and H1N1 – as are being given in the U.S. and other countries – would be a logistical nightmare, and it is unclear what will happen if both vaccines are administered at the same time, said British Columbia's Dr. Kendall. "We don't know if you can give H1N1 in one arm and another in the other arm," he says. "Does one vaccine trump the other?"

U.S. public-health officials have said it is safe to get both shots at the same time.

In the U.S., seasonal-flu vaccinations began earlier than usual this year, in hopes of avoiding a crush of simultaneous demand for H1N1 and seasonal-flu vaccines.

The Guardian

Denis Campbell

Swine flu fears grow as NHS staff shun vaccine

The Guardian, 11 October 2009, 22.39 BST
http://www.guardian.co.uk/world/2009/oct/11/swine-flu-pandemic-vaccine-nhs

The Department of Health has ordered NHS bosses across England to ensure that frontline staff get immunised against swine flu amid growing signs that many doctors and nurses intend to shun the vaccine.

Chief executives and boards who run hospitals, primary care trusts and strategic health authorities have been told to urgently maximise the number of workers having the jab. Leading DH figures including Sir Liam Donaldson, the chief medical officer, have written to them six times in the last five weeks stressing the need for action before the second wave of the pandemic causes major problems.

Ian Dalton, the NHS's national director of flu resilience, last week warned that vaccination of nurses, doctors and other frontline staff was "absolutely critical" and that widespread take-up of the jabs "will help us to save lives".

The DH's letters stress that patients' health could be put at risk and the NHS left seriously short-staffed through virus-related absenteeism if senior managers do not overcome "perceived obstacles" to the vaccination of workers. Swine flu's threat is so great that the NHS must avoid only small numbers of personnel getting immunised, as usually happens with seasonal flu every winter, the letters add.

They stress that vulnerable patients could be endangered if staff decide not to heed repeated urgings from Donaldson and other senior figures to have the vaccine. There are growing signs that large numbers of workers will shun the jabs because they see them as unnecessary and potentially unsafe.

Dalton wrote to the chief executives of local NHS organisations in England on 10 September telling them: "We all know that uptake of the seasonal flu vaccine among NHS staff is traditionally low. It is an NHS board responsibility that we do not find ourselves in this position with the swine flu vaccine."

But hospital chief executives have told the Guardian that they expect as few as 10%-20% of their staff to get vaccinated and cannot fulfil the DH's demands because the jabs, which are due to begin within days, are entirely voluntary.

One chief executive of a busy urban hospital in one of the swine flu "hotspots" said: "At the moment in my hospital if nothing changes then it could be that 10%-20% of staff have the swine flu jab … Staff could have the virus and pass it on to patients, a proportion of whom will die, albeit a very small proportion."

He added: "The other consequence is that if loads of staff go off with swine flu that will leave us short-staffed, which is dangerous to patients. That's a bigger danger than transmission."

Another hospital chief executive said: "Ideally it should be 100% of frontline staff having the swine flu vaccine. But it obviously isn't going to be. I hope we'll get at least the 50% we usually get

for seasonal flu. This is important because although this strain of swine flu is mild in most people, if it's contracted by someone with an underlying health condition that can be serious."

One medical director at another hospital added: "The word on the street in NHS staff circles is that the vaccine is no good and you shouldn't bother with it. Nurses in particular worry that there may be side-effects, that corners have been cut in producing the vaccine and that the generally mild nature of the virus means they don't need to take it. As few as 10%-15% of doctors may have it because we doctors believe ourselves to be above such trivial things as infections."

A poll by Nursing Times magazine last week showed that the proportion of nurses who do not intend to get vaccinated has risen from 31% in August to 47%, while those who definitely will has fallen from 35% to 23%.

Dame Christine Beasley, the chief nursing officer for England, responded by stressing that the vaccine is "as safe as a vaccine can be" and adding: "Nothing in life is risk-free. I can well understand people being worried. I can well understand people thinking it's only a mild illness and why should I bother? I do understand all that, I think you wouldn't be human if you didn't think that." Beasley wants directors of nursing to act as role models to allay concerns among frontline nurses.

Hospital chief executives say privately that Donaldson's repeated reminders of the mild nature of swine flu's effects in those who contract it, and recent claim that the UK is "tantalisingly close" to beating the virus, may be leading staff to believe that vaccination is not important.

The health department said: "Frontline healthcare workers will be absolutely crucial in the height of a pandemic – without them, patient care will suffer, and the NHS will be stretched. Getting the swine flu vaccine will protect them and their patients."

It added: "All NHS organisations will be working hard to ensure that all eligible staff have the choice to protect themselves and their patients from swine flu by having the vaccine."

SPIEGEL Wissenschaft

Junge Patienten für Schweinegrippe besonders anfällig

Spiegel, 12 Oktobre 2009, 16.25 Uhr

https://www.spiegel.de/wissenschaft/medizin/h1n1-infektion-junge-patienten-fuer-schweinegrippe-besonders-anfaellig-a-654684.html

Kanadische Mediziner warnen davor, dass die Schweinegrippe gerade jüngere Patienten besonders schwer treffen kann. Deutsche Kollegen fordern derweil einen Impfstoff für Kinder und Jugendliche, der keine umstrittenen Hilfsstoffe enthält - so wie ihn die Bundeswehr gerade für ihre Soldaten bestellt hat.

Frankfurt am Main - Bislang ist die Schweinegrippe bei den meisten Patienten in Deutschland milde verlaufen, bislang gab es zwei Todesfälle von H1N1-Infizierten, beide Patienten hatten jedoch noch weitere gesundheitliche Probleme. Im einen Fall bestätigten Mediziner, dass tatsächlich das Virus die Todesursache gewesen war. Nun warnen kanadische Mediziner davor, dass das H1N1-Virus gerade bei jungen Menschen dramatische und lebensbedrohliche Beschwerden verursachen kann.

Krankenhäuser

Im "Journal of the American Medical Association" berichten Forscher um Anand Kumar vom Health Sciences Centre and St. Boniface Hospital in Winnipeg über den Krankheitsverlauf von 168 Patienten. => https://jamanetwork.com/journals/jama/fullarticle/184799?resultClick=1 Sie waren zwischen Mitte April und Mitte August wegen besonders schwerer Beschwerden in gebracht worden - und zwar nachdem sie bereits zu Hause im Durchschnitt vier Tage lang Grippesymptome gezeigt hatten. Anschließend habe sich ihr Zustand jeweils rapide verschlechtert.

Der Sauerstoffgehalt des Blutes war extrem gering, bei vielen der Patienten versagten mehrere Organe. Rund 80 Prozent der besonders stark betroffenen Grippeopfer wurden längere Zeit künstlich beatmet. 24 Personen starben innerhalb der ersten vier Wochen, fünf weitere in den folgenden zwei Monaten. Das Durchschnittsalter der Patienten war mit 32 Jahren auffällig niedrig.

"Unsere Daten deuten darauf hin, dass schwerer Krankheitsverlauf und Todesfälle sich bei relativ gesunden Heranwachsenden und Erwachsenen zwischen zehn und 60 Jahren häufen", schreiben die Mediziner. Diese Altersverteilung gleiche jener der Spanischen Grippe von 1918, die ebenfalls durch den Influenzatyp H1N1 verursacht wurde. In der gleichen Zeitschrift kommen Untersuchungen aus , und zu ähnlichen Ergebnissen.

Streit um die Adjuvantien

Unterdessen fordern Kinderärzte in Deutschland auch für ihre jungen Patienten einen möglichst verträglichen Impfstoff gegen die Schweinegrippe. Ein Impfstoff ohne Zusätze wie in den USA solle auch Kindern zur Verfügung gestellt werden, verlangte der Präsident des Berufsverbandes der Kinder- und Jugendärzte (BVKJ), Wolfram Hartmann.

In Europa sind nach Angaben des Bundesgesundheitsministeriums inzwischen drei unterschiedliche Impfstoffe zugelassen, darunter auch einer ohne wirkungsverstärkende Zusatzstoffe, sogenannte Adjuvantien. In den vergangenen Wochen hatten Kritiker wiederholt darauf verwiesen, dass der in den USA im September zur Anwendung freigegebene H1N1-Impfstoff verträglicher sei als der von der Bundesregierung bestellte, in dem sich Adjuvantien finden.

Unter anderem hatte der Ärztliche Direktor des Gemeinschaftskrankenhauses Witten-Herdecke, Stefan Schmidt-Troschke, erklärt, der für Deutschland georderte Impfstoff enthalte Verstärker, die das der bei der relevanten Zielgruppe, nämlich jungen Menschen, Schwangere und Kinder, stark schwächen könne.

Bundeswehr

Die hat, wie am Montag bekannt wurde, ein eigenes Kontingent an Schweinegrippe-Impfstoff bestellt. Er enthält keine Zusatzstoffe. Zielgruppe sind Soldaten im Auslandseinsatz. Vor einem Einsatz im Ausland bekämen die Soldaten je nach den dortigen Ansteckungsmöglichkeiten oftmals gleich eine ganze Reihe von Impfungen. Um ihre Gesundheit zu schützen und "die Durchhaltefähigkeit sicherzustellen", erhielten sie einen "sehr umfassenden Impfschutz, der weit über die Erfordernisse im Inland hinausgeht", erklärte der Sanitätsdienst der Bundeswehr.

Impfstoff für den Auslandseinsatz

Dabei sei es wichtig, auf die wechselseitige Verträglichkeit mit anderen Impfstoffen zu achten. Wären zum Beispiel überall Zusatzstoffe enthalten, "und die kumulieren sich und vertragen sich nicht miteinander", werde es problematisch, sagte ein Sprecher. Daher habe die Bundeswehr einen Impfstoff ohne Konservierungsstoff und Adjuvantien bestellt. "Wir sind nicht was Besseres, sondern wir sind was Anderes", sagte der Sprecher des Sanitätsdienstes.

Kinder- und Jugendmediziner Hartmann hatte dem "Westfalen-Blatt" gesagt, die Ständige Impfkommission habe den Alleingang der Bundeswehr mit Verwunderung zur Kenntnis genommen. Die hatten Anfang Oktober beschlossen, lediglich für Schwangere zusätzlich ein Serum ohne Adjuvantien zu beschaffen.

Ein Sprecher des Bundesgesundheitsministeriums betonte, die derzeit drei in der EU zugelassenen Impfstoffe seien sämtlich sicher. Die von den Ländern für die Zivilbevölkerung bestellten Impfstoffe seien ebenso wirksam wie der Impfstoff der Bundeswehr.

Nach Einschätzung der ist eine Impfdosis pro Person ausreichend. Alle Daten würden darauf hindeuten, dass eine genüge, erklärte die Chefin der WHO-Impfforschung, Marie-Paule Kieny. Die europäische Gesundheitsbehörde EMEA empfahl zuletzt, zunächst jeder Person zwei Mal im Abstand von drei Wochen eine Dosis zu verabreichen. In Deutschland stehen ab Ende Oktober 50 Millionen Dosen des Impfstoffes vom Pharmahersteller GlaxoSmithKline bereit.

netzeitung.de

Schmidt versteht Aufregung um Impfstoff nicht

NetZeitung, 12 Oktobre 2009, 16:31
https://web.archive.org/web/20091015045615/http://www.netzeitung.de/gesundheit/1489979.html

In knapp zwei Wochen sollen die Impfungen gegen die Schweinegrippe losgehen, doch es wächst die Sorge um die Sicherheit der Impfstoffe. «Unbegründet», sagt Ministerin Schmidt. Der Virologe Kekulé ist da anderer Meinung.

Nachdem Soldaten der Bundeswehr einen anderen Impfstoff gegen die Neue Grippe bekommen sollen als der Rest der Bevölkerung, versucht die scheidende Gesundheitsministerin Ulla Schmidt Bedenken um die Sicherheit der Immunisierungen zu zerstreuen: «Die Aufregung, die da heute entstanden ist, ist mit überhaupt nichts zu rechtfertigen», sagte Schmidt am Montag vor einem Treffen mit den anderen EU-Gesundheitsministern in Luxemburg.

Alle Impfstoffe gegen das neue Influenzavirus A/H1N1 seien sicher, getestet und könnten eingesetzt werden. Es gebe aber unterschiedliche Einsätze, ergänzte die Ministerin. Zum Beispiel könnten Schwangere mit einem Präparat ohne Zusatzstoffe («nicht-adjuvantiert») geimpft werden. Die deutschen Behörden hätten bei drei unterschiedlichen Herstellern bestellt und «das Unternehmen, bei dem die Bundeswehr bestellt hat, hat eben einen nicht-adjuvantierten Impfstoff», sagte Schmidt.

Mit Kanonen auf Spatzen

Der hallesche Virologe Alexander Kekulé sieht das allerdings nicht ganz so problemlos und hat Bundesregierung und Ländern vorgeworfen, den falschen Impfstoff gegen die Schweinegrippe eingekauft zu haben. Der Direktor des Instituts für Medizinische Mikrobiologie des Universitätsklinikums Halle sagte am Montag dem Radiosender MDR Info, der im Impfstoff enthalte Verstärker habe erhebliche Nebenwirkungen.

Dieses Mittel wäre im Prinzip gut gegen ein «gefährliches Virus wie die Vogelgrippe», gegen die Schweinegrippe sei es aber «völlig übertrieben». Man schieße gewissermaßen mit Kanonen auf Spatzen, sagte Kekulé.

Viel geeigneter sei der Impfstoff, für den sich die Bundeswehr entschieden habe. Dieser werde auch in den USA und in anderen Teilen der Welt eingesetzt. Er habe keinen Verstärker und funktioniere genauso wie der normale saisonale Grippe-Impfstoff. Der Vorteil dieses klassischen Serums sei, dass es sich schon milliardenfach bewährt habe. Jahrzehntelange Erfahrungen zeigten, dass es kaum Nebenwirkungen gebe.

Die Sprecherin des für Arzneimittelsicherheit zuständigen Paul-Ehrlich-Instituts (PEI), Susanne Stöcker verteidigte die Verstärkerstoffe im bestellten Schweinegrippeimpfstoff. «Grundsätzlich ist die Verträglichkeit gleichwertig, und der Stoff erfüllt alle EU-Kriterien.» Auch die Quecksilberverbindung zur Konservierung der Impfstoffe stelle keine Gefahr da. Das verwendete Thiomersal enthalte kein Quecksilber wie im Fieberthermometer, sondern eine organische Quecksilberverbindung. Die Menge sei wesentlich kleiner als die, die eine Schwangere pro Woche aufnehmen dürfe, ergänzte Stöcker.

YAHOO! DEUTSCHLAND NACHRICHTEN

Soldaten bekommen angeblich besondere Schweinegrippe-Impfung
[Soldiers are said to be given special swine flu vaccinations]

Yahoo Deutschland, 12 Oktober 2009, 10:00 Uhr
https://web.archive.org/web/20091015223830/http://de.news.yahoo.com/2/20091012/tts-soldaten-bekommen-angeblich-besonder-c1b2fc3.html

Die Bundeswehr hat einem Zeitungsbericht zufolge für ihre 250.000 Soldaten einen eigenen Impfstoff gegen die Schweinegrippe bestellt. Anders als das Serum, das der Zivilbevölkerung als Schutz gegen die Infektionskrankheit geimpft werden solle, enthalte der verträglichere Impfstoff für die Soldaten weder umstrittene Zusatzstoffe noch quecksilberhaltige Konservierungsmittel, berichtet das Bielefelder "Westfalen-Blatt" unter Berufung auf Bundeswehrkreise. Es handele sich um das Serum Celvapan des Pharma-Herstellers Baxter.

Die Ständige Impfkommission habe den Alleingang der Bundeswehr mit Verwunderung zur Kenntnis genommen, sagte der Präsident des Berufsverbandes der Kinder- und Jugendärzte, Dr. Wolfram Hartmann, dem "Westfalen-Blatt". Die Gesundheitsminister der Bundesländer hatten den Angaben zufolge jüngst beschlossen, ein Serum ohne Zusätze lediglich für Schwangere zu bestellen. Ärzte hätten vor angeblich unkalkulierbaren Nebenwirkungen bei den von der EU zugelassenen Impfstoffen Pandemrix vom britischen Pharmakonzern Glaxo-Smith-Kline und Focetria vom Schweizer Pharmaunternehmen Novartis gewarnt.

ALEX JONES' PRISONPLANET.com

Paul Joseph Watson

German Soldiers get Additive Free Swine Flu Shot
Troops get access to shot without mercury

Prison Planet, 13 October 2009
https://web.archive.org/web/20091016221658/http://www.prisonplanet.com/german-soldiers-get-additive-free-swine-flu-shot.html
https://web.archive.org/web/20091016235302/http://www.fightbackh1n1.com/2009/10/german-soldiers-to-receive-different.html

According to a report out of Germany, German soldiers have been given an additive-free swine flu shot that doesn't contain mercury, squalene, or any of the other dangerous adjuvants associated with the vaccine, raising questions as to why this version of the shot has not been made available to the general population.

An article that when translated is entitled, *German soldiers gets non poisonous vaccine*, explains how 250,000 German troops have been given a "friendly" vaccine made by Baxter that does not contain "controversial mercury-containing additives or preservatives".

It appears that there are two versions of the swine flu shot, one for those in the know and another for the general population who trust the government to shoot them up with dangerous toxins that have been linked to autism and other neurological disorders.

Despite concerns about thimerosal and mercury, thimerosal is an ingredient of the swine flu vaccine which is currently being rolled out globally.

"Some of the vaccine will be stored in multi-dose vials containing thimerosal, an antibacterial additive that contains mercury," reported the Washington Post in an article about which groups will receive the swine flu vaccine first.

Indeed, the swine flu vaccine contains no less than 25,000 per cent the amount of mercury considered safe.

Mercury is classified by The Department of Defense as a hazardous material that could cause death if swallowed, inhaled or absorbed through the skin, and the EPA is now limiting mercury emissions from factories because the toxin "can damage the brain and nervous system and is especially dangerous to fetuses and small children," but according to the CDC it's perfectly safe to inject into your child's bloodstream.

As we previously highlighted, many people are choosing to take the nasal spray version of the vaccine in the false assumption that it is safer than the injectable version. In reality, the nasal spray contains live H1N1 virus, which has led many doctors and health professionals to express concerns that it could spread the swine flu virus amongst those with weakened immune systems.

"It has been documented that the live viruses from the vaccine can be shed (and potentially spread into the community) from recipient children for up to 21 days, and even longer from adults. Viral shedding also puts breastfeeding infants at risk if the mother has been given FluMist," writes Dr. Sherri Tenpenny, one of the most outspoken physicians in the country on the hazards of vaccines and vaccination.

FluMist's own package insert reads as follows, "FluMist® recipients should avoid close contact with immunocompromised individuals for at least 21 days."

"The warning is specifically directed toward those living in the same household with an immunocompromised person, but the on-going release of live viruses throughout the community may be a significant risk to everyone who has a weak, or weakened, immune system," writes Tenpenny, pointing out that if one takes into account a plethora of health conditions that could be classified as contributing to immunodeficiency, as much as 60% of the entire population could be considered to be "chemically immunosuppressed."

One of the pharmaceutical companies developing nasal spray vaccines is Baxter International, who were caught earlier this year releasing batches of vaccines from a lab in Austria that were contaminated live bird flu virus, otherwise known as H5N1.

THE FLU CASE

"Swine flu" vaccine bracelets report

The Flu Case, 13 October 2009, 20:51
https://web.archive.org/web/20091017025855/http://www.theflucase.com/index.php?option=com_content&view=article&id=1022:qswine-fluq-vaccine-bracelets-report-update&catid=1:latest-news&Itemid=64&lang=en

We have published a few interesting reports about metal bracelets, said to be planned to be used to mark those who have received the "swine flu" vaccine. After having published another piece of information, the person who was the origin of the report made a comment on the article on this site. According to this person, there was a recent delivery to a hospital in the USA and we have now been sent the following:

"We are moving forward with a records request on this basis:

Who ordered them?
Who paid for them?
Where are they?
What is the purpose of them?
When are they to be given out?
What information will they contain?
Why do they need RFID chips?
Request for photos/sample

The Montrose hospital is a public/county hospital which is therefore responsible to the citizens first.

This is a huge deal and no-one to date has had even this information on the bracelets. I am on "high level" speaking terms with the person who signed for these bracelets and he had no "look at me" reason to tell me what he did. He did it to confirm the story that was out there about how they might be used and said matter if fact I signed for a shipment of half a semi last week. And also voiced I and my family would have them when the time came. He is a huge advocate of the NWO and can be a great benefit to getting this story out.

After the records request I will get a sample or image to you but in the meantime you need to keep this story active at the top of the list on the front page. We want others to talk about bracelets at their hospital. They have been delivered all across the country and possibly the world and this is utter proof that this vaccination is only being done to control the world and rfid the population.

This can be the biggest story out there and if you keep it alive this will open another 30 million eyes about the "euginics's" alternative means to giving you the shot. I belive the shot will sterilize and introduce cancer cells to all to take it.

This will help raise awareness and I will do whatever I can from this end. It cannot come back on me. It means my wife's job and I and the community around me have too much to lose if I am mentioned and targeted."

Department of Health
Information for a Healthy New York

Testimony by Guthrie Birkhead, M.D., M.P.H.
Deputy Commissioner New York State Department of Health

Department of Health, New York, 13 October 2009
https://web.archive.org/web/20090925160838/http:/www.cdc.gov/vaccinesafety/vsd/thimerosal_outcomes/

Presented to Assembly Standing Committee on Health, on Labor, on Education, on Higher Education, and on Workplace Safety.

Assemblyman Gottfried, Assemblywoman John, Assemblywoman Nolan, Assemblywoman Glick and Assemblyman Lancman: thank you for the opportunity to testify today and present the New York State Department of Health's response to the 2009 H1N1 influenza. I am Dr. Guthrie Birkhead, Deputy Commissioner for Public Health at the New York State Department of Health.

Our response to H1N1 influenza this fall has benefited from experience with this virus last spring and summer, three years of pandemic influenza planning from 2006 to 2008, as well as our experience with the 2004 flu vaccine shortage and our general state of preparedness to deal with all hazards from weather events, to disease outbreaks, to possible terrorist events. We have learned that our response to public health problems like H1N1 is very dependent on the cooperation and joint activities of the state health department, other state agencies, local health departments, and other partners throughout the health care system. This collaboration is one of the strengths of our public health system in New York.

Last April New York Governor David Paterson directed the state health department to activate its health emergency preparedness plan in response to cases of H1N1 in NYS. This plan was developed over a number of years of pandemic planning and involves the collaboration of programs across the health department, other state governmental agencies and local public health departments. Over the past months both Governor Paterson and Commissioner of Health Daines have been involved in the response with public appearances, multiple press conferences and meetings with providers and consumers.

The primary activities during the H1N1 response have included implementation of targeted surveillance and laboratory testing activities and multiple communication strategies including a toll-free hotline available 24/7, and ongoing communications with county health departments, hospitals, clinics, doctors' offices, schools and other partners. Governor Paterson directed his agencies to develop a coordinated response and supported conduct of a series of town hall style meetings at locations throughout the State to provide in-person briefings on clinical care, surveillance, community mitigation, vaccine and education and outreach.

We learned many lessons from the spring but we still have a lot to learn. We have learned that H1N1 is not a "1918" style pandemic in terms of clinical severity. The clinical spectrum of H1N1 is more similar to seasonal flu than the flu seen in 1918. We have also learned that there is little background immunity to H1N1 in the general population. As a result H1N1 spreads rapidly in children and young adults. Pregnant women have been identified as a population at increased risk of severe complications and as a result are a priority group for vaccination. Unlike the seasonal flu, we have seen relatively little infection in the elderly population suggesting that they may have some immunity possibly as a result of past exposures. With widespread transmission, it is inevitable that some people with underlying medical conditions will experience severe illness and risk death. It is important to note that seasonal flu kills on average 2000 New Yorkers each year; we can expect H1N1 to have a similar impact.

Current H1N1 flu activity

Nationally influenza activity attributed to 2009 H1N1 viruses increased during September 2009 beginning in the southern states where school starts in early August. H1N1 is expected to continue through the fall and winter influenza season. In New York State, our surveillance systems outside New York City indicate that flu activity is starting to increase. New York's flu activity is currently classified as widespread under the CDC's classification system indicating that more than 50 percent of reporting jurisdictions indicate the presence of flu. New York's flu status has gone from sporadic to localized to regional activity to now widespread activity over the last four weeks. To date this fall, the number of people hospitalized with flu remains low but may be starting to increase. Rates of visits for influenza-like-illness are also increasing in Emergency Departments and sentinel providers. So far this fall there have been three known H1N1 associated deaths. There is at least one school district upstate with significant disease and several college campuses have reported disease with one death in a college student.

We may now be at the beginning of our third influenza season this year, the seasonal flu season last February and March, the H1N1 outbreak in May and June, and now the return of H1N1. However, we don't know for sure how the fall and winter flu seasons will unfold. A telephone survey conducted in New York City last spring found that between 6 and 10 percent of all New Yorkers surveyed had experienced influenza-like-illness. The spring flu outbreak may have been truncated by the end of school and the beginning of the warm weather season. Had the flu season continued, as it now appears it may do over the coming fall and winter months, we could possibly see up to 35 to 40 percent of the population impacted by the new flu strain - two to three times that which we experienced in the spring. The experience with flu in states in the southern part of the country suggests a surge three to four weeks following the start of the school year. We are just entering that period in New York State

It should be noted that some cities are reporting near-normal levels of flu activity for this time of year. The cities, including New York, are those that were hardest hit at the outset of the 2009 H1N1 flu pandemic. New York, which had widespread school closures in the spring, is reporting normal attendance; the same holds true for Boston and Philadelphia. One theory to explain the relative lack of flu in these cities – as opposed to the rest of the country where activity is widespread – is that the earlier outbreaks conferred enough "herd immunity" to protect them now. This theory is plausible; only time would tell whether it's accurate.

New York State tracks and evaluates flu prevalence and severity using a multi-faceted reporting system. Five different reporting mechanisms are used to track the flu including an electronic clinical laboratory reporting system which feeds laboratory reports of H1N1 directly to the state; hospital reporting of emergency department visits for influenza-like-illness and hospitalized influenza cases; reports by physicians of patient visits for influenza like illness at selected offices around the state; deaths associated with influenza like illness; and prescriptions filled for antiviral medications. The results of this reporting system are on the Health Department website with statistics updated each week.

H1N1 Vaccine Efficacy and Safety

One of the remarkable aspects of the H1N1 influenza response has been the development of vaccines to prevent it. Influenza A (H1N1) 2009 monovalent vaccines have been developed by the five manufacturers of seasonal flu vaccine. The production and licensure of the H1N1 vaccines are being done by exactly the same methods as the seasonal vaccines. One hundred million Americans are vaccinated each year with seasonal flu vaccines, so the safety and efficacy of the process is well defined. FDA licensure has been on the basis of standards developed for vaccine strain changes for seasonal influenza vaccines, adherence to manufacturing processes, product quality testing, and lot release procedures developed for seasonal vaccines. The age groups, precautions, and contraindications approved for the influenza A (H1N1) 2009 monovalent vaccine are identical to those approved for seasonal vaccines. The only difference between the seasonal and 2009 H1N1 influenza vaccines is the viral antigens contained in the vaccine, which also do vary from year to year as the seasonal vaccine changes. The only other difference is that clinical trials have been done on the H1N1 vaccines to establish the dosing requirements. Clinical trials are not typically done for the seasonal vaccine. So we actually know more about the characteristics of the H1N1 vaccine than we do the seasonal vaccine from these trials.

Preliminary data from the clinical trials indicate that the immunogenicity and safety of these vaccines are similar to those of seasonal influenza vaccines. An immunogenicity study of an inactivated influenza A (H1N1) monovalent vaccine manufactured by CSL Limited demonstrated a safety profile consistent with results from studies of the seasonal influenza vaccine manufactured by CSL Limited. Studies of other seasonal inactivated influenza vaccines found that rates of adverse events were not significantly different from placebo injections except for arm soreness and redness at the injection site. Vaccine safety data are reviewed by both the manufacturers' quality assurance staff and by the FDA. Only when all testing is completed and approved are the vaccines released for distribution.

Clinical trials in children coordinated by the National Institutes of Health reported preliminary results of a study among children aged 6 months--18 years which found safety results to be similar to those observed for seasonal influenza vaccine.

To assure that the safety of the H1N1 vaccine, New York is participating in expanded federal programs to monitor any possible adverse outcomes through a nationwide reporting system known as VAERS (vaccine adverse event reporting system) as well as through a program using managed care data on large populations to conduct follow up of vaccinated persons and a separate CDC-sponsored program to report Guillian-Barre Syndrome cases.

Availability of supplies and H1N1 vaccine distribution

There are currently 4 companies that are fully licensed by the FDA (the 5th is in process) to make the 2009 H1N1 vaccine, the same as for seasonal flu. Med Immune, which makes the inhaled live, attenuated influenza vaccine, Novartis, sanofi pasteur and CSL Limited, which make inactivated influenza vaccine, which is administered through an injection.

The CDC estimates that between now and the end of November there will be over 80 million doses of flu vaccine made available to states throughout the nation for redistribution to localities, health care providers and others as appropriate. The vaccine and supplies being made available by the Federal Government are being dispensed in weekly allotments that vary in size between 1.5 million and 4 million doses each week. States and cities were able to place their first orders for the 2009 H1N1 vaccine on Wednesday September 30th. By October 2nd, 2.4 million doses of live attenuated 2009 H1N1 vaccine were available for ordering with more vaccine becoming available for ordering in the coming days and weeks.

H1N1 Vaccine Distribution

Each week New York State (like all states) is provided a number of doses that are available to us to order. In general we expect to receive approximately 6 percent of the national allotment based on our population. To date we have placed orders requesting our full allotment and have provided direction to the CDC regarding where the vaccine is to be shipped. Our initial ship-to sites focused on hospitals, local health departments and federally qualified health centers – in an effort to assure that all persons in New York State who fit into one of the CDC's Advisory Committee on Immunization Practices (ACIP) defined priority groups have access to vaccine as quickly as possible.

The ACIP defined the following five populations as priority groups for vaccination against H1N1: pregnant women, persons who live with or provide care for infants aged < 6 months (e.g., parents, siblings, and daycare providers), health-care and emergency medical services personnel, persons aged 6 months – 24 years, and persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications. Individuals in these groups are either at higher risk of complications associated with the flu or are more likely to come into contact, and possibly infect, persons at high risk of complications.

These five target groups comprise an estimated 159 million persons in the United States and 10 million people in New York State. Using season flu vaccination rates as a guide, which indicate that 20 to 40% of eligible persons actually present for vaccination, we estimated that we would need at least 4 million doses of H1N1 to reach all New Yorkers who fall into one of the priority groups.

To ensure distribution of vaccine in the most efficient and effective manner the Governor directed the New York State Department of Health to begin the process with initial shipments to all hospitals in the State, to all local health departments (outside of New York City) and to all Federally Qualified Health Centers outside of New York City. Following this initial push we will provide vaccine based on orders submitted by providers who have agreed to vaccinate individuals beginning with those in the defined priority groups.

The first orders, placed two weeks ago were delivered last week. Initial availability of vaccine was limited and included 91,000 doses of LAIV upstate. LAIV is used for 1) healthy kids 2-24 years old and 2) healthy adults 25-49 who are health care workers or who care for children under 6 months. Factors that we have and will continue to take into account when filling orders for H1N1 include: geographic distribution to ensure statewide coverage; per capita allocation amounts (to be equitable in distribution); ability of providers to access target groups; input of local health departments and targeting based on the specific type of vaccine available and the most appropriate target audience.

Additional orders for 113,400 doses of vaccine were placed last week that are expected to arrive at designated sites this week – bringing the total number of H1N1 vaccine doses ordered to date to 204,000. This is only the beginning of what is expected to be available with substantial supplies of H1N1 vaccine being available starting this week and next. We anticipate that by early November, most providers who want to order vaccine will be able to do so. Additional vaccine will roll out through November, December and into January. One of the critical messages we need to convey is that as this vaccine is just now being produced, people and providers need to be patient as we do our best to ensure that vaccine is first delivered to those in the priority groups.

The State Department of Health developed a system to pre-register all providers in the state who are interested in receiving vaccine. This pre-registration process asks that the provider indicate how many people

they anticipate vaccinating and how many of these individuals are in each of the targeted groups – information that will be critical in assuring that vaccine is properly targeted. Eventually we anticipate that all New Yorkers who wish to receive the vaccine will have an opportunity to do so.

To date 4000 providers have pre-registered representing a range of specialties and provider types including private practice physicians, hospitals, local health departments, federally qualified health centers, pharmacies, colleges and universities, public health clinics, substance abuse treatment clinics and Indian health providers. We anticipate that additional providers will register over the coming weeks. We are also aware that there are providers who continue to be concerned with the safety of the vaccine and as a result are reluctant to register and participate in our vaccination efforts. We will continue to work with our partners in the health care community including professional organizations to educate providers as to the safety of the vaccine and the importance of vaccine as a mechanism to assure public health.

- Techniques to prevent the spread of the flu ...

- How Health Care Settings, Schools and Workplaces Are Implementing These Steps ...

- Education, Outreach and Prevention - NYS Government Activities ...

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Press release:
GlaxoSmithKline withdraws its marketing authorisation application for Zunrisa

EMeA, 13 October 2009
https://web.archive.org/web/20091015120044/http://www.emea.europa.eu/humandocs/PDFs/EPAR/zunrisa/63959809en.pdf

European Medicines Agency
Press office

London, 13 October 2009
Doc. Ref. EMEA/639598/2009

PRESS RELEASE
GlaxoSmithKline withdraws its marketing authorisation application for Zunrisa (casopitant mesilate)

The European Medicines Agency has been formally notified by GlaxoSmithKline Research and Development Limited of its decision to withdraw its application for a centralised marketing authorisation for the medicine Zunrisa (casopitant mesilate), 50 mg and 150 mg film coated tablets.

Zunrisa was expected to be used in the prevention of post-operative nausea and vomiting and chemotherapy-induced nausea and vomiting.

The application for the marketing authorisation for Zunrisa was submitted to the Agency on 2 July 2008. At the time of the withdrawal, it was under review by the Agency's Committee for Medicinal Products for Human Use (CHMP).

In its official letter, the company stated that the withdrawal of the application was based on the company's assessment that further safety data would be required to support the registration of casopitant on a worldwide basis and that it would take considerable time to produce these data. The company further stated that consequently all ongoing applications for authorisation are being withdrawn.

More information about Zunrisa and the state of the scientific assessment at the time of withdrawal will be made available in a question-and-answer document. This document, together with the withdrawal letter from the company, will be published on the Agency's website after the next CHMP meeting of 19-22 October 2009.

-- ENDS--

Notes:

1. Withdrawal of an application does not prejudice the possibility of a company making a new application at a later stage.
2. This press release, together with other information on the work of the European Medicines Agency, can be found on the Agency's website: www.emea.europa.eu

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THE FLU CASE

GSK forced to withdraw new drug over safety fears

The Flu Case, 14 October 2009 13:32
https://web.archive.org/web/20091019142018/http://www.theflucase.com/index.php?option=com_content&view=article&id=1064%3Agsk-forced-to-withdraw-new-drug-over-safety-fears&catid=1%3Alatest-news&Itemid=64&lang=en

GlaxoSmithKline was forced yesterday to withdraw its application to sell a new drug in the EU because the company could not show it was safe.

GSK is reported in a press release on the European Medicines Agency Website (EMEA) website as saying it "would take considerable time to produce these [safety] data" for Zunrisa, a drug expected to be used to prevent nausea and vomitting.

GSK appears to have been forced to withdraw the Zunrisa drug by the Committee for Medicinal Products for Human Use, which is currently reviewing the drug's safety data.

More information is to be made available soon, says the EMEA press release. =>
https://web.archive.org/web/20091015120044/http://www.emea.europa.eu/humandocs/PDFs/EPAR/zunrisa/63959809en.pdf

"Zunrisa was expected to be used in the prevention of post-operative nausea and vomiting and chemotherapy-induced nausea and vomiting.

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Carina Bergfeldt

Vaccinberg i Sverige

Aftonbladet, 14 October 2009
https://www.aftonbladet.se/nyheter/a/0EvA5o/vaccinberg-i-sverige

"Jag är fullständigt rättslös"
Fettdoktorn Annika Dahlqvist har nyligen varit i blåsvädret för flera kontroversiella uttalanden. Och nu får hon sparken från jobbet som jourvikarierande läkare i Västernorrland. Anledningen: hennes åsikter om vaccinering mot svininfluensan och mammografi.

Annika Dahlqvist blev under en föreläsning i Luleå i tisdags uppringd av en sköterska på en vårdcentral i Sundsvall.

Dahlqvist fick beskedet att primärvårdsdirektören Lennart Moberg beslutat att Dahlqvist inte längre ska anlitas som läkarvikare.

Hon får sparken för sina uttalanden om att en fettrik kost gör influensavaccination, cellprovtagning och mammografi onödiga.

– Det är ingen som talat med mig, jag känner mig fullständigt rättslös, säger Dahlqvist.

"Anmärkningsvärda synpunkter"

– Som jag förstår det är jag spärrad från alla arbetsplatser i primärvården i Landstinget Västernorrland. Det är väl ingen som vågar anställa mig på en vårdcentral nu.

Lennart Moberg, primärvårdsdirektör vid primärvården Västernorrland, säger att Dahqvist inte blivit uppsagd – eftersom hon inte har någon anställning.

– Men efter hennes anmärkningsvärda synpunkter och ifrågasättanden av medicinskt evidensbaserade arbetsmetoder, som cellprovstagning, vill vi inte att hon fortsätter som timvikarie.

=> see English translation on the next page

THE FLU CASE

Unwanted vaccine piles up in Sweden

The Flu Case, 14 October 2009, 08:57
https://web.archive.org/web/20091018051450/http://www.theflucase.com/index.php?option=com_content&view=article&id=1024%3Avaccine-mountain-in-sweden&catid=1%3Alatest-news&Itemid=64&lang=en

Mass vaccinations against the highly questioned so-called "swine flu" have started in Sweden and the hard reality of this mistake is now confronting everyone involved. One big issue for politicians seem to be that they have signed a contract which forced them to purchase a certain amount of vaccine as soon as the WHO declared pandemic level 6. Now, with a mild so-called "swine flu" and a vaccine-hesitant popuation, the amount of vaccine ordered will pile up and soon become a political scandal. Especially since less than half of the population intend to get the shot.

Swedish news paper Aftonbladet writes:

Vaccine mountain in Sweden

Sweden has bought two vaccine shots for every citizen. Only one is needed. Now the local authorities are trying to get rid of the unnecessary vaccine mountain.

18 million doses for over one billion SEK (144 million dollars). That is how much swine flu vaccine Sweden is bound to purchase since it was calculated that two doses would be needed per citizen. But yesterday that all changed reports Sveriges Radio (Swedish state radio).

Only one dose

Now, both manufacturers of the vaccine and experts from World Health Organization, WHO, claim that one dose per person will be enough. For Sweden this means unused medication for half a billion SEK (70 million dollars). But Göran Stjernstedt from Sveriges Kommuner och Landsting, SKL, hopes that the vaccine manufacturers will take back some of all the medication.

"- I presume that we can renegotiate with the company since the conditions have changed. The product delivered is another from the one promised when we signed the agreement" he says to Ekot.

So far, 600 000 doses have arrived to Sweden and are being distributed.

THE FLU CASE

Sanofi's Panenza: the secret and safe vaccine for the "elite"?

The Flu Case, 14 October 2009
https://web.archive.org/web/20091018144056/http://www.theflucase.com/index.php?option=com_content&view=article&id=1066:sanofis-panenza-the-secret-and-safe-vaccine-for-the-qeliteq&catid=1:latest-news&Itemid=64&lang=en

Is Sanofi Pasteur's "swine flu" vaccine Panenza, manufactured at the company's facility in Val de Reuil, France, going to be the vaccine of choice of the global "elite", who will be expected, like everyone else, to submit to the WHO/UN push to nanochip every single person in the USA and Europe?

Panenza is a single dose vaccine without adjuvants and without a live virus, which is manufactured using the same process as normal flu vaccines licenced in Europe.

Panenza is not intended to be distributed in the U.S.A where Sanofi Pasteur produces another "swine flu" vaccine licensed by the F.D.A, Sanofi says in a document.

Sanofi Pasteur Press Release

Panenza®* and Humenza®* Influenza A(H1N1) Vaccines Demonstrate Robust Immune Response After One Dose

- Interim data from European studies confirm that one dose of Panenza® or Humenza® pandemic influenza vaccines induces robust seroprotective antibody response in children and adults -

Lyon, France – October 8, 2009 - Sanofi Pasteur, the vaccines division of the sanofi-aventis Group (EURONEXT: SAN and NYSE: SNY), announced today that a single dose of influenza A (H1N1) 2009 monovalent vaccines, Panenza® (15 mcg dose, non-adjuvanted) or Humenza® (3.8 mcg dose, adjuvanted), administered to children (3 years of age and older) and adults induces a robust immune response, according to results from clinical trials conducted in Europe.

One dose of Panenza or Humenza Influenza A (H1N1) 2009 monovalent vaccine induces a robust antibody response that is considered protective in 93 percent or more of adults 18 to 59 years old and in 83 percent or more of adults 60 years of age and older. In children 3 years of age through 17 years of age, 94 percent or more of study participants achieved seroprotective antibody response. Both vaccines tested met the three European Medicines Agency's (EMEA) criteria.

"These significant clinical data concerning Sanofi Pasteur's pandemic influenza vaccines will help build public confidence in the vaccine and will support efforts by health authorities to face the challenge posed by pandemic influenza," said Wayne Pisano, President and Chief Executive Officer of Sanofi Pasteur. *"Humenza and Panenza vaccines are effective answers to different public health needs. Humenza, a low-dose adjuvanted vaccine, has the potential to expand pandemic production capacities and to increase the number of doses of vaccine available, making it possible to immunize more people; Panenza, standard-dose non-adjuvanted vaccine, may be considered by European authorities as the vaccine of choice to protect specific at-risk populations."*

http://www.sanofipasteur.com/sanofi-pasteur2/sp-media/SP_CORP/EN/54/964/H1N1%20Oct08%20VA.pdf?siteCode=SP_CORP

CBCnews.ca

Harper's hedge on H1N1 shot sparks confusion

CBC News, 14 October 2009, 11:45 PM ET
https://web.archive.org/web/20091017061235/http://www.cbc.ca/health/story/2009/10/14/h1n1-research-funding.html

Prime Minister Stephen Harper may have added to the confusion about the H1N1 vaccine on Wednesday by appearing to hedge on whether he would get immunized against the swine flu virus.

But Harper's comments come while the country's top pandemic planners are trying to convince people they should take the shot and that the vaccine is safe.

Harper was asked whether he and his family will get the vaccination against the H1N1 influenza A virus that causes swine flu and when he would like the vaccine to be available.

"My plan, if it's generally recommended for people to get the vaccine, my plan is to get the vaccine," he answered at a news conference near Edmonton on Wednesday.

"But as yet, of course, we haven't actually made a final decision or set a date. We're, as you know, right now, waiting [for] final approval of the vaccine, but we expect that imminently."

Federal public health officials have engaged in what they are calling the largest immunization campaign in history, trying to spread the message that the H1N1 vaccine is the best defence against the disease.

Harper's aides later said the prime minister actually meant he would get the shot if it was approved, not if it was recommended.

Meanwhile, health officials have also been criticized for not getting the vaccine out quickly enough compared with other countries.

At a news conference in Winnipeg to announce H1N1 research funding, Health Minister Leona Aglukkaq said Canada remains on track for getting the H1N1 vaccine in time for health-care workers to administer it starting in the first week of November.

No step will be skipped in the process of testing the safety and effectiveness of the vaccine, she said.

Canada's vaccine approach

Canada's chief public health officer countered criticism of the delay, saying Canada's priority is to target the most vulnerable groups first, such as pregnant women or those with underlying medical conditions, and then to make the vaccine available to everyone who wants it.

"The advantage in Canada that we have is that — while we may not start first with a few people [like other countries] — we will very quickly be able to immunize everybody in Canada who wishes it, in advance of the real peak," said Dr. David Butler-Jones.

Clinical trials are underway to determine how many doses of the vaccine are needed for different age groups, he said.

The U.S. has decided to start by giving a live virus version of the vaccine in nasal spray form first, but it is only an option for healthy adults, Butler-Jones noted.

Australia has started giving H1N1 shots for people over the age of 18 while health officials wait for clinical data on the safety and effectiveness of the vaccine in children, one of the groups at high risk for serious disease.

China only has a tiny amount of vaccine relative to its total population, Butler-Jones told reporters.

But those doses still need to be shipped, nurses and other health-care professionals who administer the vaccine need to be trained to use it, and mass immunization clinics need to be set up in provinces and territories that put the vaccine into arms — a huge logistical challenge, he said.

Also on Wednesday, Aglukkaq announced another $2.4 million over two years will support five new research projects on the H1N1 flu virus.

The research will be funded through the Canadian Institutes of Health Research.

THE GLOBE AND MAIL

Chinta Puxley

Canadians will get H1N1 shots faster than others: official

The Globe and Mail, Winnipeg, 14 October 2009
https://www.theglobeandmail.com/news/politics/canadians-will-get-h1n1-shots-faster-than-others-official/article4214961/

Canada may be behind other countries in rolling out its swine flu vaccine, but the population should be immunized by Christmas before the virus peaks, the country's chief public health officer said Wednesday.

David Butler-Jones said when the H1N1 vaccine becomes available in early November, Canadians will be immunized faster than people in other parts of the world. In some jurisdictions, such as *Iqaluit, Nunavut*, the population will be immunized *within a matter of weeks*, he said.

"The advantage in Canada that we have is that - while we may not start first with a few people - we will very quickly be able to immunize everybody in Canada who wishes it, in advance of the real peak," Mr. Butler-Jones said after a research funding announcement in Winnipeg.

With health officials pushing everyone to get immunized, Prime Minister Stephen Harper said Wednesday he will be one of those rolling up his sleeve. – "My plan is to get the vaccine," he said at a news conference in Wabamun, Alta. "As yet, of course, we haven't actually made a final decision or set a date. We're awaiting final approval of the vaccine but we expect that imminently."

A Canadian Press-Harris-Decima poll released last week indicated one-third of those surveyed planned to get the swine flu shot.

Canada has been criticized for not getting out the vaccine quickly enough when it is already available in the United States and other countries. The Canadian Medical Association Journal released a modelling study this week that showed vaccine could have a large dampening effect if used early enough to combat a fall wave of H1N1.

But Mr. Butler-Jones said Canada is well-positioned compared with the United States and China. The vaccine used in the U.S. was one intended for healthy people since it contained a small dose of the virus, he said, and the country quickly ran out of that vaccine shortly after it became available.

China doesn't have enough vaccine for its population, Mr. Butler-Jones added.

Three million doses a week will be available in Canada once clinical trials and quality tests are complete, he said. – "What we're aiming for ... is that before Christmas and before we're in the season of sharing - not just good things but viruses as well - that everybody who wishes to be immunized will have had that opportunity."

Mr. Butler-Jones and Health Minister Leona Aglukkaq also announced $2.4-million in funding for five research projects related to H1N1. The cash is to be spent over two years at hospitals in Toronto and Montreal, the University of British Columbia and University of Manitoba.

Projects include studies on why some pregnant women develop complications with swine flu, why some patients develop serious respiratory illnesses, how institutions can handle the most ill patients and new drug therapies for severe H1N1 infections.

Although the largest individual grant works out to be just under $600,000, Ms. Aglukkaq said the research is a "critical part of Canada's pandemic plan."

She continued to urge Canadians to take advantage of the H1N1 vaccine the minute it becomes available. – "My goal is to have 100 per cent of Canadians (vaccinated)," she said. "Immunization is our strongest line of defence against the influenza. Getting vaccinated is the single-most important step you can take to prevent the infection and to stop its spread."

THE FLU CASE

WHO switches out seasonal flu virus strain

The Flu Case, 14 October 2009; 13:31
https://web.archive.org/web/20091018123203/http://www.theflucase.com/index.php?option=com_content&view=article&id=1071%3Awho-switches-out-seasonal-flu-virus-strain&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO has recommended the replacement of the current seasonal influenza vaccine strain with a virus that has components of the pandemic H1N1 virus, following a meeting of "experts" from the Global Influenza Surveillance Network.
The decision by WHO to alter components of the H3N2 virus in this years seasonal flu vaccine to make it more similar to a H1N1 pandemic virus will fuel fears that WHO is manipulating the H1N1 virus to increase the likelihood of a pandemic emerging when people take the "swine flu" vaccine soon after their seasonal flu shot.

A French scientist who works for WHO's Global Inflzenza Surveillance Network, Bruno Lina, carried out research this summer into making the "swine flu" more virulent.

In a report published in the French Lyonmag on July 16th, Professor Bruno Lina said he was leading a team at a laboratory located in the "Rockefeller House" in Lyon seeking to find a gene to make the swine flu more virulent.
=> https://web.archive.org/web/20091010034753/http://www.lyonmag.com/article/10958/bruno-lina-la-vaccination-est-le-pilier-de-la-lutte-contre-la-grippe-a

"**What types of research are being carried out by laboratory against the influenza virus**?"

Bruno Lina: "We are seeking to understand the evolution of this virus. And among the scenarios that are possible, there are those concerning the factor of virulence. Work we are therefore carrying out in P4 today relates to the virus H1N 1, into which we are introducing a gene for virulence to see if the latter accepts it and if it becomes the same time more dangerous. At present, the virus has great difficulty to acquire the factor of virulence.»

Lyon Mag.com: Quels types de recherches sont menés au sein du laboratoire contre le virus de la Grippe A ?

Bruno Lina: On essaye d'imaginer l'évolution de ce virus. Et parmi les scénarii qui sont possibles, il y a le facteur de virulence. Les travaux que l'on mène donc aujourd'hui dans le P4 concernent le virus H1N 1, et dans lequel on introduit un gène de virulence pour voir si celui-ci l'accepte et s'il devient du même coup plus dangereux. Pour l'instant, le virus a beaucoup de mal à acquérir le facteur de virulence. Mais notre objectif est d'avoir un coup d'avance par rapport à ce qu'il pourrait se passer dans la nature et d'anticiper l'apparition d'une mutation traitée en laboratoire.

Professor Bruno Lina is the head of the WHO national reference lab in France housed in the Avenue Rockefeller in Lyon, according to Infomed. Direct links to WHO did not work.

THE FLU CASE

French government document ordering military to take "swine flu" jab surfaces

The Flu Case, 14 October 2009, 11:59
https://web.archive.org/web/20091018123403/http://www.theflucase.com/index.php?option=com_content&view=article&id=1050%3Afrench-government-document-ordering-military-to-take-qswine-fluq-jab-surfaces&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Documents from the French Ministry of Interior ordering all members of the Gendarmerie to be given the "swine flu" jab have surfaced in spite of the French government's insistance the jab will be voluntary. => http://changementclimatique.over-blog.com/article-vaccin-h1n1-obligatoire-37475047.html

The French Gendamerie is a military force comprising more than 100,000 personnel that carries out policing duties in more rural parts of the country.The Gendamerie was subordinated to the Ministry of Interior on January 1st, 2009.

Dated September 8th and 10th, the documents outline a plan for the vaccination of all military and civilian members of the Gendamerie by the army medical corps (service de sante des armees.)

The wording makes it clear that all members of the gendamerie will have to submit to a "swine flu" injection by medical teams attached to their units. Families of Gendarmes will be given their jabs in civilian swine flu centers.

The swine flu jabs are to be stored in army facilities in Vitry, Chartes and Marseille before being distributed to the gendamerie units, according to the documents.

Gendarmes are to be given to shots with an interval of 3 weeks.

Significantly, the Gendarmes appear to be set to receive Novartis and GSK shots containing dangerous mercury and squalene, but Baxter and Sanofi shots without mercury and squalene have been ordered and appear to be set to be given to a portion of the personnel.

Baxter and Sanofi shots have been ordered in small quantities by the French government with only 50,000 Baxter shots reported to be available.

The decision to give the personnel serving in the Gendarmes two totally different types of shots will spark fears that the inner circle who are preparing to unleash biological warfare on the people of France on behalf of WHO and the UN have prepared a small number of safe shots for themselves.

overblog

Vaccin H1N1 obligatoire
Circulaire du Ministère de l'Intérieur pour la Gendarmerie

Change Mentclimatique, 13 octobre 2009
http://changementclimatique.over-blog.com/article-vaccin-h1n1-obligatoire-37475047.html

Voici les copies d'une note de la direction de la gendarmerie qui prévoit les vaccinations OBLIGATOIRES pour le personnel militaire de la gendarmerie. Alors que Fillon et Bachelot ont annoncé récemment que cette vaccination contre la grippe H1N1 ne serait PAS OBLIGATOIRE.

Note de Ferlin: On peut se dire que ce sont des militaires, donc... Mais ils sont maintenant rattachés au Ministère de l'Intérieur. Et si la vaccination est obligatoire pour eux, elle a de fortes chances d'être décrétée obligatoire en général, dans un proche avenir.

Süddeutsche Zeitung

Werner Bartens

Konjunkturspritze für die Pharmaindustrie: Schweinegrippe-Impfung

Süddeutsche Zeitung, 15 Oktobre 2009, 08:24
https://web.archive.org/web/20091017232739/http://www.sueddeutsche.de/wissen/680/491051/text/

Die Impfung gegen das H1N1-Virus ist fragwürdig. Möglicherweise haben nicht nur medizinische Gründe zur Impfempfehlung geführt.

Stell dir vor, es ist Schweinegrippe, und keiner fühlt sich bedroht. Stell dir weiter vor, es gibt eine Impfung, die als bedrohlicher wahrgenommen wird als die Krankheit, vor der sie schützen soll. In dieser paradoxen Situation befindet sich Deutschland derzeit.

Zum Glück erweist sich die Schweinegrippe hierzulande bisher als ziemlich milde. Bei den meisten der 22.000 Infizierten, bei denen H1N1 nachgewiesen wurde, verlief die Erkrankung harmloser als die saisonale Grippe. Wo also ist die Gefahr?

Das Virus könnte plötzlich häufiger schwere Symptome auslösen. Das Virus könnte sich verändern und gefährlicher werden. Das Virus könnte sich mit anderen Viren zu einem Super-Virus vermischen und rund um den Globus eine Spur der Verwüstung hinterlassen.

Alle diese Szenarien sind möglich - sie könnten heute, morgen oder nächstes Jahr tatsächlich Wirklichkeit werden, vielleicht aber auch nie. Zu viele Konjunktive, um sich gefährdet zu fühlen.

Weltweit sind bisher mehr als 350.000 Infektionen mit H1N1 nachgewiesen worden, etwa 4500 Menschen sind an der neuen Influenza gestorben. Auch wenn es unangenehm ist, Todesopfer gegeneinander aufzurechnen, hilft es, sich klarzumachen, dass die saisonale Grippe im Gegensatz dazu jährlich allein in Deutschland 8000 bis 11.000 Todesopfer fordert.

Deutschland war noch nie gut in Risikoeinschätzung. Die sprichwörtliche "German Angst", die von amalgam-sanierten Homöopathiefreunden geäußerte Sorge um das Waldsterben und der Kampf gegen Mobilfunkantennen sind in anderen Weltgegenden als irrationale Marotten dieser seltsamen Teutonen legendär. Deutschland, das Land der Denker und Grenzwerte.

Bundesbehörden, Ministerien und Länderregierungen müssten eigentlich um das Skepsis- und Erregungspotential ihres Volkes wissen. Stattdessen präsentieren sie den Bürgern halbfertige Impfpläne mit halbfertigen Impfstoffen. Die neuen Vakzine sind übereilt hergestellt und an nur wenigen Freiwilligen getestet worden.

Sie sind teilweise mit neuen Wirkverstärkern versetzt, mit denen ebenfalls wenig Erfahrung besteht. Das Risiko der Impfung ist wahrscheinlich nicht sehr groß, aber es lässt sich eben auch nicht ausschließen.

Die Entscheidung für eine Impfung wird meist von beschwerdefreien Gesunden getroffen. Wer sich Schmerzen zufügen und impfen lässt, wägt vorher seinen vermuteten Nutzen und Schaden ab.

Entweder muss die Bedrohung durch die zu verhindernde Krankheit als ausreichend groß erachtet werden oder das Risiko eines Schadens verschwindend gering erscheinen. Beides ist im Fall der Schweinegrippe derzeit nicht gegeben.

Zudem besteht der Verdacht, dass nicht nur medizinische Gründe zur Impfempfehlung geführt haben. Die europäische Zulassungsbehörde ist mehrheitlich von der Industrie finanziert, die meisten Mitglieder der deutschen Impfkommission standen auf der Honorarliste von Pharmafirmen.

Länder und Ministerien haben mit Impfstoffherstellern Geheimverträge geschlossen, den Preis ausgehandelt und die Firmen von jeglicher Haftung freigestellt. Die Logistik der Verteilung ist unklar, wie die Kühlkette aufrechterhalten werden soll, dürfte spannend werden.

Ärzte sind wütend, weil die Impfchargen so groß sind, dass zehn bis zwanzig Patienten am Tag geimpft werden müssen - oder der Rest des Impfstoffs verfällt. Verwirrung stiftet, dass die Bundeswehr (die Bundesregierung auch?) andere Impfstoffe erhält als der Rest der Bevölkerung. Die Impfkampagne ist ein einziges Durcheinander.

Die Zweifel bleiben, sie werden sogar größer. Die vielen offenen Fragen hätten vor der Impfempfehlung erörtert werden müssen - auch wenn dies den Impfbeginn verzögert hätte. Da dies nicht geschehen ist, scheint die Spritze gegen die Grippe vor allem eines zu sein - eine Konjunkturspritze für die Pharmaindustrie.

THE FLU CASE

German mainstream media rips into "swine flu" jab`

The Flu Case, 15 October 2009 13:23
https://web.archive.org/web/20091022091128/http://theflucase.com/index.php?option=com_content&view=article&id=1092%3Agerman-mainstream-media-rips-into-qswine-fluq-jab&catid=1%3Alatest-news&Itemid=64&lang=en

With just days to go until the German government launches its biggest ever mass vaccination programme in history, the country's mainstream media has started to carry reports fiercely attacking the "swine flu" jab, with the mainstream Die Sueddeutsche Zeitung newspaper today reporting on the fury of doctors, the riskiness of jabs and the profits of big pharma.

In a commentary, W. Bartens said the German government was "presenting its citizens with half-baked vaccination plans and half-baked vaccines."

"The new vaccines have been manufactured too quickly and only tested on a few volunteers. Some of them contain the new adjuvants about which we know little as well."

"In addition, there is a suspicion that the recommendation to vaccinate was not just made for medical reasons. The European bodies responsible for authorising medicines are largely financed by industry; most of the members of the German national vaccine commission are on the salary list of pharmaceutical companies. States and Ministries have sealed secret contracts with vaccine manufacturers, negotiated the price and freed companies from all liability. The logistics of the distribution are not clear; to see how the vaccines are going to be kept cool is going to be interesting.

Doctors are furious because the packets of vaccines are so big that ten to twenty patients day need to be vaccined - or the rest of the vaccine has to be thrown away. Another source of confusion is that the German army (the German government too?) is getting another type of vaccine than the rest of the country," says the report, below in German.

THE FLU CASE

Sporthalle Reitweg soll zentrale Impfstelle werden
Bund regelt Impfreihenfolge

Stadt Köln - Amt für Presse- und Öffentlichkeitsarbeit, 15 October 2009

https://web.archive.org/web/20091022084307/http://www.theflucase.com/index.php?option=com_content&view=article&id=1099:gigantic-sports-hall-in-germany-to-be-used-to-vaccinate-15000-people-a-day&catid=1:latest-news&Itemid=64&lang=en

Die Bundesregierung hat gestern eine Rechtsverordnung beschlossen, die den Rahmen steckt für die Durchführung einer freiwilligen Impfung gegen die Neue Influenza A, "Schweinegrippe". Vorrangig sollen chronisch Kranke, Schwangere und Personal im Gesundheitswesen sowie Einsatzkräfte der Polizei und Feuerwehren geimpft werden. Wie die Impfung in Nordrhein-Westfalen im Einzelnen durchgeführt werden soll, wird die Landesregierung regeln. Es bleiben auch noch die Empfehlungen der Ständigen Impfkommission abzuwarten, die berücksichtigt werden müssen. Bis spätestens Mitte September rechnet das Gesundheitsamt der Stadt Köln, dass alle Details vorliegen.

Die Stadt Köln bereitet sich auf diese Impfung mit der Vorbereitung einer zentralen Impfstelle in der Sporthalle am Reitweg in Deutz vor. Dort können bis maximal 15.000 Personen täglich geimpft werden. Diese Impfstelle wurde schon vor fünf Jahren im Rahmen der Pandemieplanung der Stadt Köln getestet und ausgewählt.

Leider müssen die Sportvereine, die diese Sporthalle regelmäßig nutzen, für längere Zeit auf andere Einrichtungen ausweichen. Die Verwaltung ist bereits seit einigen Wochen in Gesprächen mit den Vereinen und den Schulen, die diese Halle auch für den Schulsport nutzen. Es liegen auch Angebote anderer Vereine zu sportlichen Kooperationen vor. In einem weiteren Gespräch heute Mittag mit dem Deutzer Turnverein wurden weitere Alternative vorgestellt. Einem Vorschlag des Deutzer Vereins zu einer teilweisen Unterbringung in den Hallen am Judenkirchhofweg soll so weit wie möglich entsprochen werden. Die Hallen sind derzeit noch nicht in Betrieb, werden jetzt aufgrund der neuen Unterbringungsproblematik allerdings kurzfristig fertiggestellt.

Stadt Köln - Amt für Presse- und Öffentlichkeitsarbe**it** Inge Schürmann

Gigantic sports hall in Germany to be used to vaccinate 15,000 people a day

The Flu Case, 15 October 2009, 14:59

Plans to give up to 15,000 people a day the "swine flu" jab in a sports hall in Cologne are being prepared, according to a press release from the city of Cologne in Germany.

The use of gigantic sports facilities in Germany and the UK to carry out the mass vaccination of populations will heighten fears that the campaign is being carried out for the profit of the pharma industry with little regard for people.

The Gazette

Meagan Fitzpatrick

Swine flu research gets $2.4 M shot in the arm

The Gazette, 15 October 2009
https://web.archive.org/web/20091126181220/http://www.montrealgazette.com/health/Swine+research+gets+shot/2100765/story.html

Medical researchers trying to answer some of the mysteries about the H1N1 virus got a funding boost from the federal government Wednesday worth $2.4 million.

Through the Canadian Institutes of Health Research, five new projects will be funded over the next two years and work on them is beginning "immediately," according to Health Minister Leona Aglukkaq.

"Research tells us critical information about the shape and the direction of this pandemic," she said while making the announcement at the National Microbiology Laboratory in Winnipeg.

The H1N1 pandemic virus is a novel strain that had never been seen before it appeared in the spring and quickly spread around the world.

Because it was new, experts couldn't predict how it would behave and pandemic preparedness plans had to be adjusted as more was learned about the illness.

The majority of cases in Canada have turned out to be mild – the virus has been linked to 79 deaths – but more than 1,500 people have required hospitalization and close to 300 of those patients were in intensive care units.

Often the seasonal flu strikes elderly people and those with underlying and chronic health problems. The H1N1 virus does not appear to strike elderly people as often and is, in fact, causing severe illness in some young and otherwise healthy people. It is also infecting high-risk groups, however, including pregnant women, and researchers are eager to learn why.

One of the five research projects, centred at Mount Sinai Hospital in Toronto, will focus on pregnant women and look at the best ways to reduce infection and why only some pregnant women develop complications.

Researchers at Sunnybrook Health Sciences Centre in Toronto will study how to manage health-care resources during a pandemic, and the team will also focus on determining who is most likely to get sick and how health facilities can better prepare to care for them. There has been a lot of concern in the medical community about what is called "surge capacity" and whether there will be enough personnel and equipment – such as ventilators and beds – to treat a high number of patients.

A third project, at the University of British Columbia, will look into new drug therapies to treat patients with severe infections, while another team at the University of Manitoba will try to determine why some people with H1N1 develop severe illness by looking at how the immune system fights the infection.

In Montreal, researchers will look at immune responses to the H1N1 vaccine.

Speaking to reporters after the announcement, Aglukkaq and chief public health officer Dr. David Butler-Jones reiterated that the H1N1 vaccine will be ready for the first week of November.

There has been mounting confusion and criticism over the last few weeks regarding the timeline for the vaccine's delivery to the provinces and territories. Some critics have argued the pandemic vaccine will come too late to be effective against a second wave of the pandemic and that Canada is lagging behind other countries, such as the United States, that have already begun immunizing their populations.

Aglukkaq also exhorted Canadians to get their flu shots when the H1N1 vaccine becomes available next month.

"At the end of the day, it is an individual choice," she said. "(But) if you don't want H1N1, get the vaccine."

Ottawa plans to run ads in the next several weeks, encouraging Canadians to become immunized, a federal official said Wednesday.

"I guess my biggest concern would be that, you know, we've produced the vaccine, clinical trials take place and then not get the response and then have to deal with the aftermath of that," Aglukkaq said.

"It's really important to get the facts out to ensure Canadians are aware that the medical experts are saying that it's safe, and encourage them to go."

Reports suggesting a significant portion of Canada's medical personnel don't intend to be vaccinated for the pandemic flu concern Butler-Jones.

"Doctors and nurses are not immortal, as much as we might think we are," he said. "And, unfortunately, if we're not immunized, and we have influenza, we'll take it into the nursing home and hospital and, potentially, we'll kill our patients."

"There's an old edict in medicine which is: 'first, do no harm.' So being immunized is really key. And immunization is the safest, most effective, most cost-effective measure in modern medicine.

"My goal is to have 100 per cent of Canadians (vaccinated)," the federal minister told reporters at the lab. "We're very fortunate as Canadians to be able to have that choice."

Butler-Jones repeated his explanation for the November delivery date again Wednesday, saying Canada's vaccine manufacturer, GlaxoSmithKline, had to finish making the seasonal flu vaccine first before starting production of the H1N1 vaccine.

"Postponing the H1N1 in order to complete that was an important thing to do for the protection of Canadians. It would be really sad if we got really good at H1N1 and then had a lot of people needlessly die from seasonal flu," Butler-Jones told reporters.

The annual flu is estimated to be linked with at least 2,000 deaths every year. Flu activity has increased in British Columbia in recent weeks, but across the country there is not widespread illness the way there is in the United States.

The pandemic vaccine is now in production at GlaxoSmithKline's Quebec factory, and Health Canada is awaiting more clinical trial data before it authorizes it for use.

"No step is going to be skipped," the health minister pledged. Once the vaccine is approved, it will be shipped to the provinces and territories and local health authorities will operate immunization programs. The provinces and territories have assured the federal government they can be ready to administer the vaccine to their residents by the first week of November.

Prime Minister Stephen Harper said Wednesday that he will get the shot. "My plan is to get the vaccine," he said at a news conference.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

Canadian Health Minister Wants 100% of Population H1N1 Vaccinated
Goal is to get everyone to take the jab before Christmas

Infowars, 15 October 2009

https://web.archive.org/web/20091130074252/http://infowars.net/articles/october2009/151009Canadian.htm

Despite national polls indicating that only one third of Canadians intend to get the H1N1 flu vaccine, a Federal Health Minister says it is the government's goal to vaccinate 100% of the population.

"My goal is to have 100 per cent of Canadians (vaccinated)," chief public health officer Dr. David Butler-Jones told reporters at the National Microbiology Laboratory in Winnipeg.

The minister stated that the vaccine will be rolled out in the first week of November, with the goal of vaccinating everyone by the end of December.

"No step is going to be skipped," the health minister pledged. Once the vaccine is approved, it will be shipped to the provinces and territories and local health authorities will operate immunization programs."

Butler-Jones made the statement at a press gathering to announce a funding boost for swine flu research from the federal government in the shape of $2.4 million.

"At the end of the day, it is an individual choice," he said. "(But) if you don't want H1N1, get the vaccine." Butler-Jones urged.

"We're very fortunate as Canadians to be able to have that choice." he added

Last week a new Canadian Press Harris-Decima poll indicated that only a third of people in Canada intend to take the shot. That figure is down from 45% in a similar poll conducted in August.

Only 11 per cent of respondents described themselves as very concerned about H1N1.

Butler-Jones scolded a portion of Canadian health workers who have also indicated that they do not intend to get vaccinated:

"Doctors and nurses are not immortal, as much as we might think we are," he said. "And, unfortunately, if we're not immunized, and we have influenza, we'll take it into the nursing home and hospital and, potentially, we'll kill our patients."

REUTERS

Debra Sherman

Baxter sees multiyear opportunity in H1N1 vaccines

Reuters, 15 October 2009, 1:38pm EDT
https://www.reuters.com/article/rbssHealthcareNews/idUSN1529801720091015/?pageNumber=1&virtualBrandChannel=11604
https://web.archive.org/web/20170411134435/http://www.reuters.com/article/flu-baxter-vaccines-idUSN1529801720091015?pageNumber=1&virtualBrandChannel=11604

Chicago, Oct 15 (Reuters) - Baxter International Inc (BAX.N), best known for its drug pumps and products for blood disorders and kidney disease, said it sees a lucrative new revenue source in vaccines and a multiyear opportunity in H1N1 swine flu vaccines.

The hospital products maker said it expects to recognize $30 million to $40 million of revenue from H1N1 vaccines in the fourth quarter. It began shipping the product in August. "We increasingly believe this has the potential to translate into a significant longer-term opportunity for the company," Baxter Chief Executive Robert Parkinson said on a conference call on Thursday.

He declined to speculate on sales beyond the fourth quarter, noting that sales will depend upon many factors, including further improvements in vaccine yields, final dosing regimens and the how bad this flu strain turns out to be.

Baxter has regulatory approval for a two-dose vaccine, but not a single dose. "I think it is fair to say there probably is some increased optimism," Parkinson said of the company's cell culture-based vaccine program -- an alternative to vaccines traditionally produced using chicken eggs.

He said there was some question within Baxter about whether the swine flu pandemic represented a one-time opportunity or a sustainable business. "I think we are increasingly feeling that this is a sustainable business opportunity," he said.

He noted that the World Health Organization recently said it believed that "this is something that governments, in fact the world, are going to have to continue to live with."

Sanofi-Aventis (SASY.PA), the MedImmune unit of AstraZeneca (AZN.L), GlaxoSmithKline (GSK.L) and Novartis (NOVN.VX) also produce H1N1 vaccines.

Other flu treatments are expected to bolster the bottom line of drugmakers, as well.

Roche ROG.VX on Thursday reported stronger-than-expected third-quarter sales of its antiviral drug Tamiflu and raised its sales forecast on the medicine for the full year.

The robust Tamiflu sales reported by Roche also signal a small windfall ahead for Gilead Sciences Inc (GILD.O), which collects a healthy royalty on sales of the medicine.

Robert W Baird analyst Thomas Russo forecast in a research note that Tamiflu sales would add 8 cents a share to Gilead's fourth-quarter earnings and another 6 cents per share to its first-quarter 2010 results.

More significantly, Russo said Roche commentary suggests that "a higher level of sales maybe sustainable over the intermediate term at least," a longer period than investors are generally accustomed to. He noted that several governments that stockpile Tamiflu as a hedge against pandemic flu outbreaks are now looking to reorder the drug as some of their current inventories approach a seven-year expiration date.

The New York Times

Jennifer Steinhauer

Swine Flu Shots Revive a Debate about Vaccines

The New York Times, 15 October 2009
https://www.nytimes.com/2009/10/16/health/16vaccine.html

People who do not believe in vaccinating children have never had much sway over Leslie Wygant Arndt. She has studied the vaccine debate, she said, and came out in favor of having her 10-month-old daughter inoculated against childhood diseases. But there is something different about the vaccine for the H1N1 flu, she said.

"I have looked at the people who are against it, and I find myself taking their side," said Ms. Wygant Arndt, who lives in Portland, Ore. "But then again I go back and forth on this every day. It's an emotional topic."

Anti-vaccinators, as they are often referred to by scientists and doctors, have toiled for years on the margins of medicine. But an assemblage of factors around the swine flu vaccine – including confusion over how it was made, widespread speculation about whether it might be more dangerous than the virus itself, and complaints among some health care workers in New York about a requirement that they be vaccinated – is giving the anti-vaccine movement a fresh airing, according to health experts.

"Nationally right now there is a tremendous amount of attention on this vaccine," said Dr. **Thomas Farley**, the New York City health commissioner. That focus has given vaccine opponents "an opportunity to speak out publicly and get their message amplified that they didn't have at other times," he said.

Barbara Loe Fisher, president of the National Vaccine Information Center, an advocacy group that questions the safety of vaccines, said the swine flu has "breathed new life" into the cause. "People who have never asked questions before about vaccines are looking at this one," Ms. Fisher said.

The increased interest is frustrating to health officials, who are struggling to persuade an already wary public to line up for shots and prevent the spread of the pandemic. According to a CBS News poll conducted last week, only 46 percent said they were likely to get the vaccine. The nationwide poll, which has a margin of sampling error of plus or minus three percentage points, found that while 6 in 10 parents were likely to have their children vaccinated, less than half said they were "very likely to."

"I wonder if the people disseminating this false information about this vaccine realize that what they are doing could result in some people losing their lives," said Dr. Jonathan E. Fielding, the director of the Department of Public Health for Los Angeles County. The comments of vaccine dissenters, which he said "politically come from the left and the right," were frequently "not just counterproductive," he said, "but downright disgraceful."

Web sites, Twitter feeds, talk radio and even elevator chatter are awash with skeptics criticizing the vaccine, largely with no factual or scientific basis. The most common complaint is that the vaccine has been newly formed and quickly distributed without the benefit of clinical trials; in fact, the swine

flu vaccine was made using the same techniques as seasonal flu shots over the last two decades, and a small number of clinical trials were conducted this year to determine the adequate dose.

There are also claims that the vaccine contains adjuvants – sometimes added to make vaccines more effective – although they have not been used in this one. In addition, there is fear that the vaccine could lead to Guillain-Barré syndrome, as was suspected the last time a swine flu vaccine was distributed, in 1976; flu vaccines are now much purer than they were, minimizing the risk, and Guillain-Barré is far rarer.

In measuring the risk of the vaccine, there is general consensus among doctors that serious adverse reactions are rare and that pregnant women and young people, in particular, are better off with the vaccine than without it. While most people who get H1N1 experience mild symptoms, a recent New England Journal of Medicine study showed that among Americans hospitalized with swine flu last spring, one in four ended up in intensive care and 7 percent of them died.

The illness, unlike other flu strains, has been particularly tough on children and young adults and appears to have a disproportionately high fatality rate in pregnant women.

Health care officials are concerned that some groups, especially pregnant women, are potentially swayed by the large-scale efforts of vaccine opponents.

"One of the things they are focusing on now is immunization and pregnancy," said Saad B. Omer, assistant professor of global health at Rollins School of Public Health at Emory University, "and their perceptions of the vaccine in use of pregnant women. It is not a benign perception in this case, and could have serious impacts, because pregnant women have high risk of complication if they get the swine flu."

The anti-vaccine movement, largely comprising activists and a handful of doctors and researchers who connect a variety of health problems – particularly autism spectrum disorders – to vaccines, has failed to find large-scale traction in the United States, where more than 90 percent of children are vaccinated.

But at a conference this month of National Vaccine Information Center, Ms. Fisher said, there were 675 people, more than double the number at the group's last conference, and half said they were there to discuss swine flu. Unlike most people associated with the center, who have longstanding objections to vaccines or have a connection to the issue because of an autistic child, the newcomers were not traditional skeptics, Ms. Fisher said. "They came not knowing much," she said, "and left galvanized."

Further, vitamin vendors – who in some cases operate blogs, with postings by people who claim to be doctors finding fault with vaccines – are reporting an increase in sales related to swine flu. Michael Angelo, chief research and information officer for eVitamins.com, said sales in September for flu-related products had tripled from last September. The company, he said, has sold 17,565 vitamins that it says protects against the H1N1 virus.

Some anti-vaccine groups are also highly organized and quick to respond to openings to promote their message. For instance, this week, an 8-year-old boy from Long Island died roughly a week after receiving a seasonal flu vaccine, though officials from the New York State Department of Health denied a connection.

Almost instantly, on a memorial page on Newsday's Web site for the boy, Sean Weisse, a message from an anti-vaccine advocacy group appeared: "We are so sorry to hear about Sean. My understanding, and forgive me if I'm wrong, is that this was a vaccine-related injury. If so, we would like to help you. Best regards, Stan Kurtz, Generation Rescue, Jim Carrey and Jenny McCarthy's Organization."

The Guardian

Owen Bowcott and Severin Carrell

Swine flu: Chief medical officer admits concern at spike in critical cases

The Guardian, 15 October 2009, 21.35 BST
https://www.theguardian.com/world/2009/oct/15/swine-flu-critical-cases-rise

More than 100 people have died from swine flu and intensive care beds are filling up with victims, the government's chief medical officer revealed today.

A sharp rise in the proportion of hospital patients needing critical care is a matter "of some concern", Sir Liam Donaldson admitted as he unveiled the national vaccination programme due to start next week.

High-risk patients and frontline health workers in hospitals will be the first to be inoculated from 21 October. More than 4m doses of Pandemrix will be delivered to GP surgeries the following week so that patients in priority groups can be given protective injections.

A national postal strike could disrupt the process severely, Donaldson warned, saying it could prevent doctors from sending out letters to vulnerable patients to invite them in for vaccination.

"We are worried about the postal strike," the chief medical officer said. "GPs need to send letters out to patients. [A strike] would be an extremely unwelcome piece of timing. We need to get people into GPs' surgeries to give them this life-saving vaccine."

There were about 27,000 new cases of swine flu last week, an increase on the 18,000 new cases in the previous week. There have now been 106 deaths in the UK connected to the virus: 83 in England, 15 in Scotland, four in Wales and four in Northern Ireland.

Two of the latest people to die were pregnant women, a group emerging as a particularly at risk in the outbreak.

David Salisbury, director of immunisation at the Department of Health, dismissed fears that the "adjuvants" – material added to the vaccine to boost the body's immune response – would harm pregnant women.

The Pandemrix vaccine, he said, would provide virtually immediate immunity and guard against a broader spectrum of flu viruses.

Freshly issued advice from the World Health Organisation today confirmed that "the GSK [Pandemrix] vaccine has been licensed for use in pregnant women in Europe as of September 2009". Salisbury promised, however, to review the data.

There are 364 people in British hospitals with H1N1 swine flu, of whom 74 are in intensive care. "This is the highest proportion [of hospital patients] needing critical care since this all began," Donaldson said. "Most of the time it's been around 12% or 13%. Now it's up to 20%.

"We are seeing more serious cases than before but no sign of any change in the virus. This is giving me some concern. There's a school of thought that when a flu virus is operating in the summer it's milder than when it's operating in the flu season without a change in the virus.

"We don't understand why. We are doing a more detailed study of hospital patients," Donaldson said.

The Ministry of Defence announced that 15,000 doses of the vaccine would be delivered to the 9,000 UK troops serving in Afghanistan.

"We can't afford to have soldiers off with flu if we can prevent that," said an MoD spokesman.

No cases have yet been reported among servicemen there. The Department of Health is reviewing whether any other groups should be deemed high-risk categories and given early vaccinations against swine flu.

Among the latest deaths was a pregnant teenager from southern Scotland, whose unborn child also died. The 17-year-old was being treated in a hospital in the Borders region.

Her death was the latest in a series in Scotland: four deaths were reported in one 48-hour period earlier this week.

Health officials in Wales said that a pregnant woman, aged 21, from Monmouthshire, died in intensive care after a planned caesarean section. Three deaths were reported in Wales in 24 hours. Six pregnant women have now died from the virus in the UK.

Another pregnant woman who contracted the virus, Sharon Pentleton, has given birth to a son at Crosshouse hospital in Kilmarnock. In July, when she was six months pregnant, she was airlifted from Ayrshire for highly specialised treatment in Sweden which oxygenated her blood outside her body.

Nicola Sturgeon, the Scottish health secretary, yesterday urged pregnant women to take the new H1N1 vaccine to ensure they had "maximum protection" for themselves and their babies.

Vaccination schedule

21 October 415,000 doses of the vaccine Pandremix will be given to high-risk patients in hospitals and to frontline health workers.

Week beginning 26 October 4.4 million doses of Pandremix to be delivered to GPs. Doctors will inoculate patients in priority groups – such as those with compromised immune systems and pregnant women.

At the same time 236,500 doses of Pandremix and 49,200 doses of another vaccine, Celvapan, will be sent to NHS primary care trusts.

The World Health Organisation has backed the use of Pandremix for pregnant women despite claims ingredients have not been sufficiently tested on expectant mothers-to-be

Slate

Christopher Beam

Grippe A(H1N1): l'étrange alliance de l'extrême gauche et de l'extrême droite américaines

Slate, 16 Octobre 2009
https://www.slate.fr/story/11779/grippe-ah1n1-letrange-alliance-de-lextreme-gauche-et-de-lextreme-droite

La grippe A pourrait bien avoir un effet secondaire imprévu: une étrange forme d'unité politique. Dernier exemple en date: aux Etats-Unis, l'extrême gauche et l'extrême droite – qui sont rarement sur la même ligne – s'accordent aujourd'hui sur un point. Elles ne veulent pas du vaccin anti-grippe.

Les opposants se déchaînent dans les médias

Du côté de la droite anti-gouvernementale, on condamne l'interventionnisme (forcément injustifié...) de l'administration Obama. Rush Limbaugh, animateur de radio conservateur et opposant déclaré d'Obama, a récemment fait les gros titres en annonçant qu'il ne se ferait pas vacciner. «Allez vous faire voir, Mme Sebelius!», a-t-il déclaré pendant son émission de radio - il faisait référence à Kathleen Sebelius, la secrétaire à la santé et aux services sociaux. «C'est précisément parce que vous voulez que je me fasse vacciner que je n'en ferai rien.» Quant à Glenn Beck, commentateur sur Fox News lui aussi conservateur, il a refusé de dire s'il se ferait vacciner ou non. Reste qu'il n'a pas vraiment fait mystère de son opinion personnelle : il a laissé entendre que le vaccin pourrait s'avérer «mortel», a brandi le spectre de la vaccination obligatoire (elle ne l'est pas), et a déclaré que le gouvernement n'avait pas à lui dire «quand et comment se soigner».

A gauche, les porte-étendards de la résistance sont des médecins célèbres, des avocats et des célébrités hollywoodiennes; ils rejettent les vaccins en général, et le vaccin contre la grippe A(H1N1) en particulier. Dans un article paru dans le Huffington Post en septembre dernier, le docteur Frank Lipman a mis en garde les lecteurs de ce site d'information contre une vaccination selon lui inutile, le virus étant bénin et l'efficacité du vaccin n'étant pas encore prouvée. Plus tôt cette année, l'acteur Jim Carrey avait déclaré (sur le même site) que les vaccins pouvaient rendre autiste, une théorie plusieurs fois avancée et dont il a été maintes fois démontré qu'elle n'était pas scientifiquement fondée. Robert F. Kennedy Junior avait peu ou prou tenu les mêmes propos dans un célèbre article (tout autant décrié) de 2005, paru dans Rolling Stone et Salon. Les opposants à la vaccination ne sont pas tous de gauche, mais les baisses des taux de vaccination sont dues en grande partie aux refus de familles aisées vivants pour la plupart en Californie (ou dans d'autres Etats du même type).

Aujourd'hui, alors que le gouvernement américain s'apprête à expédier 250 millions de doses de vaccin contre la grippe A(H1N1) dans les cinquante Etats, les deux extrêmes font cause commune. Leurs opinions politiques divergent, mais d'une certaine manière, ces hommes et ces femmes – qu'ils s'en prennent à la médecine moderne ou au gouvernement – per oivent le monde de la même manière: avec méfiance. Il arrive même qu'ils tiennent le même discours: Glenn Beck a par exemple déclaré qu'on «ne pouvait pas savoir si le vaccin entrainerait l'apparition de troubles neurologiques, comme dans les années 1970», un argument souvent utilisé par les opposants à la vaccination. (Les théories selon lesquelles le vaccin contre la grippe de 1976 avait été à l'origine de l'apparition du

syndrome de Guillain-Barré chez certaines personnes vaccinées n'ont jamais été scientifiquement démontrées). Et de leur côté, les anti-piqûres n'ont pas vraiment confiance en leur gouvernement: le docteur Lipman a rappelé que le secrétariat à la santé et aux service sociaux américain avait d'ores et déjà accordé l'immunité judiciaire aux groupes pharmaceutiques qui produisent les vaccins..

Le gouvernement fait campagne pour mettre fin aux fantasmes

Le secrétariat à la Santé a créé une page internet «Info et Intox» pour mettre un terme aux soupçons et à l'inquiétude grandissante de certaines personnes. Symptôme le plus exemplaire: beaucoup d'Américains pensent encore que la vaccination est obligatoire. «La campagne de vaccination du gouvernement fédéral contre la grippe A(H1N1) est FACULTATIVE», rappelle le site, qui assure par ailleurs que la pétition en ligne affirmant le contraire est «tout simplement mensongère». Plus bas sur la page, le secrétariat répond aux citoyens qui pensent que les vaccins peuvent provoquer des crises cardiaques, des fausses couches, ou le syndrome de Guillain-Barré: «ces problèmes ne touchent pas plus les personnes vaccinées que les personnes non-vaccinées».

Tous les fantasmes associés au vaccin ne sont pas issus d'un délire «de gauche» ou d'un délire «de droite»; certains sont tout simplement... délirants. Selon plusieurs sites Web, la grippe A(H1N1) aurait été élaborée par le gouvernement; elle aurait notamment pour objectif d'implanter des micro-puces dans l'organisme des citoyens, et servirait à détecter les «bio-menaces». Il existe au moins un site avançant la théorie selon laquelle le vaccin contiendrait un «Codat à la Santé ne s'est pas encore attaqué à cette histoire-là...

L'administration Obama sait y faire pour ce qui est de pourfendre les rumeurs. En 2008, les responsables de sa campagne ont créé un site Web, «Fight the Smears» (Combattre la diffamation), pour contrer les calomnies affirmant que le candidat démocrate n'était pas né en Amérique, ou encore que Michelle Obama avait été surprise en train de prononcer le mot «whitey» (insulte raciale visant les blancs) sur une vidéo. Mais il est plus difficile de combattre une rumeur portant sur les vaccins. Pendant la campagne présidentielle, la plupart des propos diffamatoires venaient de la droite; aujourd'hui, le secrétariat à la santé doit faire face à une série d'assauts lancés depuis les deux extrêmes du spectre politique. Il se voit donc contraint de marcher sur des œufs: corriger les mensonges et les approximations sans pour autant offenser ses alliés potentiels. Ce qui n'est pas simple, étant donné la forte teneur émotionnelle du sujet. On comprend donc mieux pourquoi les fonctionnaires du secrétariat prennent le temps de répondre avec sérieux et professionnalisme à des questions frôlant l'absurde (« Peut-on attraper la grippe A(H1N1) en mangeant du porc?»).

Ce vaccin n'est pas le premier à générer une psychose

Comment expliquer cette étrange alliance des extrêmes? En réalité, la résistance anti-vaccin a toujours été une lutte bipartisane. La dernière psychose en la matière remonte à 1976; le président était alors républicain. Pendant les trois mandats Bush (père et fils), plusieurs troupes stationnées dans le Golf Persique ont refusé de se faire vacciner contre l'anthrax.

La trypanophobie (peur morbide des vaccins) est une angoisse assez répandue. Une récente étude réalisée par la Harvard School of Public Health a noté que seuls 40% des adultes disaient être certains de vouloir se faire vacciner. Lorsqu'on leur a demandé pourquoi ils refusaient de faire vacciner leurs enfants, la troisième raison invoquée par les parents était: «Les représentants de la santé publique ne sont pas à même de nous informer quant aux dangers potentiels des vaccins.» Les jeunes, catégorie pourtant assez vulnérable au virus, ne sont pas beaucoup plus raisonnables. Vincent Racaniello, professeur de microbiologie à l'Université de Columbia, a récemment demandé à 50 de ses étudiants qui parmi eux comptait se faire vacciner. Pas une seule main ne s'est levée. «C'était justement pendant un cours sur la grippe, se rappelle-t-il. J'imagine que j'ai mal fait mon boulot.»

Il faut bien l'admettre: il n'y a rien de plus universel que la peur des piqûres. «Je pense que certaines personne fonctionnent comme ça, tout simplement, nous dit Gregory Poland, de la Mayo Clinic. Ils fondent leur jugement sur leurs émotions ou sur des anecdotes - ce qu'ils lisent à l'Université ou sur Google - plutôt que sur les points de vue étayés par des faits et des données». Au 19ème siècle, les gens pensaient que le vaccin contre la «variole des vaches» ferait pousser des appendices bovins sur leurs bras. Au début de la première guerre mondiale, on s'est amplement moqué du grand médecin canadien William Osler lorsqu'il préconisa une vaccination des troupes britanniques contre la fièvre typhoïde. Le gouvernement français a cessé de proposer la vaccination contre l'hépatite B dans les écoles en 1998 ; on enquêtait alors sur de possibles liens pouvant exister entre cette vaccination et la sclérose en plaques (des recherches ultérieures n'ont décelé aucun lien de cause à effet).

Reste que le climat politique actuel est un véritable bouillon de culture pour la psychose collective née du A(H1N1). D'une part, le débat nourri par la réforme du système de santé a déjà mis dans la tête de certaines personnes que le gouvernement pourrait se servir du monde médical pour mettre à mal le peuple américain (la sévérité des accusations varie, entre «imprudence bien intentionnée» et «conspiration visant à dominer le monde»). D'autre part, dans l'Amérique post-Katrina, il serait inexcusable de ne pas se tenir prêt face à un désastre potentiel. Dans ce genre de situation, un politicien préfère en faire trop plutôt que pas assez.

Mais Obama n'est pas n'importe quel politicien: il lui faut faire avec Internet (qui déforme les informations et amplifie les angoisses) et avec la vague paranoïa qu'il semble inspirer à une fraction de la population. Lors d'une récente émission de radio animée par Glenn Beck, un auditeur s'est ouvert du motif véritable de sa phobie: «Si on était il y a cinq ans, j'aurais sans doute dit d'accord, pas de problème, je vais [me faire vacciner]». Peut-être que la véritable raison poussant les membres des deux extrêmes à ne pas se vacciner est ailleurs; peut-être qu'elle est à la fois plus simple et plus élégante. Elle tient en deux mots: sélection naturelle.

THE TIMES

Sam Lister

Swine flu vaccine ordered for all British troops serving in Afghanistan

The Times, 16 October 2009, 1.01 am BST
https://www.thetimes.co.uk/article/swine-flu-vaccine-ordered-for-all-british-troops-serving-in-afghanistan-p7chpnsvflq

The Ministry of Defence said it will obtain 15,000 doses – enough for the 9,000 servicemen and women deployed and the 500 extra troops announced on Wednesday.

Support staff, such as RAF crews who fly troops to and from Afghanistan, will also be vaccinated.

An MoD spokeswoman said the move was to avoid putting strain on combat medics, as well as to protect troops against infection. "We can't afford to have soldiers off with flu if we can prevent that," she said.

The Department of Health will include those deployed to Afghanistan in their priority group for vaccination, the MoD said.

The military programme will begin after the vaccine has been given to ...

REUTERS

Kate Kelland

Swine flu vaccination to start, UK deaths pass 100

Reuters, 16 October 2009, 1:50 AM GMT+8
https://www.reuters.com/article/uk-flu-britain-idUKTRE59E3MA20091015/

London (Reuters) **-** Britain, which has seen more than 100 deaths linked to the H1N1 swine flu virus, will start a nationwide vaccination programme next week, its chief medical officer said on Thursday.

The UK is the latest to begin mass immunisation ahead of a feared second wave of infections. Similar programmes are already underway in the United States, China and Australia.

A total of 415,000 doses of GlaxoSmithKline's
"The programme will be rolling from next week," medical chief Liam Donaldson told reporters.
From the week beginning October 26, 4.4 million doses of Pandemrix and 49,000 doses of Baxter's Celvapan will be delivered to family doctors for patients in priority groups.

David Salisbury, director of immunisation, said Britain was expecting more vaccines to come from Baxter but added: "We are much less confident of their delivery schedule than we are of GSK's" due to yield problems.

The government has previously said the first to be immunised would be about 5 million people aged over six months in current seasonal flu risk groups, all pregnant women, contacts of people with compromised immune systems, and front-line health and social care workers. In total, around 11 million people are in line for the first phase of vaccination.

All those over 10 years of age receiving Glaxo's vaccine will get a single shot, but children from six months to 9 years will receive two doses, as will everybody receiving Celvapan.

Baxter's Celvapan, which is produced by cell culture, will be mainly reserved for people with egg allergies.

Donaldson also said a further 15,000 doses of vaccine would be offered to British troops serving in Afghanistan.

Responding to concerns about giving swine flu shots to pregnant women, officials said they were confident the vaccines were safe and offered a valuable protection against a potentially dangerous disease. – "I do not want to see pregnant women dying of a preventable disease – that's the bottom line," Donaldson said.
Health officials said that in the past week there were an estimated 27,000 new cases of H1N1 flu, up from around 18,000 in the previous week, and the total number of deaths rose past 100.

There have now been 83 deaths from swine flu in England, 15 in Scotland, four in Wales and four in Northern Ireland.

Donaldson said he was "concerned about the relatively high number of patients" who were becoming seriously ill, adding that the proportion of hospitalised patients in critical care was at its highest level in Britain since the outbreak began. "For most of the time it's been about 12 to 13 percent, but now it's up to 20 percent -- suggesting we are seeing more serious cases," he said. "There is no sign of any change in the virus, but this is giving me some concern."

COUNCIL *on* FOREIGN RELATIONS

Pandemic Influenza: Science, Economics, and Foreign Policy
Session I

Council on Foreign Relations, 16 October 2009
https://www.cfr.org/event/pandemic-influenza-science-economics-and-foreign-policy

Laurie Garrett: Good morning, and good morning to all of you on the Internet. My name is Laurie Garrett, and you are here in the Council on Foreign Relations in New York on a grim, wet, chilly day. Thanks to all of you who managed to forge through the nasty weather. And I expect that we'll have stragglers coming in as a result of the weather problems.

I am the senior fellow for Global Health here at the Council on Foreign Relations, and I welcome everybody who is both here and in cyberspace with us.

In a few moments my colleague, Jon Cohen, will tell those of you out in the cyber world how you can actively participate all day today via Twitter. Jon is the outstanding, infamous, notorious, famous science correspondent for Science Magazine, which is our co-sponsor today. It's a first for the Council on Foreign Relations. We embrace it wholeheartedly and hope it will be the beginning of many more to come, for this symposium entitled "Pandemic Influenza: Science, Economics, and Foreign Policy."

On August 24th, the President's Council of Advisers on Science and Technology, some of whom are with us today, so-called PCAST, issued a remarkable analysis of what's in store with the H1N1 virus, the so-called swine flu, and the likely pandemic impact this fall on the United States of America.

The PCAST offered a scenario -- not a prediction, let me say -- a scenario that suggested the virus would indeed return, having already been here in the spring, for a second wave, and that we would see it appear sometime in September and be peaking right about today in the United States, and that sometime, by the end of the year, roughly half of the American population would have had H1N1 influenza.

The PCAST warned that this H1N1, despite being a not terribly dangerous virus in and of itself on a scale of influenza dangers, would overwhelm many of our hospitals and pose a great burden to our intensive-care-unit capacities across the country.

After circulating in the southern hemisphere for the last three or four months, H1N1 did indeed return as forecast, or shall we say scenario'd, by PCAST and has now been back in most of the United States for at least two weeks. It is indeed surging very rapidly around the country.

On Tuesday, Dr. Ann Schuchat from the Centers for Disease Control opened a press briefing with these remarks: "Unfortunately, we're seeing more illnesses, more hospitalizations and more deaths from it. Flu is widespread in 37 states. That's up from 27 states just last week. Unfortunately, 19 more pediatric deaths from influenza got reported to us this past week. We're now up to 76 children having died from the 2009 H1N1 virus." She means in the United States.

To put that in context, in the past three years the total pediatric influenza deaths ranged from 46 to 88. We've had 76 children dying from the 2009 H1N1 virus, and it's only the beginning of October.

There's a great deal of uncertainty about this flu pandemic. One thing is certain: It is a worldwide event, and it is occurring in the dawn of our age of globalization.

With us today is a stellar group of scientists -- some of them PCAST members, as I said -- analysts, journalists, and, as usual at the Council on Foreign Relations, a highly diverse and intelligent audience.

Before we jump into the subject at hand, a few quick bits of housekeeping and a set-up for what we're going to experience today. We have three panels with two short breaks. And because this is live on the Web, we're going to ask that the audience that's physically here in New York please clear out quickly during breaks and come back quickly during breaks so that we stick to our time schedule absolutely.

In addition, a couple of other things. Because we are live on the Internet, absolutely no wireless devices can be on in this room. It's not just we don't want them to ring; we don't want them to interfere. So PDAs, cell phones, laptops, whatever they are, please turn them off.

We welcome that webcast audience. And as I said, Jon is going to tell you how you can twitter. And because this is the first big event co-sponsored with Science Magazine, we really want to thank and welcome all the folks from AAAS and Science for their participation and the tremendous help we got in organizing today's event.

...

Cohen: I think there's a lot of curiosity about why young people in particular and pregnant women are seeing a lot more severe disease. Flu typically causes the most mortality in the elderly. That's not happening with this. Do you have any ideas as to why the younger population is being hit so hard, and pregnant women? Is it biological? Is there an epidemiologic explanation?

Monto: Well, I'll try to add a few things from the historic record, which I'm sure Lone can further add to, and that is, in 1918 -- and this is a whole lot different from 1918; I think Lone and I can have a conversation about that -- but in 1918 it was very clear that pregnant women were at particular risk. There are some contemporaneous curves looking at puerperal mortality, deaths in pregnant women. And there is a big spike in 1918 when this was going down on a year-to-year basis.

Women were heavily infected and quite ill, and they often lost their babies if they were in late stages of pregnancy. So this is not particularly unique. It's a little more questionable in some of the later pandemics. And because of this, we in the U.S. -- and we're one of the few countries that has this recommendation - recommends the use of seasonal vaccine in pregnant women, because we know that this is a particularly vulnerable population.

Why in this pandemic is it so much more extreme in terms of what's going on? It's hard to say. We can speculate about that. We can speculate about obesity as an -- whether it's an independent risk factor. But I think a lot of what is going on is really based on the fact that there has been past experience with this virus. And we see this in terms of the way the vaccine is working; the fact that we only need, for most of the population, one inoculation with this vaccine, which means there is some degree of relative immunity in the population.

And there's been a debate about whether, to have a pandemic, a real pandemic, you need to have a totally novel virus. And one of the reasons we've seen partial sparing in older individuals in past pandemics is these were not totally novel viruses. There was some degree of antibody in the population.

...

Palese: Maybe let me start this one out. So even though I mentioned that this 2009 novel influenza virus is really like a regular seasonal influenza virus in many of its characteristics, that doesn't mean that I underestimate influenza. Regular seasonal influenza is a very bad disease. And we all know that in the U.S. alone we have about 30,000 deaths and we have about 200,000 hospitalizations every year.

So regular flu is a very serious disease and therefore we should really use all the tools we have to combat and to fight the regular flu, and that includes vaccination. And by the same token I think it is really compelling that we should use the vaccines which are being produced and being distributed right now against the 2009 virus. So, by not taking the vaccine, by underestimating this disease, I think we are not helping us.

Cohen: Any dissent?

Simonsen: No. I mean, it's very clear that vaccination is the best defense we have against pandemic influenza. In fact, when you have a pandemic unfolding and really high transmission rates, it becomes very hard to mitigate with any other strategy than that.

So, from a personal point of view, I have the advantage of natural immunity at this point, I'm pretty sure.

...

Simonsen: Well, I think this is very interesting because, I mean, especially for the health-care worker example. I mean, there are many, many good reasons why health care workers should be considering immunization for their own safety but also to protect and, first, do no harm to the patients that they are treating. Having said that, does it work to mandate?

I think what would work better would be to say that there was a shortage and people tend to buy more of something that's in demand. (Laughter.) We saw that – there was one season where, really, people lined up all night to get a flu shot.

...

REUTERS

David Morgan

H1N1 vaccinations pose U.S. public health challenge

Reuters, 16 October 2009, 04:00 pm
https://www.reuters.com/article/idUSTRE59F3CN/ - this location has been deleted
https://web.archive.org/web/20091024040003/http://www.theflucase.com/index.php?option=com_content&view=article&id=1165:us-governments-64-billion-swine-flu-jab-program-will-put-public-health-sector-under-unprecedented-strain-experts-say&catid=1:latest-news&Itemid=64&lang=en

The U.S. government's $6.4 billion (3.9 billion pounds) swine flu vaccination program is likely to put the American public health sector under unprecedented strain and expose serious shortcomings, experts say.

As the first mass U.S. immunization program in a generation ramps up to deliver tens of millions of doses each week, public health experts disagree about how well the country's network of state and local health departments might perform.

But many say the sector never received the money it needed for large-scale immunizations despite years of planning for pandemics after the re-emergence of bird flu in Hong Kong and South Korea in 2003.

"The worst-case scenario is that there is vaccine in a particular state or locale but that state or locale hasn't sufficiently planned to distribute it," said Leonard Marcus of the Harvard School of Public Health.

Marcus, who studied the 2005 Hurricane Katrina disaster, said the H1N1 immunization program could encounter similar breakdowns in leadership and coordination wherever local public health systems are underfunded or poorly managed.

"Some bureaucrat is going to say he doesn't have authority or needs a signature and it's going to stop the system from moving. That could very well cause panic," he said in a telephone interview.

Experts give the Obama administration high marks for creating a program capable of procuring 250 million doses and distributing them to 90,000 sites nationwide so that every American who wants the vaccine can get it.

The government has ordered vaccine from five companies -- Sanofi-Aventis , CSL , Novartis , GlaxoSmithKline and the AstraZeneca unit MedImmune.

"Rusty Faucet"

Bob Hutchens, a vaccine distribution expert with consulting firm Booz & Co, expects overall success.

"There will be some long lines, there may need to be some late hours and people may not be able to get it the day they want it," he said. "But if we approach this soundly and rationally, I suspect we'll be just fine."

But with the United States struggling to recover from an economic recession, staffing could be an issue.

Local health departments eliminated 8,000 positions in the first half of this year, after 7,000 job cuts in 2008, according to the National Association of County and City Health Officials. Another 12,000 employees have been subjected to reduced hours or mandatory furloughs this year.

The Association of State and Territorial Health Officials says three-quarters of states have cut public health funding this year, while 61 percent expect smaller budgets in 2010. Seven states have cut back specifically on immunization.

Layoffs have targeted people needed for the H1N1 program -- nurses, nurse's aides and switchboard operators and receptionists who would help field public queries.
"The problem is that there's a big rusty faucet at the end of the vaccine pipeline," said the University of Minnesota's Michael Osterholm, who warns public fears could flare quickly if H1N1 overwhelms hospitals and their intensive care units.

A poll by the American College of Emergency Physicians says almost 90 percent of emergency room doctors worry hospitals could have a hard time responding to a surge in H1N1 flu.
"Public health is the life raft," Osterholm said. "But are they big enough to get everybody on board and how will they navigate those rough waters?"

Experts were careful not to criticise the calibre of public health staff, widely respected for their energy and devotion.

But they said meagre resources, combined with the scale and speed of the national immunization program, will bring unprecedented strains.

Frayed Nerves

That could mean bad news for 46 million Americans with no health insurance, who could flood public health offices where vaccinations will be free.
"It could overload some systems in terms of staffing and frayed nerves," Hutchens said.

The Obama administration has sought to smooth the program's path by giving health departments and hospitals $1.4 billion to help plan and implement the vaccination effort, including the hiring of additional staff and contractors.

"We can't do this ourselves," said Fran Phillips, deputy secretary of Maryland's public health services, whose staff has assembled 3,000 private vaccinators to supplement two-dozen local public health departments. Maryland has received $24 million in federal grants to help with the effort.

Preparations appear to be less uniform in states like Michigan, where much of the authority rests with local health departments. Michigan received $34 million in federal money.

"They're really in the process right now of utilizing the funds, hiring folks or contracting with vaccinators," said Dr. Eden Wells of the Michigan Department of Community Health.

"It's too early to make a judgement about whether the (federal) money is enough."


Reuters
https://www.reuters.com › article
H1N1 vaccinations pose U.S. public health challenge
16 Oct 2009 — **H1N1 vaccinations pose U.S. public health challenge**. Reuters By David Morgan -- Analysis.

SPIEGEL Wissenschaft

Länder bestellen Impfstoffe ohne Wirkverstärker nach

Spiegel, 16 Oktobre 2009, 17.53 Uhr
https://www.spiegel.de/wissenschaft/medizin/h1n1-impfaktion-laender-bestellen-impfstoffe-ohne-wirkverstaerker-nach-a-655664.html

Erfurt - Die Bundeswehr bekommt Schweinegrippe-Impfstoffe ohne Wirkverstärker, weil diese verträglicher seien - als diese Nachricht an die Öffentlichkeit gelangte, entbrannte eine erneute Diskussion um die Nebenwirkungen der Zusatzstoffe. Mit oder ohne Adjuvans? Das fragen sich derzeit viele.

Um die Debatte zu entschärfen, haben die Bundesländer jetzt Konsequenzen gezogen und bestellen Impfstoffe ohne die umstrittenen Wirkverstärker nach. Thomas Schulz, Sprecher des Thüringer Gesundheitsministeriums, sagte am Freitag, es liefen derzeit Gespräche mit verschiedenen Herstellern über einen begrenzten, bedarfsgerechten Nachkauf des Impfstoffs.

Hintergrund seien Bedenken von Medizinern, dass der bisher bestellte Impfstoff mit Wirkstoffverstärkern für Schwangere möglicherweise weniger geeignet sei. Auch Kinderärzte hatten in Deutschland für ihre jungen Patienten einen möglichst verträglichen Impfstoff gegen die H1N1-Erreger gefordert - ohne Zusätze, so wie er auch in den USA für Kinder zur Verfügung gestellt wird. Den Kritikern zufolge können die Dosen mit Wirkverstärkern zu gesteigerten Impfreaktionen wie Kopfschmerzen oder Fieber führen. Bundesgesundheitsministerin Ulla Schmidt (SPD) betonte derweil, dass auch der Impfstoff mit Wirkstoffverstärkern sicher sei.

Impfkampagne beginnt am 26. Oktober

Das neue Präparat werde voraussichtlich bis Mitte oder Ende November zur Verfügung stehen, sagte Schulz. Die Impfkampagne gegen die Schweinegrippe soll am 26. Oktober beginnen. Einige Europäische Länder haben mit den Masseimpfungen bereits begonnen, in Großbritannien soll die Kampagne kommende Woche starten. Die Bundesländer gehen nach Angaben des Thüringer Ministeriums davon aus, dass etwa 200.000 Dosen des alternativen Impfstoffs benötigt werden. In dieser Größenordnung bewege sich die geschätzte Zahl Schwangerer, die sich impfen lassen wollten. Vom Impfstoff mit Adjuvantien haben die Länder bisher 50 Millionen Dosen bestellt.

Bisher wird neben Schwangeren und Kindern auch chronisch Kranken sowie medizinischem Personal zur vorsorglichen Impfung geraten. Geschätzt wird, dass sich insgesamt etwa jeder fünfte Bundesbürger gegen die Schweinegrippe impfen lassen möchte.

Nach Angaben des Pharmakonzerns GlaxoSmithKline (GSK) soll in der kommenden Woche mit der Auslieferung von Impfstoffen begonnen werden. Die Firma produziert Pandemrix, der in Deutschland zugelassen ist. Mit dem zusatzfreien Impfstoff stehe den Ärzten nun eine Alternative zur Verfügung. "Sie können nach genauer Risikoabwägung entscheiden, welchen Impfstoff sie ihren Patienten geben", sagte Schulz. Seinen Angaben nach handelt es sich bei dem Vakzin ohne Adjuvantien aber nicht um das Präparat, das die Bundeswehr für ihre Soldaten geordert hatte. Dieses sei für Schwangere nicht geeignet, so Schulz.

Die Impfstoff-Diskussionen hätten für Irritationen gesorgt, räumte der Ministeriumssprecher ein. Jetzt rief er die Bevölkerung dazu auf, sich nicht verunsichern zu lassen. Die Landesärztekammer glaubt aber, dass die bevorstehende Impfaktion auch von praktizierenden Medizinern in Thüringen unterschiedlich beurteilt wird. Die Meinungen seien geteilt, sagte eine Sprecherin. "Das ist auch kein Wunder, wenn sich sogar die Virologen als Experten unterschiedlich positionieren." Die meisten Mediziner unterstützten die Aktion. Dafür spreche auch die erklärte Bereitschaft von 1400 niedergelassenen Ärzten, die Impfung vorzunehmen. Verschiedene niedergelassene Ärzte raten ihren Patienten aber auch von der Impfung ab.

Und wie steht es mit der Bevölkerung? Laut einer Umfrage von Infratest dimap bleiben die Deutschen skeptisch. Mehr als die Hälfte der Bundesbürger hält eine Impfung gegen das H1N1-Virus nicht für nötig. 39 Prozent würden sich auf keinen Fall impfen lassen; jeder Vierte würde wahrscheinlich nicht zur Impfung gehen.

The Virginian-Pilot

Swine flu vaccine delivery into Va. delayed

The Virginian-Pilot, 16 October 2009, 12:00 a.m.
https://www.pilotonline.com/2009/10/16/swine-flu-vaccine-delivery-into-va-delayed/

A manufacturer delay will slow the flow of swine flu vaccine into Virginia in coming weeks, but health care providers will continue to vaccinate high-risk people with what's available.

"The key phrase here at the health department is 'flexibility and patience,'" said State Health Commissioner Karen Remley, who gave an update on vaccine distribution at a Friday news conference.

About 265,000 doses have been shipped to Virginia health care providers, including health departments, doctors and hospitals. The state started receiving H1N1 vaccine during the first week of October. Health care providers and emergency medical services workers were the first to be vaccinated.

People in priority groups began being vaccinated this week, and school-based clinics for children start next week in Hampton Roads.

Friday, however, the U.S. Centers for Disease Control and Prevention announced that delivery of some swine flu vaccines has been delayed because companies cannot make as much as they had hoped.

Forty million doses had been expected in the country by the end of October, but only about 28 million to 30 million doses will be available.

Remley emphasized that this may cause a delay but not a shortage.

Meanwhile, flu cases continue to rise. Remley said about 6 percent of visits to the state's sentinel physicians are related to flu illnesses. The sentinel physicians track flu levels across the state.

"That's the highest it's been for the last two influenza seasons," Remley said.

The majority of flu strains reported are H1N1.

She said the state usually peaks at 4.5 percent in a season. She said that hospitals have been able to handle the increase in cases and there have not been any so-called "hospital surges," in which a facility could not handle the load.

Remley has previously said she had hoped everyone who wanted an H1N1 vaccine would have access to one by Thanksgiving. She said a more reasonable expectation due to the delay might be early December.

THE FLU CASE

French government says mass vaccination to start November 6th
after health personnel given jabs

La vaccination de la population débutera le 6 novembre

The Flu Case, 16 October 2009, 11:05
https://web.archive.org/web/20091201083253/http://www.theflucase.com/index.php?option=com_content&view=article&id=1105%3Afrench-government-says-mass-vaccination-to-start-november-6th-after-health-personnel-given-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

The French government is pressing on with plans to mass vaccinate the entire population from November 6th with the GSK pandemrix vaccine -- a substance classified as a bioweapon by EU and US regulators – in spite of growing concerns over the safety of the jab.

Health personnel are to be the first group to be put under pressure by the government to take the jab in a push starting on October 20th.

Le ministère de la santé a réuni hier matin plusieurs dizaines d'acteurs hospitaliers – DGS, Samu de Paris, ordre des médecins… – afin de promouvoir la campagne de vaccination contre la grippe A(H1N1) des personnels des établissements de santé qui débutera mardi 20 octobre. Cette vaccination sera effectuée avec le vaccin Pandemrix adjuvanté (GSK). Une double injection est pour le moment recommandée. S'agissant de l'articulation avec la grippe saisonnière, il est précisé que «si la personne n'a pas encore été vaccinée», «l'administration du vaccin pandémique devient prioritaire».
La vaccination de la population devrait quant à elle débuter le vendredi 6 novembre dans les centres de vaccination.

THE FLU CASE

Barbara H. Peterson

Officials say:
Don't blame the Swine Flu shot, you'll drop dead anyway

InfoWars, The Flu Case, 16 October 2009
https://web.archive.org/web/20091020154519/http://www.theflucase.com/index.php?option=com_content&view=article&id=1122:officials-say-dont-blame-the-swine-flu-shot-youll-drop-dead-anyway&catid=1:latest-news&Itemid=64&lang=en

The H1N1 vaccination propaganda machine is going full-tilt, and the timetable for rapid population reduction is upon us. This is soooooo obvious, people! They are telling us what is going to happen before it happens, because they are going to cause it. They know people will drop dead after the shot, and are putting out the pre-op denial propaganda so that people will think, 'hey, they warned us of this, and it is nothing to worry about.'

Don't Blame Flu Shots for All Ills, Officials Say
=> https://web.archive.org/web/20111228010319/http://www.nytimes.com/2009/09/28/health/policy/28vaccine.html?_r=1
As soon as swine flu vaccinations start next month, some people getting them will drop dead of heart attacks or strokes, some children will have seizures and some pregnant women will miscarry. But those events will not necessarily have anything to do with the vaccine. That poses a public relations challenge for federal officials, who remember how sensational reports of deaths and illnesses derailed the large-scale flu vaccine drive of 1976. This time they are making plans to respond rapidly to such events and to try to reassure a nervous public – and headline-hunting journalists – that the vaccine is not responsible. Every year, there are 1.1 million heart attacks in the United States, 795,000 strokes and 876,000 miscarriages, and 200,000 Americans have their first seizure. Inevitably, officials say, some of these will happen within hours or days of a flu shot…
And just to make sure that this vaccine is as lethal as possible, Washington suspends the law regarding the amount of mercury it can have.

Washington OKs mercury in swine flu vaccine
https://web.archive.org/web/20090928112418/http://www.komonews.com/news/local/61285622.html#idc-ctools
The state Health Department will allow more mercury than usual in some of the swine flu vaccine to make sure shots are available to pregnant women and children under age three.
The department says mercury-free swine flu vaccine may not always be in stock, so it wants to give people the choice of using vaccine with the mercury preservative called thimerosal, which is believed to be safe.

The Centers for Disease Control's Web site says the following about thimerosal:
https://web.archive.org/web/20090928112418/http://www.cdc.gov/vaccinesafety/updates/thimerosal.htm
"There is no convincing scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.
"However, in July 1999, the Public Health Service agencies, the American Academy of Pediatrics and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure. Most vaccines for children under six are thimerosal-free."

The suspension of the mercury limit announced Thursday lasts six months and applies only to the swine flu vaccine expected to become available in October…

Here is the priority list of recipients for swine flu shots once the vaccine arrives:
– Anyone age 6 months to 24 years
– Pregnant women
– Healthcare workers
– People under 50 with chronic illnesses

I guess they are keeping to the time-honored tradition of women and children first, and as an added bonus, their shots will most likely have added mercury, since the clinical trials for the vaccine on pregnant women is scheduled to end approximately 9 days before the vaccine goes on the market for that target group.

I remember when the adjuvant Thimerosal (mercury) came out for horse vaccines. Horses were having a very bad reaction to it, and most people that I know of knew this and avoided them. Well, I guess if it is bad for horses, it must be good for people.

Mass Vaccination Schedule

The H1N1 vaccine was approved on September 15, 2009, with clinical trials done in mid-August for most adults. Vaccine clinical trials for pregnant women started on September 17, 2009, and a full-scale vaccination effort for all groups of people is set to begin in mid-October.

The FDA reported the following on September 15, 2009 regarding vaccine approval for most adults:

FDA Approves Vaccines for 2009 H1N1 Influenza Virus

https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/fda-approves-four-companies-h1n1-vaccines

The H1N1 vaccines approved today undergo the same rigorous FDA manufacturing oversight, product quality testing and lot release procedures that apply to seasonal influenza vaccines. Testing began shortly thereafter for children, and the following was reported by ABC on September 17, 2009 regarding clinical trials for pregnant women: Twenty participants in the trial will get two doses 21 days apart and they'll be monitored in several different ways. Their cord blood will be checked too to see how it's affecting the unborn child.

On September 15, 2009, Reuters reported:

https://www.reuters.com/article/idUSN1562056/

U.S. officials are launching a large-scale vaccination effort in mid-October to inoculate the population, including those most at risk such as pregnant women and young people ages 6 months to 24 years.

Let's take a closer look at the clinical testing procedure. They start testing on pregnant women on September 15. The women get 2 doses, 21 days apart, and are tested. That would mean that on September 15, they would get the first dose, and 21 days later, Oct. 6, the second. The vaccination program is scheduled to start mid-Oct., which is around Oct. 15. That leaves approximately 9 days to determine that the vaccine is safe, and get it ready for distribution.

Running a pretty tight schedule there, eh? Jab 'em and if they don't drop dead in 21 days, jab 'em again. If they don't collapse on the second jab, then it's on to the public we go! So much for extensive testing. Wait, didn't I just read something about rigorous FDA testing? – "The H1N1 vaccines approved today undergo the same rigorous FDA manufacturing oversight, product quality testing and lot release procedures that apply to seasonal influenza vaccines," Dr. Jesse Goodman, FDA's acting chief scientist, said in a statement.

Just how rigorous can that testing be if between the last shot and full scale implementation on the population is a mere 9 days? Has anyone tried to get tests back from the lab lately? How long did it take? This is a done deal, folks. They don't care if people drop dead because the PR spin is already in high gear. In fact, they are boldly telling us what is going to happen before it happens, because they are going to cause it. They know people will drop dead or get sick after the shot, and are putting out the pre-op denial propaganda so that people will think, 'hey, they warned us of this, and it is nothing to worry about – it couldn't possibly be the vaccine, they said so.'

Let me tell you, if I look at someone and that person receives a vaccination, and then drops dead 5 minutes later, it was the vaccine! No amount of denial will convince me otherwise. This is a eugenics program, plain and simple. And as any good eugenics program goes, it is being forced on the public by any means possible.

IMPLEMENTING THE MASS VACCINATION PROGRAM

Let's look at how this vaccination program is being implemented. After all, it is supposed to be voluntary, right? After all, Obama said so. NOT! Here are the steps:

1. First they try and get you to comply through a propaganda campaign to effect voluntary compliance.
2. Second, they try and get you to take it under color of law.
3. Third, it becomes mandatory

The Propaganda Campaign

Any good vaccination propaganda campaign will start with the demonization of target groups to effect voluntary compliance. Propaganda is used to convince the public that the unvaccinated pose a threat to what is called "herd immunity." Herd immunity is defined by the Free Medical Dictionary as:

The resistance of a group to attack by a disease to which a large proportion of the members are immune.

If you take the vaccine, you are supposed to be immune, correct? If you don't take the vaccine, you are supposed to be susceptible to the virus. Why should the vaccinated worry about the unvaccinated if they are immune? If people do not want to take the vaccine and decide to protect themselves via natural methods, how does that affect supposed "herd immunity?" Are we a bunch of cattle that lose value if we get sick? The H1N1 is not a major health risk. The regular seasonal flu is worse than the H1N1 variety, and even health professionals refuse to take it. Yet, the propaganda goes on to convince people that if certain groups of people do not take the vaccine, then "herd immunity" is compromised, and everyone is in danger. Take this piece from the Yale Journal of Biology and Medicine:

Mandatory School Vaccinations: The Role of Tort Law; "Religious Communities as Disease "Hot Spots." [*further, there are excerpts the article* - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2553651/ Ciolli A. Mandatory school vaccinations: the role of tort law. Yale J Biol Med. 2008 Sep;81(3):129-37.]

Governments traditionally have considered "communities" in relatively broad terms, viewing entire states – or sometimes even the whole nation – as a "community" for herd immunity purposes [14]. However, recent experiences have demonstrated that actual communities are far smaller. For instance, although nationwide measles vaccination rates appeared high enough to ensure national herd immunity, disproportionately low vaccination rates among blacks and Hispanics resulted in measles outbreaks in several large urban areas, most notably Los Angeles [15].

Religious communities – particularly Christian Science, Amish, and Mennonite communities – have been the source of many preventable disease outbreaks in recent years. Diseases from polio [16] to measles [17] to rubella [18] have resurfaced with increasing frequency in the United States due to herd immunity being lost in such religious ghettos. This comes at a tremendous cost to society, for "vaccine-preventable diseases impose $10 billion worth of healthcare costs and over 30,000 otherwise avoidable deaths in America each year" [19]."

Religious ghettos? A typical propaganda technique and scare tactic – demonize the opposition, then accuse it of infecting others and lay blame. If people get sick because they do not take the vaccine, then your health care costs will go up. But wait, it gets better:

For decades, all 50 states have required that parents vaccinate their children against various diseases, including polio and measles, as a prerequisite to enrolling them in public schools [1]. While virtually all states have tailored their immunization statutes to exempt those with religious (and sometimes philosophical) objections to vaccines from these requirements [2], widespread use

of these exemptions threatens to undermine many of the benefits of mandatory vaccinations, such as preserving "herd immunity" [3]. Since it is unlikely that state governments will eliminate such exemptions outright, society must consider other methods of providing incentives for vaccination and compensating those who have suffered due to a disease outbreak caused by a community's loss of herd immunity.

Now the vaccinated become the victims of the unvaccinated because they may have suffered due to a disease outbreak caused by a lack of "herd immunity," and the unvaccinated can be threatened with a Tort lawsuit for "failure to vaccinate" if someone gets a disease and an unvaccinated person happens to be there.

The following article from Dr. Sherri Tenpenny shows how the Amish were used to advance "herd immunity" propaganda:

[Dr. Sherri Tenpenny. Polio "Non-Outbreak" Among the Amish. - The National Vaccine Information Center, 2 Dec 2005; ttps://www.vaccineinfo.net/news/Poliononoutbreak_Amish.shtml]

On October 14, [2005] the major media outlets shrieked a report of "the first outbreak of polio in the United States in 26 years," occurring in an Amish community in central Minnesota.

[David Brown. Polio Outbreak Occurs Among Amish Families In Minnesota. – Wasington Post, 14 October 2005] https://www.washingtonpost.com/archive/politics/2005/10/14/polio-outbreak-occurs-among-amish-families-in-minnesota/0fe0558f-dc8d-4052-8c1e-dce03759d9c1/

The specter of hundreds of children in braces and iron lung machines lining the halls of hospitals immediately danced through the air, and directly into the minds of parents who have chosen to not vaccinate their children.

"First of all, there wasn't an "outbreak of polio." There was only the discovery of an inactivated polio virus in the stool of four children. The first confirmation was in a 7-month old Amish infant, presumably hospitalized, with severe immune deficiency. The "find" prompted screening of other children in the community; four children were confirmed positive. None experienced any type of paralysis.

Part of the panic can be blamed on inaccurate reporting. The virus that was identified was not "wild polio." It was a virus that is found only in the oral polio vaccine (OPV). Oral vaccine-strain viruses are inactivated with formaldehyde and are generally considered by the CDC "too weak" to cause disease. Even though the OPV is still used extensively in Third World countries, it has not been used in the United States since 2000. How did children in an isolated Amish community, with no exposure to foreigners, become exposed to vaccine-strain polio virus? That remains a mystery.

Color of Law

Now let's take a look at what is known as the color of law. It is not against the law to not vaccinate your children. However, non-mandatory vaccinations do not have to be law to be mandatory. If the system around you forces you to do something against your will or suffer penalties for non-compliance via the back door approach such as the following example, then the result is the same as if there was a mandatory vaccination law.

Example: If your kids are enrolled in a public school, and you cannot homeschool them because of economics or other hardship, then you face mandatory vaccines. If you go the waiver route, then public officials can make it extremely difficult if not impossible to comply with the waiver requirements, and you end up violating an actual law requiring enrollment of your child in school. You've got to get them to school on time or face penalties for compulsory education violations because you refused the vaccinations and did not complete the waiver in time for the start of school. This is how non-mandatory becomes mandatory without being law, but is enforced under color of law.

Note: *color of law*. The appearance or semblance, without the substance, of a legal right. The term usually implies a misuse of power made possible because the wrongdoer is clothed with the authority of the state. State action is synonymous with color of [state] law in the context of federal civil-rights statutes or criminal law. See STATE ACTION. [Cases: Civil Rights 1323. C.J.S. Civil Rights §§ 92-94.] BLACK'S LAW DICTIONARY 282 (8th ed. 2004)

Mandatory Programs

When outright propaganda and color of law don't work, and not enough people take the vaccine, it becomes mandatory. All semblance of fair play is now thrown out, and the real motive becomes clear. Take the vaccine or else.

N.Y. Health Care Workers Revolt Over H1N1 Vaccine [WCBSTV, 30 Sept 2009]
https://web.archive.org/web/20091002191044/http://wcbstv.com/topstories/swine.flu.h1n1.2.1216352.html

They're upset over an ultimatum from the health department. Workers are being told to either get the swine flu vaccine or lose their jobs.

New York is the first state in the country to mandate flu vaccinations for its health care workers. The first doses of swine flu vaccine will be available beginning next week. Much of it is reserved for state health care workers, but there is growing opposition to required inoculations.

Health care workers in Hauppauge screamed "No forced shots!" as they rallied Tuesday against the state regulation requiring them to roll up their sleeves.

"I don't even tend to the sick. I am in the nutrition field. They are telling me I must get the shot because I work in a health clinic setting," said Paula Small, a Women, Infants and Children health care worker.

Small said she will refuse, worried the vaccine is untested and unproven, leaving her vulnerable. In 1976, there were some deaths associated with a swine flu vaccination.

Registered nurse Frank Mannino, 50, was also angry. He said the state regulation violates his personal freedom and civil rights. "And now I will lose my job if I don't take the regular flu shot or the swine flu shot."

When asked if he's willing to lose his job, Mannino said, "Absolutely. I will not take it, will not be forced. This is still America."

The protest also shook Albany Tuesday. Hundreds of demonstrators demanded freedom of choice. After all, as health care professionals they argue they're already constantly washing their hands and aren't likely to transmit or contract the flu.

Around 500,000 health care workers are slated to receive the vaccine.

"It's certainly their prerogative to voice their opinion," said Dr. Susan Donelan of Stony Brook University Hospital. Donelan said most in the medical community see the benefits and safety of the shots and welcome them, and that hospitals must obey the law. "Our hospital is committed to following the mandate to have our personnel vaccinated," she said.

The state said change was needed this year to save lives, typically only about 45 percent of health care workers take advantage of voluntary flu vaccines.

More than 150 institutional outbreaks of seasonal and H1N1 flu are expected this year in hospitals, nursing homes and hospice centers. New York and New Jersey will get their first doses of the swine flu vaccine next week. It will be the nasal mist, not a shot.

Dangers of Recombination

Now that we have looked at the supposed "rigorous testing procedures," the potentially harmful doses of mercury involved, and how a mandatory vaccination program is implemented, let's take a look at another danger that the vaccination program pushers don't want you to know about.

Jeffrey M. Smith shows us the dangers of genetically modified live virus vaccines, such as the H1N1:

GM Vaccines Recombine into Unpredictable Hybrid [*Seeds of Deception*]
https://web.archive.org/web/20091020035411/http://www.seedsofdeception.com/utility/showArticle/?objectID=39

In what may be the first experiment of its kind, scientists infected cell cultures with two related viruses. One was a genetically engineered poxvirus, (vaccinia virus (VIC) with a transgene from the influenza virus). The other was a naturally occurring relative of the first virus, isolated from Norwegian wildlife. Both were orthopoxviruses. The two viruses interacted and created many new hybrid viruses by recombination. The characteristics of some of the new viruses included traits not expressed in either parent virus. Some viruses, for example, spread faster than either parent, while

others produced different, more serious cell culture changes. A single virus multiplied into hundreds of thousands of viruses in a few hours, with unpredictable consequences. Since the marker gene in the transgenic virus was not present in some of the newly formed hybrid viruses, it would not be possible to track transgenic viruses as the origin of the hybrids, if they were found in the wild.

When a person receives a dose of the genetically engineered H1N1 live virus vaccine, that virus has the potential to recombine in the host. As with all live virus vaccines, the host will shed this newly recombined virus for around 21 days after inoculation. Persons who come in contact with the newly inoculated are subjected not to the original virus, but the newly recombined one thanks to genetic engineering. The new virus is potentially more lethal than the original live vaccine virus. This is the way to spread a lethal strain of flu to whatever segment of the population you are aiming to destroy. Create a virus via genetic engineering, inject as many as you can with it, and let nature do the rest.

The powers that be do not want anyone to know about the active shedding threat because they want the genetically modified recombined virus to spread just as far and wide as possible, thereby validating their fear mongering and creating more of a demand for the product (vaccine). This validation justifies all of the emergency measures already in place, such as quarantine facilities, forced vaccination checkpoints, etc.

It is a typical marketing ploy used in a most evil way.

Summation

We have a vaccine that has undergone such a limited "testing" that no sane person would willingly take it, the law regarding the amount of mercury allowed in vaccines has been suspended just so this one can have a bigger dose of it, and they are targeting pregnant women and children first.

The vaccine is supposedly voluntary, yet certain segments of the population are required to have it to keep their jobs. The health department has made mandatory the vaccines for health care workers already, and if not enough people take it to meet the "herd immunity" quota, it becomes mandatory for everyone. A certain percentage of the population has to take the shot to be active carriers in order to shed the virus to others to reduce the population to 500 mil, as required by eugenicists.

A Possible Scenario

I anticipate that we will have a window of opportunity that will last while the H1N1 flu shot volunteers run to the pharmas for their shot when they become available on or around October 15. There is a formula that is used to determine what percentage of the populace needs to be vaccinated to maintain "herd immunity," and the time schedule for forced vaccinations will be based on that, at least for a little while.

"*Herd immunity*" propaganda statistics will be used to implement forced vaccinations. If not enough people volunteer for the shots, "herd immunity" is supposedly compromised and a national health emergency can be declared, and people will buy into it.

When the live genetically modified virus recombines in the host and the vaccinated shed the newly mutated virus, people will be getting sick from having contact with the vaccinated, and this will reinforce the need for forced vaccinations to "solve the problem." More people will rush to get the vaccine "cure" and more live genetically modified virus will be passed on to others.

This will snowball into an all-out emergency event, which will involve the use of checkpoints, FEMA camps for quarantine, and martial law. We want to be off the streets as much as possible to avoid not only any quarantine and mandatory shot procedures, but also the mutated virus.

I hope I am wrong, but I am advising everyone reading this to be prepared just in case I am right.

REUTERS

Swine flu vaccines delayed, US CDC says

Reuters, 17 October 2009, 12:54 AM GMT+8
https://www.reuters.com/article/idUSN16358159/

Washington, Oct 16 (Reuters) - Delivery of some swine flu vaccines has been delayed because companies cannot make as much as they had hoped, the U.S. Centers for Disease Control and Prevention said on Friday.

The CDC's Dr. Anne Schuchat said while 40 million doses had been anticipated for the end of October, only about 28 to 30 million doses would be available.

"Yields for vaccine are lower than would be hoped," Schuchat said in a telephone briefing.

She also said deaths from H1N1 swine flu were above the epidemic threshold in some U.S. cities and states. H1N1 flu activity was widespread in 41 states, she said.

"It is unprecedented for this time of year to have the whole country having such high levels of activity," Schuchat said.

She also said more children had died in the space of a few weeks than usually die in an entire influenza season. "There are now a total of 86 children under 18 who have died from the 2009 H1N1 influenza virus," Schuchat said.

As of Wednesday 11.4 million doses of H1N1 vaccine were available and 8 million had been ordered by states for distribution.

The U.S. government has ordered vaccine from five companies: Sanofi-Aventis SA, CSL Ltd, Novartis AG, GlaxoSmithKline and AstraZeneca unitMedImmune.

Schuchat said 15 percent to 20 percent of patients with H1N1 who needed to be hospitalized were requiring intensive care.

Regierung bekommt eigenen Schweinegrippe-Impfstoff

Associated Press, AP, 17 Oktober 2009, 13:02 Uhr
https://web.archive.org/web/20091023231125/http://de.news.yahoo.com/1/20091017/thl-regierung-bekommt-eigenen-schweinegr-5e422d2.html

Berlin (AP) Die Kanzlerin, die Mitglieder ihres Kabinetts und Beamte der Ministerien sowie nachgeordneter Behörden sollen mit einem Impfstoff ohne Verstärker vor Schweinegrippe geschützt werden. «Wir haben 200.000 Dosen des nicht-adjuvantierten Impfstoffes Celvapan der Firma Baxter gekauft», sagte Christoph Hübner, Sprecher des Bundesinnenministeriums, dem Nachrichtenmagazin «Spiegel» laut Vorabbericht vom Samstag. Auch die Bundeswehr soll einen Impfstoff ohne Zusatz- und Konservierungsstoffe bekommen.

Anders als das Präparat von GlaxoSmithKline (GSK), das ab dieser Woche in 50 Millionen Dosen für die Bevölkerung ausgegeben wird, enthält der Baxter-Impfstoff keinen Wirkverstärker (»Adjuvans») und wird den für die Aufrechterhaltung der öffentlichen Ordnung zuständigen Staatsdienern gespritzt. Dazu zählen auch die Mitarbeiter des für die Impfstoffzulassung zuständigen Paul-Ehrlich- Instituts, das vergangene Woche wiederholt seine Entscheidung verteidigt hat, der Bevölkerung die GSK-Vakzine zu beschaffen.

«Behörden sind auf Kampagne reingefallen»

Für den Vorsitzenden der Arzneimittelkommission der deutschen Ärzteschaft, Wolf-Dieter Ludwig, ist das «ein Skandal», der den Menschen kaum zu vermitteln sei. «Wir sind unglücklich über diese Impfkampagne», sagte Ludwig. Sie werfe zahlreiche Probleme auf, ihr Nutzen sei ungewiss: «Die Gesundheitsbehörden sind auf eine Kampagne der Pharmakonzerne hereingefallen, die mit einer vermeintlichen Bedrohung schlichtweg Geld verdienen wollten.»

Weil der GSK-Impfstoff nicht an Schwangeren getestet wurde, muss auch für sie kurzfristig nicht-adjuvantierter Impfstoff besorgt werden. Der zuständige Staatssekretär im Bundesgesundheitsministerium, Klaus Theo Schröder, sagte dem Magazin: «Es laufen derzeit Gespräche mit Herstellern sowie den Gesundheitsministerien in Frankreich und den USA, mit dem Ziel, für Schwangere auch nicht-adjuvantierten Impfstoff zu beschaffen.»

«Schadensrisiko überwiegt den Nutzen»

Offene Rebellion herrscht laut «Spiegel» unter Allgemeinmedizinern und Kinderärzten. Der Präsident der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin, Michael Kochen, rät den deutschen Hausärzten von der Impfung ab. «Das Schadensrisiko überwiegt den Nutzen», sagte der Göttinger Professor.

Wolfram Hartmann, Präsident des Berufsverbands der Kinder- und Jugendärzte, wirft der Bundesregierung «wissenschaftliche Falschaussagen» vor. Wie bei Schwangeren so gelte auch für Kinder unter drei Jahren: «Der Impfstoff ist an ihnen noch überhaupt nicht getestet, deshalb ist das Risiko einfach zu groß, ihn jetzt bedenkenlos einzusetzen.»

Kinder hätten ein Immunsystem, das zu Überreaktionen neige. Genau die aber könnten durch den Zusatz von Wirkverstärkern ausgelöst werden. Zusätzlich sei dem Impfstoff auch noch ein Quecksilber-haltiger Konservierungsstoff beigefügt. «Das Zeug hat man in heutigen Impfstoffen für Kleinkinder bewusst herausgehalten», sagte Hartmann.

Drei Impfstoffe in der EU zugelassen

In der EU sind bislang drei Impfstoffe gegen die Schweinegrippe oder Neue Grippe (H1N1) zugelassen: Focetria, Pandemrix und Celvapan. Focetria und Pandemrix enthalten verstärkende Zusatzstoffe, sogenannte Adjuvanzien. Allerdings kommt Celvapan nur deshalb ohne die umstrittenen Verstärker aus, weil es eine größere Konzentration an inaktivierten Schweinegrippe-Viren enthält als die beiden anderen Impfstoffe.

THE FLU CASE

Top German government officials to take special "swine flu" jab in new "scandal"

The Flu Case, 17 October 2009, 12:33
https://web.archive.org/web/20091030000644/http://www.theflucase.com/index.php?option=com_content&view=article&id=1130%3Adoctors-call-decision-by-top-german-government-officials-to-take-another-vaccine-a-qscandalq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The revelation that the German Chancellor Angela Merkel as well the cabinet, including the Health Minister Ulla Schmidt are planning to take a "swine flu" jab without mercury and squalene is fuelling fears in Germany that there is a two tier vaccination system planned; a safe vaccine for the global elite and their agents in national governments, and a lethal vaccine for the rest of the population.

Wolf Dieter Ludwig, head of the medicines commission of the association of German doctors, called the decision by the government to take a different vaccine from the untested and toxic swine flu jab destined for the rest of the population a "scandal" of a dimension that can hardly be communicated to the general public.

"The health authorities have fallen for a campaign from the pharmaceutical companies, who just want to earn money with an illusory threat," Ludwig said.

Vaccines with adjuvants have not been tested on pregnant women and children even though the German govenrment has said these are priority groups.

Among the government officials to get the "swine flu" jab without mercury and adjuvants will be the employees of the Paul Ehrlich Institute, the government drug regulator which ordered "swine flu" jabs with mercury and squalene to the rest of the population.

The Paul Ehrlich Institute ordered Pandemrix from GSK classified as a bioweapon by US and EU regulators.

In addition, the regulators recommended Celtura, a "new" vaccine from Novartis that appears to be the repacked version of Aflunov/Fluad H5N1 that killed homeless people in Poland in medical trials in 2008.

Novartis withdrew its application for EU-wide market approval of Aflunov/Fluad H5N1 from the European Medicines Agency in 2008. However, Novartis now appears to be pushing for a licence for the repackaged drug in Germany and Switzerland only.

The Paul Ehrlich Institute and Swissmedic are on the verge of granting approval to Celtura with the same MF59 squalene component as Aflunov/Fluad H5N1.

Concerns over the "swine flu" jab are being fuelled by the fact that the German army has insisted on getting a vaccine without mercury and adjuvants made by Baxter.

Baxter's Celvapan originally had mercury and adjuvants among its ingredients, but these appear to have been dropped under growing pressure from within Germany to have a safer vaccine.

Express & Star

Swine flu jab letters on way

Express & Star, 17 October 2009, 10:56
https://web.archive.org/web/20091021085822/http://www.expressandstar.com/2009/10/17/swine-flu-jab-letters-on-way/

Letters will start to go out over the next few weeks telling people in the West Midlands when they will receive swine flu jabs.

South Staffordshire Primary Care Trust was today the first in the region to confirm it was launching its vaccination programme.

Other PCTs in the region are expected to follow suit, offering vulnerable people and frontline medical staff their jab over the autumn.

John Wicks, flu director for South Staffordshire PCT, said: "Swine flu is generally mild for healthy people, but for pregnant women and those with health problems it can be more serious.

"The vaccine has had to pass stringent tests before being granted a licence by the European Medicines Agency and this means that we are very confident that the new vaccine is low risk.

"Just as soon as we receive supplies of the vaccine in South Staffordshire we will write directly to people within the key groups, prioritising the most vulnerable first, letting them know how and where they can receive their vaccination

SPIEGEL Wissenschaft

Kanzlerin und Minister sollen speziellen Impfstoff erhalten

Spiegel, 17 Oktobre 2009, 14.26 Uhr

https://www.spiegel.de/wissenschaft/medizin/schutz-vor-schweinegrippe-kanzlerin-und-minister-sollen-speziellen-impfstoff-erhalten-a-655764.html

Kanzlerin und Minister sollen nach SPIEGEL-Informationen mit speziellem Impfstoff vor Schweinegrippe geschützt werden. Beamte von Ministerien und nachgeordneten Behörden ebenso. Das Vakzin enthält keine umstrittenen Zusatzstoffe - im Gegensatz zum Impfstoff für den Rest der Bevölkerung.

Berlin - Bis vor wenigen Tagen hatte kaum jemand außerhalb von Fachzirkeln das Wort Adjuvans gehört. Doch nun ist eine öffentliche Diskussion über die Zusammensetzung des Impfstoffs für die demnächst anlaufende Schweinegrippeimpfung entflammt. Dabei taucht immer wieder der Begriff auf, mit dem ein Zusatzstoff zur Wirkverstärkung bezeichnet wird.

Kritiker argumentieren, dass Adjuvantien zu gesteigerten Impfreaktionen wie Kopfschmerzen oder Fieber führen könnten. Unterstützer halten dagegen, dass die Impfung auch mit den Zusatzstoffen sicher sei - und dass auf diese Weise mehr Wirkstoffdosen hergestellt werden könnten. Vor einigen Tagen hatte die Bundeswehr bekanntgegeben, dass sie für ihre Soldaten einen Impfstoff ohne Zusatzstoffe geordert hat.

Doch nach SPIEGEL-Informationen sollen auch weitere Personengruppen eine Impfung ohne Adjuvantien erhalten: "Wir haben 200.000 Dosen des nicht-adjuvantierten Impfstoffs Celvapan der Firma Baxter gekauft", räumt Christoph Hübner, Sprecher des Bundesinnenministeriums ein. Anders als das Präparat von GlaxoSmithKline (GSK), das ab kommender Woche in 50 Millionen Dosen für die Bevölkerung ausgegeben wird, enthält der Baxter-Impfstoff keinen Wirkverstärker.

Allerdings kommt Celvapan nur deshalb ohne die umstrittenen Hilfsstoffe aus, weil es ganze abgetötete Viren und nicht Virenbruchstücke enthält. Die Substanz wird den für die Aufrechterhaltung der öffentlichen Ordnung zuständigen Staatsdienern gespritzt: Mitgliedern des Kabinetts sowie Beamten der Ministerien und der nachgeordneten Behörden. Dazu zählen auch die Mitarbeiter des für die Impfstoffzulassung zuständigen Paul-Ehrlich-Instituts, das vergangene Woche wiederholt seine Entscheidung verteidigt hat, der Bevölkerung die GSK-Vakzine zu beschaffen.

"Gesundheitsbehörden sind auf Pharmakonzerne hereingefallen"

Für den Vorsitzenden der Arzneimittelkommission der deutschen Ärzteschaft, Wolf-Dieter Ludwig, ist das ein Skandal, der den Menschen kaum zu vermitteln sei. "Wir sind unglücklich über diese Impfkampagne", so Ludwig weiter. Sie werfe zahlreiche Probleme auf, ihr Nutzen sei ungewiss: "Die Gesundheitsbehörden sind auf eine Kampagne der Pharmakonzerne hereingefallen, die mit einer vermeintlichen Bedrohung schlichtweg Geld verdienen wollten."

Weil der GSK-Impfstoff nicht an Schwangeren getestet wurde, muss auch für sie kurzfristig nicht-adjuvantierter Impfstoff besorgt werden. Das zuständige Thüringer Gesundheitsministerium hatte am

Freitag erklärt, man verhandle mit verschiedenen Herstellern über einen begrenzten Nachkauf von Impfstoff ohne die umstrittenen Hilfsstoffe. Der Staatssekretär im Bundesgesundheitsministerium, Klaus Theo Schröder, bestätigte das gegenüber dem SPIEGEL: "Es laufen derzeit Gespräche mit Herstellern sowie den Gesundheitsministerien in Frankreich und den USA, mit dem Ziel, für Schwangere auch nicht-adjuvantierten Impfstoff zu beschaffen."

Offene Rebellion herrscht unter Allgemeinmedizinern und Kinderärzten. Der Präsident der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin, Michael Kochen, rät den deutschen Hausärzten von der Impfung ab. "Das Schadensrisiko überwiegt den Nutzen", sagt der Göttinger Professor. Wolfram Hartmann, Präsident des Berufsverbands der Kinder- und Jugendärzte, wirft der Bundesregierung "wissenschaftliche Falschaussagen" vor. Wie bei Schwangeren, so gelte auch für Kinder unter drei Jahren: "Der Impfstoff ist an ihnen noch überhaupt nicht getestet, deshalb ist das Risiko einfach zu groß, ihn jetzt bedenkenlos einzusetzen."

THE WALL STREET JOURNAL

Kristen Gerencher

Two Flu Vaccines, Lots of Questions

The Wall Street Journal, 18 October 2009 12:01 am ET
https://www.wsj.com/articles/SB125582035965192331

The annual ritual of fending off the flu is more complicated this fall as Americans weigh getting two vaccines.

The vaccine to fight seasonal flu is already widely available, although some areas have reported supply shortages or delays. But a new vaccine to protect against the H1N1 virus, commonly known as swine flu, is just starting to make its way to schools, public-health departments and doctors' offices.

Because of an initial limited supply, the first doses of the swine-flu vaccine are earmarked for people with a high risk of getting serious complications from the swine flu and for those at risk of spreading the illness to them.

States have ordered about eight million doses of the H1N1 vaccine so far, with the potential for up to 250 million total doses, depending on demand, says Tom Skinner, spokesman for the federal Centers for Disease Control and Prevention in Atlanta.

One Shot or Two?

Public-health officials say everyone who wants a swine-flu vaccine eventually will be able to get one free. But many people are still wondering if they need ...

=> https://www.wsj.com/articles/SB125582035965192331

=> The same author with the similar article – see the next page

RISMEDIA™

Kristen Gerencher

Two Flu Vaccines, Twice the Number of Questions

RisMedia, 20 October 2009
https://www.rismedia.com/2009/10/20/two-flu-vaccines-twice-the-number-of-questions/

Rismedia, October 21, 2009 – (MCT) – The annual ritual of fending off the flu is more complicated than usual this fall as Americans weigh the opportunity to receive two vaccines to protect against different types of influenza.

The vaccine to fight seasonal flu is already widely available to people of all ages and health conditions, although some areas have reported supply delays or shortages. But a new vaccine to protect against the H1N1 virus, commonly known as swine flu, is just starting to make its way to schools, public health departments and doctors' offices.

Because of an initial limited supply, the first doses of swine flu vaccine are earmarked for people at high risk of serious complications from swine flu and those at risk of spreading it to them.

States have ordered about 8 million doses so far, with the potential for up to 250 million total doses, depending on demand, according to the Centers for Disease Control and Prevention in Atlanta. Public health officials say everyone who wants a swine flu vaccine eventually will be able to get one as more come on line.

The first question many people are asking is if they need one or both of the vaccines. Nearly all Americans, or 88% of the population fall into a group that's recommended to receive the seasonal flu vaccine, said CDC spokesman Tom Skinner. About half the population fits into a category deemed high priority for the swine flu vaccine. "People who are recommended to get those vaccines need to plan to get both of them," Skinner said.

While some flu cases involve only several days of misery, others go on to become life-threatening or even fatal. Since the swine flu emerged in the U.S. in April, more than 800 people with flu symptoms have died, including 28 pregnant women and 86 children. Most of those children had an underlying condition, but 20% to 30% of them were otherwise healthy. The seasonal flu sends an average of 200,000 Americans to the hospital and kills 36,000 of them every year. People who've come down with a flu-like illness recently may think they had swine flu and that they no longer need a vaccine to prevent it.

But there are hundreds of other respiratory viruses circulating with symptoms that often overlap, and people with mild cases of suspected flu aren't sent for laboratory confirmation of the H1N1 virus, making it impossible to know for sure if they've built immunity, said Dr. Greg Poland, director of the Vaccine Research Group at the Mayo Clinic in Rochester, Minn. "Because there's no harm in getting the vaccine even if you think you had swine flu, we err on the side of caution and say you should get the vaccine," Poland said.

While vaccination doesn't confer 100% protection against the flu, it's still the most effective way to prevent it or mitigate its harm to the body, according to the CDC.

Clinical trials of the H1N1 vaccine showed it has many of the same side effects as the seasonal variety, chiefly a sore arm at the injection site. People with a known allergy to chicken eggs and

those with suppressed immune systems should talk to their doctor about whether flu vaccination is an option for them.

The swine flu vaccine is manufactured the same way as its seasonal counterpart, and the H1N1 strain may have been included in this year's seasonal vaccine had the virus emerged a few months earlier when planning for the seasonal vaccine was under way, said Dr. Paul Offit, chief of infectious disease at the Children's Hospital of Philadelphia.

The seasonal flu vaccine has been used for decades in formulations that change every year to reflect the three most dominant strains of virus that scientists believe will be circulating when the vaccine goes into production in the spring. The swine flu virus makes up the vast majority of flu bugs now going around and people in high-risk groups are urged to get a swine flu vaccine as soon as they become available. The groups who are first priority are pregnant women, children and young adults age 6 months to 24 years old, people who are around children too young to be immunized, those age 25 to 64 who have underlying chronic medical conditions such as diabetes or asthma, and health care workers.

More people are recommended to be vaccinated against seasonal flu since, unlike swine flu, it tends to hit the elderly hard as well. About 82 million doses of that vaccine have shipped, and manufacturers are expected to produce about 114 million doses total this year.

"The reason to get both is you want to be protected from the strains most likely to circulate," Offit said. People who want one or both vaccines may have to be patient until more supply arrives, and they're wise to call ahead to see if the vaccines they want are available. They also should ask about price and insurance coverage. Some employers and health insurers offer discounts or full reimbursement for flu vaccines. Medicare beneficiaries can receive both vaccines free of charge after satisfying their Part B deductible. The swine flu vaccine is free for anyone who wants it, though health care providers may charge an administration fee. Uninsured and underinsured children may receive free vaccines through the government's Vaccines for Children Program. There is high demand for seasonal flu vaccine at Walgreens stores around the country, said company spokesman Jim Cohn in Deerfield, Ill. This year Walgreens is offering the seasonal flu vaccine seven days a week either by appointment or on a walk-in basis. The cost without Medicare or private insurance is $24.99 for the shot and $29.99 for the nasal-spray version.

"I would strongly encourage people interested in getting a seasonal vaccine to do so as soon as possible because we're hearing about shortages or locations that are out of the vaccine already," Cohn said.

"We now have the industrial capacity to make a lot of vaccine efficiently and quickly, and that's good," Offit said. "But what we don't have yet is the distribution method to allow for easy, quick and efficient vaccination."

For people who choose to get either or both flu vaccines, the next questions are often what form they should pick – the shot or the nasal spray – and how far apart the immunizations should be if they get both the regular and swine flu vaccines.

Only healthy people ages 2 to 49 who aren't pregnant can receive the nasal-spray versions. People who fit that criteria and are looking to avoid needles for both flu vaccines need to wait four weeks between the two nasal-spray versions, said the CDC's Skinner. Children ages 6 months to 9 years who have never received a flu vaccine before are recommended to receive two doses of both the H1N1 and seasonal flu vaccine about a month apart, Offit said. People age 10 and older need only one dose of swine flu vaccine, according to the CDC.

=> Kristen Gerencher
Two Flu Vaccines, Twice the Number of Questions. – Medical-X-press, 21 October 2009
https://medicalxpress.com/news/2009-10-flu-vaccines.html

REUTERS

France/Grippe A-Début mardi de la vaccination des professionnels

Reuters, 19 Octobre 2009

https://jp.reuters.com/article/idUSLJ7229/ - this link has been deleted

https://web.archive.org/web/20091024100919/http://www.theflucase.com/index.php?option=com_content&view=article&id=1160%3Afrench-mass-vaccination-campaign-to-start-tomorrow-health-workers-to-get-the-jab-first&catid=41%3Ahighlighted-news&Itemid=105&lang=en

La campagne de vaccination contre la grippe A(H1N1) commencera mardi en France pour le personnel hospitalier, annonce le ministère de la Santé dans un communiqué.

Celle pour les citoyens débutera "après les vacances de la Toussaint (qui se terminent le 5 novembre-NDLR), dans l'ordre de priorité défini par le Premier ministre", a ajouté le ministère, joint par Reuters.

Les citoyens prioritaires sont les femmes enceintes, l'entourage des nourrissons de moins de six mois et les nourrissons de six à 23 mois avec des facteurs de risque.

La ministre de la Santé, Roselyne Bachelot, présentera mardi à 10h00 (08h00 GMT) la campagne de vaccination lors d'une conférence de presse au ministère, à Paris.

La France a commandé 94 millions de doses du vaccin contre la grippe A (H1N1) auprès des groupes Sanofi, Novartis, GlaxoSmithKline et Baxter.


Reuters
https://www.reuters.com › article
France/Grippe A-Début mardi de la vaccination des professionnels
La campagne de vaccination contre la grippe A (H1N1) commencera mardi en France pour le personnel hospitalier, annonce le ministère de la Santé dans un ...

French mass vaccination campaign to start tomorrow: health workers to get the jab first

The Flu Case, 19 October 2009

France's military-style mass "swine flu" vaccination programme is due to start on Tuesday with the vaccination of health personnel, French Health Minister Roselyne Bachelot has said.

The "swine flu" jab campaign for the rest of the population is to start "after the All Saints holiday in the order of priority defined by the Prime Minister," she said.

Pregnant women and small children are to be among the first to receive the jab even there is no clinical data on the impact of the jab with adjuvants on these groups. Mobile pandemic vaccination teams are ready to go to schools and give children the jab by force.

The jab contains mercury and squalene, known to causes diseases, including autoimmune diseases. About 25 % of the US and UK soldiers who received an anthrax vaccine containing squalene developed autoimmune and other diseases known as the Gulf War Syndrome about a year after they got the jab.

Squalene is illegal in the USA and UK. The "swine flu" jab contains a million times more squalene than the anthrax jab that damaged US and UK soldiers.

Grippe A: les généralistes ne sont pas prêts pour la campagne de vaccination

RTBF, 19 Oct.obre 2009, 15:13
https://www.rtbf.be/article/grippe-a-les-generalistes-ne-sont-pas-prets-pour-la-campagne-de-vaccination-5376293

"Le système d'enregistrement et de rémunération n'est pas clair", estime lundi Jos De Smedt de Domus Medica dans la presse *flamande*.

Selon Jos De Smedt, les généralistes qui reçoivent des patients à risque ne savent pas précisément comment cette campagne de vaccination gratuite doit se dérouler.

"Des médecins wallons ainsi que quelques médecins flamands ont refusé de s'enregistrer et nous ne savons pas combien de vaccinations sont nécessaires et si nous pouvons vacciner plus tôt des patients qui présentent un risque élevé."

La première phase de la campagne de vaccination contre la grippe A/H1N1 démarre lundi dans toute la *Belgique*. L'entiereté du groupe des patients à risque peut se faire vacciner chez le généraliste à partir du 1er novembre.

Bankkaufmann.com

Statement GlaxoSmithKline zur Vorab-Meldung des Spiegels vom 17.10.2009
zu den Pandemie-Impfstoffen und der Bestellung für die Bundesregierung

Bankkaufman, 19 Oktober 2009
https://www.bankkaufmann.com/a-231552-Statement-GlaxoSmithKline-zur-Vorab-Meldung-des-Spiegels-vom-17102009-zu-den-Pandemie-Impfstoffen-und-der-Bestellung-f.html%C3%BCr-die-Bundesregierung

München (ots) - GlaxoSmithKline nimmt zur Vorab-Meldung im Spiegel (online) wie folgt Stellung:

Die Entscheidung des Innenministeriums, einen anderen Impfstoff für die Bundesregierung zu bestellen als für die Gesamtbevölkerung, ist legitim. Hingegen rechtfertigt diese Entscheidung keinen Rückschluss auf eine Differenzierung in bessere oder schlechtere Impfstoffe - Pandemrix® ist wie zwei weitere Impfstoffe von der Europäischen Zulassungsbehörde EMEA am 30. September 2009 zur Verwendung in 27 Mitgliedsländern zugelassen worden.

Der Pandemie-Impfstoff besteht aus dem spezifischen H1N1-Virus-Antigen und dem Adjuvanssystem AS03. Dies wurde eigens von GSK entwickelt und hat den Vorteil, dass der Impfstoff Antigen-sparend hergestellt werden kann - vor dem Hintergrund weltweit begrenzter Produktionskapazitäten für Pandemie-Impfstoffe ist es somit möglich, wesentlich mehr Menschen zu impfen und die Pandemie somit wirksamer einzudämmen.

Darüber hinaus wird erwartet, dass durch das Adjuvanssystem auch verwandte Virusstämme durch eine mögliche Kreuzprotektion bekämpft werden können.

Die Ergebnisse einer weiteren klinischen Studie zum H1N1-Impfstoff an 2.000 Impflingen bestätigen die allgemein gute Verträglichkeit. Bereits zuvor wurde das Verträglichkeitsprofil von den Behörden als positiv bewertet. Das Adjuvanssystem AS03 wurde im Rahmen von Grippe-Studien an insgesamt über 39.000 Probanden getestet und erwies sich als gut verträglich.

GlaxoSmithKline legt Wert auf die Feststellung, dass das Unternehmen weder zum Verlauf der Pandemie sowie ihrer möglichen Folgen Prognosen abgegeben oder gar Kampagnen gefahren hat - weder öffentlich noch bei Vertrags-Verhandlungen. Anders lautende Behauptungen sind aus der Luft gegriffen und entbehren jeder Grundlage. Überdies ist GlaxoSmithKline nicht der einzige Hersteller von Pandemie-Impfstoffen - somit stand der Bundesregierung wie auch anderen Regierungen die Wahl des zu beziehenden Impfstoffes frei.

Die Bundesregierung hat mit ihrem Entwicklungs- und Produktions-Auftrag eines Pandemie-Impfstoffs gegen die Influenza A (H1N1) sowie auch mit der bestellten Menge eine seinerzeit sehr verantwortungsvolle Entscheidung getroffen - auch im Einklang mit Vorgaben und Empfehlungen der WHO und der zuständigen Impf-Institute.

Bislang haben 22 Regierungen weltweit rund 440 Millionen Dosen von Pandemrix® bestellt, mit weiteren führt das Unternehmen Gespräche.

Originaltext: GlaxoSmithKline GmbH & Co. KG
Digitale Pressemappe:
http://www.presseportal.de/pm/39763
Pressemappe via RSS:
http://www.presseportal.de/rss/pm_39763.rss2
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Pressemappe
GLAXOSMITHKLINE GMBH & CO. KG

Dr. Anke Helten

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Pressemappe, GlaxoSmithKline GmbH & Co. KG, 19 Oktobre 2009, 12:00
https://web.archive.org/web/20091102165645/http://www.presseportal.de/pm/39763

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THE FLU CASE

GlaxoSmithKline says German government has the right to order different "swine flu" jab from the rest of population

The Flu Case, 19 October 2009, 10:17
https://web.archive.org/web/20091023065848/http://www.theflucase.com/index.php?option=com_content&view=article&id=1157%3Aglaxosmithkline-says-german-government-has-the-right-to-order-different-qswine-fluq-jab-from-the-rest-of-population&catid=1%3Alatest-news&Itemid=64&lang=en

GlaxoSmithKline has issued a press statement in which the company defends the decision by the German government to order a totally different "swine flu" vaccine from the rest of the population which will be given a jab with the soft kill ingredients of mercury and the adjuvant, squalene.

GSK claims that there is no difference in the quality between the vaccine the German government has ordered for itself and the "swine flu" jab that the rest of the population is expected to take, arguing that GSK's pandemrix has received approval from the European Medicines Agency.

What GSK omits to mention is that the EMEA approval has been given under special "pandemic emergency" procedures which allow vaccines that have not been tested for safety and efficacy to be given to people.

GSK also fails to mention that Novartis' Aflunov/Fluad H5N1 was also about to be registed by the EMEA under standard procedures before Novartis had to withdraw the drug for manipulating clinical data after it transpired it had killed people in trials in Poland, trials only uncovered by the police.

Squalene has been found to be the cause of autoimmune diseases, specifically the Gulf War Syndrome and is illegal in the US and UK. Nowhere does GSK mention these facts.

Also, GSK fails to mention its Pandemrix "swine flu" jab is classified as a bioweapon by EU and US regulators: it has not been tested on pregnant women or children - even though these are the target groups selected by the German government.

GSK also fails to mention that WHO has mandated a vaccine with mercury and adjuvants for everyone, making the decision by the German govenrment to order a totally different vaccine hard to explain.

The reality is that the German government has ordered the equivalent of "sugar" and "cyanide" for the rest of the population - and GSK is knowingly and deliberately delivering that cyanide and mispresenting the scientific evidence in order to justify doing go.

This statement in German see above:
https://www.bankkaufmann.com/a-231552-Statement-GlaxoSmithKline-zur-Vorab-Meldung-des-Spiegels-vom-17102009-zu-den-Pandemie-Impfstoffen-und-der-Bestellung-f.html%C3%BCr-die-Bundesregierung

THE FLU CASE

Lyndsay Moss

Scots swine flu jab drive set to target 130,000 Scots every week

The Flu Case, 19 October 2009
https://web.archive.org/web/20091024035629/http://theflucase.com/index.php?option=com_content&view=article&id=1163%3A130000-scots-every-week-to-get-qswine-fluq-jab-publicity-campaign-planned&catid=41%3Ahighlighted-news&Itemid=105&lang=en

HEALTH officials are preparing for a publicity offensive to encourage as many Scots as possible to have the swine flu vaccine in efforts to limit the impact of the pandemic in Scotland.

The NHS plans to vaccinate 1.3 million people in at-risk groups by the end of the year, meaning around 130,000 a week will have to receive the jab.

But the programme, which starts on Wednesday, is dependent on the drugs manufacturers delivering enough supplies of vaccines to all four nations of the UK.

A publicity campaign is now being planned to encourage those in the priority groups for the jab – including pregnant women and those with chronic health problems – to have the vaccine once invited by their GP.

Yesterday, health secretary Nicola Sturgeon warned that "bigger challenges" were in store with the pandemic in Scotland.

She told the SNP conference in Inverness that prevention is better than cure in dealing with swine flu. "That is why our best defence will be vaccination," she said. "Our vaccination programme will begin on Wednesday. It will take time to complete but by the end of this year, we will have offered vaccine to 1.3 million Scots, including frontline health staff and those most at risk of complications.

"Now I know that some people worry about vaccines. I know that there are those who think vaccination is not necessary. But make no mis- take, swine flu can kill and this vaccine will save lives."

The swine flu vaccination programme will begin on Wednesday, with patients in hospital getting the jab first.

Next week, GPs will start inviting certain patients to be vaccinated. People are being urged to wait until they receive a letter from their doctor before turning up at their surgery for vaccination.

Skepsis gegenüber Impfstoff

Innsalzach24, 19 Oktober 2009
https://www.innsalzach24.de/innsalzach/region-muehldorf/muehldorf-am-inn-ort29093/scheinegrippe-skepsis-gegenueber-impfstoff-is24-497261.html

Mühldorf - Ab 26. Oktober soll die Impfung gegen Schweinegrippe starten. Schon länger gibt es heftige Diskussionen wegen möglicher Nebenwirkungen.

Wir haben nachgefragt: Lassen Sie sich gegen Schweinegrippe impfen?

Der Start der Impfungen gegen die Schweinegrippe ist für den 26. Oktober vorgesehen. In Deutschland sind drei Impfstoffe zugelassen, über deren Nebenwirkungen schon länger heftig diskutiert wird.

Innsalzach24.de hat auf dem Mühldorfer Stadtplatz nachgefragt: Lassen Sie sich gegen die Schweinegrippe impfen?

THE FLU CASE

GlaxoSmithKline says German government has the right to order different "swine flu" jab from the rest of population

[ref. to the article publioshed above]
The Flu Case, 19 October 2009, 10:17
https://web.archive.org/web/20091023065848/http://www.theflucase.com/index.php?option=com_content&view=article&id=1157%3Aglaxosmithkline-says-german-government-has-the-right-to-order-different-qswine-fluq-jab-from-the-rest-of-population&catid=1%3Alatest-news&Itemid=64&lang=en

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ÄrzteZeitung

Verteilung des Schweinegrippe-Impfstoffs ist angelaufen

Arzte Zeitung, 19 Oktobre 2009, 15:00 Uhr
https://www.aerztezeitung.de/Wirtschaft/Verteilung-des-Schweinegrippe-Impfstoffs-ist-angelaufen-372894.html

Berlin (dpa/ ger). In Deutschland hat die Verteilung des Impfstoffs gegen die Schweinegrippe begonnen. Pünktlich um sieben Uhr seien am Montag die ersten Dosen ausgeliefert worden, sagte eine Sprecherin des Pharma-Unternehmens GlaxoSmithKline (GSK) auf Anfrage.

Der genaue Ort der Auslieferung an die Bundesländer in der Nähe von Dresden ist vom Unternehmen GSK nicht bekannt gegeben worden, um den reibungslosen Ablauf nicht zu gefährden. Die Bundesländer bekommen den Impfstoff nach einem zuvor festgelegten Zeitplan, der dafür sorgen soll, dass keines der Bundesländer im Vergleich zu den anderen im Vorteil oder im Nachteil ist.

GSK betonte in einer Stellungnahme, die Entscheidung der Regierung, einen anderen Impfstoff für die Bundesregierung zu bestellen als für die Gesamtbevölkerung, sei legitim. Sie rechtfertige jedoch keinen Rückschluss auf eine Differenzierung in bessere oder schlechtere Impfstoffe. Von der Europäischen Zulassungsbehörde EMEA seien am 30. September gleichzeitig drei Impfstoffe zur Verwendung zugelassen worden. Das Adjuvans ermögliche es, in der Pandemie Impfstoff für mehr Menschen herzustellen. Es werde erwartet, dass damit auch verwandte Virusstämme bekämpft werden könnten.

GSK lege Wert darauf, dass das Unternehmen "weder zum Verlauf der Pandemie sowie ihrer möglichen Folgen Prognosen abgegeben oder gar Kampagnen gefahren hat - weder öffentlich noch bei Vertrags-Verhandlungen". Die Bundesregierung habe mit ihrem Entwicklungs- und Produktions-Auftrag eines Pandemie-Impfstoffs gegen H1N1 eine Entscheidung im Einklang mit Vorgaben und Empfehlungen der WHO und der zuständigen Impf-Institute getroffen. Bislang seien weltweit 440 Millionen Impfdosen von Pandemrix® bestellt worden.

Die Debatte über den Impfstoff gegen die Schweinegrippe droht nach Einschätzung des Thüringer Gesundheitsministeriums, die Impfbereitschaft zu dämpfen. "Die Diskussion um einen vermeintlich besseren Impfstoff für Bundeswehr und Bundesregierung wirkt demotivierend", sagte Ministeriumssprecher Thomas Schulz.

Die Bundeskanzlerin will sich nach Angaben von Regierungssprecher Ulrich Wilhelm wie bisher von ihrem Hausarzt über die Impfung beraten lassen. Sollte sie sich für eine Immunisierung entscheiden, werde sie Pandemrix® erhalten, sagte er. Dieser Impfstoff sei auch vom Paul-Ehrlich-Institut (PEI) für seine Beschäftigten geordert worden, so das PEI. Eine Umfrage hatte vergangene Woche ergeben: Nur jeder dritte Bundesbürger will das Angebot zur Schweinegrippe-Impfung annehmen.

Westfälische Nachrichten

Voting:
Werden Sie sich gegen die Schweinegrippe impfen lassen?

Westfälische Nachrichten,19 Octobre 2009, 00:00 Uhr

https://www.wn.de/archiv/werden-sie-sich-gegen-die-schweinegrippe-impfen-lassen-2378235?&npg

WN Freitag, 23.10.2009
Westfälische Nachrichten

Die Massenimpfung gegen die Schweinegrippe läuft jetzt an.
Werden Sie sich impfen lassen?

Westfälische Nachrichten,23 Octobre 2009
https://web.archive.org/web/20091023143937/https://www.wn.de/

Impfbereitschaft gegen die Schweinegrippe sinkt drastisch

Die Bereitschaft der Menschen, sich gegen die Schweinegrippe impfen zu lassen, sinkt dramatisch.

Berlin - Kurz vor dem Start der bundesweiten Impfaktion gegen die Schweinegrippe am kommenden Montag ist die Impfbereitschaft in Deutschland nach einer Emnid-Umfrage drastisch gesunken. Wollten sich im Juli noch rund 51 Prozent impfen lassen, sind es jetzt nur noch 13 Prozent. mehr...

Voting: Werden Sie sich gegen die Schweinegrippe impfen lassen? Werden Sie sich gegen die Schweinegrippe impfen lassen?

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Werden Sie sich gegen die Schweinegrippe impfen lassen?

- Schweinegrippe: Impf-Interesse ist groß
- Laumann: Jeder sollte sich impfen lassen
- Schweinegrippe: Fragen und Antworten zur Impfung
- Risikogruppen werden zuerst geimpft

The Mercury News

Julia Prodis Sulek

Swine flu vaccine delays prompt worries as flu cases spike

The Mercury News, 19 October 2009, 12:42 p.m.
https://www.mercurynews.com/?G2I_ActionId=123442&returnUrl=https%3A%2F%2Fwww.mercurynews.com%2F2009%2F10%2F19%2Fswine-flu-vaccine-delays-prompt-worries-as-flu-cases-spike%2F%3FclearUserState%3Dtrue

With swine flu spreading through Santa Clara County and the vaccine's distribution being delayed, there's growing concern among some that once the H1N1 vaccine is widely distributed, it will be too little too late.

Since the swine flu outbreak last spring, a rush has been on to develop and distribute the vaccine in time to thwart the virus's spread, with promises of mid-October delivery dates. But with manufacturing delays causing a 25 percent drop in the anticipated doses available this month, clinics designed to inoculate thousands of residents have been delayed and San Jose Unified has postponed its plans to offer free vaccines to schoolchildren until mid-November.

Even some families going to their pediatricians' offices are being turned away.

"The flu season has started in earnest, and by the time the children get the vaccine – at the end of October at the earliest, it appears – there will be a lot more flu circulating," said Alisa Yaffa, a Menlo Park mother of two school-age children.

With the children of two of her good friends out sick, Yaffa was so anxious to get her children vaccinated that she has tried not only her pediatrician's office and Safeway, but also the Santa Clara and San Mateo county health departments – all to no avail.

Last week, as many as 179 people a day came to six hospital emergency rooms in Santa Clara County complaining of fever, one of the main symptoms of swine flu. Those patients are presumed to have swine flu, even without a test, because the H1N1 virus is the primary virus spreading now. Seasonal flu hasn't really kicked in yet.

"It reinforced the idea that we have H1N1 in our community, that we have a widespread outbreak of this infection and increasing numbers of people who are getting sick," Santa Clara County's public health officer, Marty Fenstersheib, said last week.

The string of five Gardner Family Health Network clinics in San Jose and Gilroy also saw a spike last week in people coming in with flulike symptoms, with 137 cases total. Gardner plans to offer vaccination clinics at its sites beginning Nov. 7, assuming it receives a sufficient supply by then.

"All our clinic managers have ordered" vaccines, said Kay Henderson, the quality improvement director for the clinics. "However, we've not received it."

San Jose Unified faced the same problem, forcing the 32,000-student district to delay its districtwide inoculation plans. Officials had hoped to start two vaccination pilot programs by Halloween, but will have to delay them by a couple of weeks though officials said the delay gives them extra time to plan.

Two weeks ago, the state shipped 14,100 doses of H1N1 vaccine to doctors offices, hospitals and clinics in Santa Clara County. Of that, Fenstersheib's office received 500 doses, and has already sent them out to a number of pediatricians' offices who either didn't receive any or were running low.

The next big shipment is expected at the end of October or early November, said Joy Alexiou, spokeswoman for the county health department.

"People need to be patient until more of the vaccine is provided," Alexiou said. "We will have missed the October time frame, but I don't think by October everyone will have gotten the flu. I think there will be a number of people whom this vaccine will protect this winter."

Foothill Community College in Los Altos Hills was hoping to get in front of the problem and prevent a big outbreak there. It planned to open a weeklong vaccine clinic starting Monday and inoculate as many as 1,000 students and employees a day. But a delay in vaccine shipments forced the school to cancel, even though two or three students a day enter the health clinic with flu-like symptoms.

"Like everyone in the health services right now, it's a frustrating situation to know that this vaccine could help prevent what we call a pandemic," Naomi Kitajima said, director of the campus health services center, who was shocked to learn from a county Web site that she might get less than half the vaccines she ordered. "I'm very anxious to get it."

Kaiser is using its limited supply of the vaccine for children who already have "well-child" appointments scheduled. When it receives more vaccine, expected later this week, it will start to expand the availability to a broader group of high risk people.

DERSTANDARD

Impfstoff unterwegs nach Österreich
Empörung über "Zweiklassenmedizin" in Deutschland

Der Sstandard, 19 Oktober 2009, 21:18
https://www.derstandard.at/story/1254311839355/impfstoff-unterwegs-nach-oesterreich

Wien/Berlin - Der von Österreich bestellte Schweinegrippe-Impfstoff ist bereits unterwegs, wurde Montagabend der Austria Presseagentur bestätigt. Gesundheitsprofessionisten sind die Ersten, die am 27. Oktober zur Massenimpfung antreten dürfen. Ab 9. 11. ist dann der Rest der Bevölkerung dran, zuerst werden chronisch kranke Personen und Schwangere bevorzugt. Die Kosten für die freiwillige Impfung übernehmen die Krankenversicherungen, bezahlt werden muss lediglich die Rezeptgebühr.

Für Politiker gibt es, im Gegensatz zu Deutschland, in Österreich keine Extrawürstel. In der Alpenrepublik gibt es ausschließlich den Baxter-Impfstoff Celvapan, bestätigte am Montag Thomas Geiblinger, der Sprecher von Gesundheitsminister Alois Stöger, auf Standard-Anfrage. Falls notwendig, können 16 Millionen Dosen geliefert werden. Celvapan kommt ohne verstärkende Zusatzstoffe aus, enthält dafür aber eine größere Konzentration an inaktivierten Schweinegrippe-Viren.

In Deutschland hingegen sorgt die Impfaktion gegen die Schweinegrippe für große Aufregung. Seit Montag werden bundesweit 50 Millionen Dosen Pandemrix, hergestellt von der Firma GlaxoSmithKline (GSK), an Ärzte und Gesundheitsämter ausgeliefert. Das ist das Serum für das "normale Volk" . Doch es gibt eben auch Celvapan aus dem Hause Baxter. Von diesem hat die Regierung 200.000 Dosen bestellt - für die Bundeswehr, für Beamte und für Politiker.

Regierung und Hersteller versichern zwar, dass beide Mittel den gleichen medizinischen Nutzen haben. Doch Celvapan, jenes für die "Elite" , hat angeblich weniger Nebenwirkungen. Laut Innenministerium der pure Zufall. Man sei gezwungen gewesen, bei Baxter einzukaufen, da der Bund mit der Firma seit mehreren Jahren einen Liefervertrag für Impfstoffe hat.

Zwar beteuert Kanzlerin Angela Merkel, auch sie werde das "Volks-Serum" nehmen, doch die Empörung ist groß. "Dieser Vorgang ist äußert unglücklich. Es entsteht der Eindruck einer Zweiklassenmedizin" , kritisiert SPD-Gesundheitsexperte Karl Lauterbach. "Zweierlei Impfstoffe für Regierung und Bevölkerung ist das falsche Signal" , sagt auch Ulrike Mascher, Chefin des Sozialverbandes VdK.

Als naturheilkundliche Alternative bieten Ärzte übrigens auch die Paracelsus-Grippe-Prophylaxe an. Diese immunstimulierende Spritze wirkt gegen alle infektiösen Krankheiten und muss im Lauf des Winters dreimal verabreicht werden. Allerdings ist sie nicht gratis. (Birgit Baumann/Michael Simoner/DER STANDARD, Printausgabe, 20.10.2009)

THE BUDAPEST TIMES

Robert Hodgson

New treatment in Flu vvaccine controversy

The Budapest Times, 20 October 2009
https://web.archive.org/web/20091027141008/http://www.budapesttimes.hu/content/view/13267/219/

A 64-year-old woman died last week just two days after receiving an inoculation against the new A(H1N1) influenza virus dubbed swine flu. The state medical service ÁNTSZ ordered an autopsy to establish whether there was any link between the vaccine and the death of the patient, who suffered from chronic, but mild, heart disease.

New fatality

Last week also saw Hungary’s fourth fatality attributed to A(H1N1) infection. A 47-year-old man who died in hospital was found to have been infected with the virus, health minister Tamás Székely told reporters last Thursday. The patient was being treated for pneumonia.

Hungary’s chief medical officer Ferenc Falus addressed a parliamentary Health Committee last Wednesday and urged Hungarians to get themselves vaccinated as quickly as possible. Falus had himself inoculated in front of reporters in a bid to quell public fears over the safety of the vaccine. The previous week, the manufacturer of Hungary’s A(H1N1) vaccine, Omninvest, had threatened to sue media for "scaremongering” by suggesting the vaccine could be ineffective or dangerous.

Winter epidemic possible

Meanwhile, the ÁNTSZ warned that infection could reach epidemic proportions by early next year following the onset of winter weather. Fewer than 300 cases of A(H1N1) infection have been confirmed in Hungary since the virus was first detected in humans. However, the week before last, some 16,000 cases of influenza were registered nationwide, and it is likely that a good deal, if not most, of these are down to the new variant virus.

Hungary's new flu vaccine not suitable for children, pregnant women, says health advisor

The vaccine against the new flu virus is not suitable for small children and pregnant women, a member of Hungary's Collegium for Infectology, an advisor to the Health Ministry, said in a television programme on TV2 on Sunday evening.

Pregnant women should instead be treated with antiviral products, of which there is not enough in the country, Andras Szalka said.

The Health Ministry responded that it had not to date received a statement from the Collegium to this effect, however, it added that Chief Medical Officer Ferenc Falus has called a meeting of the pandemic committee for Monday, where this matter would be discussed.

The fourth patient died in Hungary on Thursday associated with the new flu A/H1N1 virus. The virus had been revealed in 283 cases since it appeared in Hungary in May.

REUTERS

Maggie Fox

Swine flu vaccines delayed, CDC says

Reuters, 20 October 2009, 6:54 PM GMT+8
https://www.reuters.com/article/us-flu-vaccine-usa/swine-flu-vaccines-delayed-cdc-says-idUSTRE59F4VV20091017/

Washington (Reuters) – Delivery of some swine flu vaccines has been delayed because companies cannot make it as fast as they had hoped, just as the virus has really started to spread, the U.S. Centers for Disease Control and Prevention said on Friday.

The CDC's Dr. Anne Schuchat said that while 40 million doses had been anticipated for the end of October, only about 28 to 30 million doses would be available.

"Yields for vaccine are lower than would be hoped," Schuchat said in a telephone briefing. "We unfortunately won't have as much at the end of this month as we had hoped to."

She also said deaths from H1N1 swine flu were above the epidemic threshold in some U.S. cities and states. H1N1 flu activity was widespread in 41 states, she said.

"It is unprecedented for this time of year to have the whole country having such high levels of activity," Schuchat said.

"There are now a total of 86 children under 18 who have died from the 2009 H1N1 influenza virus," she added. Many had died in recent weeks and the number was now higher than the usual number of child deaths in an entire flu season.

"These are very sobering statistics ... 43 deaths in one month is a lot," Schuchat said. "Some of these children have been totally healthy."

Older children were hardest hit, she said, with 16 deaths among 5- to 11-year-olds and 19 deaths in 12- to 17-year-olds.

The new virus, which emerged in March and was declared a pandemic in June, does not seem any deadlier than seasonal influenza. But it attacks a different age group – older children and young adults, unlike seasonal flu, which affects mostly elderly people and kills up to 36,000 in a normal year.

And because hardly anyone has immunity, the H1N1 virus may infect far more people than seasonal flu does in a single season.

Bumpy Delivery

Schuchat said 15 percent to 20 percent of patients with H1N1 who needed to be hospitalized were requiring intensive care. "Influenza is widespread in the country and illnesses, hospitalizations and deaths continue to increase," she said.

The U.S. government has opted to roll out seasonal flu vaccine and H1N1 vaccines as they become available, which the CDC has said could make for a bumpy vaccination plan.

People need both vaccines to be protected from all the circulating viruses, although Schuchat says virtually all cases of influenza are due to the new H1N1 virus.

As of Wednesday, 11.4 million doses of H1N1 vaccine were available and 8 million had been ordered by states for distribution.

The U.S. government has ordered both types of flu vaccine from five companies: Sanofi-Aventis SA, CSL Ltd, Novartis AG, GlaxoSmithKline and AstraZeneca unit MedImmune.

Schuchat said 82 million doses of seasonal flu vaccine had been distributed, with a total of 114 million doses ordered. On Thursday CVS Caremark Corp said it would cut short its flu-shot clinics due to delivery delays.

"This is how influenza vaccine production often goes," Schuchat said. She said there should be widespread availability by November and advised people who wanted a vaccine but were having trouble finding one to keep trying.

The Washington Times

Ann Geracimos

Study: H1N1 vaccine too late to help most

The Washington Times, 20 October 2009
https://www.washingtontimes.com/news/2009/oct/20/study-swine-flu-vaccine-too-late-to-help-most/

The H1N1 vaccine will arrive too late to help most Americans who will be infected during this flu season, according to a study conducted by scholars at Purdue University.

The study also estimates that the virus – commonly referred to as the swine flu bug – will infect about 60 percent of the U.S. population, although only about 25 percent of Americans will fall ill.

Published Oct. 15 in Eurosurveillance, a scientific journal devoted to epidemiology and the surveillance and control of communicable diseases, the study was conducted by professors Sherry Towers and Zhilan Feng of, respectively, Purdue's statistics and mathematics departments.

"The model predicts that there will be a significant wave in autumn, with 63% of the population being infected, and that this wave will peak so early that the planned [U.S. Centers for Disease Control and Prevention] vaccination campaign will likely not have a large effect on the total number of people ultimately infected by the pandemic H1N1 influenza virus," the authors wrote in their study.

The authors said that this is the week, through Oct. 24, during which the greatest number of people would be infected. The vaccination program has barely started in the U.S.

"The model predicts that the peak wave of infection will occur near the end of October in week 42, with 8% of the population being infected during that week. By the end of 2009, the model predicts that a total of 63% of the population will have been infected," the authors wrote in a conclusion that ignored the effects of a CDC vaccination program.

But even "when the model was modified to include the effect of the planned vaccination scheme," that adjustment yielded only "a relative reduction of about 6% in the total number of people infected" by the end of the year 2009.

Ms. Towers cautioned in a phone interview with The Washington Times that while enough of the U.S. population probably won't get enough of the vaccine before or during the peak of the pandemic, that is no reason not to get protection.

"Based on our study alone it would be bad to discourage people from getting the vaccine, because what if our study is wrong," she said.

She called some comments in the press "a lot of hysteria. In reality, the overwhelming majority of people getting sick are going to have a mild illness."

The study cautioned that while a majority of the U.S. population would become infected by the virus, previous studies "showed that up to 60% of seasonal influenza infections are asymptomatic." That is, people became infected but showed no symptoms.

"If the same is true of the current pandemic influenza, about a quarter of the population will fall ill," the authors wrote.

Canada is in a much more dire straits on vaccination, Ms. Towers noted in her interview, because of relative slowness of the country's equivalent of the Food and Drug Administration (FDA) to approve the vaccine.

"They are more cautious and conservative and sitting on at least 1 million doses waiting for delivery. They won't begin vaccination until the first week of November," she said.

However, the study, which used data only though the week ending Aug. 22, assumed that "the planned CDC vaccination program against pandemic H1N1 influenza will begin with six to seven million doses being delivered by the end of the first full week in October."

That assumption turned out to be more optimistic about the program's numbers than turned out to be case – about 6.8 million doses were available and 3.7 million doses had been ordered, the CDC said on Oct. 9.

Shipments reported Friday were down by a quarter, because of a slowdown in production caused by difficulties of processing great numbers.

The study also assumed that all adults would achieve full immunity shortly after receiving inoculations and assumed that children and adults are equally responsive to the flu vaccine. Both assumptions are medically dubious, though hard to compensate for statistically.

All these statistical assumptions and prediction errors would lead the study to underestimate the number of infections.

The study was based on a statistical analysis of weekly reports from the CDC for a model derived from the observed spread of the H1N1 virus "during summer 2009 to predict the behavior of the pandemic during autumn 2009."

A White House scenario released in late August by a group of presidential advisers had predicted that anywhere from 30 percent to 50 percent of the population would get the novel virus strain, and an estimate on the number of deaths ranged from 30,000 to 90,000. The regular seasonal flu normally affects up to 20 percent of the population, with 36,000 deaths resulting.

Dr. Thomas Frieden, CDC director, cautioned at the time that such a prognosis was unlikely unless the virus changed and mutated into another form, which, to date, has not happened. Further estimates and availability of vaccine doses are due from CDC officials Tuesday.

But the Purdue scholars' study predicts a higher rate of infection and illness than previous projections because, the authors explained to The Washington Times in separate e-mails, they used a better formula - "a seasonally forced SIR model" that adjusts the rates of infection spread for the different times of the year.

"However, one aspect of influenza that needs to be added to the [SIR] model is its seasonal nature; it is more infectious in the fall and winter in the northern hemisphere than it is in the summer. We refer to this as 'seasonal forcing.' … Our model takes this seasonal forcing into account," Ms. Towers wrote.

THE IRISH TIMES

Derek Scally

Concern in Germany as safety of swine flu vaccines questioned

The Irish Times, 20 October 2009, 01:00
https://www.irishtimes.com/news/concern-in-germany-as-safety-of-swine-flu-vaccines-questioned-1.759250

Germany's swine flu vaccination programme has been hit by public health concerns over the vaccines being used – one of which has been ordered by the Irish Government.

Germany's 16 federal states have spent a reported €600 million buying 50 million doses of the Pandemrix vaccine, produced by GlaxoSmithKline (GSK).

This new vaccine, one of two to be offered by Irish doctors, is the subject of controversy in Germany because it contains a "booster" substance known as an "adjuvant". This allows less virus material to be used per dose and, according to GSK, boosts the immune system's response to the jab.

Pandemrix was approved for use by the European Medicines Agency last month and has the approval of Germany's Paul Ehrlich Institute, which advises the government on vaccination matters. However, another government body, the Federal Vaccination Agency, has contradicted the institute and has advised against the use of vaccines containing adjuvants.

Concerns about Pandemrix's safety and efficacy have been raised by several German medical organisations, with warnings against using it to vaccinate high-risk groups such as pregnant women and children.

Dr Wolfram Hartmann, president of the German association of paediatricians, accused the federal government of "false testimony" for recommending Pandemrix for use on young children – six weeks after it issued advice to the contrary. – "The vaccine has not yet been tested on children under three, so the risk is simply too big to use on them without misgivings," he said.

The vaccine confusion grew over the weekend when it emerged that the German government and armed forces are to receive a different jab to the public. Celvapan, produced by drug company Baxter, is a traditional vaccine containing no booster substances.

The interior ministry in Berlin denied yesterday it was a case of two-tier medical care. A spokes-person said the federal government had a contract to buy Baxter flu vaccination products for state employees.

The Health Service Executive (HSE), now delivering the GSK vaccine to GPs and awaiting supplies of the Baxter one, said the safety data base for the GSK adjuvant includes more than 10,000 individuals.

"As with any vaccines, risks have to be balanced with the benefits and the authorities in Ireland are satisfied that the benefits from both vaccines outweigh any possible risks of side effects." The HSE said Ireland continues to see an increase in swine flu cases every week as well as fatalities associated with this virus. The fifth fatality was confirmed last night. The deceased, an adult male in the east, had an underlying medical condition. – "Vaccination is the most important tool we have to protect the Irish population," the HSE said.

Stirring things up even further in Germany yesterday, outgoing interior minister Wolfgang Schäuble said: "I'm not even sure if I will be getting vaccinated at all."

In an attempt to calm the situation, Chancellor Angela Merkel's spokesman said the German leader, if so advised by her doctor, would be vaccinated with Pandemrix.

Hamburger Abendblatt

Massenimpfung droht ein Millionen-Flop zu werden

Hamburger Abendblatt, 20 October 2009, 06:00 Uhr
https://www.abendblatt.de/politik/deutschland/article107577297/Massenimpfung-droht-ein-Millionen-Flop-zu-werden.html

Der Wirbel um eine angebliche Bevorzugung von Politikern bei der Schweinegrippe-Impfung wird laut Experten Folgen haben.

Berlin. Die Bundesregierung hat Vorwürfe zurückgewiesen, sie sichere sich bei der Schweinegrippe-Impfung die Versorgung mit einem besseren Impfstoff. Regierungssprecher Ulrich Wilhelm sagte, Meldungen, wonach für Politiker der Bundesregierung ein Sonderimpfstoff bestellt worden sei und es eine Zwei-Klassen-Versorgung gebe, entbehrten jeder Grundlage.

Richtig sei, dass die Bundesverwaltung bereits im vergangenen Jahr für Teile ihrer Angehörigen wie Soldaten, Bundespolizei und die fast 70.000 Mitarbeiter der Krisenstäbe einen eigenen Vertrag mit dem US-Hersteller Baxter abgeschlossen habe. Der Impfstoff Celvapan des Herstellers Baxter enthält im Gegensatz zum Mittel Pandemrix, das die Länder für die Bevölkerung bestellt haben, keinen Wirkverstärker und gilt deshalb als verträglicher.

Wilhelm betonte, es gebe "keinen besseren oder schlechteren Impfstoff". Alle zugelassenen Impfstoffe gegen die Schweinegrippe hätten die Kriterien erfüllt, die an "Wirksamkeit, Qualität und Unbedenklichkeit gestellt werden". Laut einem Bericht der "Bild"-Zeitung setzt Bundeskanzlerin Angela Merkel (CDU) trotz des für die Bundesregierung bestellten Impfstoffes auf ihren Hausarzt, von dem sie den Massen-Impfstoff Pandemrix bekommen soll.

Der Hallenser Virologe Alexander Kekulé befürchtet durch die nun entbrannte Debatte um zweierlei Impfstoffe für Bundesverwaltung und Bevölkerung, dass viele bislang unentschlossene Menschen aus Verunsicherung gar nicht mehr zur Impfung gehen wollen. "Und das ist eigentlich der höchste Preis, den wir zahlen können, wenn wir nämlich nicht mehr diese Chance haben, diese Pandemie durch eine allgemeine Impfung zu beenden", sagte Kekulé im NDR. Der Virologe hatte den Impfstoff Pandemrix wegen seiner Nebenwirkungen zuvor selbst heftig kritisiert.

Der Vorstandschef der Barmer Ersatzkasse, Johannes Vöcking, sagte, dass die gesetzlichen Kassen finanzielle Rückforderungen an die Länder stellen würden, wenn der georderte Impfstoff nicht verbraucht werde und sich nicht weiter verkaufen lasse. Die Kassen müssen die Kosten für die Immunisierung von 50 Prozent ihrer Versicherten tragen und haben dafür bereits 600 Millionen Euro vorgeschossen. Insgesamt kosten die bestellten 50 Millionen Dosen rund eine Milliarde Euro.

Am kommenden Montag läuft die freiwillige Massenimpfung gegen die Schweinegrippe in Deutschland an. Seit gestern wird der Impfstoff ausgeliefert. In der ersten Woche können sich zunächst allerdings nur Angehörige des sogenannten Schlüsselpersonals impfen lassen. Dabei handelt es sich um Beschäftigte in Gesundheitswesen und Wohlfahrtspflege, bei Polizei und Feuerwehr.

In der folgenden Woche, also ab 2. November, sind sogenannte medizinische Risikogruppen an der Reihe. Darunter versteht man Erkrankte beispielsweise mit schweren Atemwegsinfektionen oder Immunschwäche, die an der Schweinegrippe sterben könnten. Ab Mitte November kann sich dann jeder Interessierte impfen lassen. Zu diesem Zeitpunkt wird auch entschieden sein, ob zwei Impfdosen im Abstand von mehreren Wochen nötig sind, oder für Erwachsene unter 60 auch eine Dosis ausreicht.

SOS JUSTICE & DROITS DE L'HOMME

GrippeA/H1N1: Les vaccins en Zone défense, Loi martiale?

Dossiers SOS Justice, 20 Oktobre 2009.
https://web.archive.org/web/20091022172445/http://dossiers-sosjustice.hautetfort.com/archive/2009/10/20/grippea-h1n1-les-vaccins-en-zone-defense-loi-martiale.html

La campagne de vaccination contre le virus de la grippe H1N1 commence Mardi 20 Octobre 2009 pour le personnel hospitalier prioritaire, vacciné sur son lieu de travail, et "après les vacances de la Toussaint" pour les autres, a annoncé Lundi 19 Octobre le ministère de la Santé (1).

Les opérations de vaccination sont organisées en ZONES DE DÉFENSE sur le mode d'activation du dispositif ORSEC et le préfet prend la direction des opérations de secours (DOS).

A ce sujet, le Journal nice-matin du Vendredi 16 Octobre 2009 précise: Les vaccins en Zone de défense (2).

La France est sectorialisée en 7 *zones de défense* (Bordeaux, Lille, Lyon, Marseille, Metz, Paris et Rennes).

Un préfet délégué à la sécurité et à la défense, assisté d'un chef d'Etat Major, est nommé auprès du préfet de zone pour assurer la direction de l'Etat Major de Zone, du service de zone des systèmes d'information et de communication et du secrétariat général pour l'administration de la police (3).

Aussi, le Journal nice-matin du Vendredi 16 Octobre 2009 indique que les écoliers et la communauté éducative seront directement vacciner dans les établissements scolaires sans convocation. Nos enfants seront soumis à une vaccination *obligatoire*.

En plus, toujours d'après le Journal nice-matin du Vendredi 16 Octobre 2009, le dispositif peut être amené à évoluer. Il faut savoir que la mise en place des *zones de défense* permettent, avec l'Alerte de Niveau 6 et les directives de l'OMS, la Militarisation du territoire national et l'établissement d'un Véritable État d'exception.

A ce sujet, la circulaire du Préfet de la Marne du 12 Février 2006 concernant l'Action des maires dans la gestion d'une crise sanitaire majeure de type « pandémie grippale» est trés contraignante pour la population (4):
- la fermeture ou le contrôle des frontières
- l'arrêt des transports publics de passagers
- la restriction des déplacements (déplacements individuels, isolements, cordons sanitaires..)
- la suspension des rassemblements de population
- la fermeture des établissements scolaires et des crèches
- la limitation de toutes les manifestations (spectacles, rencontres sportives, foires et salons, (etc)

Aussi et pour information, les "Opérations funéraires" de cette même circulaire insiste sur:
- l'identification des sites pouvant recevoir des corps sans mise en bière (fosses communes)
- le recensement des sites de stockage de cercueils
- la réalisation d'un annuaire avec les coordonnées des entreprises de pompes funèbres

Une autre circulaire, plus récente, du 10 septembre 2009, adressée aux personnels civils et militaires de la gendarmerie nationale indique que les familles des personnels, comme les autres citoyens, seront convoquées pour la vaccinations (5).

Cependant, en Alerte Niveau 6, l'OMS peut prendre le Contrôle de la situation sanitaire avec les 7 *zones de défense* en France et peut imposer, suivant les cas, des mises en quarantaine et sûrement la vaccination forcée.

De plus, une Justice d'exception peut être mise en place.

Enfin, concernant la vaccination forcée et d'après le témoignage d'un ancien directeur du CNRS, M. JP Petit, les militaires français stationnés dans les territoires et département des DOM-TOM auraient reçu l'ordre de se préparer aux vaccinations forcées et aux arrestations de manifestants (6).

THE FLU CASE

Threat of martial law in France looms as "swine flu" jab campaign starts

The Flu Case, 21 October 2009, 12:31

https://web.archive.org/web/20091025043116/http://www.theflucase.com/index.php?option=com_content&view=article&id=1256:threat-of-martial-law-in-france-looms-as-qswine-fluq-jab-campaign-starts&catid=41:highlighted-news&Itemid=105&lang=en

Fears of the threat of martial law being implemented in the coming weeks in France are growing after the start of the mass "swine flu" vaccination campaign yesterday.

French group SOS Justice says that the organisation of the "swine flu" vaccination campaign has been shaped to increase the chances of the successful implementation of military rule.

The mass "swine flu" vaccination operation has been organised to fit the country's seven defence zones, set up to allow martial law to be imposed swiftly in the event of a national emergency such as a pandemic.

The zones – similar to the FEMA regions in the USA -- are Bordeaux, Lille, Lyon, Marseille, Metz, Paris and Rennes.

A document from 2006, says that the military will be able to close borders, shut down schools and stop public assemblies among other martial law style measures in the event of a national emergency such as a pandemic.

Furthermore, the same document contained plans for dealing with mass fatalities, specifically, the need to identify mass graves.

A former director of CNRS, J-P Petit has said that the French army belonging to overseas territories (DOM-TOM) has been told to prepare for mass forced vaccinations and to arrest protestors.

A French government document dated September 10th outlined plans for the compulsory vaccination of every single member of France's Gendamerie, a 100,000-strong military force charged with policing more rural parts of France.

The documents also foresaw the vaccination of all family members of the Gendamerie.

A report in Nice Matin dated October 16th indicated that the department Alpes Maritimes was planning to give the "swine flu" jab to every child at school without asking for parent's permission.

In the event of a pandemic level 6 emergency being declared by WHO – as happened in June – WHO is able to activate provisions in the International Health Regulations 2005 and the national pandemic plan in order to exercise authority over all public health and law enforcement services.

WHO is entitled to employ these "assets" to conduct forced quarantines and vaccinations.

Irish Independent

Eilish O'Regan

Nurses to administer swine flu vaccine as GPs opt out

Irish Independent, 21 October 2009 at 12:00
https://www.independent.ie/life/health-wellbeing/nurses-to-administer-swine-flu-vaccine-as-gps-opt-out/26575289.html

Public health nurses may have to be drafted in to give the swine flu vaccine in some parts of the country. The nurses will also be used in Dublin because of a lack of GPs willing to take part in the scheme, it was learned last night.

The news came as health officials here insisted the vaccine is safe after fears were voiced in Germany about it.

It is understood that public health nurses in parts of north Dublin may have to give at-risk patients the jab instead of GPs who are have refused to sign up due to uncertainty over their indemnity cover.

According to the Health Service Executive (HSE), over 150 more GPs have signed up on top of the existing 1,800 who had indicated their intention to give the vaccine to at-risk patients.

The vaccine is being distributed to GPs taking part in the scheme over the next month and full-scale clinics are expected to be provided by doctors in the next fortnight.

It emerged on Monday that some GPs who had not indicated their willingness to take part in the vaccination had received vaccine. The HSE spokesman said that around 12 GPs who received the vaccine contacted the HSE saying they did not want it. The supplies are to be collected by the company distributing the doses.

Meanwhile, chief medical officer Dr Tony Holohan yesterday insisted the vaccine was safe despite fears expressed by medics in Germany.

The German controversy arose after it emerged that the Pandemrix vaccine, made by Glaxosmithcline, was being given to the general public, while the Baxter vaccine is to be administered to the German government and armed forces.

The Pandemrix vaccine is currently being distributed to GPs in this country although supplies of the Baxter vaccine are also due.

Dr Holohan said the Pandemrix vaccine contains an adjuvant to boost the immune system's response and the Baxter vaccine does not have this ingredient.

Safety

However, he said the adjuvants were used in other vaccines also and they had been tested in safety trials. He added: "We are quite happy that this vaccine, as with all other influenza vaccines, has a very good safety profile."

Both vaccines have been licensed by the European Medicines Agency and the Irish Medicines Board.

Children will need two jabs of Pandemrix spaced three weeks apart, because their immune systems do not respond as well as adults.

Five people have died from swine flu in Ireland, the latest being a man who passed away on Sunday. He had an underlying illness, as had the other victims.

CBSNEWS

Sharyl Attkisson

Swine Flu Cases Overestimated?
CBS News Exclusive: Study of State Results Finds H1N1 not as Prevalent as Feared

CBS News, 21 October 2009
https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

(CBS) If you've been diagnosed "probable" or "presumed" 2009 H1N1 or "swine flu" in recent months, you may be surprised to know this: odds are you didn't have H1N1 flu.

In fact, you probably didn't have flu at all. That's according to state-by-state test results obtained in a three-month-long CBS News investigation.

The ramifications of this finding are important. According to the Centers for Disease Control and Prevention (CDC) and Britain's National Health Service, once you have H1N1 flu, you're immune from future outbreaks of the same virus. Those who think they've had H1N1 flu – but haven't – might mistakenly presume they're immune. As a result, they might skip taking a vaccine that could help them, and expose themselves to others with H1N1 flu under the mistaken belief they won't catch it. Parents might not keep sick children home from school, mistakenly believing they've already had H1N1 flu.

Why the uncertainty about who has and who hasn't had H1N1 flu?

In late July, the CDC abruptly advised states to stop testing for H1N1 flu, and stopped counting individual cases. The rationale given for the CDC guidance to forego testing and tracking individual cases was: why waste resources testing for H1N1 flu when the government has already confirmed there's an epidemic?

Some public health officials privately disagreed with the decision to stop testing and counting, telling CBS News that continued tracking of this new and possibly changing virus was important because H1N1 has a different epidemiology, affects younger people more than seasonal flu and has been shown to have a higher case fatality rate than other flu virus strains.

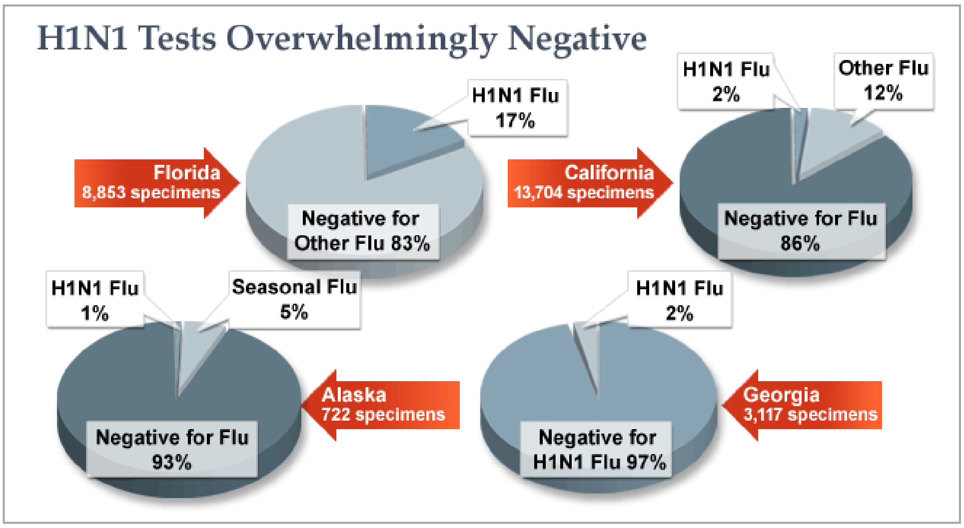
CBS News learned that the decision to stop counting H1N1 flu cases was made so hastily that states weren't given the opportunity to provide input. Instead, on July 24, the Council for State and Territorial Epidemiologists, CSTE, issued the following notice to state public health officials on behalf of the CDC:

"**Attached are the Q&As**; that will be posted on the CDC website tomorrow explaining why CDC is no longer reporting case counts for novel H1N1. CDC would have liked to have run these by you for input but unfortunately there was not enough time before these needed to be posted

When CDC did not provide us with the material, we filed a Freedom of Information request with the Department of Health and Human Services (HHS). More than two months later, the request has not been fulfilled. We also asked CDC for state-by-state test results prior to halting of testing and tracking, but CDC was again, initially, unresponsive.

Watch CBS News Videos Online –
Video above: A CBS News producer asks the director of the CDC, Dr. Thomas Frieden, for this information at a press conference on Sept. 19.

While we waited for CDC to provide the data, which it eventually did, we asked all 50 states for their statistics on state lab-confirmed H1N1 prior to the halt of individual testing and counting in July. The results reveal a pattern that surprised a number of health care professionals we consulted. The vast majority of cases were negative for H1N1 as well as seasonal flu, despite the fact that many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico.



It's unknown what patients who tested negative for flu were actually afflicted with since the illness was not otherwise determined. Health experts say it's assumed the patients had some sort of cold or upper respiratory infection that is just not influenza.

With most cases diagnosed solely on symptoms and risk factors, the H1N1 flu epidemic may seem worse than it is. For example, on Sept. 22, this alarming headline came from Georgetown University in Washington D.C.: "H1N1 Flu Infects Over 250 Georgetown Students."

H1N1 flu can be deadly and an outbreak of 250 students would be an especially troubling cluster. However, the number of sick students came not from lab-confirmed tests but from "estimates" made by counting "students who went to the Student Health Center with flu symptoms, students who called the H1N1 hotline or the Health Center's doctor-on-call, and students who went to the hospital's emergency room."

Without lab testing, it's impossible to know how many of the students actually had H1N1 flu. But the statistical trend indicates it was likely much fewer than 250.

CDC continues to monitor flu in general and H1N1 through "sentinels," which basically act as spot-checks to detect trends around the nation. But at least one state, California, has found value in tracking H1N1 flu in greater detail.

"What we are doing is much more detailed and expensive than what CDC wants," said Dr. Bela Matyas, California's Acting Chief of Emergency Preparedness and Response. "We're gathering data better to answer how severe is the illness. With CDC's fallback position, there are so many uncertainties with who's being counted, it's hard to know how much we're seeing is due to H1N1 flu rather than a mix of influenza diseases generally. We can tell that apart but they can't."

After our conversation with Dr. Matyas, public affairs officials with the California Department of Public Health emphasized to CBS News that they support CDC policy to stop counting individual cases, maintaining that the state has the resources to gather more specific testing data than the CDC.

Because of the uncertainties, the CDC advises even those who were told they had H1N1 to get vaccinated unless they had lab confirmation. "Persons who are uncertain about how they were diagnosed should get the 2009 H1N1 vaccine."

That's unwelcome news for a Marietta, Georgia mom whose two children were diagnosed with "probable" H1N1 flu over the summer. She hoped that would mean they wouldn't need the hastily developed H1N1 flu vaccine. However, since their cases were never confirmed with lab tests, the CDC advises they get the vaccine. "I wish they had tested and that I knew for sure whether they had it. I'm not anxious to give them an experimental vaccine if they don't need it."

Speaking to CBS' "60 Minutes," CDC Director Dr. Frieden said he has confidence that the vaccine will be safe and effective: "We're confident it will be effective we have every reason to believe that it will be safe."

However, the CDC recommendation for those who had "probable" or "presumed" H1N1 flu to go ahead and get vaccinated anyway means the relatively small proportion of those who actually did have H1N1 flu will be getting the vaccine unnecessarily. This exposes them to rare but significant side effects, such as paralysis from Guillain-Barre syndrome.

It also uses up vaccine, which is said to be in short supply. The CDC was hoping to have shipped 40 million doses by the end of October, but only about 30 million doses will be available this month.

The Guardian

Owen Bowcott

Swine flu mass vaccination programme launched
11m priority patients and frontline health workers offered jab in first phase

The Guardian, 21 October 2009, 14:52 BST
https://www.theguardian.com/world/2009/oct/21/swine-flu-mass-vaccination

The UK's mass vaccination programme against swine flu was launched today, targeting 11 million priority patients and frontline health workers in its initial phase.

Amid fears that there would be a low take-up among NHS staff, the prime minister, Gordon Brown, told the Commons that the country was "ahead of the world" in its fight against the potentially fatal infection.

Doses of the drug Pandemrix are being offered in hospitals from today and supplies are being delivered to GPs' surgeries from the beginning of next week. Medical officials fear that a post office strike could delay letters being sent out to patients calling them in for immunisation.

The health secretary, Andy Burnham, was at University College Hospital in London for the first vaccinations. He said: "The people today who are volunteering are showing real leadership, they are sending a clear message out to people working in the health service that it is the right thing to do."

"We are one of the first countries in the world to launch a vaccination programme and we are looking ahead to a very difficult winter in the NHS, there is still seasonal flu around and we have the added challenge of H1N1 swine flu."

Sir Liam Donaldson, the chief medical officer for England, said: "This is the first pandemic for which we have had vaccine to protect people. I urge everyone in the priority groups to have the vaccine - it will help prevent people in clinical risk groups from getting swine flu and the complications that may arise from it. It's important for frontline health and social care workers to have the vaccine.

"It will help prevent them and their families getting the virus from patients, it will stop them passing the virus on to their patients, it will potentially protect them from mutated strains and it will reduce the disruption to NHS services caused by people being absent due to illness."

NHS staff have traditionally been reluctant to participate in mass immunisations. Only around 20% normally receive the seasonal flu vaccination. In a bid to overcome suspicions, professional health organisations urged their members to be innoculated.

A joint statement was issued by the British Medical Association, the Royal College of GPs, Royal College of Midwives, Royal College of Nursing, Royal College of Psychiatrists, Royal College of Obstetricians and Gynaecologists and Royal Pharmaceutical Society of Great Britain, as well as the union Unison which represnets many health workers.

It declared: "By the nature of their work, many NHS staff come into close contact with patients and the public and have a higher risk of exposure to the virus."

"The vaccine has been thoroughly tested. All NHS organisations will be working hard to ensure that eligible staff are given access to the vaccination to protect themselves, their families and their patients from swine flu. We encourage staff to protect themselves with the swine flu vaccine, in addition to the seasonal flu immunisation."

The UK death toll from the H1N1 virus has risen to 108 so far, with more than 70 people being treated in intensive care wards around the country. The age profile of those succumbing to serious infections is different to normal seasonal flu. As many as 370,000 people are estimated to have contracted the virus so far in the UK.

Victims of swine flu have tended to be far younger. Pregnant women are recognised as being particularly at risk; six of the UK deaths have been of women in the later stages of pregnancy.

In west Wales, a primary school was closed following high levels of staff sickness. Pontyberem community primary school in Carmarthenshire is due to reopen after the half-term holiday.

It is no longer routine policy to close schools if individuals catch the virus. At the last weekly briefing, the chief medical officer, Sir Liam Donaldson, revealed that almost 150 schools had recorded outbreaks.

REUTERS

James Pethokoukis // Ben Hirschler

Swine flu vaccination gets underway in Europe

Reuters, 21 October 2009, 7:48//7:50 PM

https://www.reuters.com/article/governmentFilingsNews/idUSLL4304520091021?sp=true
https://web.archive.org/web/20091027172042/http://www.reuters.com/article/governmentFilingsNews/idUSLL4304520091021?sp=true

Oct 21 (Reuters) - European governments are starting to roll out mass vaccination programmes against H1N1 swine flu, with Britain the latest country to begin immunisation on Wednesday.

The European Medicines Agency has approved three H1N1 vaccines – GlaxoSmithKline's (GSK.L) Pandemrix, Novartis's (NOVN.VX) Focetria and Baxter International's (BAX.N) Celvapan – and others may yet be added to this list.

There have been a total of 230 deaths linked to H1N1 in Europe since April, with nearly half of them occurring in Britain, according to the Stockholm-based European Centre for Disease Prevention and Control.

Outside Europe, vaccination programmes are also underway in various countries, including the United States, China and Australia.

Here is a snapshot of vaccination plans in selected European countries:

BRITAIN
Nationwide vaccination programme launched on Oct. 21, starting with front-line health workers and hospital patients deemed to be at high risk. Family doctors will start immunising patients in priority groups from Oct. 26.

FRANCE
Vaccinations began on Oct. 20 for hospital staff. Shots will be offered to the general population starting from the first week in November.

GERMANY
Regional states will start a programme of vaccination on Oct. 26. The initial focus will be on healthcare workers, police and fire-fighters, plus people in at-risk groups and pregnant women.

ITALY
Doctors began H1N1 vaccinations on Oct. 14.

SWEDEN
First vaccinations were carried out on Oct. 12.

SPAIN
Vaccinations are expected to start in the second half of November.

NETHERLANDS
Officials expect to start vaccination of at-risk groups in the week starting Nov. 9.

IRELAND
A national vaccination programme will begin on Nov. 2.

SWITZERLAND
H1N1 vaccines still need to be approved by the country's own regulatory agency and immunisation is not expected to start until around the end of this month or the start of November.

CBC news

Antiquated Process Delays H1N1 Vaccines

CBC News, 21 October 2009, 9:00 PM EDT / AP
https://www.cbsnews.com/news/antiquated-process-delays-h1n1-vaccines/

The U.S. federal government originally promised 120 million doses of swine flu vaccine by now. Only 13 million have come through.

As nervous Americans clamor for the vaccine, production is running several weeks behind schedule, and health officials blame the pressure on pharmaceutical companies to crank it out along with the ordinary flu vaccine, and a slow and antiquated process that relies on millions of chicken eggs.

There have been other bottlenecks, too: Factories that put the precious liquid into syringes have become backed up. And the government itself ran into a delay in developing the tests required to assess each batch before it is cleared for use.

Special Report: H1N1 Virus

What effect the delays will have on the course of the outbreak is unclear, in part because scientists cannot say with any certainty just how dangerous the virus is, how easily it spreads, or whether it will mutate into a more lethal form.

"We're in this race against the virus, and only Mother Nature knows how many cases are going to occur over the next six to 10 weeks," said Michael Osterholm, a vaccine expert at the University of Minnesota.

In the meantime, many U.S. states have had to postpone mass vaccinations. Clinics around the country that managed to obtain doses of the vaccine have been swamped. And doctors are getting bombarded with calls from worried and angry parents.

"Nobody has it," said AnnMarie O'Connor, who waited more than four hours for the vaccine in Rockville, Maryland, standing in line with her two young children and about 1,000 other people. Health officials "said the shots would be here in early October. But where are they?"

Federal officials counsel patience, saying that eventually there should be enough of both vaccines for everyone who wants them.

"We wish we had better ways to produce vaccines perfectly predictably, but this is how influenza vaccine production often goes," Dr. Anne Schuchat, who heads the immunization and respiratory disease section at the Centers for Disease Control and Prevention, said last week.

The delays have led to renewed demands for a quicker, more reliable way of producing vaccines than the chicken-egg method, which is 50-year-old technology and involves injecting the virus into eggs and allowing it to feed on the nutrients in the egg white.

Since April, swine flu has killed more than 800 people in the U.S., including 86 children.

Federal health officials initially projected that as many as 120 million doses of the vaccine would be ready to dispense by mid-October. They later reduced their estimate to 45 million. As of Tuesday, only 12.8 million were available.

In a sign of how rapidly the virus is spreading, education officials said 198 schools in 15 states were closed Wednesday because of swine flu, with more than 65,000 students affected. That was up from 88 school closings the day before.

"Right now, the vaccine is in a race against the virus, and the virus is winning," Osterholm said.

The government now hopes to have about 50 million doses out by mid-November and 150 million in December, Dr. Nicole Lurie, assistant health and human services secretary for preparedness, told The Associated Press on Wednesday. – "By the end of November, I think we're going to be pretty well back on track," she said.

However, a study by Purdue University researchers said the vaccinations will probably come too late to significantly reduce the number of infections. The study, published last week, predicted that infections would peak in late October and that by the end of the year, 63 percent of the U.S. population will have caught the virus.

The blame for the delays has been placed in part on the chicken-egg technology. It is a slow process, and the pressure on manufacturers to produce two vaccines at the same time – for both swine flu and ordinary flu – has made it even slower.

Also, the virus on which the swine flu vaccine is based was found to reproduce very slowly in eggs – much more slowly than the ordinary flu virus. Health and Human Services Secretary Kathleen Sebelius, who on Wednesday was grilled about the delays by the Senate Homeland Security Committee, said the problem has been fixed.

The U.S. government is funding newer technologies that hold the promise of a more reliable and expandable vaccine supply. – "We need a man-to-the-moon effort for flu vaccine if we don't want to find ourselves in the same position in the future," Osterholm said.

Flu vaccines are not nearly as profitable as other kinds of drugs, and most of the biggest vaccine makers have little incentive to switch from a method with which they are familiar.

At its two plants in the Pocono Mountains town of Swiftwater, Sanofi Pasteur, the top U.S. supplier of seasonal vaccine, is churning out more than 75 million doses of swine flu vaccine and 50 million doses of the winter flu variety.

Sanofi spokeswoman Donna Cary said egg-based production of flu vaccine is "tried and true" and will probably remain the dominant method for years to come. – "If it weren't for the egg-based process, we wouldn't be able to respond to this pandemic," she said.

More than 30 farms in the eastern United States are under long-term contract to provide eggs for vaccines, tending 9 million to 12 million chickens.

Once the fertilized eggs arrive at the vaccine plant, the flu virus is injected into them and allowed to multiply for several days. Then the eggshells are cracked; the virus-laden fluid is extracted, the flu virus is killed and the substance is purified. The inactivated strain is tested to determine purity, potency and yield.

From start to finish, the process takes about six months. In normal years, that is usually enough time to get the vaccine to anyone who wants it. But in an all-out epidemic, egg-based production is incapable of producing huge batches quickly.

The government has awarded a $487 million contract to Novartis for a plant in North Carolina that will make flu vaccine by growing the virus inside animal cells, preferably from mammals. The plant is expected to be up and running by 2011 or 2012.

Also, Protein Sciences Corp. of Meriden, Connecticut, landed a five-year, $147 million contract to develop a vaccine using its recombinant technology – flu proteins grown in insect cells. The hope is that the first doses would be available within 12 weeks of the beginning of a pandemic. That is about twice as fast as flu vaccine produced from eggs. – "I think you're going to see these new technologies come on board rapidly, especially given what's happened this year," said Paul Radspinner, president and chief executive of FluGen Inc., a Madison, Wisconsin, company working on several new vaccine technologies of its own.

THE FLU CASE

Jane Burgermeister

Baxter in Austria rolls out "swine flu" jab at night in secret operation

The Flu Case, 21 October 2009

https://web.archive.org/web/20091025115216/http://www.theflucase.com/index.php?option=com_content&view=article&id=1251%3Abaxter-in-austria-rolls-out-qswine-fluq-jab-at-night-in-secret-operation&catid=41%3Ahighlighted-news&Itemid=105&lang=en

It happened in the middle of the night, yesterday, on Tuesday October 20th.

The security guard gave a signal and the barrier guarding Baxter's facilities surrounded by dense forests at Orth an der Donau was finally raised. Engines roared. Tyres screeched. Headlights flashed. Trucks carrying 500,000 doses of Baxter's "swine flu" jab Celvapan trundled past the barrier under the watchful eyes of security staff and police, and drove across the neon lit carpark.

Escorted by police vehicles, the trucks made their way down the icy country lane in the darkness. Reaching the motorway circling Vienna, the convoy split: some trucks headed to Salzburg, Voralburg and Tirol; othes headed south to Burgenland and Carinthia while still others headed north to Upper Austria.

Each palette in every lorry contained 240 boxes; each box in turn was packed with 20 vials of Celvapan; each of these 20 vials contained 10 doses of the toxic "swine flu" jab as the biggest ever mass vaccination campaign in the country's history got under way.

Baxter and government officials refused to reveal the destination of the vaccine material. The location at which the "swine flu" jabs are to be stored until they are distributed to "vaccine centers" and hospitals is to be kept top secret, according to the newspaper Österreich.

"Swine flu" jabs such as GlaxoSmithKline's Pandemrix are classified as bioweapons by EU and US regulators and they, therefore, have to be transported using especially tight security in conformity to EU and US rules on the transport of bioweapons.

These extra security precuations were very much evident in Austria as Baxter finally rolled out its Celvapan "swine flu" jab.

However, comparable security precuations were completely absent when 72 kilos of vaccine material contaminated with the live bird flu virus left Baxter's facilities in Orth an der Donau this January to be transported to a lab in Vienna called Avir Greenhill Biotechnology.

In spite of the fact, Baxter's ultra modern biomedical facilities in Orth an der Donau have to adhere to biosecurity level 3 regulations when handling the live bird flu virus – an artificial, lab engineered virus which Baxter should not have had in the first place – 72 kilos of pandemic material were not only manufactured in Baxter's facilities but also sent irradiated and with a false label to Avir and from there to 16 labs in Austria, Czech Republic, Slovakia and Germany.

If an alert member of staff at the Czech lab BioTest had not broken a seal of one of the packages and tested the "vaccine material" destined to be given to people as seasonal flu, and so discovered the live bird flu virus on February 6th, the world's population could by now have been decimated by a bird flu pandemic and forced vaccinations.

Jon Rappoport's Blog

Jon Rappoport

CBS and the Swine Flu

Jon Rappoport's Blog, 22 October 2009
https://blog.nomorefakenews.com/2009/10/

Get this. The CDC stopped testing people for Swine Flu in July. Why? Because CDC assumed there was already an epidemic, and therefore more tests would be waste of time and money.

CBS has been trying to obtain state-by-state numbers for Swine Flu cases compiled, by the CDC, before the testing was stopped. The CDC has refused to come across with those numbers. It's been stonewalling CBS for the last three months.

Why? No answer from the CDC. But the truth is obvious. The actual Swine Flu case numbers don't begin to match the ominous pronouncements about Swine Flu from the CDC, and the case numbers certainly don't match the general press hysteria and fear-mongering.

But CBS didn't stop at the stone wall of the CDC. They went to individual states who continued to test patients for Swine Flu after July, and they obtained some very interesting figures. The figures show that all sorts of illness one might blithely assume was Swine Flu was not. Not Swine Flu.

In California, based on 13,704 tests for suspected Swine Flu, only 2% of the patients had Swine Flu. That's right. 12% had some other kind of flu. And a whopping 86% didn't have flu at all. What did the 86% have? Who knows? A cold? A brief cough? A case of fear generated by the CDC?

Boom. **In Florida**, based on 8,853 tests for suspected Swine Flu, only 17% had Swine Flu. 83% were negative for other flu. So 83% didn't have ANY kind of flu.

In Alaska, based on 722 tests for suspected Swine Flu, only 11% had Swine Flu.

In Georgia, based on 3,117 tests, only 2% had Swine Flu. 2%.

I have to mention that there are at least two problems, even when lab tests for Swine Flu ARE done. First, the so-called Rapid Test, according to the CDC itself, does not definitively identify H1N1. And two–and much more important – none of the usual Swine Flu tests assess the number of Swine Flu viruses in the body of a particular person. Why does that matter? Because you need millions of a particular virus chomping away to even begin to say that virus is contributing to illness.

So we can assume that the very low numbers of actual Swine Flu cases these states are reporting are even lower. Much lower. The degree of lying and obfuscation here is huge. The CDC has been caught with its pants down around its ankles. The "epidemic" is at best a trickle. The game is over.

But of course the hysteria will continue. The CDC will ignore these revelations. The vaccine campaign will continue. The utter bullshit will keep piling higher and higher. The drug companies will keep ringing up the cash register.

President **Obama**, whose cabinet post, Health and Human Services, is in charge of the CDC, will perhaps not even know what is going on. If he does figure it out, he'll do nothing. The train has already left the station. It's too late to suffer the level of executive embarrassment the truth would deliver.

Remember this moment. Remember it, because you know that, in the future, the CDC will be making announcements about other diseases. You'll be able to muster the amount of gargantuan doubt that the CDC deserves. Unless you like being fooled. Unless you like the fear. Unless you like having something, anything to believe in, regardless of the track record.

Sharyl Attkisson. Swine Flu Cases Overestimated? CBS News, 21 October 2009 [see this story above]
https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

REUTERS

David Morgan

Hundreds throng US clinic for H1N1 flu vaccine

Reuters, 22 October 2009, 4:34 AM GMT+8
https://www.reuters.com/article/rbssHealthcareNews/idUSN2150410820091021/

Rockville, Maryland, Oct 21 (Reuters) – More than 1,700 people in search of H1N1 swine flu vaccine thronged the public health clinic in a Washington suburb on Wednesday, but in the end many at risk for severe infections were simply turned away.

The long lines support the Center for Disease Control and Prevention's assessment that Americans want the vaccine, despite some highly vocal critics who say they fear it may not be safe.

"They got in line as early as 10 o'clock last night. They were here at midnight. They were here at 5 a.m. The clinic started at 9 a.m.," said Montgomery County health officer Dr. Ulder Tillman. But within 90 minutes, the clinic was out of the injectable vaccine needed by many of those most vulnerable to swine flu: pregnant women and children or adults with underlying health conditions including asthma. "We are not able now to provide vaccine to pregnant women," Tillman told Reuters Television.

There was plenty of vaccine nasal spray from AstraZeneca's MedImmune unit, which is not suitable for some high risk people because of its formulation using a live but weakened form of flu virus.

But health officials had only 249 doses of injectable vaccine because of manufacturing problems that have prompted the U.S. government to cut its production estimates for October from 40 million doses to between 28 million and 30 million.

U.S. Health and Human Services Secretary Kathleen Sebelius told Congress on Wednesday that those problems have been overcome and that production is expected to be back on track early in November. [ID:nN21505080]

County spokeswoman Mary Anderson said local injectable vaccine supplies have been running significantly below expectations, perhaps by as much as 40 percent. "The injectable vaccine we had is what we got last week. We haven't had anything new since then," she said.

The U.S. government has ordered up to 250 million doses of H1N1 vaccine from five companies: AstraZeneca, Sanofi-Aventis SA, Novartis AG, GlaxoSmithKline PLC and CSL Ltd.

Flu vaccine is made using old technology that involves growing the virus in chicken eggs, and it takes months to make a new formulation to match circulating flu strains. Makers of injectable vaccine have had more problems than expected getting vaccine doses from eggs. There have also been problems with new production lines set up to meet the orders.

In suburban Maryland, people said they wanted the protection now because H1N1 is already widespread and expected to intensify as colder weather sets in. They came well-prepared for a long wait. Many dressed in layers against the October chill and brought snacks while some showed up with lawn chairs.

County officials expect to hold H1N1 clinics at public health offices every week and will soon begin vaccinations in local schools.

MailOnline

Swine flu: 'Millions at risk' as postal strike threatens vaccination programme

Daily Mail, 22 October 2009, 08:08 GMT
https://www.dailymail.co.uk/news/article-1221882/Swine-flu-Millions-risk-postal-strike-threatens-vaccination-programme.html

A mass swine flu immunisation programme was launched today as health bosses drew up emergency measures to protect patients ahead of the national postal strike.

Chief Medical Officer Sir Liam Donaldson said he was concerned that those eligible for the H1N1 jab – including those with serious medical conditions and all pregnant women – would not receive letters from their GPs. He said this could put millions of vulnerable people at risk.

It comes as the Communication Workers Union confirmed up to 120,000 members would stage a 48-hour strike from 4am tomorrow morning.
Hopes of a last-minute deal collapsed as the CWU accused Royal Mail and the Government of working together.

Warnings of further action over the Christmas period were also made as the union launched an extraordinary attack on Business Secretary Lord Mandelson, saying he was working 'hand in hand with the Royal Mail' to 'undermine the dispute'.

General secretary Billy Hayes accused him of being the 'minister without responsibility' and said Mr Mandelson 'needs to get his hands dirty'.
Sir Liam called the strike 'extremely unwelcome', adding: 'GPs need to send letters out to patients. We need to get people into GPs' surgeries to give them this life-saving vaccine'.

Hospitals and GP surgeries are looking at ways to minimise the disruption, including phoning people with appointment details and employing couriers to carry test results.
Doctors are also considering using text messages and emails to contact vulnerable patients due to have the swine flu vaccination next week.

Professor Stephen Field, president of the Royal College of General Practitioners, described the planned postal strike as 'extremely unhelpful'. He said: 'In the short term - if it's only for a day or two - we will manage but what will happen is we won't be able to get to people consistently and it will also mess up the system because we will be planning to bring people in in sequence, so we could do without that. – 'But we will get hold of patients because they are local.'

Urging people considered at risk to get the vaccine, Sir Liam said: 'This is the first pandemic for which we have had a vaccine to protect people. – 'I urge everyone in the priority groups to have the vaccine - it will help prevent people in clinical risk groups from getting swine flu and the complications that may arise from it. 'It's important for frontline health and social care workers to have the vaccine.

'It will help prevent them and their families getting the virus from patients, it will stop them passing the virus on to their patients, it will potentially protect them from mutated strains and it will reduce the disruption to NHS services caused by people being absent due to illness.'

GPs will begin receiving deliveries of the vaccine from Monday and will send appointment letters to patients classified as at risk.

Asked how they would get appointment letters to people if a strike goes ahead, Sir Liam said: 'By bundling the mail up and ensuring that it is delivered because some mail will still be delivered for urgent situations, so we are going to try and sort out that little glitch - which isn't a particularly welcome thing to happen in the middle of having this vaccine.'

The immunisation programme offering more than 11 million people the vaccine began with hospitals vaccinating frontline health care workers and their patients who fall into at risk categories against swine flu.

Around two million frontline health and social care workers will be offered the vaccine, as they are classified as at increased risk of infection and of transmitting the infection to susceptible patients.

The vaccination programme will be extended over the coming weeks.

The Department of Health said at-risk groups will be given priority in the following order: people aged over six months and under 65 years in current seasonal flu vaccine clinical at-risk groups; all pregnant women; household contacts of people with compromised immune systems; and people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

The Department of Health said this did not include otherwise healthy over-65s, since they appeared to have some natural immunity to the virus.

Patients will be contacted by their GPs if they fall into one of the at-risk categories, the Department said.

The GSK vaccine Pandemrix will be offered to the 'vast majority', with most people needing only one dose of this vaccine for protection.

The campaign comes after Sir Liam announced last week in his weekly briefing that the number of deaths of people in the UK suffering from swine flu has passed 100.

Health Protection Agency estimates released last Thursday showed about 37,000 people have contracted the virus so far in the UK.

Health Secretary Andy Burnham, who was visiting University College Hospital in London to launch the campaign today, said: 'Our best line of defence against swine flu is the vaccine. – 'I'm very pleased to say that the UK is one of the first countries in the world to start vaccinating against this virus.

'The independent committee of experts in the UK has recommended that all those in the at-risk groups should be offered the swine flu vaccine.

'It is also being offered to frontline health and social care workers to protect them and their patients and ensure the NHS is staffed, should it come under pressure this winter.'

THE SCOTSMAN

Lyndsay Moss

First among millions: all Scots may get swine flu jab

The Scotsman, 22 October 2009
https://web.archive.org/web/20091027044629/http://thescotsman.scotsman.com/latestnews/First-among-millions-all-Scots.5755689.jp

The whole population could be offered the swine flu jab in the next six months, experts said yesterday, as the first vaccines were given to patients in Scotland. The H1N1 vaccination campaign began in Glasgow yesterday, with NHS staff and at-risk patients in hospital being given the first jabs.

Scotland's chief medical officer Harry Burns said it was possible that after priority groups were vaccinated, the rest of the population could be offered the vaccine. If this happens, a third wave of the pandemic could potentially be avoided, he said.

The vaccination programme began as a 17th death linked to swine flu in Scotland was announced; a 58-year-old woman from the Borders with significant underlying health conditions.

Health secretary Nicola Sturgeon urged everyone invited by their GP to take up the vaccine offer to help avoid tragedies like the latest death.

It has been estimated that in a worst-case scenario, about 2,000 people in Scotland could die during the swine flu pandemic. This was revised down from earlier assumptions that the figure could hit 5,000.

The Scottish Government said these assumptions did not take into account the effects of vaccination which, depending on uptake, could significantly reduce deaths even further.

Yesterday, Dr Burns and Ms Sturgeon were at the new Victoria Hospital in Glasgow to see patient Adeline Miskelly become the first person in Scotland to receive the vaccine. The 84-year-old, who is being treated on the hospital's rehabilitation ward, was given the jab alongside staff nurse Priscilla Carino. NHS staff are being urged to take up the vaccine.

Only about a fifth of NHS workers have the seasonal flu jab and surveys suggest some may also avoid the new jab. A decision has yet to be taken on whether the vaccine will be offered to others outside the current priority groups, which include people with chronic health problems and pregnant women.

UK governments have ordered enough vaccine to cover the whole population. A decision on further priority groups will be taken at a UK level.

But Dr Burns said it was "not an unrealistic proposition" that the vaccine could be offered to everyone by next May. He said a decision could be made within the next couple of weeks on future target groups. This could include younger people who have been more heavily affected than those in older groups. Some research has suggested young women may be particularly vulnerable.

Supplies of the vaccine have started to arrive in Scotland, with batches set to increase in the coming weeks.

Dr Burns said the NHS expected to have a significant amount of vaccine available for the next phase of the campaign, at the start of December.

"I can't imagine that we wouldn't offer it to healthy people," he said. "But you don't know what might evolve. It might just go away. That's unlikely; but genuinely we are watching an evolving situation."

Ms Sturgeon said it was "possible, perhaps even probable" that the vaccine would be extended to other groups, but a final decision had not yet been made.

Supplies of the vaccine have been distributed across Scotland. Next week, GPs will start inviting at-risk patients in for vaccination, with the hope of covering 1.3 million people by Christmas.

Dr Burns sought to reassure people who may have concerns about the safety of the vaccine.

Concerns have also been raised that the virus could mutate, making the current jab ineffective. But virologist Professor Hugh Pennington said there was no evidence of that happening at the moment.
He said: "There is always the possibility that the virus may suddenly lurch and change. But it has shown absolutely no sign of doing that."

Prof Pennington also said that so-called herd immunity – where larger parts of the population are protected once a significant proportion of people are vaccinated – would not be gained in the first phase of the vaccination campaign. "That is not really the aim. The aim of the exercise is to protect people."

Should my child have the vaccine?
Children in at-risk groups will be offered the vaccine. We encourage parents of these children to have them vaccinated. Swine flu seems to be affecting children and young adults in particular.

I am pregnant and worried about the effect the vaccine might have.
Pregnant women are four times as likely to develop serious complications from swine flu and four of five times more likely to require hospitalisation. Pregnant women would not normally be included in vaccination, but taking the evidence we have into consideration, we believe that pregnant women should be vaccinated.

What if I'm in a high-risk group and haven't heard from my doctor?
You won't have heard from your practice as they have not received supplies of vaccine yet so can't finalise dates for their vaccination clinics yet.

I think I have already had swine flu. Should I have the vaccine?
You should take the vaccine if it is offered. Many people who have been advised they have swine flu will not actually have had it, so it is important that they are vaccinated.

I have taken Tamiflu. Does that have any effect on the vaccine working?
People who have taken Tamiflu should still be vaccinated if they are in one of the at risk-groups or if they are a health or social care worker.

Do I still need to get my usual winter flu jab?
Yes. There is still some seasonal flu around, so take both vaccines if offered.

Is there going to be enough vaccine to cover everyone?
The government has ordered enough vaccine to vaccinate those who require it.

Could the virus mutate and mean that the vaccine is no longer effective?
One of the main worries doctors have is that the virus could mutate at some point. If it does, we will have to alter the vaccine to ensure that it is effective against any new virus that might develop.

Los Angeles Times

Kim Geiger

Sebelius calls for updated vaccine making process

Los Angeles Times, 22 October 2009, 12:00 AM PT
https://www.latimes.com/archives/la-xpm-2009-oct-22-na-swine-flu-health22-story.html

The Health and Human Services secretary says the U.S. is too dependent on foreign countries for production of vaccines, as shown by delays in the release of H1N1 flu shots.

Washington – Health and Human Services Secretary Kathleen Sebelius told Congress on Wednesday that delays in the release of H1N1 flu shots show that the United States is too dependent on other countries for the manufacture of vaccines and that the technology to make them must be improved.

Four of the five manufacturers of H1N1 vaccines are foreign companies – a fact that alarmed lawmakers, who expressed concern about the ability of the federal government to secure enough vaccine to prevent the spread of the virus, known as swine flu.

Some expressed even greater concern that the lag in vaccine production could mean the H1N1 flu shots would arrive too late to do any good, citing a recent study that predicted that swine flu infections would reach their peak this week.

The study by researchers at Purdue University in Indiana projects that 63% of the U.S. population will be infected by the end of this year, with 8% being infected this week.

"H1N1 is very contagious," said Sherry Towers, a Purdue graduate student in statistics and coauthor of the study.

Officials had originally projected that 40 million doses of the vaccine would be available by the end of October, but because of what Sebelius called "glitches" in manufacturing, just 11 million doses have been made available. Officials estimate that 28 million to 30 million doses will be available by the end of the month.

Sebelius said the U.S. is "at the front of the line" in getting the vaccines as they're produced but noted the country needs to expand its manufacturing capacity. – "We are still too dependent in the United States on vaccination production in other countries," Sebelius said at a hearing on the topic.

Vaccine manufacturers worldwide are "using old technology," Sebelius explained, stressing the need to convert from egg-based to cell-based vaccine development.

The good news, she said, is that original projections requiring 40 million doses of the vaccine were developed when scientists had expected that adults would need two shots. Since then, researchers have found that just one dose is required for people older than 10, meaning that the available doses will be spread across more of the population.

"There is enough vaccine, and will be, to vaccinate every American who wants to be vaccinated," Sebelius said. – Fewer than half of Americans get flu shots yearly, even though seasonal flu kills 36,000 people annually, she said.

She added that she expects the number of people getting vaccinated to increase this year because of high public awareness of the H1N1 virus. The flu, including cases involving H1N1, has been blamed in about 2,300 deaths in the U.S. since Aug. 30.

TIMES UNION

Rick Karlin, Scott Waldman

State ends flu shot mandate

Times Union, 23 October 2009
https://www.timesunion.com/local/article/state-ends-flu-shot-mandate-556872.php
Shortage of swine flu vaccine forces end to controversial rule

Gov. David Paterson attributed Thursday's decision to limited supplies of the H1N1 vaccinations, a number of doses far short of the federal government's expected delivery. The decision also tosses out mandated seasonal flu shots.

"Over the last week, the Centers for Disease Control and Prevention acknowledged that New York would only receive approximately 23 percent of its anticipated vaccine supply by the end of the month," Paterson said in a prepared statement. "As a result, we need to be as resourceful as we can with the limited supplies of vaccine currently coming into the state and make sure that those who are at the highest risk for complications from the H1N1 flu receive the first vaccine being distributed right now in New York state."

This summer, the federal government projected 120 million doses would be available by the end of October. This week, the CDC changed expected delivery to just 27.7 million doses. The CDC allowed the state to order only 146,300 doses of vaccine, even though New York's health providers requested more than 1,482,822 doses.

The order from Health Commissioner Richard Daines that health care workers who come in contact with patients, including employees of hospitals, receive the vaccine came earlier this fall and has resulted in at least two lawsuits and protests over what many workers claimed was an unfair intrusion on their freedom of choice.

Daines presented the measure as a simple matter of due diligence for health care workers, whose presence in hospitals and other facilities brought them into close contact with infants, the elderly and other people whose immune systems might be compromised.

Daines said Thursday that it was essential to first get the vaccine to those who need it most.

"We had told hospitals that if they had to choose between vaccinating patients or employees to vaccinate patients first," Daines said in a prepared statement. "This week, the CDC confirmed that most of the national supply of seasonal flu vaccine has been distributed, and that H1N1 vaccine distribution is far behind projections. New evidence is showing that H1N1 can be especially virulent to pregnant women and young people – so they should get vaccinated first."

One of the lawsuits led to a temporary injunction against the order, which mandated that all health care workers get the shot by Nov. 30 or risk losing their jobs.

Opponents of the mandatory shots said they were heartened by the news.

"They should" withdraw the mandate, said Kevin McCashion upon hearing the news. The Colonie businessman helped organize a local protest against the mandate.

Lorna Patterson, a nurse in the emergency room at Albany Medical Center Hospital, was among a group of health care workers who brought a lawsuit to fight the order. She said late Thursday that

she and her fellow nurses were just excited they could concentrate on nursing. She said Paterson recognized the importance of letting people make their own health care decisions.

"I'm just glad our health care organizations can function, knowing they have the stuff they need," she said.

Terence Kindlon, the Albany attorney who brought one of the lawsuits against the state, said the state decided to act in good faith. He said questions remain about whether or not there is even a health crisis. He said it was unfair to single out a small slice of the population upon which to force an untested vaccination.

"I think they tried to sneak this one under the radar," Kindlon said. "The lesson is it's better to play by the rule book."

Kindlon said he believes the decision to back off the mandate will end his court case, but some nurses want to prevent any future mandates, which the governor's office left open as a possibility.

Sue Field, a Poughkeepsie nurse who filed suit against the rule, said she wants to continue her case in order to get a court decision against the mandatory vaccine.

"This is encouraging, but I don't see that at this moment it would stop the lawsuit," she said.

=> the same article

THE FLU CASE

Rick Karlin, Scott Waldman

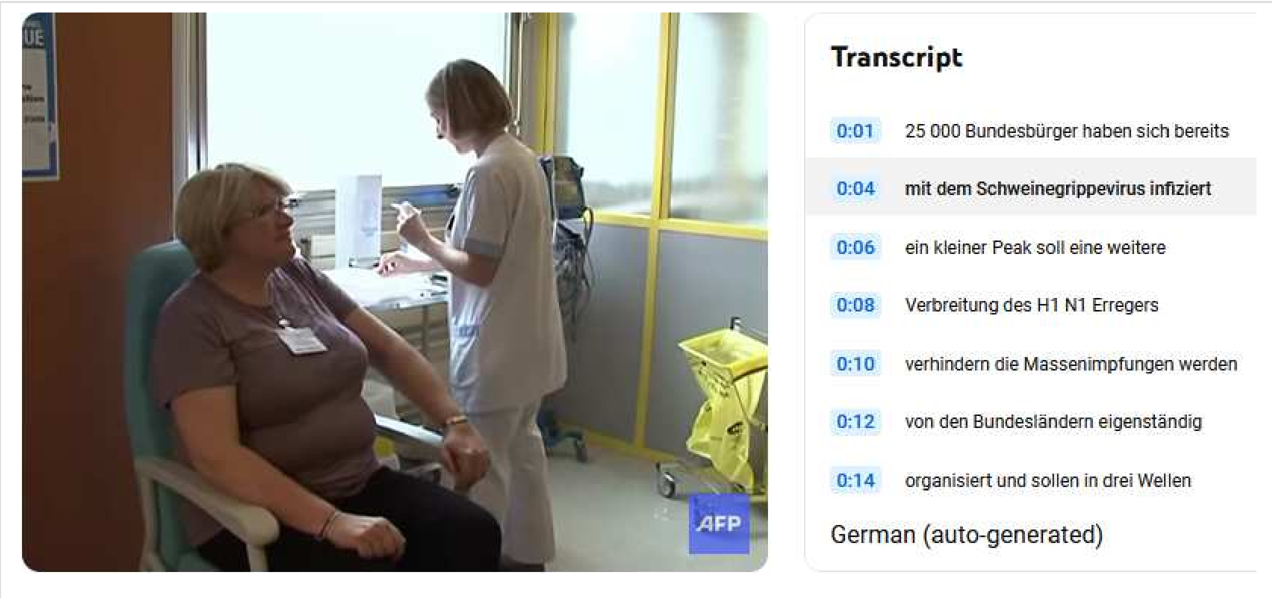
New York drops mandatory swine flu shots for health workers after lawsuit filed

The Flu Case, 23 October 2009
https://web.archive.org/web/20091028004338/http://theflucase.com/index.php?option=com_content&view=article&id=1339%3Anew-york-drops-mandatory-swine-flu-shots-for-health-workers-after-lawsuit-filed&catid=41%3Ahighlighted-news&Itemid=105&lang=en

AFP

Schweinegrippe: Massenimpfung in Deutschland beginnt

AFP Deutschland, 23 Octobre 2009.
https://www.youtube.com/watch?v=1R4tLJj3OKE



Am Montag beginnt in Deutschland die Massenimpfung gegen die Schweinegrippe. Die Bundesregierung ruft dazu auf, sich gegen das Virus impfen zu lassen. Bislang haben sich schon 25.000 Bundesbürger mit dem neuen H1N1-Erreger infiziert. Die Ansteckungsrate droht zu steigen. Zunächst werden bevorzugt Ärzte, Pfleger und Polizisten geimpft. AFPTV sprach mit einem Arzt, der Gesundheitssenatorin von Berlin und hörte sich in der Bevölkerung zum Impfverhalten um.



WELT

Jens Steffenhagen

Stell Dir vor, es gibt Impfungen und keiner geht hin

WELT, 23 Octobre 2009

https://www.welt.de/fernsehen/article4944364/Stell-Dir-vor-es-gibt-Impfungen-und-keiner-geht-hin.html

Montag beginnen viele Massen-Impfungen gegen die Schweinegrippe. Doch sollte man sich überhaupt impfen lassen? Oder fällt man damit nur auf eine weitere Kampagne der Pharmakonzerne rein? Darüber diskutierte Maybrit Illner mit ihren Gästen. Das Vertrauen in die Redlichkeit der Branche ist gering.

Stell Dir vor es gibt Impfungen – und keiner geht hin... Dieses Szenario könnte jüngsten Umfragen zufolge in der nächsten Woche durchaus eintreten: Mehr als die Hälfte der deutschen Bevölkerung hält es nicht für nötig, sich gegen das H1N1-Virus impfen zu lassen.

Und das trotz einer gewaltigen PR-Offensive seitens der Politik und der Arzneimittelindustrie. Denn spätestens seit die Weltgesundheitsorganisation (WHO) die höchste Pandemie-Warnstufe ausgerufen hat, stellen die Behörden in vielen Ländern Hunderte von Millionen Euro für Medikamente bereit.

Dazu überbieten sich die Boulevardzeitungen beinahe täglich mit neuen Horror-Zahlen: Bis zu 35.000 Menschen könnten in diesem Winter allein in Deutschland an der Schweinegrippe sterben, verkünden Experten – und sorgen mit solch düsteren Prophezeiungen für gesteigerte Auflagen und gigantische Umsätze der Pharmafirmen.

"Impfen. Spritzen. Schröpfen. Geht's ums Geschäft oder unsere Gesundheit?" fragte Maybrit Illner folgerichtig ihre Gäste. So ausladend wie der Titel es suggerierte wurden die Praktiken im Gesundheitswesen allerdings nicht unter die Lupe genommen – man blieb im Wesentlichen bei der Diskussion um die größte Massenimpfung in der Geschichte der Bundesrepublik.

Die stößt in den letzten Tagen auf immer offenere Kritik. Am Wochenende war bekannt geworden, dass die Bundesregierung, Bundesbeamte und Soldaten der Bundeswehr einen anderen Impfstoff bekommen sollen als Otto Normalverbraucher – der Tropfen, der die Kanüle zum Überlaufen brachte.

Das Misstrauen der Bürger ist dabei durchaus berechtigt, denn die Medikamente, die ab Montag eingesetzt werden, sind neu entwickelt worden. Eine Pharmakovigilanz, eine laufende und systematische Überwachung der Arzneimittel konnte nicht stattfinden. "Ein Medikament wird vor der Zulassung lediglich von einigen hundert Personen getestet. Ob die Impfstoffe sicher sind, wissen wir derzeit nicht.

Das Gegenteil zu behaupten, wie es einige Politiker jetzt tun, ist unseriös", meinte Wolf-Dieter Ludwig, Vorsitzender der Arzneimittelkommission der deutschen Ärzteschaft. Die ersten Patienten dürfen sich durchaus als Versuchskaninchen fühlen, wenn auch das Risiko schwerer unerwünschter Nebenwirkungen sehr gering ist.

Ludwig, der in Illners Runde die Fahne der Skeptiker hochhielt, wies zurecht darauf hin, dass der Krankheitsverlauf der Schweinegrippe ungefährlicher ist, als der einer normalen Influenza: Lediglich zwei der 23.000 erkrankten Deutschen starben schließlich an dem Virus.

Ist die Aktion also eher "eine neue Abwrackprämie für die Pharmafirmen ", wie ein Zuschauer mutmaßte? Nein, meinte Barbara Sickmüller vom Bundesverband der Pharmazeutischen Industrie: "Noch kann niemand vorhersagen, wie sich die Krankheit im Januar oder Februar ausbreiten wird. Wir sollten lieber den Beschäftigten danken, die Tag und Nacht gearbeitet haben, um so schnell wie möglich ein Medikament zu entwickeln." Der Bayerische Gesundheitsminister Markus Söder stieß ins gleiche Horn: "Wir dürfen nicht vergessen, welche Verdienste die Pharmaindustrie erworben hat."

Dass der medizinische Fortschritt unser Leben entscheidend verbessert, ist unbestritten. Diesen Industriezweig als karitative Vereinigung darzustellen, verklärt die Realität allerdings ganz gewaltig. Schließlich handeln die Firmen nach den gleichen Marktgesetzen von Angebot und Nachfrage wie jeder andere Wirtschaftszweig. Inwieweit sie diese sogar selber forcieren, verdeutlichte ein Einspieler, der das Budget der Pharmakonzerne anschaulich aufsplittete: Vierzig Prozent der aufgewandten Kosten gehen ins Marketing, lediglich zehn Prozent in die Forschung.

Kritik an der Geschäftspolitik der Arzneimittelhersteller gibt es seit vielen Jahren. Ebenso den Vorwurf, sie bringe aus ökonomischen Erwägungen Medikamente mit schweren Nebenwirkungen auf den Markt. Spektakuläre Fälle wie Contergan oder Lipobay sind noch jedem in Erinnerung. Den betroffenen Konzernen wohl auch: Die Bayer-Aktien sanken um fünf Milliarden Euro, nachdem man verkünden musste, dass der Blutdrucksenker Lipobay vom Markt genommen wird.

Laut Wolf-Dieter Ludwig liegt hier ein "Systemfehler" vor: Neue Medikamente würden oftmals extrem teuer angeboten, bevor ihre Verträglichkeit und Wirksamkeit in langen klinischen Studien bewiesen wurde. Die Firmen verdienen also besonders in den ersten Jahren an den Mitteln, bevor Konkurrenzprodukte die Preise verderben – ein riskanter Anreiz.

Auch jetzt macht die Branche ein ausgezeichnetes Geschäft mit der Unsicherheit: Insgesamt kosten die bestellten 50 Millionen Dosen Impfstoff rund eine Milliarde Euro. Der Umsatz mit Grippemitteln hat sich etwa beim Pharmariesen Roche in den letzten fünf Jahren verzehnfacht, wie eine Grafik der Illner-Redaktion verdeutlichte.

Die Frage, ob man sich nun gegen die Schweinegrippe impfen lassen soll oder nicht, konnte die Runde erwartungsgemäß nicht abschließend klären. Eine Entscheidung zwischen Pest und Cholera, wie es scheint – auch wenn wohl weder die Hysterie um eine bevorstehende Pandemie noch die übertriebene Angst vor einem neuen Contergan-Skandal berechtigt sind.

ZEIT ONLINE

Harro Albrecht

Erstklassig geschützt

Zeit, 23 Oktober 2009, 08:51 Uhr
https://web.archive.org/web/20091225125833/http://www.zeit.de/2009/44/01-Impfung-Schweinegrippe

Aller Aufregung zum Trotz: Die Impfung gegen die Schweinegrippe hilft – und die angeblich schlechtere ist die bessere.

Lange Zeit sah es so aus, als sei Deutschland auf eine mögliche Schweinegrippeepidemie bestens vorbereitet. Scheinbar weitsichtig, orderten die Bundesländer große Mengen Impfstoff, Experten klärten die Bevölkerung über die Grippegefahr auf, allen Unkenrufen zum Trotz wurde der Impfstoff rechtzeitig fertig. Seitdem aber bekannt wurde, dass für Bundeswehrsoldaten, Spitzenpolitiker und hohe Beamte 200.000 Dosen eines Sonderimpfstoffs bestellt wurden, ist alle Besonnenheit dahin.
=> Hartmut Wewetzer. Verstärkte Verunsicherung. – Zeit, 19 Oktober 2009, 10:28 Uhr
https://web.archive.org/web/20091230234109/http://www.zeit.de/wissen/2009-10/impfung-schweinegrippe-regierung

Die Bürger sind zu Recht verunsichert, es scheint, als ob für die herrschende Klasse nur das Beste, für die Massen das Zweitbeste gut genug sei. Dass unter solchen Umständen viele an der Impfung zweifeln, ist nur zu verständlich.

Damit ist all das in Gefahr, worauf Institutionen wie das Berliner Robert Koch-Institut oder das für Impfungen zuständige Paul-Ehrlich-Institut hingearbeitet haben: eine Impfkampagne, mit der sich zum ersten Mal ein Grippesturm im Ansatz stoppen ließe. Zwar ist es zurzeit noch relativ ruhig an der deutschen Grippefront. Aber in Ländern wie Argentinien und Australien konnte man bereits beobachten, wie heftig das neuartige Grippevirus H1N1/09 zuschlagen kann, wenn die Temperaturen sinken. Eine präventive Impfung wäre da der beste Weg, um eine Erkrankungswelle zu verhindern.
=> https://web.archive.org/web/20091227063441/http://www.zeit.de/2009/34/M-Grippe-Argentinien

Nun jedoch wird in Deutschland weniger über eine drohende Grippeepidemie, als vielmehr über eine Zweiklassenmedizin debattiert. Doch so nachvollziehbar der Vorwurf ist, so falsch ist er. Zunächst ist keineswegs klar, ob der für Politiker georderte Impfstoff, der keine sogenannten Wirkstoffverstärker enthält, wirklich der bessere ist. Es stimmt zwar, dass ein reiner Impfstoff ohne Verstärker auch weniger Nebenwirkungen hat; er ruft seltener Schmerzen an der Impfstelle, Schwellungen oder Fieber hervor. Doch die bessere Verträglichkeit wird mit einem schwerwiegenden Nachteil erkauft: Der angebliche »Premiumimpfstoff« führt zu einem schwächeren Impfschutz.

Der Massenimpfstoff mit den Wirkverstärkern dagegen, das legen Tierversuche nahe, schützt nicht nur vor H1N1/09, sondern voraussichtlich auch vor dessen Varianten. Sollte das zirkulierende Grippevirus tatsächlich eines Tages mutieren – was viele Experten befürchten –, wären gerade Soldaten, Politiker und Beamte, in deren Adern das Ausnahmevakzin zirkuliert, schutzlos.

Dazu kommt ein weiterer Aspekt: Ohne die viel geschmähten Zusatzstoffe wäre eine flächendeckende Impfung in Deutschland im Übrigen schlicht nicht realisierbar gewesen. Die Wirkverstärker dienen nämlich dazu, wie ihr Name sagt, die Wirkung des Impfstoffs zu verstärken. Erst durch ihren Einsatz

ließen sich innerhalb von fünf Monaten weltweit 440 Millionen Impfdosen herstellen – ohne Zusatz wären es nur 110 Millionen gewesen.

All das geht in der jetzigen Aufregung über die angebliche Zweiklassenmedizin unter. Kaum Gehör findet auch das Argument, dass es in solchen Fragen immer auch um die feine Balance zwischen individuellen Interessen und dem Wohl aller geht. Diese Grippe trifft, anders als die übliche Wintergrippe, vor allem die Jüngeren, die dann ein bis zwei Wochen im Beruf ausfallen. In Mexiko sank wenige Wochen nach Ausbruch von H1N1/09 das Bruttoinlandsprodukt um 0,5 Prozent. Je früher viele Menschen geimpft werden, desto besser. Davon profitieren letztlich auch jene, die sich der Impfung verweigern.

Stephanie Busari

H1N1 vaccinations rolled out in UK

CNN, 24 October 2009, 14:32 GMT (22:32 HKT)
https://edition.cnn.com/2009/HEALTH/10/24/h1n1.flu.vaccinations/index.html

London, England (CNN) – A mass H1N1 immunization program began in the UK Wednesday, with the country's health minister urging all priority groups to take up the vaccine.

Health and social care workers are among those identified in the "priority" group given first access to the vaccine against the H1N1 virus, commonly known as swine flu.

Others include pregnant women, those over 65, people with asthma, diabetes and those having cancer treatment, the country's Department of Health has said.

From Monday, this group will be given appointments to visit doctors surgeries to receive the vaccine.

The vast majority of people will be offered GlaxoSmithKline's Pandemrix vaccination, which is effective after one dose but made using chicken eggs, according to the Department of Health.

Those allergic to eggs will instead be offered Baxter's Celvapan, which requires two doses three weeks apart.

The Department of Health says that it has placed enough orders for the entire UK population of 60 million to be vaccinated against H1N1 swine flu.

Health Secretary Andy Burnham said in a statement: "Our best line of defence against swine flu is the vaccine. I'm very pleased to say that the UK is one of the first countries in the world to start vaccinating against this virus."

The country's National Health Service (NHS) staff , who have in the past been reluctant to take the seasonal flu vaccines, were urged to take the swine flu jab.

Chief Medical Officer Sir Liam Donaldson said in a statement: "It's important for frontline health and social care workers to have the vaccine.

"It will help prevent them and their families getting the virus from patients, it will stop them passing the virus onto their patients, it will potentially protect them from mutated strains and it will reduce the disruption to NHS services caused by people being absent due to illness."

Nearly 400,000 people worldwide have contracted laboratory-confirmed cases of swine flu and more than 4,700 people have died from the illness since it was first identified in Mexico and the U.S. in April, World Health Organization said last week.

A total of 228 deaths have been reported in Europe since April, according to the European Centre for Disease Prevention and Control.

France started immunizing health-care workers against swine flu Tuesday. Germany will roll out its vaccine program next week and Ireland in early November, while Spain is expected to start vaccinating in mid-November.

the WHITE HOUSE
PRESIDENT BARACK OBAMA

Barack Obama
President of the United States of America

Declaration of a National Emergency with Respect to the 2009 H1N1 Influenza Pandemic

The White House, Office of the Press Secretary, 24 October 2009
https://obamawhitehouse.archives.gov/the-press-office/declaration-a-national-emergency-with-respect-2009-h1n1-influenza-pandemic-0

On April 26, 2009, the Secretary of Health and Human Services (the "Secretary") first declared a public health emergency under section 319 of the Public Health Service Act,42 U.S.C. 247d, in response to the 2009 H1N1 influenza virus. The Secretary has renewed that declaration twice, on July 24,2009, and October 1, 2009. In addition, by rapidly identifying the virus, implementing public health measures, providing guidance for health professionals and the general public, and developing an effective vaccine, we have taken proactive steps to reduce the impact of the pandemic and protect the health of our citizens. As a Nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic. Nevertheless, the 2009 H1N1 pandemic continues to evolve. The rates of illness continue to rise rapidly within many communities across the Nation, and the potential exists for the pandemic to overburden health care resources in some localities.Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a Nation, we are taking additional steps to facilitate our response.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States,including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that, given that the rapid increase in illness across the Nation may overburden health care resources and that the temporary waiver of certain standard Federal requirements may be warranted in order to enable U.S. health care facilities to implement emergency operations plans, the 2009 H1N1 influenza pandemic in the United States constitutes a national emergency. Accordingly, I hereby declare that the Secretary may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the 2009 H1N1 influenza pandemic. In exercising this authority, the Secretary shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-third day of October, in the year of our Lord two thousand nine, and of the Independence of the United States of America the two hundred and thirty-fourth.

BARACK OBAMA

Chapter 7

Side effects:

Illnesses and Deaths presumably

Related to or Caused by

Swine Flu Vaccine



https://www.art-east.ru/2038466/

Could severe underlying medical conditions cause the death of a patient who got a vaccine?

Should a doctor recommend vaccination to a patient who presumably may die soon? Should a doctor recommend vaccination to a patient who may die in a week, or in a month, or during five-six months?

One may assume that if the patient's condition suggests his death within 5-6 months, his condition is an **absolute contraindication** for vaccination.

Thus, **any death** (excluding accidental death) that occurs within 5-6 months after vaccination is a consequence of the vaccination.

The unrecognized health condition of the patient, which, after vaccination, led to a death, depending on the case, is a sign of violation of the professional code of the doctor and, depending on the case, should entail administrative or criminal punishment.



SWINE FLU

Swine Flu Epidemic/ H1N1 Vaccine Deaths and Injuries

Swine Flu, 6 March 2009
http://vaccineriskawareness.com/swine-flu/

Now in April we are hearing of dozens of cases of people in Mexico, dying of 'swine flu'. I think the Baxter accident and the swine flu are related.

It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences. While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

Source: The Times of India, 6th March 2009. =>
https://timesofindia.indiatimes.com/science/virus-mix-up-by-lab-could-have-resulted-in-pandemic/articleshow/4230882.cms

Voluminous Research Proves Vaccines are Deadly

Infowars, 30 June 2009

https://web.archive.org/web/20091226215039/http://www.infowars.com/voluminous-research-proves-vaccines-are-deadly/

An Infowars reader sent the following list of references proving vaccines are deadly. The next time somebody calls you a conspiracy nut for warning about vaccines, print out this list and give it to them.

Vaccines and Immunization References and Research Citations Vaccines Have Been Linked to ***Leukemias and Lymphomas***:

Bichel, "Post-vaccinial Lymphadenitis Developing into Hodgkin's Disease", Acta Med Scand, 1976, Vol 199, p523-525.

Stewart, AM, et al, "Aetiology of Childhood Leukaemia", Lancet, 16 Oct, 1965, 2:789-790. [Listed under Vaccine Adverse Reactions.]

Glathe, H et al, "Evidence of Tumorigenic Activity of Candidate Cell Substrate in Vaccine Production by the Use of Anti-Lymphocyte Serum", Development Biol Std, 1977, 34:145-148.

Bolognesi, DP, "Potential Leukemia Virus Subunit Vaccines: Discussion", Can Research, Feb 1976, 36(2 pt 2):655-656.

Colon, VF, et al, "Vaccinia Necrosum as a Clue to Lymphatic Lymphoma", Geriatrics, Dec 1968, 23:81-82.

Park-Dincsoy, H et al, "Lymphoid Depletion in a case of Vaccinia Gangrenosa", Laval Med, Jan 1968, 39:24-26.

Hugoson, G et al, "The Occurrence of Bovine Leukosis Following the Introduction of Babesiosis Vaccination", Bibl Haemat, 1968, 30:157-161.

Hartstock, , "”Post-vaccinial Lymphadenitis: Hyperplasia of Lymphoid Tissue That Simulates Malignant Lymphomas", Apr 1968, Cancer, 21(4):632-649.

Allerberger, F, "An Outbreak of Suppurative Lymphadenitis Connected with BCG Vaccination in Austria-1990/1991," Am Rev Respir Disorder, Aug 1991, 144(2) 469.

Omokoku B, Castells S, "Post-DPT inoculation cervical lymphadenitis in children." N Y State J Med 1981 Oct;81(11):1667-1668. Vaccines and Chromosome Changes Leading to Mutations:

Knuutila, S et al, "An Increased Frequency of Chromosomal Changes and SCE's in Cultured Lymphocytes of 12 Subjects Vaccinated Against Smallpox," Hum Genet, 1978 Feb 23; 41(1):89-96.

Cherkeziia, SE, et al, "Disorders in the Murine Chromosome Apparatus Induced By Immunization with a Complex of Anti-viral Vaccines," Vopr Virusol, 1979 Sept Oct, (5):547-550.

[Note: SCE means sister chromatid exchange and is an indication that genetic mutations are occurring, which could possibly lead to cancer-causing mutations. Vaccines and Auto-immunity Citations:

Romanov, V A, et al, "Role of Auto-immune Processes in the Pathogenesis of Post-Vaccinal Lesions of the Nervous System", Oct 1977, Zh Mikrobiol Epidemiol Immunobiol, 10:80-83.

Grachev, V P, et al, "Formation of Auto-antibodies in Laboratory Animals After Inoculation of Viruses With Different Virulence. I. Results of Studies …, July 1973, Acta Virol (Praha), 17:319-326.

Movsesiants, AA, et al, "Experimental Study of the Ability of Different Strains of Vaccinia Virus to Induce Auto-Antibody Formation", Vopr Virusol, May-Jun 1975; (3):297-302.

Negina, IuP, "Comparative Study of Auto-antibody Formation Following Immunization With Different Types of Typhoid Vaccines", Zh Mikrobiol Epidemiol Immunobiol, May 1980; (5):69-72. Vaccinations and Diabetes Citations:

Sinaniotis, et al, "Diabetes Mellitus after Mumps Vaccination", Arc Dis Child, 1975, 50:749.66

Polster, H, "Diabetes insipidus after Smallpox vaccination", Z Aerztl Fortbild (Jena), 1 Apr 1966, 60:429-432.

Patan, "Postvaccinal Severe Diabetes Mellitus", Ter Arkh, Jul 1968, 40:117-118.

Classen, JB, MD, "The Timing of Immunization Affects The Development of Diabetes in Rodents", Autoimmunity, 1996, 24:137-145.

etc... => https://archive.org/details/var_20230803/page/n13/mode/2up

https://web.archive.org/web/20091226215039/http://www.infowars.com/voluminous-research-proves-vaccines-are-deadly/

PDS Pharmacoepidemiology & Drug Safety — ispe Official Journal of the International Society for Pharmacoepidemiology

Rue-Cover A, Iskander J, Lyn S, Burwen DR, Gargiullo P, Shadomy S, Blostein J, Bridges CB, Haber P, Satzger RD, Ball R, Seward JF.

Death and serious illness following influenza vaccination: a multidisciplinary investigation

Pharmacoepidemiol Drug Saf. 2009 Jun; 18 (6): 504-511
doi: 10.1002/pds.1743. PMID: 19373848 // https://pubmed.ncbi.nlm.nih.gov/19373848/

Abstract

Purpose: To evaluate a possible association between influenza vaccination and four deaths and four serious illnesses among 114 recent influenza vaccinees in a long-term care facility (LTCF) and two deaths from a nearby physician's office. All had received vaccine from the same lot (Lot A).

Methods: Field investigation including (1) a retrospective cohort study among LTCF residents who received Lot A or other influenza vaccine, (2) review of medical records of cases of death or serious illness, (3) active surveillance of deaths among 1500 community based Lot A vaccinees and (4) laboratory testing of vaccine from available Lot A vials.

Results: Medical record reviews showed no common clinical syndrome or cause of death. Laboratory testing of Lot A samples revealed no evidence of tampering and no differences compared to an unrelated lot. The risk of death or hospitalization was not significantly different between persons who received Lot A versus a comparison lot, Lot B (incidence rate ratio (IRR) = 0.9, 95%CI = 0.3-3.3).

Conclusions: There was no clinical or biological evidence pointing to inherent vaccine safety issues, nor was there a detectable increased risk of death or hospitalization among persons vaccinated with Lot A. Lot specific clustering of adverse events (AEs) may reflect medical events causally unrelated to vaccination. Rapid investigations of potential AEs are important to ensure vaccine safety and to maintain public and healthcare provider confidence in vaccines.

The Idaho Observer

Russell Blaylock

Vaccine May be more Dangerous than Swine Flu

The Idaho Observer, 1 July 2009
https://web.archive.org/web/20110106111319/http://proliberty.com/observer/20090723.htm
https://web.archive.org/web/20090711181633/https://www.newsmax.com/health/vaccine_swine_flu/2009/07/07/232717.html/

One can continue to believe that the global gurus of public health are responding appropriately to the swine flu emergency and willingly take the shot if they choose to do so. But such trust and complacency requires the omission of one key factiod: The vaccine contains an oil-based "adjuvant" containing "squalene." Adjuvants are used to boost an immune response. Squalene, which is a causal factor in Gulf War illness, causes crippling arthritis and premature death in about 100 percent of lab animals and has been associated with autoimmune diseases and premature death in people as well. Early reports of trials with the H1N1 vaccine show that the vaccine is already maiming and killing people. It appears certain that those who take the vaccine may not get the flu but can expect to die a painful and premature death – and WHO et. al know it.

An outbreak of swine flu occurred in Mexico this spring that eventually affected 4,910 Mexican citizens and resulted in 85 deaths. By the time it spread to the United States, the virus caused only mild cases of flu-like illness.

Thanks to air travel and the failure of public health officials to control travel from Mexico, the virus spread worldwide. Despite predictions of massive numbers of deaths and the arrival of doomsday, the virus has remained a relatively mild disease, something we know happens each year with flu epidemics.

Cases to date as of July 7, 2009

Worldwide, there have only been 311 deaths out of 70,893 cases of swine flu. In the United States, 27,717 cases have resulted in 127 deaths. Every death is a tragedy, but such a low death rate should not be the basis of a draconian government policy.

It is helpful to recall that the Centers for Disease Control, with the collusion of the media, constantly tell us that 36,000 people die from the flu each year, a figure that has been shown to be a lie. In this case, we are talking about 300 plus deaths for the entire world.

From whence this novel strain?

This virus continues to be an enigma for virologists. In the April 30, 2009 issue of Nature, a virologist was quoted as saying. Where the hell it got all these genes from we don't know. Extensive analysis of the virus found that it contained the original 1918 H1N1 flu virus, the avian flu virus (bird flu), and two new H3N2 virus genes from Eurasia. Debate continues over the possibility that swine flu is a genetically engineered virus.

Scandal.

Naturally, vaccine manufacturers have been in a competitive battle to produce the first vaccine. The main contenders have been Baxter Pharmaceuticals and Novartis Pharmaceuticals, the latter of which recently acquired the scandal-ridden Chiron vaccine company. Both of these companies have had agreements with the World Health Organization to produce a pandemic vaccine.

Contamination.

The Baxter vaccine, called Celvapan, has had fast track approval. It uses a new vero cell technology, which utilizes cultured cells from the African green monkey. This same animal tissue transmits a number of vaccine-contaminating viruses, including the HIV virus.

More contamination.

The Baxter company has been associated with two deadly scandals. The first event occurred in 2006 when hemophiliac components were contaminated with HIV virus and injected in tens of thousands of people, including thousands of children. Baxter continued to release the HIV contaminated vaccine even after the contamination was known.

Accidental release.

The second event occurred recently when it was discovered that Baxter had released a seasonal flu vaccine containing the bird flu virus, which would have produced a real world pandemic, to 18 countries. Fortunately, astute lab workers in the Czech Republic discovered the deadly combination and blew the whistle before a worldwide disaster was unleashed.

Despite these two deadly events, WHO maintains an agreement with Baxter Pharmaceuticals to produce the world's pandemic vaccine.

[Note: WHO announced that it would launch an investigation into Baxter's "accidental" release of H5N1-contaminated flu vaccine that killed lab animals (ferrets) in the Czech Republic. No investigation has ever been conducted. ~ DWH].

Squalene.

Novartis, the second contender, also has an agreement with WHO for a pandemic vaccine. Novartis appears to have won the contract, since their vaccine is near completion. What is terrifying is that these pandemic vaccines contain ingredients, called immune adjuvants, that a number of studies have shown cause devastating autoimmune disorders, including rheumatoid arthritis, multiple sclerosis and lupus.

Animal studies using this adjuvant have found them to be deadly. A study using 14 guinea pigs found that when they were injected with the special adjuvant, only one animal survived. A repeat of the study found the same deadly outcome.

So, what is this deadly ingredient? It is called squalene, a type of oil. The Chiron company, maker of the deadly anthrax vaccine, makes an adjuvant called MF-59 which contains two main ingredients of concern qualene and gp120. A number of studies have shown that squalene can trigger all of the above-mentioned autoimmune diseases when injected.

The MF-59 adjuvant has been used in several vaccines. These vaccines, including tetanus and diphtheria, are the same vaccines frequently associated with adverse reactions.

[Note: All higher organisms produce squalene. The squalene used as a vaccine adjuvant is a fish oil, particularly shark liver oil. The problem with injected squalene is that it signals the body to attack its own essential fatty acids. Combined with other vaccine ingredients, the result is autoimmunity, where the body begins attacking its own tissues. ~ DWH]

Questionable studies.

I reviewed a number of studies on this adjuvant and found something quite interesting. Several studies done on human test subjects found MF-59 to be a very safe immune adjuvant. But when I checked to see who did these studies, I found to no surprise that they were done by the Novartis Pharmaceutical Company and Chiron Pharmaceutical Company, which have merged. They were all published in prestigious medical journals. Also, to no surprise, a great number of studies done by independent laboratories and research institutions all found a strong link between MF-59 and autoimmune diseases.

Gulf War Illness.

Squalene in vaccines has been strongly linked to the Gulf War Syndrome. In August 1991, Anthony Principi, Secretary of Veterans Affairs admitted that soldiers vaccinated with the anthrax vaccine from 1990 to 1991 had an increased risk of 200 percent in developing the deadly disease amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease. The soldiers also suffered from a number of debilitating and life-shortening diseases, such as polyarteritis nodosa, multiple sclerosis (MS), lupus, transverse myelitis (a neurological disorder caused by inflammation of the spinal cord), endocarditis (inflammation of the heart's inner lining), optic neuritis with blindness and glomerulonephritis (a type of kidney disease).

Brain inflammation.

Because squalene, the main ingredient in MF-59, can induce hyperimmune responses and induce autoimmunity, a real danger exists for prolonged activation of the brain's immune cells, the microglia. This type of prolonged activation has been strongly associated with such diseases as multiple sclerosis, Alzheimer's disease, Parkinson's disease, ALS and possibly vaccine-related encephalitis. It has been shown that activation of the systemic immune system, as occurs with vaccination, rapidly activates the brain's microglia at the same time, and this brain inflammation can persist for long periods.

So, how would the gp120 get into the brain? Studies of other immune adjuvants using careful tracer techniques have shown that they routinely enter the brain following vaccination. What most people do not know, even the doctors who recommend the vaccines, is that most such studies by pharmaceutical companies observe the patients for only one to two weeks following vaccination – these types of reactions may take months or even years to manifest.

The profit motive.

It is obvious that the vaccine manufacturers stand to make billions of dollars in profits from this WHO/government-promoted pandemic. Novartis, the maker of the new pandemic vaccine, recently announced that they would not give free vaccines to impoverished nations' everybody pays.

Grim reality.

One must keep in mind that once the vaccine is injected, there is little you can do to protect your-selves at least by conventional medicine. It will mean a lifetime of crippling illness and early death.

The best medicine.

There are much safer ways to protect oneself from this flu virus, such as higher doses of vitamin D3, selective immune enhancement using supplements, and a good diet.

Dr. Russell Blaylock, is a board certified neurosurgeon, author and lecturer. An expert on nutrition, aspartame, MSG and vaccines, he is also editor of the widely distributed Blaylock Wellness Report.

Note: The subheads and boldface preceeding certain paragraphs were added to the original text to highlight the ground Dr. Blaylock is covering in this brief article. Each point he makes could be books in themselves but his intent was to show that the much publicized "novel" flu strain was likely created in a lab by entities connected to the scandal-ridden pharmaceutical companies being rewarded with huge contracts to produce millions (billions) of vaccines that contain a specific ingredient known to cause chronic illnesses and early death.

The most comprehensive journalistic investigation on the politics and effects of squalene is "Vaccine A: The Covert Government Experiment That's Killing Our Soldiers and Why GIs Are Only the First Victims" by Gary Matsumoto (2004). The book can be ordered online or through your local bookseller.



David Icke

Flu is not the Biggest Danger ... It's The Vaccine!

David Icke.com, 26 July 2009
https://www.bibliotecapleyades.net/ciencia/ciencia_influenza32.htm
https://web.archive.org/web/20090730000644/http://www.daily.pk/7471/flu-is-not-the-biggest-danger-its-the-vaccine/

These are challenging times and we need to stay calm and think things through - not just panic and react. Fear, panic and emotional reaction got us into this mess and it is certainly not going to get us out of it. We also need to realize - here, now - that we have long crossed the line into a fully-fledged fascist dictatorship. It has hidden itself to most people this far, but it is about to lift the veil.

It is no longer an option to do nothing or passively acquiesce to authority out of fear or apathy. Or, at least, it's not if we care about our freedoms and, most importantly, those of our children and grandchildren who will have to live almost their entire lives under a global jackboot of sheer, undiluted evil.

The word 'evil' is much overused and I don't say it lightly; but we are dealing with evil in the sense that the word is the reverse of 'live'. Those behind the conspiracy to cull the human population and turn the rest into little more than computer terminals are anti-life. They have no respect for it and no empathy with those who suffer the consequences of their actions, no matter how appalling.

I have been warning of what was coming for nearly 20 years and it is not 'coming' any more - it's here. No more excuses from anyone, please. We have to deal with it. We have to draw a line in the sand and say no more.

Never was this more important than with the conspiracy to force swine flu vaccination upon the global population. The swine flu virus was created in a laboratory to generate mass panic with the specific intention of forcing everyone to have the vaccine. Problem-Reaction-Solution.

This 'natural' swine flu virus apparently contains genes from humans, birds and pigs from several continents. If you concoct and release a virus and then implement a clearly long-planned mass vaccination program, there can be only one sensible conclusion: swine flu is not the biggest danger here - it's the vaccine.

The scale and speed of the planned vaccination program is insane given that the overwhelming majority of those who have contracted the virus have had very mild symptoms.

Dr Peter Holden of the Rothschild-controlled British Medical Association said that although swine flu was not causing serious illness they were eager to start a mass vaccination campaign, beginning with 'priority groups'. Ugh?? This is not about public health and never was.

Those administering the vaccinations have no clue what is in them or their potential effect. They are just repeaters thinking what they are told to think and doing what they are told to do. Only those at the core of the conspiracy, and those who bother to research it, know what the game is.

The Austrian journalist, Jane Bürgermeister, has filed criminal charges with the FBI against, World Health Organization (WHO), United Nations, Barack Obama, a Rockefeller, a Rothschild and others, ...over a plot she uncovered to cull the population with a deadly swine flu vaccine.

She said that bird flu and swine flu have been developed in laboratories and released on the public with the aim of mass murder through vaccination. Her filed document is called Bioterrorism Evidence. She writes here about the United States, but what she says applies everywhere:

'There is evidence that an international corporate criminal syndicate, which has annexed high government office at Federal and State level, is intent on carrying out a mass genocide against the people of the United States by using an artificial (genetic) flu pandemic virus and forced vaccine program to cause mass death and injury and depopulate America in order to transfer control of the United States to the United Nations and affiliated security forces (UN troops from countries such as China, Canada, the UK and Mexico).

There is proof many organizations – World Health Organization, UN as well as vaccine companies such as Baxter and Novartis – are part of a single system under the control of a core criminal group, who give the strategic leadership, and who have also funded the development, manufacturing and release of artificial viruses in order to justify mass vaccinations with a bioweapon substance in order to eliminate the people of the USA, and so gain control of the assets, resources etc... of North America.

...

read the further text =>
https://www.bibliotecapleyades.net/ciencia/ciencia_influenza32.htm

МИКРОБЫ И ПАРАЗИТЫ

Дэвид Айк

Не так страшен грипп, как его вакцина!
Перевод статьи Дэвида Айка о вакцине A/H1N1

Микробы и Паразиты
https://mikroby-parazity.ru/index.php?option=com_content&view=article&id=28&Itemid=34
http://www.kunpendelek.ru/library/westmed/articles-vakcination/not-bad-flu/
http://misto.zp.ua/article/partners3492.html

Мы живем в отчаянные времена, но не следует поддаваться панике. Прежде чем реагировать на происходящее, надо его спокойно и тщательно осмыслить. Страх, паника и чисто эмоциональные реакции ввергли нас в нынешний хаос и никоим образом не помогут нам выбраться из него. Мы также должны осознать, здесь и сейчас, что фашистская диктатура давным давно не угроза, а объективная действительность. До сих пор многие ее не замечали, но теперь не видеть ее попросту невозможно.

Бездействие и смиренная покорность властям из страха или апатии - больше не выход. По крайней мере это не выход, если наша свобода еще что-то значит для нас, а особенно свобода наших детей и внуков, которых мы обрекаем на жизнь под глобальным каблуком абсолютного, неприкрытого зла.

Слово "зло” мы сегодня слышим так часто, что почти забыли его значение. Зло - это антижизнь. В английском языке разница между словами "зло” (”evil”) и "жить” (”live”) только в порядке букв: зло - это вывернутая наизнанку жизнь. Конспираторы, вознамерившиеся сократить численность населения планеты в несколько раз и превратить оставшихся в нечто вроде компьютерных терминалов, выворачивают наизнанку само понятие жизни.

Они не испытывают ни малейшего уважения к ней и ни малейшего сострадания к жертвам их леденящих кровь преступлений.О том, что такое время настанет, я предупреждал в течение почти 20 лет. Сегодня предупреждать поздно: это время уже наступило. Поздно и искать оправдания. Теперь надо что-то с этим делать. Провести черту на песке и сказать: стоп!

Никогда прежде ситуация не была столь серьезной, как в связи с нынешним намерением провести принудительную вакцинацию всего населения планеты. Вирус свиного гриппа был создан в лаборатории с целью спровоцировать массовую панику и представить вакцину как единственное спасение. Проблема - Реакция - Решение. Якобы "натуральная” вакцина, о которой идет речь, содержит человеческие, свиные и птичьи гены с нескольких континентов.

Если вирус создается и выпускается на волю, а для борьбы с ним осуществляется программа вакцинации, спланированная многие годы назад, то разумный вывод напрашивается только один: по-настоящему опасен не свиной грипп, опасна вакцина!

Масштабы и быстрота осуществления запланированной программы вакцинации выглядят абсурдными в сравнении с легкими недомоганиями, отмеченными у пораженных вирусом. Д-р Питер Холден из контролируемой кланом Ротшильдов Британской медицинской ассоциации заявил, что, хотя свиной грипп не является серьезным заболеванием, массовую вакцинацию все же следует провести, начиная с "приоритетных групп”. Как вам это нравится?! О здоровье населения здесь речи нет и никогда не было.

Ответственные за проведение вакцинации не имеют никакого представления ни о составе вакцины, ни о ее возможных побочных эффектах. Они обычные исполнители, думающие то, что им сказано думать, и делающие то, что им сказано делать. Только ограниченному кругу людей, составляющих ядро конспирации, и немногочисленным исследователям-энтузиастам известны ставки в этой игре.

Австрийский журналист Джейн Бюргермейстер передала в Федеральное бюро расследований США досье с обвинением Всемирной организации здравоохранения (ВОЗ), Организации Объединенных Наций, Барака Обамы, кланы Рокфеллеров и Ротшильдов, а также несколько других учреждений и лиц, в организации заговора с целью уничтожения значительной части населения планеты путем введения людям смертельной вакцины якобы против свиного гриппа.

Она утверждает, что оба гриппа, куриный и свиной, были разработаны в лабораториях с целью массового уничтожения людей путем вакцинации. Папка с собранными ею документами озаглавлена: "Доказательства обвинения в биотерроризме". В нижеприведенном отрывке говорится о Соединенных Штатах, но написанное Джейн Бюргермейстер относится ко всем странам без исключения:

"Существуют документальные подтверждения того, что международный корпоративный преступный синдикат, проникший в высшие правительственные круги страны и отдельных штатов, намеревается осуществить акт геноцида против народа Соединенных Штатов путем использования искусственно (генетически) созданного вируса гриппа и программы принудительной вакцинации с целью массового уничтожения жителей, нанесения вреда их здоровью и депопуляции Америки с последующим переходом власти в Соединенных Штатах к Организации Объединенных Наций и силам безопасности под ее командованием (подразделения войск ООН из Китая, Канады, Великобритании и Мексики).

Документы свидетельствуют, что многие организации - Всемирная организация здравоохранения, ООН, а также компании - производители вакцин, такие как Baxter и Novartis - являются частями единой структуры под контролем преступной группы, определяющей стратегию и финансировавшей разработку, производство и распространение искусственных вирусов для обоснования массовой вакцинации с применением вещества, являющегося биологическим оружием, с целью уничтожения населения США и последующего завладения ценностями, ресурсами и т. п. Северной Америки.

...

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=> https://mikroby-parazity.ru/index.php?option=com_content&view=article&id=28&Itemid=34
http://www.kunpendelek.ru/library/westmed/articles-vakcination/not-bad-flu/
http://misto.zp.ua/article/partners3492.html

MailOnline

Jo Macfarlane

Swine flu jab link to killer nerve disease: Leaked letter reveals concern of neurologists over 25 deaths in America

Daily Mail, 15 August 2009, 21:29 BST,
http://www.dailymail.co.uk/news/article-1206807/Swine-flu-jab-link-killer-nerve-disease-Leaked-letter-reveals-concern-neurologists-25-deaths-America.html

A warning that the new swine flu jab is linked to a deadly nerve disease has been sent by the Government to senior neurologists in a confidential letter.

The letter from the Health Protection Agency, the official body that oversees public health, has been leaked to The Mail on Sunday, leading to demands to know why the information has not been given to the public before the vaccination of millions of people, including children, begins.

It tells the neurologists that they must be alert for an increase in a brain disorder called Guillain-Barre Syndrome (GBS), which could be triggered by the vaccine.

GBS attacks the lining of the nerves, causing paralysis and inability to breathe, and can be fatal.
The letter, sent to about 600 neurologists on July 29, is the first sign that there is concern at the highest levels that the vaccine itself could cause serious complications.

It refers to the use of a similar swine flu vaccine in the United States in 1976 when:

- **More people** died from the vaccination than from swine flu.
- 500 cases of **GBS** were detected.
- The vaccine may **have increased the risk** of contracting GBS by eight times.
- The vaccine **was withdrawn** after just ten weeks when the link with GBS became clear.
- The **US Government was forced to pay** out millions of dollars to those affected.

Concerns have already been raised that the new vaccine has not been sufficiently tested and that the effects, especially on children, are unknown.
It is being developed by pharmaceutical companies and will be given to about 13million people during the first wave of immunisation, expected to start in October.

Top priority will be given to everyone aged six months to 65 with an underlying health problem, pregnant women and health professionals.
The British Neurological Surveillance Unit (BNSU), part of the British Association of Neurologists, has been asked to monitor closely any cases of GBS as the vaccine is rolled out.
One senior neurologist said last night: ‘I would not have the swine flu jab because of the GBS risk.’
There are concerns that there could be a repeat of what became known as the ‘1976 debacle’ in the US, where a swine flu vaccine killed 25 people – more than the virus itself.
A mass vaccination was given the go-ahead by President Gerald Ford because scientists believed that the swine flu strain was similar to the one responsible for the 1918-19 pandemic, which killed half a million Americans and 20million people worldwide.

The swine flu vaccine being offered to children has not been tested on infants

Within days, symptoms of GBS were reported among those who had been immunised and 25 people died from respiratory failure after severe paralysis. One in 80,000 people came down with the condition. In contrast, just one person died of swine flu.

More than 40million Americans had received the vaccine by the time the programme was stopped after ten weeks. The US Government paid out millions of dollars in compensation to those affected.

The swine flu virus in the new vaccine is a slightly different strain from the 1976 virus, but the possibility of an increased incidence of GBS remains a concern.

Shadow health spokesman Mike Penning said last night: ‘The last thing we want is secret letters handed around experts within the NHS. We need a vaccine but we also need to know about potential risks.

‘Our job is to make sure that the public knows what’s going on. Why is the Government not being open about this? It’s also very worrying if GPs, who will be administering the vaccine, aren’t being warned.’

Two letters were posted together to neurologists advising them of the concerns.

The first, dated July 29, was written by Professor Elizabeth Miller, head of the HPA’s Immunisation Department.

It says: ‘The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use. ‘GBS has been identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out. ‘Reporting every case of GBS irrespective of vaccination or disease history is essential for conducting robust epidemiological analyses capable of identifying whether there is an increased risk of GBS in defined time periods after vaccination, or after influenza itself, compared with the background risk.’

The second letter, dated July 27, is from the Association of British Neurologists and is written by Dr Rustam Al-Shahi Salman, chair of its surveillance unit, and Professor Patrick Chinnery, chair of its clinical research committee.

It says: ‘Traditionally, the BNSU has monitored rare diseases for long periods of time. However, the swine influenza (H1N1) pandemic has overtaken us and we need every member’s involvement with a new BNSU survey of Guillain-Barre Syndrome that will start on August 1 and run for approximately nine months.

‘Following the 1976 programme of vaccination against swine influenza in the US, a retrospective study found a possible eight-fold increase in the incidence of GBS.

‘Active prospective ascertainment of every case of GBS in the UK is required. Please tell BNSU about every case. You will have seen Press coverage describing the Government’s concern about releasing a vaccine of unknown safety. If there are signs of a rise in GBS after the vaccination programme begins, the Government could decide to halt it.

GBS attacks the lining of the nerves, leaving them unable to transmit signals to muscles effectively.

It can cause partial paralysis and mostly affects the hands and feet. In serious cases, patients need to be kept on a ventilator, but it can be fatal.

Death is caused by paralysis of the respiratory system, causing the victim to suffocate. It is not known exactly what causes GBS and research on the subject has been inconclusive.

However, it is thought that one in a million people who have a seasonal flu vaccination could be at risk and it has also been linked to people recovering from a bout of flu of any sort.

The HPA said it was part of the Government’s pandemic plan to monitor GBS cases in the event of a mass vaccination campaign, regardless of the strain of flu involved. But vaccine experts warned that the letters proved the programme was a ‘guinea-pig trial’.

Dr Tom Jefferson, co-ordinator of the vaccines section of the influential Cochrane Collaboration, an independent group that reviews research, said: 'New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody. 'But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we've extracted have any research on it at all.'

He said squalene, a naturally occurring enzyme, could potentially cause so-far-undiscovered side effects.

Jackie Fletcher, founder of vaccine support group Jabs, said: 'The Government would not be anticipating this if they didn't think there was a connection. What we've got is a massive guinea-pig trial.'

Professor Chinnery said: 'During the last swine flu pandemic, it was observed that there was an increased frequency of cases of GBS. No one knows whether it was the virus or the vaccine that caused this. 'The purpose of the survey is for us to assess rapidly whether there is an increase in the frequency of GBS when the vaccine is released in the UK. It also increases consultants' awareness of the condition.

Panic over? The number of swine flu cases has fallen sharply in the past few weeks

'This is a belt-and-braces approach to safety and is not something people should be substantially worried about as it's a rare condition.'

If neurologists do identify a case of GBS, it will be logged on a central database.

Details about patients, including blood samples, will be collected and monitored by the HPA.

It is hoped this will help scientists establish why some people develop the condition and whether it is directly related to the vaccine.

But some question why there needs to be a vaccine, given the risks. Dr Richard Halvorsen, author of The Truth About Vaccines, said: 'For people with serious underlying health problems, the risk of dying from swine flu is probably greater than the risk of side effects from the vaccine.

'But it would be tragic if we repeated the US example and ended up with more casualties from the jabs. 'I applaud the Government for recognising the risk but in most cases this is a mild virus which needs a few days in bed. I'd question why we need a vaccine at all.'

Professor Miller at the HPA said: 'This monitoring system activates pandemic plans that have been in place for a number of years. We'll be able to get information on whether a patient has had a prior influenza illness and will look at whether influenza itself is linked to GBS.

'We are not expecting a link to the vaccine but a link to disease, which would make having the vaccine even more important.'

The UK's medicines watchdog, the Medicines and Healthcare Products Regulatory Agency, is already monitoring reported side effects from Tamiflu and Relenza and it is set to extend that surveillance to the vaccine.

A Department of Health spokesperson said: 'The European Medicines Agency has strict processes in place for licensing pandemic vaccines.

'In preparing for a pandemic, appropriate trials to assess safety and the immune responses have been carried out on vaccines very similar to the swine flu vaccine. The vaccines have been shown to have a good safety profile.

'It is extremely irresponsible to suggest that the UK would use a vaccine without careful consideration of safety issues. The UK has one of the most successful immunisation programmes in the world.'

I couldn''t eat or speak... It was horrendous –

Victim: Hilary Wilkinson spent three months in hospital after she was diagnosed with Guillain-Barre Syndrome ...



When Hilary Wilkinson woke up with muscle weakness in her left arm and difficulty breathing, doctors initially put it down to a stroke. But within hours, she was on a ventilator in intensive care after being diagnosed with Guillain-Barre Syndrome.

She spent three months in hospital and had to learn how to talk and walk again. But at times, when she was being fed through a drip and needed a tracheotomy just to breathe, she doubted whether she would survive.

The mother of two, 57, from Maryport, Cumbria, had been in good health until she developed a chest infection in March 2006. She gradually became so weak she could not walk downstairs.

Doctors did not diagnose Guillain-Barre until her condition worsened in hospital and tests showed her reflexes slowing down. It is impossible for doctors to know how she contracted the disorder, although it is thought to be linked to some infections.

Mrs Wilkinson said: ‘It was very scary. I couldn’t eat and I couldn’t speak. My arms and feet had no strength and breathing was hard.

I was treated with immunoglobulin, which are proteins found in blood, to stop damage to my nerves. After ten days, I still couldn’t speak and had to mime to nurses or my family.

‘It was absolutely horrendous and I had no idea whether I would get through it. You reach very dark moments at such times and wonder how long it can last.

But I’m a very determined person and I had lots of support.’

After three weeks, she was transferred to a neurological ward, where she had an MRI scan and nerve tests to assess the extent of the damage.

Still unable to speak and in a wheelchair, Mrs Wilkinson eventually began gruelling physiotherapy to improve her muscle strength and movement but it was exhausting and painful.

Three years later, she is almost fully recovered. She can now walk for several miles at a time, has been abroad and carries out voluntary work for a GBS Support Group helpline.

She said: ‘It makes me feel wary that the Government is rolling out this vaccine without any clear idea of the GBS risk, if any. I wouldn’t wish it on anyone and it certainly changed my life.

‘I’m frightened to have the swine flu vaccine if this might happen again – it’s a frightening illness and I think more research needs to be done on the effect of the vaccine.’

Hotline staff given access to confidential records

Confidential NHS staff records and disciplinary complaints could be accessed by hundreds of workers manning the Government’s special swine flu hotline.

They were able to browse through a database of emails containing doctors’ and nurses’ National Insurance numbers, home addresses, dates of birth, mobile phone numbers and scanned passport pages – all details that could be used fraudulently.

And private and confidential complaints sent by hospitals about temporary medical staff – some of whom were named – were also made available to the call-centre workers, who were given a special password to log in to an internal NHS website.

It could be a breach of the Data Protection Act.

The hotline staff work for NHS Professionals, which was set up using taxpayers’ money to employ temporary medical and administrative staff for the health service.

The not-for-profit company runs two of the Government's swine flu call centres – with 300 staff in Farnborough, Hampshire, and 900 in Watford, Hertfordshire.

Shadow Health Secretary Andrew Lansley described the revelations as 'disturbing'.

Anne Mitchell, a spokeswoman for Unison, said: 'There's no excuse for such a fundamental breach of personal security. Action needs to be taken as soon as possible to make sure this does not happen again.'

A spokeswoman for NHS Professionals would not confirm whether access to the confidential files had been granted.

THE TIMES

Health Officials Warn of H1N1 Vaccine's Link to Deadly Nerve Disease

The Times, London, 16 August 2009
https://web.archive.org/web/20090904022432/http://www.foxnews.com/story/0,2933,539880,00.html
https://web.archive.org/web/20091108090613/http://www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6797993.ece

Hartford, Conn. – British health officials have warned doctors of possible similarities between the new H1N1 vaccine and a shot linked to 25 deaths in the U.S. in the 1970s.

The British government's Health Protection Agency (HPA), said in a letter to neurologists that they needed to look out for increases in cases of a brain disorder that might follow the launch of the immunization program.

The letter has been sent because of concerns sparked by studying of the swine flu vaccination campaign in the U.S.

In 1976, Washington rushed in a mass immunization program against a similar swine flu outbreak that was confined to a single military base.

Several hundred cases of a rare, lethal, paralyzing neurological disease called Guillain-Barré syndrome (GBS) were reported afterwards, and although no clear link was ever found to the vaccine, the incident made many mistrustful of immunizations.

Although the swine flu virus vaccine now close to completion is different from the one used in 1976, the HPA said the earlier incident nevertheless highlighted a possible area of concern.

"The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use," Professor Elizabeth Miller, head of the HPA's immunisation department, wrote in the letter sent last month to neurologists.

"GBS has been identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out."

The Department of Health said: "Appropriate trials to assess safety and immune responses have been carried out on vaccines very similar to the swine flu vaccine. The vaccines have been shown to have a good safety profile."

The World Health Organisation has also said recently that the public should be "reassured" about the safety of the new vaccine. It acknowledged that "genuine adverse events directly caused by the vaccine may also occur, but cannot be predicted in advance".

The NHS will monitor any possible risks from the vaccine, including a possible connection with GBS.

GlaxoSmithKline is developing the vaccine in Germany for an immunisation programme due to start in October.

Some 9.4m people in England will receive the vaccine if they fall into priority groups, alongside 2.1m frontline health and social care workers. In Scotland 1.4m people in either at-risk groups or working in health and social care will get the jab.

Priority will be given to those aged six months to 65 years in high-risk groups – including those with asthma, diabetes, heart disease, renal disease or with a compromised immune system.

THE FLU CASE

Side effects of influenza vaccines
Report in Chinese on the "swine flu" jab risks

The Flu Case, 9 September 2009
https://web.archive.org/web/20090917131846/http://www.theflucase.com/index.php?option=com_content&view=article&id=535%3Areport-in-chinese-on-the-qswine-fluq-jab-risks&catid=1%3Alatest-news&Itemid=64&lang=en

Even influenza vaccines that do not contain squalene based adjuvants can cause side effects. CSL's seasonal influenza vaccine for winter 2009, "Fluvax", for example. Adverse reactions to the vaccine (according to the manufacturer's data sheet) include:

"Blood and Lymphatic System Disorders
Rare: Transient thrombocytopenia.

Immune System Disorders
Rare: Allergic reactions including anaphylactic shock.

Nervous System Disorders
Rare: Neuralgia, paraesthesia and convulsions.
Very rare: Encephalopathy, neuritis or neuropathy and Guillain-Barré syndrome.

Vascular Disorders
Very rare: Vasculitis with transient renal involvement.

Skin and Subcutaneous Tissue Disorders
Uncommon: Pruritus, urticaria and rash.

General Disorders and Administration Site Conditions
Very Common: Injection site inflammation.

Common: Influenza-like illness, Injection site ecchymosis and induration
Influenza-like illness may include pyrexia, chills, headache, malaise and myalgia.

Adverse event frequencies are defined as follows: Very common (≥ 1/10), common (≥ 1/100, < 1/10), uncommon (≥ 1/1,000, < 1/100), rare (≥ 1/10,000, < 1/1,000) and very rare (< 1/10,000)."

It is worth noting that according to the Datasheet, "Fluvax" does not contain either aluminium adjuvant or the mercury based preservative thimerosal (thiomersal). Influenza vaccines that do contain these ingredients could be reasonably expected to cause more serious side effects. =>
https://web.archive.org/web/20040108171238/http://www.medsafe.govt.nz/profs/datasheet/f/Fluvaxinj.htm

MERCOLA
Take Control of Your Health

Joseph Mercola

Flu Vaccine Exposed
Mercola, 26 September 2009
https://www.omeonet.info/articles/flu_vaccine.htm

Studies show that flu vaccines are unsafe and ineffective. This presentation by the Thinktwice Global Vaccine Institute includes a visual depiction of flu vaccine production - how the flu vaccine is made and what it contains.

Signs and Symptoms of Influenza

As most of you probably know, influenza is a contagious viral respiratory infection. Symptoms include:

- Fever
- Chills
- Runny nose
- Sore throat
- Cough
- Muscle aches
- Fatigue
- Decreased appetite


Mercola.com
https://articles.mercola.com › sites › archive › 2009/09/26
Flu Vaccine Exposed: How Effective Is ...
26 Sept 2009 — Mercola's latest position on any health topic. Studies **show that flu vaccines are unsafe and ineffective**. This presentation by the Thinktwice ...

Typically, the condition will improve after two to three days of bed rest, although some symptoms may persist for about a week. What many people do NOT know, however, is that death caused directly by the flu virus is very rare. The vast majority of so-called "flu deaths" are in fact due to bacterial pneumonia – a potential complication of the flu if your immune system is too weak. Other complications can include ear- or sinus infections, dehydration, and worsening of chronic health conditions.

The elderly and people with other pre existing medical conditions such as asthma, diabetes, or heart disease, are at higher risk of developing pneumonia after a bout of the flu. The Flu Vaccine does not Prevent the Flu, nor Protect Against the Vast Majority of Flu-Related Deaths.

The conventional treatment for bacterial pneumonia is an antibiotic, not a viral flu drug, so to think that taking a flu vaccine will prevent death from pneumonia doesn't really make sense.

"But the vaccine will prevent the flu, which will prevent the possibility of developing pneumonia," some might say.

That sounds good in theory, but the statistics simply do not support this assertion.

Because study after study, and master studies that compile the results from several studies to get a more objective result, keep coming to the same conclusion: Flu vaccines *do not work*, and in many cases do more harm than good. In fact, one shocking statistic brought to light in this video is that before the CDC advocated vaccinating children under the age of five, the number of children dying from the flu was very low, and on the decline.

Then, in 2003, just after children aged five and under started getting vaccinated, the number of flu deaths skyrocketed. The death toll was enormous compared to the previous year, when the flu vaccine was not administered en masse to that age group! How anyone can consider a strategy that yields a higher death toll to be a "success" is a mystery to me.

The Problem with Flu Death Statistics

However, as frightening as much of this may sound, it's important to keep things in perspective. According to the statistics shown in the video above, more Americans die from asthma, and even malnutrition each year, than the flu.

Unfortunately, the Centers for Disease Control and Prevention (CDC) grossly distort the facts about flu deaths, making the flu virus seem far more dangerous than is warranted. On the CDC's main flu page, they state that about 36,000 people die from the flu in the United States each year. But if you search a little harder, you can find the actual number of people who died from the flu in 2005 (this is the most recent data that's available) was 1,806. The remainder was caused by pneumonia. In 2004, there were just 1,100 actual flu deaths. The statistics the CDC gives are skewed partly because they classify those dying from pneumonia as dying from the flu, which is inaccurate.

How is the Flu Vaccine Made?

This is another area that many people do not understand or take into consideration before getting a seasonal flu shot.

In January or February of each year, health authorities travel to Asia to determine which strains of the flu are currently active. Based on their findings in Asia, they assume that the same strains of viruses will spread to the U.S. by fall.

At this point, U.S. vaccine manufacturers start making that season's flu vaccine, which will contain the strains found in Asia. However, if the viral strains circulating in the U.S. that season are not identical to those in Asia, the vaccine you receive is a complete dud. And to add insult to injury, you've just been injected with a laundry list of harmful ingredients.

What's in the Seasonal Flu Vaccine?

The flu strains selected are cultivated in chick embryos for several weeks before being inactivated with formaldehyde, which is a known cancer-causing agent. Then they're preserved with thimerosal, which is 49 percent mercury by weight.

Even many health care professionals are confused about this and are not aware that the preservative thimerosal is mercury. As a quick side note, one of my chief writers told me that, "the doctor's office told me the vaccine does not contain mercury, just something called thimerosal."

Please, don't be fooled by this incredible ignorance. If you have carefully studied this issue there is a great possibility you may know more than your physician about this topic. Don't back down if they tell you something you otherwise know to be true.

According to the CDC, the majority of flu vaccines contain thimerosal. Some contain as much as 25 mcg of mercury per dose. This means that it may contain more than 250 times the Environmental Protection Agency's safety limit for mercury. By now, most people are well aware that children and fetuses are most at risk of damage from this neurotoxin, as their brains are still developing. Yet the CDC still recommends that children over 6 months, and pregnant women, receive the flu vaccine each year.

In addition to mercury, flu vaccines also contain other toxic or hazardous ingredients like:

Aluminum -- a neurotoxin that has been linked to Alzheimer's disease
Triton X-100 -- a detergent
Phenol (carbolic acid)
Ethylene glycol (antifreeze)
Betapropiolactone - a disinfectant
Nonoxynol - used to kill or stop growth of STDs
Octoxinol 9 - a vaginal spermicide
Sodium phosphate

How Safe is the Flu Vaccine? *Serious reactions* to the flu vaccine include, but are not limited to:
Life-threatening allergies to various ingredients
Guillain-Barre Syndrome (a severe paralytic disease that is fatal in about 1 in 20 cases)
Encephalitis (brain inflammation)
Neurological disorders
Thrombocytopenia (a serious blood disorder)

How Effective is the Flu Vaccine?
Remember that the potential effectiveness of a flu vaccine is dependent on the ASSUMPTION, made nearly a year in advance, that Asia's viral strains will be the ones hitting the U.S. When they guess wrong, the vaccine is worthless from the very start.
But does that mean they withdraw the flu vaccine when they discover it contains the wrong strains? NO! They just keep giving it out anyway.

But even if they were to overcome that hurdle and actually select the correct strains, there's still no evidence that it does anyone any good to get a flu vaccine. Study after study comes back showing the same dismal results: the flu vaccines are not an effective method of prevention of the flu, and they do not save lives. As mentioned earlier, they may even be responsible for an increased death rate in some groups. Sometimes determining efficacy is as easy as reading the information coming straight from the vaccine manufacturer.

How about this quote taken directly from the flu vaccine FLULAVAL's package insert (which you likely never see when getting the flu shot) for the 2009-2010 formula:
"FLULAVAL is an influenza virus vaccine indicated for active immunization of adults 18 years of age and older against influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. This indication is based on immune response elicited by FLULAVAL, and there have been *no controlled trials* demonstrating a decrease in influenza disease after vaccination with FLULAVAL."

That's right, NO controlled trials demonstrating ANY decrease in your risk of contracting the flu at all after vaccination! (It also states that each dose contains a total of 25 mcg of mercury.)

For those of you who are still unconvinced, know that there's plenty of scientific evidence available to back up the recommendation to avoid flu vaccines. In addition to studies mentioned in the video, here are several other examples showing that flu vaccines do not work for any age group:
A study published in the October 2008 issue of the Archives of Pediatric & Adolescent Medicine found that vaccinating young children against the flu had no impact on flu-related hospitalizations or doctor visits during two recent flu seasons. The researchers concluded that "*significant influenza vaccine effectiveness could not be demonstrated* for any season, age, or setting" examined.
See => doi: 10.1001/archpedi.162.10.943. PMID: 18838647

A 2008 study published in the Lancet found that influenza vaccination was NOT associated with a reduced risk of pneumonia in older people. This supports an earlier study, published in The New England Journal of Medicine. Research published in the American Journal of Respiratory and Critical Care Medicine also confirms that there has been no decrease in deaths from influenza and pneumonia in the elderly, despite the fact that vaccination coverage among the elderly has increased from 15 percent in 1980 to 65 percent now.

In 2007, researchers with the National Institute of Allergy and Infectious Diseases, and the National Institutes of Health published this conclusion in the Lancet Infectious Diseases: "We conclude that frailty selection bias and use of non-specific endpoints such as all-cause mortality,have led cohort studies to greatly exaggerate vaccine benefits."
=> https://pubmed.ncbi.nlm.nih.gov/17897608/

A large-scale, systematic review of 51 studies, published in the Cochrane Database of Systematic Reviews in 2006, found no evidence that the flu vaccine is any more effective than a placebo in children. The studies involved 260,000 children, age 6 to 23 months.

Last but not least, I think it says a lot that 70 percent of *doctors and nurses*, and 62 percent of other health care workers *do not get the yearly flu shot*. The reasons why they opted to not get vaccinated were:

- They didn't believe the vaccine would work
- They believed their immune systems were strong enough to withstand exposure to the flu
- They were concerned about side effects
- Might Influenza be little more than a symptom of Vitamin D deficiency?

Vitamin D, "the sunshine vitamin," may very well be one of the most beneficial vitamins there is for disease prevention. Unfortunately it's also one of the vitamins that a vast majority of people across the world are deficient in due to lack of regular exposure to sunshine. Published in the journal Epidemiology and Infection in 2006, the hypothesis presented by Dr. John Cannell and colleagues in the paper Epidemic Influenza and Vitamin D raises the possibility that influenza is a symptom of vitamin D deficiency. The vitamin D formed when your skin is exposed to sunlight regulates the expression of more than 2,000 genes throughout your body, including ones that influence your immune system to attack and destroy bacteria and viruses. Hence, being overwhelmed by the "flu bug" could signal that your vitamin D levels are too low, allowing the flu virus to overtake your immune system.

At least five studies show an inverse association between lower respiratory tract infections and 25(OH)D levels. That is, the higher your vitamin D level, the lower your risk of contracting colds, flu, and other respiratory tract infections. A 2007 study suggests higher vitamin D status enhances your immunity to microbial infections. They found that subjects with vitamin D deficiency had significantly more days of absence from work due to respiratory infection than did control subjects.

A 2009 study on vitamin D deficiency in newborns with acute lower respiratory infection (ALRI) confirmed a strong, positive correlation between newborns' and mother's vitamin D levels. Over 87 percent of all newborns and over 67 percent of all mothers had vitamin D levels lower than 20 ng/ml, which is a severe deficiency state. Newborns with vitamin D deficiency appear to have an increased risk of developing ALRI, and since the child's vitamin D level strongly correlates with its mother's, the researchers recommend that all mothers' optimize their vitamin D levels during pregnancy, especially in the winter months, to safeguard their baby's health. A similar Indian study published in 2004 also reported that vitamin D deficiency in infants significantly raised their odds ratio for having severe ALRI.

A 2009 analysis of the Third National Health andNutrition Examination Survey examined the association between vitamin D levelsand recent upper respiratory tract infection (URTI) in nearly 19,000 subjects over the age of 12. Recent URTI was reported by:

17 percent of participants with vitamin D levels of 30ng/ml or higher
20 percent of participants with vitamin D levels between 10-30 ng/ml.
24 percent of participants with vitamin D levels below 10ng/ml
The positive correlation between lower vitamin D levels and increased risk of URTI was even stronger in individuals with asthma and chronic obstructive pulmonary disease.

Another 2009 report in the journal Pediatric Research stated that infants and children appear more susceptible to viral rather than bacterial infections when deficient in vitamin D. And that, based on the available evidence showing a strong connection between vitamin D, infections, and immune function in children, vitamin D supplementation may be a valuable therapy in pediatric medicine.

How to Prevent the Flu without Getting a Flu Shot

For most people the flu shot does not make you healthy; it does just the opposite and weakens your immune system. If you follow a healthy lifestyle, you will not have to worry about getting the flu. Take it from me – I've never received a flu shot, and I haven't missed a day of work due to illness in over 20 years. The key steps that I follow to stay flu-free, which I suggest you follow too, include: Get plenty of sunshine, safe tanning bed exposure or supplemental vitamin D3; Eat right for your nutritional type, including avoiding sugar; Exercise; Get adequate sleep; Address emotional stress, ...

Patrick White

Study prompts provinces to rethink flu plan
Report suggests people who get vaccinated are more likely to catch H1N1

The Globe and Mail, 30 September 2009, 01:44 PM EDT
https://web.archive.org/web/20091001110114/https://www.theglobeandmail.com/news/technology/science/study-prompts-provinces-to-rethink-flu-plan/article1303330/

A "perplexing" Canadian study linking H1N1 to seasonal flu shots is throwing national influenza plans into disarray and testing public faith in the government agencies responsible for protecting the nation's health.

Distributed for peer review last week, the study confounded infectious-disease experts in suggesting that people vaccinated against seasonal flu are twice as likely to catch swine flu.

The paper is under peer review, and lead researchers Danuta Skowronski of the British Columbia Centre for Disease Control and Gaston De Serres of Laval University must stay mum until it's published.

Met with intense early skepticism both in Canada and abroad, the paper has since convinced several provincial health agencies to announce hasty suspensions of seasonal flu vaccinations, long-held fixtures of public-health planning.

"It has confused things very badly," said Dr. Ethan Rubinstein, head of adult infectious diseases at the University of Manitoba. "And it has certainly cost us credibility from the public because of conflicting recommendations. Until last week, there had always been much encouragement to get the seasonal flu vaccine."

On Sunday Quebec joined Alberta, Saskatchewan, Ontario and Nova Scotia in suspending seasonal flu shots for anyone under 65 years of age. Quebec's Health Ministry announced it would postpone vaccinations until January, clearing the autumn months for health professionals to focus on vaccinating against H1N1, which is expected to the more severe influenza strain this season.

"By the time the H1N1 wave is over, there will be ample time to vaccinate for seasonal flu," Dr. Rubinstein said.

B.C. is expected to announce a similar suspension during a press conference Monday morning.

Other provinces, including Manitoba, are still pondering a response to the research.

New Brunswick is a lone hold-out, announcing last week it would forge ahead with seasonal flu shots for all residents in October, as originally planned.

So far, the study's impact is confined to Canada. Researchers in the U.S., Britain and Australia have not reported the same phenomenon. Marie-Paule Kieny, the World Health Organization's director of vaccine research, said last week the Canadian findings were an international anomaly and could constitute a "study bias."

An international panel is currently scrutinizing the research data. "The review process has been expedited, so we're hoping for a response within days," said Roy Wadia, spokesman for the B.C. Centre for Disease Control.

Dr. Rubinstein, who has read the study, said it appears sound.

"There are a large number of authors, all of them excellent and credible researchers," he said. "And the sample size is very large – 12 or 13 million people taken from the central reporting systems in three provinces. The research is solid."

The vaccine suspensions do not apply for people over 65. Seniors are considered more susceptible to severe seasonal flu symptoms. At the same time, they carry antibodies from a 1957 pandemic that seem to neutralize the current version of H1N1.

Even if the statistical link is proven, the medical link between seasonal flu shots and H1N1 remains mysterious. One hypothesis suggests seasonal flu vaccine preoccupies the cells that would otherwise produce antibodies against H1N1.

But, according to Dr. Rubinstein, the research shows that people who received the seasonal shot during the 2007-08 flu season remained vulnerable to swine flu well into 2009 – an interval that should provide most immune systems ample restoration time.

"We don't understand the mechanism," Dr. Rubinstein said. "At the present time it is quite perplexing."

Presumably, they refer to the following studies:

Skowronski DM, De Serres G, Crowcroft NS, et al.
Association between the 2008-09 seasonal influenza vaccine and pandemic H1N1 illness during Spring-Summer 2009: four observational studies from Canada. PLoS Med. 2010 Apr 6;7(4):e1000258. doi: 10.1371/journal.pmed.1000258. PMID: 20386731; PMCID: PMC2850386.

Abstract
Background: In late spring 2009, concern was raised in Canada that prior vaccination with the 2008-09 trivalent inactivated influenza vaccine (TIV) was associated with increased risk of pandemic influenza A (H1N1) (pH1N1) illness. Several epidemiologic investigations were conducted through the summer to assess this putative association.

Studies included: (1) test-negative case-control design based on Canada's sentinel vaccine effectiveness monitoring system in British Columbia, Alberta, Ontario, and Quebec; (2) conventional case-control design using population controls in Quebec; (3) test-negative case-control design in Ontario; and (4) prospective household transmission (cohort) study in Quebec. Logistic regression was used to estimate odds ratios for TIV effect on community- or hospital-based laboratory-confirmed seasonal or pH1N1 influenza cases compared to controls with restriction, stratification, and adjustment for covariates including combinations of age, sex, comorbidity, timeliness of medical visit, prior physician visits, and/or health care worker (HCW) status. For the prospective study risk ratios were computed. Based on the sentinel study of 672 cases and 857 controls, 2008-09 TIV was associated with statistically significant protection against seasonal influenza (odds ratio 0.44, 95% CI 0.33-0.59). In contrast, estimates from the sentinel and three other observational studies, involving a total of 1,226 laboratory-confirmed pH1N1 cases and 1,505

controls, indicated that prior receipt of 2008-09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring-summer 2009, with estimated risk or odds ratios ranging from 1.4 to 2.5. Risk of pH1N1 hospitalization was not further increased among vaccinated people when comparing hospitalized to community cases.

Conclusions: Prior receipt of 2008-09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring-summer 2009 in Canada. The occurrence of bias (selection, information) or confounding cannot be ruled out. Further experimental and epidemiological assessment is warranted. Possible biological mechanisms and immunoepidemiologic implications are considered.

Janjua NZ, Skowronski DM, Hottes TS, et al.

Seasonal influenza vaccine and increased risk of pandemic A/H1N1 - related illness: first detection of the association in British Columbia, Canada. Clin Infect Dis. 2010 Nov 1;51 (9): 1017-27. doi: 10.1086/656586. PMID: 20887210; PMCID: PMC7107856.

Abstract

Background: In April 2009, an elementary school outbreak of pandemic H1N1 (pH1N1) influenza was reported in a community in northern British Columbia, Canada--an area that includes both non-Aboriginal and Aboriginal residents living on or off a reserve. During the outbreak investigation, we explored the relationship between prior receipt of trivalent inactivated influenza vaccine (TIV) and pH1N1-related illness.

Methods: A telephone survey was conducted from 15 May through 5 June 2009 among households of children attending any school in the affected community. Members of participating households where influenza-like illness (ILI) was described were then invited to submit blood samples for confirmation of pH1N1 infection by hemagglutination inhibition and microneutralization assays. Circulation of pH1N1 was concentrated among households of the elementary school and elsewhere-reserve to which analyses of TIV effect were thus restricted. Odds ratios (ORs) for the TIV effect on ILI were computed through logistic regression, with adjustment for age, comorbidity, household density, and Aboriginal status. The influence of within-household clustering was assessed through generalized-linear-mixed models.

Results: Of 408 participants, 92 (23%) met ILI criteria: 29 (32%) of 92 persons with ILI, compared with 61 (19%) 316 persons without ILI, had received the 2008-2009 formulation of TIV. Fully adjusted ORs for 2008-2009 TIV effect on ILI were 2.45 (95% confidence interval, 1.34-4.48) by logistic regression and 2.68 [95% confidence interval, 1.37-5.25) by generalized-linear-mixed model.

Conclusions: An outbreak investigation in British Columbia during the late spring of 2009 provided the first indication of an unexpected association between receipt of TIV and pH1N1 illness. This led to 5 additional studies through the summer 2009 in Canada, each of which corroborated these initial

Slate

Jean-Yves Nau

Grippe A: un Français sur deux allergique au vaccin

28 septembre 2009 à 2h0
https://www.slate.fr/story/10861/grippe-un-francais-sur-deux-allergique-au-vaccin

Le gouvernement est confronté à une résistance vaccinale qu'il n'avait pas anticipée.

A-t-on jamais vu, en France, une situation à ce point paradoxale dans l'histoire de la médecine et de la santé publique? Résumons. Une pandémie grippale est annoncée depuis près de cinq mois. A Paris comme dans de nombreuses autres capitales des pays industriels les autorités sanitaires réactivent un plan de lutte contre une autre pandémie d'origine aviaire; une pandémie potentiellement redoutable, mais qui fort heureusement est pour l'heure restée dans les limbes. Le gouvernement de François Fillon décide de placer la barre préventive le plus haut possible et, notamment, de passer commande (pour environ un milliard d'euros) de près de cent millions de doses du futur vaccin contre l'infection causée par le nouveau virus A(H1N1). Objectif: disposer coûte que coûte d'un stock qui permettra, au total, de pouvoir immuniser la totalité de la population française.

Les multinationales concernées se lancent dans une course-poursuite sans précédent pour livrer au plus tôt l'outil protecteur en France comme dans tous les pays industriels qui, en urgence, leur en ont fait la demande. Dans l'Hexagone, à la demande des pouvoirs publics des dizaines d'éminents spécialistes se réunissent durant des jours et des nuits pour savoir qui pourra être vacciné en priorité. Conclaves successifs pour concilier au mieux santé publique, organisation sociale et principes éthiques.

Nous vécûmes l'été à ce rythme. Puis nous voici désormais fin septembre; ces millions de doses vaccinales vont sous peu commencer à être livrées, de multiples centres spécialisés dans cette vaccination spécifique vont devoir bientôt sortir de terre. Puis, brutalement ce tout récent sondage de l'Ifop selon lequel seul un Français sur deux (55%), déclare avoir l'intention de se faire vacciner contre la nouvelle grippe. Plus précisément seuls 29% expliquent qu'ils se «soumettront certainement» à cette prochaine vaccination. Et, sans doute plus étonnant encore: ces proportions sont respectivement de 61% et 38% chez les médecins généralistes?

Un sondage Ifop-«le Quotidien du Médecin» confirme les réticences des médecins exerçant dans le secteur libéral: 46% d'entre eux n'envisagent pas de se vacciner quand 52% indiquent qu'ils seront prêts, le moment venu, à le faire. Un généraliste sur deux réticent à l'immunisation, en somme. Pourquoi pas plus? Que répondront tous les praticiens choisissant de ne pas se faire vacciner à leurs patients qui leur demanderont conseil? D'autres sondages (TNS Sofres/Logica pour Europe 1) évoquent 65% de refus potentiels à la vaccination dans la population générale.

Quelles que soient les proportions exactes de refus et d'acceptation le fait est là: il existe en France une forme de résistance collective potentielle à la vaccination sur laquelle le pouvoir public n'avait pas tablé. Cette situation à la fois inédite et largement problématique fait que l'on phosphore aujourd'hui à très fortes doses dans les hautes sphères sanitaires et gouvernementales françaises. Questions, au choix. A-t-on eu raison d'effectuer de telles commandes vaccinales? Avait-on pris le pouls de l'opinion avant de prendre cette décision? Si oui qui l'a pris? Si non, pourquoi? N'aurait-il pas été plus judicieux de patienter? Fallait-il laisser à chacun la liberté d'agir? Aurait-on dû au contraire imposer coûte que coûte une obligation vaccinale aux professionnels de santé dont on estime (à juste titre) qu'il convient de les protéger pour eux-mêmes autant que pour ceux qu'ils sont amenés à prendre en charge?

Convaincre en somme, faute d'avoir imposé. François Fillon, il y a quelques jours, à l'issue d'un conseil interministériel consacré à ce sujet: *«Je veux rappeler que la vaccination* [contre la grippe A(H1N1] *n'est pas obligatoire, mais je fais appel à la responsabilité de chacun, et notamment, parce que c'est le plus important, à celle des personnels de santé. Nous avons besoin d'eux pour protéger l'ensemble des Français, nous avons donc besoin, naturellement, qu'ils soient vaccinés.*»

«Nous» avons besoin d'eux, certes; mais si «eux» ne répondent pas présents? En viendra-t-on (les textes existent) à l'injonction vaccinale? Sans doute pour mieux se faire comprendre M. Fillon a redit quelles étaient ici les priorités énoncées dans les recommandations du Haut Conseil de santé publique (HCSP): *«Le principe est simple,* a-t-il insisté*: les personnes prioritaires sont les personnes les plus vulnérables et ce sont les personnels de santé, parce que c'est naturellement sur eux que repose la santé de tous les autres.»* Plus précisément encore «prioritaires parmi les prioritaires»: les personnels de santé de réanimation, néonatale et pédiatrique, puis les personnels médical, paramédical et aide-soignant des établissements de santé, ainsi que les médecins et infirmiers exposés à des personnes infectées par le nouveau virus grippal.

Tout devrait ici être calé sur les volumes des livraisons progressives des doses vaccinales. Viendront ensuite les femmes enceintes puis les personnes de *«l'entourage des nourrissons de moins de 6 mois»*, les professionnels chargés de l'accueil de la petite enfance, les nourrissons de 6-23 mois avec facteur de risque, les sujets de 2 à 64 ans avec facteur de risque. Puis dans le grand ordonnancement jacobin, sanitaire et républicain: les autres professionnels de santé, les nourrissons de 6-23 mois sans facteur de risque, les personnels d'accueil des pharmacies, des personnels des établissements médico-sociaux. Enfin (vers le printemps?) les personnes de plus de 65 ans avec facteur de risque, les 2-18 ans sans facteur de risque et, pour finir (vers le prochain automne?) les personnes âgées de plus de 18 ans sans facteur de risque.

Tout cela est bel et beau mais repose, répétons-nous, sur le volontariat. Comment s'adaptera-t-on à la désaffection, désormais hautement prévisible, d'une fraction nullement négligeable des professionnels sanitaires officiellement désignés? Ministre de la santé chaque jour un peu plus confirmée - grâce à cette pandémie - dans ses fonctions Roselyne Bachelot ne cesse de rassurer: la technologie des vaccins est bien connue et les vaccins qui seront proposés auront *«évidemment satisfait à toutes les procédures de sécurité»*. L'OMS s'inscrit dans la même démarche incitatrice et rassurante, expliquant que *«les résultats des essais réalisés à cette date suggèrent que le vaccin pandémique est aussi sûr que les vaccins contre la grippe saisonnière, avec des effets secondaires «similaires». Mais qui aujourd'hui, sur fond d'anxiété diffuse et collective, est capable de préciser ce que sont ces «effets secondaires».*

Pour le reste la suite est d'ores et déjà annoncée. La France disposera sous peu d'environ un million de doses anti-A(H1N1), la multinationale britannique GlaxoSmithKline (GSK) ayant obtenu de l'agence européenne des médicaments les premières autorisations lui permettant de commercialiser son vaccin. Devraient ensuite arriver sur le marché les premières des 16 millions de doses commandées à Novartis. Plus précisément la France devrait disposer vers le 9 octobre de 1 à 1,2 million de doses de vaccins de GSK, les premières livraisons de Novartis dans l'Hexagone étant programmées fin octobre/début novembre. Les autres multinationales auxquelles la France a passé des commandes (Sanofi-Pasteur pour 28 millions de doses et Baxter) n'ont pas encore, pour diverses raisons, reçu l'aval des autorités européennes.

Quel usage précis sera fait de cette armada vaccinale sans précédent dans l'histoire de la grippe? Un premier élément de réponse nous est fourni par l'Ifop: «Malgré un discours médiatique anxiogène, la population française n'est pas gagnée par la peur de l'épidémie, nous assure l'Ifop. En juillet 2009, seuls 35% des Français se déclaraient inquiets. Le niveau d'inquiétude tend à décroître au fil des mois, en s'établissant à 32% en septembre, preuve que l'annonce des décès dus à la maladie (...) ne déclenche pas de crainte particulière au sein de la population hexagonale. A titre de comparaison, celle-ci ne se montre guère plus inquiète que lors de l'épidémie de grippe aviaire en 2006».

Dans le même temps, la menace de la grippe A(H1N1) est belle et bien devenue le premier sujet de conversation des Français, 80% d'entre eux l'ayant d'ores et déjà évoqué avec leurs proches. Faut-il y voir un paradoxe? Faut-il se souvenir (avant de la rappeler aux plus jeunes d'entre nous) de la fameuse histoire d'un certain Pierre; d'un certain Pierre et -dit-on- d'un certain loup?

Gesundheitliche Aufklärung

Healthman / Freeman

Beipackzettel des H1N1 Impfst off warnt vor Gesundheitsschäden

Gesundheitliche Aufklärung, 30 September 2009
https://web.archive.org/web/20091003001100/http://www.gesundheitlicheaufklaerung.de/beipackzettel-des-h1n1-impfstoff-warnt-vor-gesundheitsschaden
https://web.archive.org/web/20091003001100/http://www.novartisvaccines.com/downloads/diseases-products/Fluvirin_PI_2009_2010.pdf

Der Beipackzettel für den H1N1 2009 Monovalent Impfstoff der von Novartis hergestellt wird ist im Internet veröffentlicht worden. Darin steht, der Impfstoff basiert auf einen Vorgänger genannt Fluvirin und kann eine ganze Reihe von erheblichen Nebenwirkungen und Gesundheitsschäden bewirken, wie das Guillain-Barre Syndrome, Vaskulitis, anaphylaktischer Schock und sogar den Tod.

Jeder der sich mit den Nebenwirkungen des Impfstoffs beschäftigt hat, weiß was dieser alles auslösen kann, aber das Besondere hier ist, nun führt der Beipackzettel der Schweinegrippeimpfung alle diese Schäden auch auf und Novartis gibt es damit zu. Auf dem Zettel steht als Datum September 2009, also ist es der neueste Stand der Information.

Influenza A (H1N1) 2009 Monovalent Vaccine. - Novartis Vaccines and Diagnostics Limited, BLA 1750, Sept 2009
https://web.archive.org/web/20091229040535/http://www.fluscam.com/Vaccine_Package_Inserts_files/Novartis_A-H1N1_2009_Monvalent_VaccinePackageInsert_BasedOn1980Approvalfor%20Fluvirin_UCM182242.pdf

Darin steht, für Kinder zwischen 4 und 8 Jahren werden zwei Injektionen a 0,5 ml mit einem Abstand von einem Monat gespritzt. Kinder ab 10 Jahren und Erwachsene bekommen nur eine Spritze a 0,5 ml.

Im Beipackzettel steht auch, die Dosis von 0,5 ml beinhaltet Thiomersal als Konservierungsmittel bestehend aus Quecksilber in einer Menge von 25 Mikrogramm. Quecksilber ist aber bekanntlich ein Nervengift und sollte deshalb vermieden werden. Wegen der kumulierenden Quecksilberbelastung von Kindern durch die routinemäßigen Kinderimpfungen wird vermutet, dass neurologische Störungen wie z. B. Autismus dadurch ausgelöst werden. (Siehe z.B. Artikel: Impfen macht krank!)

Wenn man sich die weiteren aufgeführten Nebenwirkungen ansieht, dann wird es einem ganz anders, wie zum Beispiel: Schmerzen an der Impfstelle, Ausschläge, Schwellungen, Schüttelfrost, Fieber, Müdigkeit, Asthenie, Gesichtsödeme, Störung des Immunsystem, Überempfindlichkeits-reaktionen die zu Schockzuständen und Tod führen können, Herz-Kreislaufstörungen, Vaskulitis, Ohnmachtsanfälle, Verdauungsstörungen, Durchfall, Übelkeit, Erbrechen, Bauchschmerzen, Blut- und Lymphstörungen bis hin zu Paralyse, Gehirnschäden und die Liste geht endlos weiter.

Da ist es ja viel vernünftiger die Grippe einfach durchzustehen und mit den üblichen Hausmitteln auszukurieren als sich diesen Giftcocktail reinspritzen zu lassen.

NBC NEWS

Minor side effects from early swine flu shots

NBC News, 6 October 2009, 10:46 PM +08
https://www.nbcnews.com/id/wbna33190473

Vaccine is the best tool against swine flu despite reports of a few minor side effects from the initial campaign in China, the World Health Organization said.

Four out of 39,000 people vaccinated against H1N1 in China have had side effects such as muscle cramps and headache, WHO spokesman Gregory Hartl said.

"Adverse events are fully to be expected, especially these mild types," Hartl said Monday, adding that this was particularly true in cases where very large numbers of people are being vaccinated.

The vaccination campaign will soon move to Australia, the United States and parts of Europe, he said, encouraging people – especially health care workers – to be vaccinated.

"The vaccine is the single most important tool that we have against influenza," Hartl said. "For certain groups such as health care workers, it's doubly important to get vaccinated because health care workers have the ability to protect both themselves and to protect others by getting vaccinated."

The U.S. government will be tracking possible side effects when mass flu vaccinations begin this month in hopes of quickly detecting any rare problems that are actually caused by the vaccine and not pure coincidence.

U.S. health authorities hope to give swine flu vaccinations to more than half the 300 million-plus population in just a few months.

The last mass inoculations in the United States against a different swine flu, in 1976, were marred by suggestions of a link in some cases to a rare paralyzing condition, Guillain-Barre syndrome.

Scientists never could prove that the vaccine really was linked to the syndrome, an often reversible but sometimes fatal paralysis.

Korea JoongAng Daily

Seo Ji-eun

Deaths in Korea from Flu Vaccination

Korea Joong Ang Daily, 15 October 2009, 19:21:25
https://web.archive.org/web/20091019040029/http://www.theflucase.com/index.php?option=com_content&view=article&id=1100:deaths-in-china-from-flu-vaccine&catid=41:highlighted-news&Itemid=105&lang=en

Five people have died after being vaccinated against seasonal influenza since the nation's health authority began providing free shots on the first day of this month.

Yesterday, an 80-year-old woman died slightly more than one hour after receiving the seasonal flu shot in Ulsan, according to the public health center in the northern part of the port city. On her way from the center in the morning, she experienced a breathing problem and fell to the ground, her daughter-in-law reported.

She was immediately moved to a nearby emergency room but died 75 minutes later. She was diabetic, according to the health center. The center is currently investigating whether the shot played a role in her death. Having secured 3.93 million doses of seasonal flu vaccine, the centers are providing free vaccines to people 65 years and older and to the needy residing in government-provided welfare facilities.

A fourth death of a flu shot recipient involved a 51-year-old man from Gyeonggi. Since he was not eligible for the free vaccination due to age, he paid for the shot. He died Oct. 9, two days after the vaccination.

The Health Ministry said an autopsy showed he died of hardening of the arteries, not from side effects from the vaccination. However, he had not been treated for heart disease before the shot.

The first three deaths occurred three days in a row beginning Oct. 5 – all involving people over 80 years old. Without elaborating further, the Health Ministry said is looking into the "possible link between the deaths and the vaccine."

This is not the first time that deaths have followed flu vaccinations. The largest tally came in 2005 at six, followed by three last year. Of the 3.93 million government-offered free vaccines doses, 3.44 million are from the Green Cross, a local pharmaceutical manufacturer.

As a follow-up measure against the recent deaths, the Korea Centers for Disease Control and Prevention, an agency under the ministry, advised that those with abnormal physical conditions should postpone the shot even if they are given notice of a free vaccination. They can reschedule later, the agency said.

The health agency noted that the seasonal flu shot "won't prevent the A(H1N1) influenza," which was originally known as the swine flu.

The agency said "healthy adults" need to give preference to senior citizens 65 and older for the seasonal flu vaccine.

Huliq News

Desiree Jennings, Cheryl Phillips

NFL Cheerleader Suffers Irreversible Dystonia after Flu Shot

Huliq News, 15 October 2009
https://web.archive.org/web/20091202080352/http://www.huliq.com/8059/87650/nfl-cheerleader-suffers-irreversible-dystonia-after-flu-shot

The debate over how safe the flu shot is appears in the news several times a week. In general, there are more risks in getting the flu itself than there are in the vaccine. However, the news that NFL cheerleader, Desiree Jennings, now suffers from a neurological condition brought on by the flu shot is causing fear in many people.

The fact that Desiree Jennings had a terrible reaction to the seasonal flu shot she received in August does not mean that everyone will have the same reaction. In reality, it may be a one in a million shot that the flu shot would cause a rare neurological disorder called dystonia. This is what Doctors at Fairfax Inova and Johns Hopkins diagnosed the NFL cheerleader with and they think it was caused by a severe reaction to the flu shot.

Dystonia is a neurological movement disorder in which sustained muscle contractions cause twisting and repetitive movements or abnormal postures. The disorder may be inherited or caused by other factors such as birth-related or other physical trauma, infection, poisoning or reaction to drugs.

Desiree Jennings, 26 was the picture of health prior to the flu shot she received on August 23. She is a Washington Redskins cheerleader and an avid runner. Ten days after receiving the flu shot, she came down with the flu. After that, her health got worse and she was hospitalized twice for seizures. Finally, she was diagnosed with dystonia and the doctors speculated that it was the flu shot that caused it.

Dystonia has been completely disabling for Desiree. She can’t walk forward, only backward. She can whisper but has difficulty speaking. Noises can cause convulsions. Her resting heart rate is 90. When she runs her blood pressure dips to 58. She gets exhausted walking a few steps but she could run for hours. Jennings now has difficulty speaking, walking, and even eating. She also experiences frequent seizures.

Desiree reported her health problems to the Food and Drug Administration (FDA) in case there was an issue with the vaccine. The FDA reported no problems with the vaccine she received and they have no other reports of adverse reactions from the lot.

NFL cheerleader Desiree Jennings, who had flu shots in 2007/2008 with no reaction, is aware that Dystonia is a rare reaction to the flu vaccine. Dystonia is an irreversible condition.

Although Desiree Jennings life is now completely changed, this reaction to the flu shot is very rare. Not getting a flu shot could have adverse affects as well, especially for those with chronic health problems.

EXPRESSEN

Svenskar drabbade av allergi efter vaccinet

Expressen, 16 Oktobre 2009
https://web.archive.org/web/20091019091129/http://www.expressen.se/halsa/1.1745698/svenskar-drabbade-av-allergi-efter-vaccinet

Tusentals svenskar har redan vaccinerats mot svininfluensa.

Nu kommer nya rapporter om biverkningar. Tre svenskar har drabbats av allergireaktioner av vaccinet.
- Det är reaktioner som tryck över bröstet, tungt att andas och rodnad på bröstet. Alla tre har tillfrisknat, säger Gunilla Sjölin Forsberg vid läkemedelsverket.

Hittills har 70 000 doser av svininfluensavaccinet Pandemrix distribuerats bara i Skåne. Ett trettiotal biverkningsrapporter har kommit till läkemedelsverket från Skåneregionen, enligt ett pressmeddelande från myndigheten. Läkemedelsverket utreder nu vilka biverkningar som har ett troligt samband med vaccinet.

Troligt samband

Hittills har myndigheten fått rapporter om tre personer som drabbats av allergiska reaktioner av vaccinet. Myndigheten har hunnit ta ställning till två av fallen, och menar att de har troligt samband med svininfluensavaccinet.

– Reaktionerna kom inom en kort tidsrymd, inom en timme från vaccineringen. Det var besvär som rodnad på bröstet, klåda, utslag och tungt att andas. Den ena personen, som fick mer uttalade besvär, fick behandling med kortison och antihistaminer. Men besvären var övergående, säger Gunilla Sjölin Forsberg, chef vid enheten för läkemedelssäkerhet vid Läkemedelsverket till Expressen.

Feber och frossa

Utöver de allergiska reaktionerna har biverkningar som smärta i armen vid stickstället, huvudvärk, feber och frossa rapporterats. Gunilla Sjölin Forsberg tycker att de rapporterade biverkningarna är lindriga och väntade och liknar de man kan få vid vaccinering mot vanlig säsongsinfluensa.

– Med tanke på att 70 000 vaccindoser distribuerats i Skåne är jag inte förvånad över antalet inrapporterade biverkningar, säger hon.
Att feber och frossa är tämligen vanligt är i linje med tidigare studier av vaccinet, som visat att mer än var tionde får övergående feberreaktioner.
För att ovanliga och allvarliga biverkningar ska kunna upptäckas måste väldigt många vaccineras. En mycket ovanlig biverkan, som alla vaccin har, är Guillain-Barrés syndrom. Det är autoimmun nervsjukdom som kännetecknas av förlamningar. I majoriteten av fallen går förlamningen tillbaka.

"Svårt fastställa samband"

Men man kan få syndromet även om man inte vaccinerar sig, exempelvis av infektioner. Antalet drabbade är mellan 0,4 och 4 på 100 000, berättar Charlotta Bergquist, vaccinexpert på Läkemedelsverket.
– Jag förväntar mig att vi kommer att få in även sådana rapporter, eftersom så många ska vaccineras. Men det blir svårt att fastställa ett samband eftersom Guillain-Barrés syndrom också kan utlösas av en infektion.

THE FLU CASE

Vaccine "side effects" reported in Sweden

The Flu Case, 17 October 2009
https://web.archive.org/web/20091021081614/http://www.theflucase.com/index.php?option=com_content&view=article&id=1125:vaccine-qside-effectsq-reported-in-sweden&catid=1:latest-news&Itemid=64&lang=en

The mass vaccination with the so called "swine flu" vaccine has started in Sweden and already some reports of side effects are becoming public. In an article in today's Expressen, it becomes clear that the strategy to deny any link between the damages made by the vaccine and the severe reactions in many victims is already in use: "Hard to establish a connection".

The cases reported by the newspaper are "allergic reactions" like pressure over the chest, difficulty breathing and redness over the chest area. The three most severe reported cases are supposed to be "well again now".

It is said that over 70 000 doses have been distributed but it is unclear how many have really received the shot so far. The thirty or so reported cases are the ones where the victim actually took the time to make the report or even had to be brought in to a hospital for treatment. The vast majority of cases though are not reported and people instead stay at home trying to cope with the "side effects".

Part from the more severe reported allergic reactions, the victims are reporting severe pain where the needle was injecting the fluid and headaches, fever and shivering.

According to the article, it is expected that more than 10% of everyone getting the shot will experience a reaction with fever involved. It is also said "To be able to discover unusual and severe side effects, very many individuals will need to be injected". The article states that the Guillain-Barrés syndrom is a disease that is known to be a side effect with every vaccine.

Since this syndome can occur in other ways, there is always the possibility to consider it not related to the vaccination to help adjust the statistics

In the Swedish Blogosphere, many report about their "side effects".

Anders Nilsson is starting to collect side effect experiences which he finds reported by bloggers in Sweden.
https://web.archive.org/web/20091019071338/http://www.andersnilsson.name/2009/10/manga-rapporterar-biverkningar-av.html

Mia says: "The night was a pain to go through, the whole arm was numb and I could not sleep" "I felt numbness and a prickly feeling all day and an undescribable pain. I have taken pain killers like candy today." "At around 6 pm, I started to feel really dizzy, my legs started shaking and I felt incredibly tired and felt so sick I just wanted to die."
https://web.archive.org/web/20111120210750/http://frukenob.blogspot.com/2009/10/svininflensan.html

A mother of three writes: "Woke up this morning with severe pain in my arm, like pain after a workout, felt headache and nausea", "at work I could no longer bear the headache, it pounded like h*ll and I felt a fever coming …. at lunchtime I could no longer take it so I reported sick and will do so also for tomorrow. On the way home I puked as crazy."

Manda writes: Vaccines suck. My arm hurts like h*ll, I have a fever and coldsweats, feeling sick and puke and on top of that I almost faint every now and then."
https://web.archive.org/web/20091022183537/http://mandascrazythoughts.bloggproffs.se/2009/10/14/uff/

Jennely writes: "Stayed home from work today since I did not get many minutes of sleep last night, could hardly stand up this morning because my head felt like it was spinning and I started to feel very nauseous. All due to the pain in my arm after the vaccination, having so much pain that it is unbelievable.", "Never thought one could be in such pain from a small little vaccination, have had vaccinations before which I never felt."
https://web.archive.org/web/20091022133352/http://blogg.vk.se/nenny/2009/10/15/aj-aj-141294

If you have received the "swine flu" shot, it is important that you report any side effects - no matter if they show up directly after the vaccination or weeks after. The long term effects will not be known until they are properly researched.

Woman Disabled by this Years Flu Shot
10 days after vaccination

Russia Today (RT), 18 October 2009
https://www.youtube.com/watch?v=1FrbhM05Wi4

A shocking side effect to a routine vaccination this started a flu shot you heard her right a regular flu shot gone horribly wrong tonight the warning this woman wants everyone to hear good evening everyone I'm Brian Bolter and I'm sea yansy a few weeks ago Desiree Jennings was training for a half marathon tonight she's struggling to walk talk even eat left disabled by a very rare reaction to a seasonal flu shot plenty of coffee has more on this serious side effect the vast majority of doctors say flu shots are safe in this case the FDA says they found nothing wrong with this particular batch but sometimes there are complications and that's apparently what happened to Desiree Jennings and now her life will never be the same here 26-year-old Desiree Jennings is the picture of health she's a Redskins cheerleader Ambassador and an avid Runner her life changed Forever on August the 23rd when she says she got a seasonal flu shot ... [see transcript ...]





DN.se

Anna Bratt

190-tal biverkningar av vaccinet

DN.se, 21 October 2009, 22:01
https://web.archive.org/web/20091025161907/http://www.dn.se/nyheter/vetenskap/190-tal-biverkningar-av-vaccinet-1.979474

Från och med torsdagen lägger Läkemedelsverket varje vecka ut alla rapporterade biverkningar av vaccinet mot svin-influensan på sin hemsida. Hittills har ett 190-tal biverkningar anmälts till myndigheten.

Mer än en halv miljon doser av influensavaccinet Pandemrix har skickats till landstingen. Flera tusen svenskar har fått vaccinet och nu kommer anmälningar om biverkningar till Läkemedelsverket.

Hittills har myndigheten fått in mer än 190 rapporter från både sjukvården och privatpersoner. Allra vanligast är smärta i armen. Sen kommer milda influensasymtom som feber, muskelvärk, magont, huvudvärk, yrsel och trötthet.

– Det är vanliga biverkningar efter influensavaccin och det är vad vi hade väntat oss, säger Gunilla Sjölin Forsberg som är chef för läkemedelssäkerhet på Läkemedelsverket.

Enligt vaccintillverkaren Glaxo-smithkline får ungefär en av tio vaccinerade besvär, vilket är något fler än för vanligt säsongsinfluensavaccin. Det beror på ett ämne i vaccinet som triggar i gång immunförsvaret.

Läkemedelsverket utreder också ett dödsfall som har skett efter en vaccination.

– Det är en hjärtsjuk person i Västernorrland som har fått en misstänkt hjärtinfarkt. Hittills har vi inte hittat något stöd för att dödsfallet har samband med vaccinsprutan, säger Gunilla Sjölin Forsberg.

THE FLU CASE

Johan Niklasson

Nurses got sick from the "swine flu" vaccine in Sweden
update - 1 suspected death

The Flu Case, 21 October 2009, 16:45
https://web.archive.org/web/20091024040135/http://www.theflucase.com/index.php?option=com_content&view=article&id=1268:they-got-sick-from-the-vaccine-in-sweden&catid=1:latest-news&Itemid=64&lang=en

Yesterday 30 people had been reporting to the authorities in Sweden that they experienced such severe side effects that they felt the need to contact a hospital. Today the number is 140. The swedish newspaper *Expressen* is the only one in Sweden reporting on these cases and as usual this is most likely only the tip of a rather large iceberg.

Update: According to ***Dagens Nyheter***, the number of reported side effects are now a few hours later 190.
See above: Anna Bratt. **190-tal biverkningar av vaccinet.** – DN.se, 21 October 2009]
https://web.archive.org/web/20091024055129/http://www.dn.se/nyheter/vetenskap/190-tal-biverkningar-av-vaccinet-1.979474

1 person dies after the injection but "no direct relation with the injection has been established". The biggest medical scandal in the history of Sweden has just started.

Even so, Annika Linde, director of The Swedish Institute for Infectious Disease Control (SMI) manages to spin this into something positive by stating "*The vaccine has more side effects than the normal flu vaccine. It is a sign that proves that it gives an effective protection.*"

Thousands of Swedes have been vaccinated so far and the reports of side effects are "flooding in" to The Swedish Institute for Infectious Disease Control (SMI). Annika Linde: "It is obviously so that the vaccine against the swine flu results in more side effects than the normal flu vaccines. That is because the swine flu vaccine contains adjuvants, shark liver oil, which triggers the immune defense to respond. That also results in that the protection against the virus becomes better."

Several severe cases of allergic reactions are reported to the unit for medicinal safety. "So far the reported side effects are not unexpected", says Gunilla Sjölin Forsberg. This unit has now asked some of the many units that vaccinate to report side effects to better get a grip on the situation. This statement alone is shocking since according to normal practice, all side effects should automatically be reported - right?

A nurse who took the shot on wednesday last week is still feeling sick. She got high fever and shivers from the swine flu shot. "*I was shaking in my whole body. It was so sever that I could not even hold a glass of water in my hand*", **Lotta Lindström** says. "*I am now thinking about what it is I have been injected with. I really was affected. It feels really unpleasant*."
See: Anna Bäsén, Nathalie Joo. **De blev sjuka av vaccinet**. - Expressen.se, 24 oktober 2009
https://web.archive.org/web/20091024055220/http://www.expressen.se/halsa/1.1750592/de-blev-sjuka-av-vaccinet

Maria Strindlund is not so sure she made the right choice to tae the shot. She also got a severe fever and shivering reaction. "*Since I work as a nurse, I decided it was the best thing to do*.", she says. At first she felt nothing from the vaccinaton, but a few hours later the side effects kicked in. "*I got a extreme pain in my arm. I could no longer lift it*." The came the fever and the shivering. "*I was lying in bed shivering and was feeling very cold and stood in a hot shower to get warm*." She says many colleguse who also took the vaccine have had similar reactons. She has been taking many vaccines in the past without any reactions whatsoever.

See: Nathalie Joo. **Maria, 27: "Fick fruktansvärt ont"**. – Expressen.se, 24 oktober 2009
https://web.archive.org/web/20091024075950/http://www.expressen.se/halsa/1.1750595/maria-27-fick-fruktansvart-ont

Rebecka Andersson was the first person to get the shot in Sweden. She became feverish and felt sick to her stomach from the shot. "*I lost all energy*", she says. "*I am normally never sick so I understood it must be the vaccine*." Her class mates was vaccinated at the same time and she states that five out of nineteen also got sick from the swine flu vaccine.

See: Nathalie Joo. **Rebecka, 32: "Jag blev orkeslös"**. – Expressen.se, 24 oktober 2009
https://web.archive.org/web/20091024075956/http://www.expressen.se/halsa/1.1750598/rebecka-32-jag-blev-orkeslos

Lotta Lindström, a nurse, states that she got the shot a week ago and still is not well. "*It feels very worrying*", she says. "*I did not sleep anything the night after the shot since the pain in my arm was so severe*." The day after, at work, the fever came. She later had headaches. She still today, a week after the shot feels sick.

See: Nathalie Joo. **Lotta, 49: "Jag sov inte något på natten"**. – Expressen.se, 22 oktober 2009
https://web.archive.org/web/20091022155329/http://www.expressen.se/halsa/1.1750596/lotta-49-jag-sov-inte-nagot-pa-natten

Another nurse, **Jennely**, could hardly walk five meters after she got sick from the "*swine flu" vaccination. She was completely healthy when she got the shot but the day after she had 39 degrees centigrade fever* (102.2 F). "*I could hardly walk the five meters I had to the bathroom*", she says. The fever lasted for three days. sevreal of her colugueges at work had similar experiences. "*I know of at least ten that got fever , we are about 80 people at my workplace*."

See: Nathalie Joo. **Jennely, 26: "Orkade knappt gå fem meter".** – Expressen.se, 22 oktober 2009.
https://web.archive.org/web/20091022194101/http://www.expressen.se/halsa/1.1750600/jennely-26-orkade-knappt-ga-fem-meter

EXPRESSEN

Anna Lindström, Behrang Behdjou

Två personer avled kort efter vaccinering

Expressen, 22 Oktobre 2009
https://web.archive.org/web/20091025035951/http://www.expressen.se/Nyheter/1.1752585/tva-personer-avled-kort-efter-vaccinering

Två svårt sjuka människor har avlidit efter att ha fått vaccin mot svininfluensan.

Nu utreds dödsfallen av Läkemedelsverket.
- Vi vet ännu inte om det finns något samband, säger Lennart Waldenlind som är docent vid Läkemedelsverket.

En av den avlidna, en man som var i 55-årsåldern vaccinerades på morgonen fredagen 16 oktober. Tolv timmar senare avled han.
- Han var svårt hjärtsjuk och hade svikt även i andra vitala organ, uppger Hans Boman, smittskyddsläkare i Västernorrland, för Expressen.se.

Bör man vaccinera sig då?
- Ja, för då tillhör man en riskgrupp och det var därför han gick och vaccinerade sig.

Boman säger att han inte tror att dödsfallet har samband med svininfluensan.
- Min bedömning är att det har ett slumpmässigt samband till vaccinationen, men vi måste avvakta utredningen.

"Bedöms på nationell nivå"

Mannen har obducerats och primärvården har beställt in hans journaler och biverkningsrapporten.

Är det möjligt att ni vidtar åtgärder om dödsfallet har samband med vaccinationen?
- Det får bli en bedömning på nationell nivå hur man ska ställa sig, men det är ett enda dödsfall av hundratusentals vaccinationer. Det är knappast troligt att det har något samband.

Lennart Waldenlind som är docent vid Läkemedelsverket säger att det på torsdagseftermiddagen rapporterades in ytterligare ett misstänkt dödsfall.
- En svårt muskelsjuk kvinna i 60-årsåldern avled plötsligt i sitt hem två dygn efter att ha fått vaccin mot svininfluensa. Vi skall nu utreda de båda dödsfallen för att se om det finns något samband med vaccinet, säger han och tillägger:
- Det skulle kunna vara så att febern som kan uppstå efter vaccinet blir en för stor påfrestning för redan svårt sjuka då detta vaccin är starkare än vanligt influensavaccin. Men det är så klart omöjligt att vara Gud Fader själv och ha alla svar från början. I bland kan det vara så att man förstår ett samband först efter ett tag.

THE FLU CASE

Johan Niklasson

First deaths in Sweden from "swine flu" vaccine

The Flu Case, 22 October 2009
https://web.archive.org/web/20091026142132/http://www.theflucase.com/index.php?option=com_content&view=article&id=1281:first-deaths-in-sweden-from-qswine-fluq-vaccine&catid=1:latest-news&Itemid=64&lang=en

We have already reported about the over 200 official cases of "side effects" from the "swine flu" mass vaccination that is taking place in Sweden. => https://web.archive.org/web/20091026142132/http://www.theflucase.com/index.php?option=com_content&view=article&id=1268%3Athey-got-sick-from-the-vaccine-in-sweden&catid=1%3Alatest-news&Itemid=64&lang=de

So far, only the so called "risk groups" are targeted, people who are sick, work in hospitals or are pregnant(!). Historically, the reports of side effects are normally just the tip of an iceberg and if the past is any guide, no more than a maximum of 10% of all cases are reported. Officials even make statements to the effect that it is unusual to report side effects. It has been said from the authorities in Sweden that "we now will begin to ask people to report serious side effects, those who are not already known." With such strategy, very few cases will even be considered to be reported and to reveal that it is normal to not consider the already known damages is shocking.

Today, Aftonbladet reveals that two Swedes have died from the Pandremix "swine flu" shot. => http://www.aftonbladet.se/nyheter/article6001249.ab

Media in Sweden have consistently been promoting the mass vaccination and have systematically blocked any debate or critical voices from being published. Vaccinations have just begun but already they have killed more than the so called "swine flu" has done in Sweden. The propaganda have constantly repeated that "we need to get vaccinated to avoid to infect others and to save society from the economic loss if many are sick at the same time. The flu will kill many more than the vaccine ever will." Another blatant lie to add to the numerous others.

In what seems to be the first signs of taking a different stance towards the vaccines, Aftonbladet today reveals that two elderly citizens who took the vaccine died shortly after. They were both already sick or had serious health problems. One of them was an elderly man who died of what looks like a heart attack. The other one was a woman aged 65 who was found dead in her home two days after she got vaccinated. It is said she suffered from a "muscle condition".

Even though it is obvious that the vaccination is causing severe side effects, including death, health officials deny the connection. Lennart Waldelind who works for The Medical Products Agency says "It is very hard to judge. It is a matter of personal preference how one declares this."

In Expressen he says about damages from vaccines: "Sometimes one can only realize a connection after a while." => https://web.archive.org/web/20091025035951/http://www.expressen.se/Nyheter/1.1752585/tva-personer-avled-kort-efter-vaccinering

It can not have come as a surprise to the Swedish authorities that this vaccination would lead to enormous problems, there have been more than enough warnings sent in from hundreds if not thousands of concerned individuals.

Lennart Waldelind explains that warnings directed to elderly people regarding the "swine flu" vaccine are now being formulated and prepared by The Medical Products Agency. It will be very interesting to see who will take the responsibility for this large scale deadly testing of a new vaccine on a defenseless and misinformed public.

The headline in Aftonbladet reads: "The flu vaccine may be too strong".

The biggest medical scandal in the history of Sweden has just started.

AFTONBLADET

Jessica Balksjö

"Influensavaccinet kan vara för starkt"
Elderly seriously ill people may be advised against vaccination

Aftonbladet, 22 October 2009
http://www.aftonbladet.se/nyheter/article6001249.ab

Äldre allvarligt sjuka kan avrådas från vaccination

Två allvarligt sjuka personer har hittills dött efter att de fått vaccinet mot svininfluensan.

Läkemedelsverket utreder nu om det kan krävas nya rekommendationer som avråder äldre och sjuka att vaccinera sig.

– I de kliniska testerna som görs inför en vaccination så finns det få av de här ovanliga patienterna representerade, säger Lennart Waldenlind, läkare på Läkemedelsverket.

Två allvarligt sjuka personer har hittills dött efter att de fått influensavaccinet. En av dem är en man i Västernorrland som fick en hjärtattack. Läkemedelsverket kan ännu inte säga om hans dödsfall är en reaktion på vaccinet. En obduktion ska göras för att reda ut orsaken till hjärtattacken.

– Det är mycket svårt att bedöma. Någon kan göra bedömningen att det inte finns ett samband. Det är en personlig sak hur man bedömer, säger Lennart Waldenlind, läkare på Läkemedelsverket.

En allvarligt lungsjuk kvinna i 65-årsåldern från Stockholmsområdet hittades död två dagar efter att hon hade fått vaccinationen. Det fallet kommer också att utredas av Läkemedelsverket.

Borde allvarligt sjuka personer avstå från att vaccinera sig?

– Det är en adekvat fråga och något vi jobbar på att utreda. Vid de kliniska studier som görs inför vaccinationer så finns det ofta inte så många av de här ovanliga patienterna representerade. Erfarenheten av hur de reagerar kommer senare. Vi jobbar just nu med varningar om försiktighet, säger Lennart Waldenlind.

Vaccinet mot svininfluensan skiljer sig från vanligt influensavaccin genom att delen så kallad adjuvans är högre. Det är den komponenten som sätter igång immunförsvaret hos personen som får det.

– Det här kan förklara att man kan se lite kraftigare reaktioner än på ett vanligt vaccin. Har man väldigt många riskfaktorer som gör att man kan må dåligt av febern som uppkommer så kan det kanske vara så att man ska avstå. Det verkar ju dessutom som att äldre sällan insjuknar i influensan. Det här är något vi utreder och det finns ingen tidsplan över när vi vet svaret, säger Lennart Waldenlind.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

Deaths from Swine Flu Vaccine reported in Europe
Vaccine manufacturer attributes high rate of side effects to novel adjuvants

Infowars, 23 October 2009

https://web.archive.org/web/20091026154337/http://www.infowars.net/articles/October2009/231009Vaccinations.htm

As European governments forge ahead with mass swine flu vaccination programs, reports out of Hungary and Sweden suggest that some people have died shortly after taking the H1N1 vaccine.

The Budapest Times is reporting that a 64-year-old woman has died just two days after receiving the H1N1 shot.

An autopsy has been scheduled to determine if there is a link between the vaccine and the death of the patient, who suffered from chronic, but mild, heart disease, according to the article.

So far just 4 people have died from swine flu in Hungary.

The country's H1N1 vaccine is being supplied by local vaccine manufacturer Omninvest. The government there has ordered six million doses cover about 60% of Hungary's population of 10 million.

Omnivest's vaccines are egg grown and adjuvanted with aluminum phosphate. The company says that only one dose of their H1N1 vaccine is required. Though they have conducted limited trials with the H1N1 virus, their vaccine, is based on tests with the avian flu strain.

According to the Budapest Times report, Omnivest has threatened to sue over allegations that its swine flu vaccine may be dangerous. However, a leading advisor to the Health Ministry in Hungary, last week suggested that the vaccine is not suitable for small children and pregnant women, in spite of the fact that the shot is being offered to free of charge to those "at risk" groups.

Reports are also emerging out of Sweden that suggest more deaths have occurred.

According to the Swedish newspaper Aftonbladet, medical experts have said that a man in his fifties died of a suspected heart attack 12 hours after receiving the Pandemrix shot, which is manufactured by GlaxoSmithKline.

The newspaper also reported that a 65-year-old women died two days after receiving the jab, she is reported to have suffered from a "muscle condition".

Here is a rough translation of the article via Google translator: [an original text is above]

Flu vaccine may be too strong

Mature, seriously ill can be dissuaded from vaccination

Two seriously ill persons have so far died after receiving the vaccine against swine flu.

MPA is now investigating whether it may require new recommendations advise against the elderly and sick to immunize itself.

Two seriously ill persons have so far died after receiving flu vaccine. One of them is a man of Västernorrland who had a heart attack. MPA can not say if his death is a reaction to the vaccine. An autopsy will be done to clarify the cause of heart attack.

"It is very difficult to assess. Someone may consider that there is a connection. It's a personal thing how to assess," says Lennart Walden Lind, doctors at the MPA.

A severe consumptive woman in the age of 65 from the Stockholm area, was found dead two days after she had received the vaccination. The case will be investigated by the MPA.

Should seriously ill people not to vaccinate themselves?

"There is a proper question, and we're working on something to investigate. In the clinical studies performed before vaccination, there is often not so many of these rare patients are represented. The experience of how they react will come later. We are working right now with warnings of caution," said Lennart Walden Lind.

The vaccine against swine flu differs from ordinary flu by most so-called adjuvants are higher. It is the component which triggers the immune system of the person receiving it.

"This can explain that one can see a bit stronger reactions than on a conventional vaccine. If you have many risk factors that allows one to feel bad by fever arising as it may be that you should abstain. It seems besides, as the elderly often fall ill in flu. This is something we are investigating and there is no timetable on when we know the answer," says Lennart Walden Lind.

Other reports out of Sweden suggest that 190 people, including many nurses have reported suffering side effects from the vaccine to the medical authority (MPA).

"So far, the authority has received more than 190 reports from both health care and private individuals. By far the most common are pain in the arm. Then mild flu symptoms like fever, muscle pain, stomach pain, headaches, dizziness and fatigue." reports Swedish news website DN.se.

The report goes on to state that GlaxoSmithKline is attributing a higher than normal rate of side effects to the adjuvants in the vaccine:

"According to vaccine manufacturer GlaxoSmithKline may be about one in ten vaccinated trouble, which is slightly more than the usual seasonal influenza vaccine. This is because a substance in the vaccine that triggers immune response in time." the translation reads.

GlaxoSmithKline’s Pandemrix vaccine contains the adjuvant squalene.

Vaccinations began throughout Europe a little over a week ago. Sweden was one of the first countries to begin vaccination on October 12.

According to the Stockholm-based European Centre for Disease Prevention and Control, there have been a total of 230 deaths linked to H1N1 in Europe since April, with around 50% of those occurring in the UK.

L'ECONOMISTE

Grippe: Vaccin mortel Retour aux dépêches
Quatre décès après une vaccination contre la grippe ont provoqué la panique à Israël

Synt-L'Economiste/AFP, 23 Octobre 2009, 14h47
(https://www.leconomiste.com/ xxx)

Agées de 53 à 75, les victimes ont toutes été vaccinées au même endroit, au cours des huit derniers jours. Le ministère de la Santé israélien a annoncé dimanche dernier les 4 décès, ordonnant la suspension de toutes les vaccinations contre la grippe.

L'affaire a éclaté lorsqu'une infirmière de Kiryat Gat (sud d'Israël) a informé les autorités que 3 de ses patients étaient morts après avoir reçu le vaccin anti-grippe mis au point par le groupe français Sanofi-Aventis. Une autre victime a été déplorée plus tard.

Le groupe pharmaceutique a annoncé lundi 23 octobre avoir mobilisé ses spécialistes en pharmacovigilance pour examiner les circonstances des décès. A noter que Sanofi-Aventis Maroc n'était pas joignable en cette période de fête.

Quant aux responsables à l'Institut Pasteur, ils ne sont pas "au courant de cette affaire". Contacté par L'Economiste, le Pr Abdelaziz Agoumi, directeur des médicaments et de la pharmacie au ministère de la santé a indiqué que la campagne anti-grippe se déroulait "sans incidents" chez nous.

THE FLU CASE

Israel Suspended Swine Flu Jabs after Four Deaths

The Flu Case, 28 November 2009, 10:23
https://web.archive.org/web/20100102051316/http://theflucase.com/index.php?option=com_content&view=article&id=2099%3Aisrael-suspended-swine-flu-vaccination-campaign-on-october-22nd-following-four-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Israel suspended its swine flu vaccination campaign on October 22nd following the deaths of four people, according to a report from Synt-L'Economiste/AFP.

Four people aged between 53 and 75 years old died during the last eight days after being given a swine flu jab by Sanofi Aventis at the same place.

A nurse at Kiryat Gat in southern Israel informed the authorities that 3 patients had died after receiving the swine flu jab. The fourth person died later.

Sanofi Aventis has said it is investigating the deaths.

THE FLU CASE

Jane Burgermeister

Two people drop dead in Sweden after Swine Flu Shot
Tip of the Iceberg

The Flu Case, 23 October 2009
https://web.archive.org/web/20091026145017/http://www.theflucase.com/index.php?option=com_content&view=article&id=1311:two-people-drop-dead-in-sweden-after-swine-flu-shot-tip-of-the-iceberg&catid=41:highlighted-news&Itemid=105&lang=en

Two people have dropped dead in Sweden after taking the "swine flu" vaccine, the Swedish newspaper Aftonbladet reported yesterday.

Gunillla Sjolin-Forsberg from the Sweden's Medical Product's Agency (Läkemedelsverket) said that a man in his fifties died 12 hours after receiving the Pandemrix "swine flu" shot, which is made by GlaxoSmithKline.

A 65-year-old women died two days after receiving the "swine flu" jab, according to Aftonbladet.

The deaths were reported within days of the launch of the country's mass "swine flu" vaccination programme.

GlaxoSmithKline's Pandemrix vaccine, which contains the adjuvant squalene, is classified as bioweapon by EU and US regulators according to a biopharma databas.

According to the Swedish newspaper Expressen, 190 nurses reported suffering serious side effects after receiving the "swine flu" shot. Side effects reported include extreme pain in the arm at the point of injection, an inability to sleep after injection; profuse and continuous nausea and vomiting; falling blood pressure, severe headaches, fainting, fevers, muscle aches.

A Swedish nurse who took the shot Wednesday a week ago told Expressen:. "My whole body was shaking. It was so bad I couldn't even hold a glass of water in my hand."

Another nurse, Jennaly, could hardly walk five meters after being sick following the "swine flu" vaccination. She was completely health before taking the shot but the following day she had a fever of 39 degrees.

"I could hardly go five meters to the bathroom," she said.

The fever lasted three days. Many of her colleagues who took the jab suffered from similar side effects. "I know of at least ten who got fever. We are 80 people where I work."

Rebecka Andersson, the first person in Sweden to be vaccinated, said she got a fever and felt sick. "I lost all my strength," she said. "I am never sick so it was the vaccine in my case. Her classmates were vaccinated at the same time. Five of the 19 became sick through the "swine flu" jab.

Sjolin-Forsberg said in a phone interview with theflucase today, Friday, that the agency had officially received only100 reports from doctors and another 100 from patients so far about side effects, but she admitted that the agency's data on side effects were not up to date and collected on a weekly basis and that the agency relied on "spontaneous" reports.

Six of these reports were classified by the agency as serious, she said. Among this group were people who were hospitalised as a result of allergic reactions to the jab.

She indicated that the "swine flu" jab was not responsible for the death of the man in his fifties but that heart disease was.

However, the jab was targetted at sick people on the grounds that it is supposed to help people not kill them.

There is no clinical data on the impact of the jab on pregnant women and children even though these are also target groups.

It is not clear how many people in Sweden have received the swine flu jab so far.

Sjolin-Forsberg said that 500,000 doses of the vaccine had been delivered, but that the agency had no data on how many "swine flu" shots had actually been administered.

The Swedish infectious disease control agency, SMI, responsible for collecting the data of vaccinations said that their system for tracking vaccinations, Svelak, covered only some hospitals, and there was, therefore, no system in place for collecting comprehensive data.

The SMI press spokesperson Aase Sten could not be reached by phone at the time of writing this report. Pandemrix, like all other swine flu jabs, has been given approval by the EMEA under special emergency pandemic regulations that do not require the drug to be tested for "safety and efficacy" before it is administered as long as studies are carried out after it is administered.

The absense of data concerning how many "swine flu" shots have been administered means that the frequency of side effects in relation to the number of shots administered cannot be accurately calculated.

Accurate data on the frequency and severity of the side effects are, however, key to determine whether the vaccine is safe and efficacious and also as to whether to continue with the programme.

The Swedisch governmnent is required by law to have in place a study to monitor the side effects of the "swine flu jab".

However, there is no formal mechansm or requirement for reporting reactions to the "swine flu" jab in Sweden even though the vaccine campaign is now underway,

Sjolin-Forsberg confirmed the agency has been relying on "spontaneous" reports from doctors and patients. She said the agency was not currently conducting any study into side effects, but that a study is being planned. She was not able to give specifics about this study, and advised www.theflucase.com to contact the pharamceutical companies to find out more information about studies underway to monitor the side effects of the vaccines.

The newspaper Aftonbladet reported that the authorities are only now going to ask some vaccine centers to report "side effects."

The failure of the Swedish government to put in place adequate monitoring systems will fuel fears that the number of people suffering death and damage as a result of the swine flu shot in Sweden reported by the medical product's agency is only the tip of the iceberg.

BILD.de-Moderatorin Hadnet Tesfai (30) noch immer müde

BILD, 23 Oktober 2009, 22:02 Uhr
https://www.bild.de/news/2009/hadnet-tesfai-tag-2-nach-impfung-10204664.bild.html

Deutschland droht eine Schweinegrippe-Welle ungeahnten Ausmaßes – doch nur ein Bruchteil der Bürger scheint die Gefahr ernst zu nehmen. Viele fürchten sich mehr vor eventuellen Nebenwirkungen der Impfung, als vor dem Killer-Virus selbst!

BILD wollte es genau wissen – und hat den Impfstoff für die "gemeine" Bevölkerung schon mal vorab getestet.

Ergebnis: Leichte Schmerzen an der Einstichstelle, Müdigkeit, leichter Schüttelfrost. Gravierende Folgen? Bislang Fehlanzeige!

BILD.de-Moderatorin Hadnet Tesfai (30) führt darüber hinaus exklusiv einen Video-Blog über die Folgewirkungen.
Auch sie fühlt vor allem Müdigkeit, die Muskelschmerzen haben stark nachgelassen. Dafür erwartet unsere Kollegin morgen ein echter Härtetest ...

THE FLU CASE

Bild journalist reports tiredness and pain after "swine flu" jab test

The Flu Case, 25 October 2009
https://web.archive.org/web/20091028004001/http://www.theflucase.com/index.php?option=com_content&view=article&id=1362:bild-journalist-reports-tiredness-and-pain-after-qswine-fluq-jab-test&catid=1:latest-news&Itemid=64&lang=en

A reporter from Germany's Bild newspaper who took the "swine flu" jab as a guinea pig has said she still "feels tired above all, but the muscle pain is much less in the meantime."

30-year-old Hadnet Tesfai tested the "swine flu" vaccine planned for use on "lowly commoners", as Bild puts it, referring to the fact that high government officials are getting a different jab without mercury and adjuvants.

The results: light pain at the injectin site, tiredness, light shaking and trembling, reports Bild.

AFTONBLADET

Sofia Ström, Catarina Håkansson

Nu är den stora influensavågen här

Aftonbladet, 23 Oktober 2009
http://www.aftonbladet.se/nyheter/article6007590.ab

Rekordmånga bekräftade fall förra veckan

Nu har den stora vågen av svininfluensa slagit till.Rekordmånga bekräftade fall av svininfluensa rapporterades i förra veckan– och allt talar för att det blir värre.

Idag meddelades också ett tredje dödsfall som kan ha koppling till vaccinet.

I förra veckan nåddes en toppnotering på antalet bekräftade fall av svininfluensa. 198 nya fall rapporterades. Veckan dessförinnan var motsvarande siffra 93. Bara under vecka 35 har siffrorna varit i närheten, då var det 167. Troligen är detta den stora vågen av svininfluensan.

– Allt talar för att det här är den stora vågen, det andra var bara en sockertopp, säger Annika Linde, smittskyddsläkare på Smittskyddsinstitutet.

Över strax innan jul

Den stora vågen brukar öka under tre veckor. När den har nått toppen har man tre toppveckor.

– Om det här är början på den stora vågen borde den vara över strax före jul, säger hon.

Det kan bli ytterligare en topp i april, beroende på hur vaccineringen går.

Varför slår svininfluensan till med full kraft just nu?

– Det är dags. Vi har hela tiden räknat med det. Vädret är det som påverkar mest. När det är kallt innehåller luften mindre fukt. Då börjar viruset spridas flygande istället för som tidigare via droppar.

– Alla trodde att faran var över efter första puckeln men det är den inte, säger Annika Linde.

Sprids värst i skolorna

Det är framför allt i skolorna som smittspridningen har tagit fart.

– Det börjar i skolorna sen kommer barnen hem och smittar sina föräldrar och småsyskon. Det här är klassisk influensaspridning.

Varför är det värre i skolan än på arbetsplatsen?

– På skolorna är det intimt på ett sätt som det inte är på arbetsplatserna, och vuxna är ofta mindre känsliga för influensor. Men man är lika intim i hemmen som i skolorna och det är där de vuxna kommer att smittas.

Novemberlovet som är för skolbarnen i nästa vecka kan avstanna spridningen.

– Lovet kommer minska spridningen eftersom skolorna stänger. Men det är inte lika effektivt som ett sommarlov för många barn kommer ändå vara på fritids.

Tre misstänkta dödsfall

Nu utreds ett tredje dödsfall som kan ha koppling till vaccinet mot svininfluensan. En 74-årig kvinna avled i Sollefteå fyra dagar efter det att hon hade vaccinerat sig. Kvinnan tillhörde riskgrupperna, hon led av bland annat hjärtsjukdom och KOL.

Sedan tidigare utreds två dödsfall med misstänkta kopplingar till vaccinet.

– Det är viktigt att säga att det är patienter med komplicerande sjukdomar. Vi vet inte ännu om dödsfallen har något samband med vaccineringen, säger Gunilla Sjölin Forslund på Läkemedelsverket till TT

=>

[**Third "Swine Flu" vaccine death reported in sweden**. – The Flu Case, 23 October 2009]

In an article in the Swedish Aftonbladet, it is stated that a third death is investigated as likely to be due to vaccination with the "swine flu" vaccine. The woman was 74 years old and died 4 days after she got the flu shot. She had a heart disease and lung problems and was therefor part of the so called risk group which is the first to get the "swine flu" shot in Sweden.

THE FLU CASE

Fourth "Swine Flu" vaccine death reported in Sweden

The Flu Case, 24 October 2009, 10:28

https://web.archive.org/web/20091028005358/http://www.theflucase.com/index.php?option=com_content&view=article&id=1350:fourth-vaccine-death-reported-in-sweden&catid=41:highlighted-news&Itemid=105&lang=en

Dagens Nyheter reports that a fourth case of death caused by the "swine flu" shot has occurred in Sweden. A very old woman, 90 years old, died a few days (yesterday) after she received the "swine flu" Pandemrix shot. This is the fourth death suspected to be a direct result, or so called "severe side effect" of the new untested and adjuvant spiced injection. The levels of squalene in the Swedish shots are many thousand times higher than in those vaccines that caused the Gulf War Syndrome which so far has killed or severely damaged over 30.000 American soldiers.

Sweden had a contract with GlaxoSmithKline which forced Sweden to purchase a certain amount of vaccines (18 million doses ordered) in the event of a Pandemic level 6 declaration from WHO.

The vaccine manufacturer and other manufacturers are advisors to the WHO regarding pandemic declarations. The Swedish authorities have recently had to admit to parts of the still secret contract with the vaccine manufacturer - that they indeed were bound to order the vaccine.

The Pandemic level 6 definition was changed earlier this year by WHO so that the lower level of severity would include every "normal influenza" for the last 30 years. Earlier a pandemic also had to cause many deaths which the "swine flu" so far has not. Now, any flu would cause a pandemic level 6 declaration.

Swedish authorities keep stating that the people now getting the vaccine are often already sick, they are part of a so called "risk group" with weakened immune systems. Strangely, perfectly healthy pregnant women are part of this group. No abortions due to the vaccine are reported so far but are expected. Authorities makes statements to the effect that the recent deaths have nothing to do with the vaccination. "These individuals had pre-existing health problems, it is just coincidence they died now." In swedish media, and also in many other countries, any case where someone have had the "swine flu" and died, has been declared as an direct cause of the "Swine flu", no matter if the real cause of death was pneumonia or bacterial infection or a pre-existing condition. This comment from one of our readers sums it up well: "*Funny how when someone dies of swineflu with a pre-existing condition they died from swineflu - no question. And if someone dies from the vaccine with a pre-existing condition they died from the pre-existing condition - no question*." There are fears that any investigations into these deaths will be resulting in reports that are lying about the cause of death so to not disturb the ongoing mass vaccination of the Swedish population, a campaign which so far still is volontary for most people. Sweden can force vaccinate everyone in the country if it is deemed necessary by the authorities. The problem is that everyone in a leading position in Sweden are believers in vaccines and their alleged effect and many of them also have ties to the pharma industry. The vaccine maffia rules the nations health care policies.

Reports of new outbreaks of "swine flu" litters the news papers in Sweden, as if they have to beat the drum to scare more into taking the vaccine now when doubts about the safety of the untested and poisinous drug Pandemrix is spreading. The fact that tests are very unreliable (9 in 10 show the false result) does not appear anywhere in these articles and that other forms of flu now spread as usual is also not mentioned.

The question of responsibility when it comes to severe side effects including death is still unclear. Swedish authorities have earlier officially stated that there is no immunity for the vaccine manufacturers but after receiving a direct question from us, they removed that information from their web site and have not replied to our inquiry further. The fact that the European parliment have passed laws which gives the vaccine manufacturers complete immunity has not been reported in Swedish media. Who then will have to take responsibility seem to be completely unclear in Sweden.

REUTERS

WHO probes study seasonal shot may raise H1N1 risk

Reuters, 24/25 September 2009, 12:28 am
https://www.reuters.com/article/idUSWEA2303/

GENEVA, Sept 24 (Reuters) - The World Health Organisation said on Thursday it was looking into an unpublished Canadian study indicating that a seasonal flu shot could increase the risk of catching the H1N1 virus.

Marie-Paule Kieny, director of the WHO's initiative for vaccine research, said no other researchers had presented similar findings and it could be a "study bias", although the Canadian investigators were well known and capable.

"The reason why this may be different in Canada and in this particular study than in other places of the world is not yet identified. It may be a study bias, it may be that something is real," Kieny told a teleconference from the WHO headquarters.

She said all drug manufacturers who produced seasonal influenza shots will be able to make H1N1 vaccine, for a total annual output of 3 billion doses. Health workers, who make up 2 percent of the world's population, should be a priority. (Reporting by Stephanie Nebehay; editing by Andrew Dobbie)

INFORMATION LIBERATION

Steve Watson

Deaths From Swine Flu Vaccine Reported in Europe
Vaccine manufacturer attributes high rate of side effects to novel adjuvants

Information Liberation, 25 October 2009
https://www.informationliberation.com/?id=27733

As European governments forge ahead with mass swine flu vaccination programs, reports out of Hungary and Sweden suggest that some people have died shortly after taking the H1N1 vaccine.

The **Budapest Times** is reporting that a 64-year-old woman has died just two days after receiving the H1N1 shot.
=> https://web.archive.org/web/20091023073237/http://www.budapesttimes.hu/content/view/13267/219/

An autopsy has been scheduled to determine if there is a link between the vaccine and the death of the patient, who suffered from chronic, but mild, heart disease, according to the article. So far just 4 people have died from swine flu in Hungary. The country's H1N1 vaccine is being supplied by local vaccine manufacturer **Omninvest**. The government there has ordered six million doses cover about 60% of Hungary's population of 10 million.

Omnivest's vaccines are egg grown and adjuvanted with aluminum phosphate. The company says that only one dose of their H1N1 vaccine is required. Though they have conducted limited trials with the H1N1 virus, their vaccine, is based on tests with the avian flu strain.

According to the Budapest Times report, Omnivest has threatened to sue over allegations that its swine flu vaccine may be dangerous. However, a leading advisor to the Health Ministry in Hungary, last week suggested that the vaccine is not suitable for small children and pregnant women, in spite of the fact that the shot is being offered to free of charge to those "at risk" groups.
Reports are also emerging out of Sweden that suggest more deaths have occurred.

According to the **Swedish newspaper Aftonbladet**, medical experts have said that a man in his fifties died of a suspected heart attack 12 hours after receiving the Pandemrix shot, which is manufactured by GlaxoSmithKline.
=> https://www.aftonbladet.se/nyheter/a/4dEw7V/influensavaccinet-kan-vara-for-starkt

The newspaper also reported that a 65-year-old women died two days after receiving the jab, she is reported to have suffered from a "muscle condition".

Here is a rough translation of the article via Google translator:

Flu vaccine may be too strong

Mature, seriously ill can be dissuaded from vaccination. Two seriously ill persons have so far died after receiving the vaccine against swine flu. MPA is now investigating whether it may require new recommendations advise against the elderly and sick to immunize itself.

Two seriously ill persons have so far died after receiving flu vaccine. One of them is a man of Vasternorrland who had a heart attack. MPA can not say if his death is a reaction to the vaccine. An autopsy will be done to clarify the cause of heart attack.

"It is very difficult to assess. Someone may consider that there is a connection. It's a personal thing how to assess," says Lennart Walden Lind, doctors at the MPA.

A severe consumptive woman in the age of 65 from the Stockholm area, was found dead two days after she had received the vaccination. The case will be investigated by the MPA.

Should seriously ill people not to vaccinate themselves?

"There is a proper question, and we're working on something to investigate. In the clinical studies performed before vaccination, there is often not so many of these rare patients are represented. The experience of how they react will come later. We are working right now with warnings of caution," said Lennart Walden Lind.

The vaccine against swine flu differs from ordinary flu by most so-called adjuvants are higher. It is the component which triggers the immune system of the person receiving it.

"This can explain that one can see a bit stronger reactions than on a conventional vaccine. If you have many risk factors that allows one to feel bad by fever arising as it may be that you should abstain. It seems besides, as the elderly often fall ill in flu. This is something we are investigating and there is no timetable on when we know the answer," says Lennart Walden Lind.

Other reports out of Sweden suggest that 190 people, including many nurses have reported suffering side effects from the vaccine to the medical authority (MPA).

"So far, the authority has received more than 190 reports from both health care and private individuals. By far the most common are pain in the arm. Then mild flu symptoms like fever, muscle pain, stomach pain, headaches, dizziness and fatigue." reports Swedish news website DN.se.

The report goes on to state that GlaxoSmithKline is attributing a higher than normal rate of side effects to the adjuvants in the vaccine:

"According to vaccine manufacturer GlaxoSmithKline may be about one in ten vaccinated trouble, which is slightly more than the usual seasonal influenza vaccine. This is because a substance in the vaccine that triggers immune response in time." the translation reads.

GlaxoSmithKline's Pandemrix vaccine contains the adjuvant squalene.

Vaccinations began throughout Europe a little over a week ago. Sweden was one of the first countries to begin vaccination on October 12.

According to the Stockholm-based European Centre for Disease Prevention and Control, there have been a total of 230 deaths linked to H1N1 in Europe since April, with around 50% of those occurring in the UK.

AFTONBLADET

Catarina Håkansson

Fem har dött efter vaccination

Aftonbladet, 27 Oktober 2009
https://web.archive.org/web/20091029222230/http://www.aftonbladet.se/nyheter/article6026728.ab

Fortfarande oklart om det finns samband

En miljon svenskar har vaccinerats mot svininfluensan.

Fem av dem har dött kort efter vaccineringen.

Nu utreds frågan av Läkemedelsverket.

– Inget pekar på att det finns ett samband, säger Jan Liliemark, på Läkemedelsverket.

Flera personer har dött kort efter att de vaccinerats mot svininfluensan.

De har avlidit mellan 12 timmar och fyra dygn efter att de fick en dos pandemrix insprutat i en muskel.

Nu har siffran stigit till fem.

– Det kommer att tillkomma nya dödsfall, säger Jan Liliemark, professor på Läkemedelsverket.

Fallen utreds

Alla personerna tillhörde någon av riskgrupperna.

Läkemedelsverket håller nu på att gå igenom fallen.

– Vi letar efter mönster, om de har något gemensamt. Vi har inte hittat några tydliga samband mellan dem än.

Inget samband än

Man har ännu inte hittat något som visar att dödsfallen kopplas till vaccineringen.

– Det vi sett hittills visar inga misstankar om samband, säger han.

Men utredningen är inte avslutad. Först om två veckor kommer de ha fått in alla uppgifter de behöver.

Det behöver inte finnas ett samband. Ett antal hundra i riskgrupperna dör inom fyra dygn oavsett om de vaccinerats eller inte.

Allvarlig allergisk reaktion

Det har kommit in ett 100-tal rapporter om biverkningseffekter till Läkemedelsverket.

– Det står inget oväntat i rapporterna. Det är kända och förväntade biverkningar.

Man har däremot fått in ett allvarligt fall.

– En kvinna fick en svår allergisk reaktion i samband med vaccineringen. Eftersom många som inte brukar arbeta med vaccinering gör det nu måste man vara extra noggranna med säkerheten så att de klarar av att häva en sådan allergisk reaktion, säger Jan Liliemark.

Dubbelt så många sjuka

198 personer hade bekräftat svininfluensan vecka 42. En vecka senare var siffran dubbelt så hög.

Nu är det skollov och troligtvis kommer smittspridningen i skolan tillfället stoppas.

– Men det kommer sprida sig i familjen och till föräldrarna, säger Johan Carlson, generaldirektör Smittskyddsinstitutet.

THE FLU CASE

Johan Niklasson

Fifth "swine flu" vaccine death in Sweden - vaccinations still go ahead as planned!

The Flu Case, 27 October 2009 12:50
https://web.archive.org/web/20091029221850/http://www.theflucase.com/index.php?option=com_content&view=article&id=1416:fifth-qswine-fluq-vaccine-death-in-sweden-vaccinations-still-go-ahead-as-planned&catid=41:highlighted-news&Itemid=105&lang=en

Media in Sweden is having a tough time maintaining the propaganda as more and more people question the reasons for the mass vaccination. Now, authorities say that if not "80% of the population takes the shot, we risk 100 deaths from the swine flu". Most Swedes know that a normal flu season see several thousand dead from complications from the seasonal flu so the proportions of the propaganda coming from media and the government has caused a growing revolt against the massive attempts to scare people to take the poisonous injection.

We have earlier reported on the first death, the second death (also here), the third death and the fourth death in Sweden from the poisonous Pandemrix vaccin shot.
=>https://web.archive.org/web/20091024040135/http://www.theflucase.com/index.php?option=com_content&view=article&id=1268:they-got-sick-from-the-vaccine-in-sweden&catid=1:latest-news&Itemid=64&lang=en
=>https://web.archive.org/web/20100131225841/http:/theflucase.com/index.php?option=com_content&view=article&id=1281%3Afirst-deaths-in-sweden-from-qswine-fluq-vaccine&catid=1%3Alatest-news&Itemid=64&lang=en
=>https://web.archive.org/web/20100131225841/http:/theflucase.com/index.php?option=com_content&view=article&id=1311%3Atwo-people-drop-dead-in-sweden-after-swine-flu-shot-tip-of-the-iceberg&catid=41%3Ahighlighted-news&Itemid=105&lang=en
=>https://web.archive.org/web/20100131225841/http:/theflucase.com/index.php?option=com_content&view=article&id=1348%3Athird-vaccine-death-reported-in-sweden&catid=41%3Ahighlighted-news&Itemid=105&lang=en
=>https://web.archive.org/web/20091028005358/http://www.theflucase.com/index.php?option=com_content&view=article&id=1350:fourth-vaccine-death-reported-in-sweden&catid=41:highlighted-news&Itemid=105&lang=en

Today, Svenska Dagbladet reports that over 350 cases of side effects from the Pandemrix "swine flu" shot, has been recorded so far.
=>https://web.archive.org/web/20100131225841/http:/www.svd.se/nyheter/inrikes/artikel_3712585.svd

It has also become clear that this shot contains the most deadly mix of substances of all the known vaccines manufactured against the so called "swine flu" H1N1 influenza. The official number of deaths from the "swine flu" vaccine is now five. And that is only those who have strong immediate reactons, the long term effects are usually never even investigated. If you would die from the shot two weeks after you took it, your death would not be considered to have anything to do with the vaccination. Severe health problems years after will of course be very hard to link to the poisonous injection. Even if these five official cases died within days, the official story is of course as expected: "none of these deaths has been confirmed to be linked to the vaccine".

In Aftonbladet, Jan Liliemark from The Swedish Institute for Infectious Disease Control (SMI) says: "- Nothing points to a connection.
=> https://web.archive.org/web/20091029222230/http://www.aftonbladet.se/nyheter/article6026728.ab

There will be more deaths. We are looking for a pattern, if the cases have something in common. We have so far not found any clear connections between them yet." Officially 198 cases of confirmed "swine flu" exist in Sweden today among a population of over 9 million. How these cases have been tested and determined is not clear.

As always with statistics like this, historically we know that very few of all real side effects are actually reported. Optimistically, up to ten per cent would be reported. It is also highly likely that deaths are being kept secret by the authorities so that the massive and hugely expensive vaccination program will not come to a complete stop. Too many have put their job, reputation and title at stake for the truth to be reported and published.

So far, three people have been reported dead from complications from getting the H1N1 virus. Five dead from the flu shot before the real vaccination campaign has even started should be an indication to question the vaccine and the strategy chosen but the authorities have so much prestige invested that it is unlikely it will ever happen - no matter how many will die from the poisonous injections.

The Swedish public are being kept in the dark about the most simple facts about the vaccinations. The questionable protection against the virus will only be for this present strain - any new mutations would immediately require a new vaccine for that strain. The new second wave of the new mutation is exactly what authorities warn about and use as an argument to take the poisonous injection.

Authorities are running out of arguments and completely idiotic arguments have been published the last week in Sweden. "There is less mercury in the shot than you get from eating mercury contaminated fish", "You might get sick from the vaccine but you should take that risk to ´save" someone who could die from getting the H1N1 infection from you", "It would be like killing someone to not take the shot out of solidarity" and "Mercury is not dangerous and also squalene is not dangerous, there is nothing called the Gulf War Syndrome and if there is, it has nothing to do with squalene because there was no squalene in the vaccines the US troops got", "German politicians will not get a different flu shot than the rest of the German population".

The number of flat out lies are so many, it is hard to keep track of them all.

The chief of The Swedish Institute for Infectious Disease Control (SMI), Annika Linde, says in the article: "- The Vaccine is principally natural to the body. The mercury was necessary but the amounts are very small. There are many who have been making statements without qualified knowledge. It is of course good that this type of matter is debated but some of the reporting is rather devastating for the possibility to vaccinate the whole population." You are welcome Mrs Linde.

The official line in Sweden is bordering to madness and the biggest medical scandal in the history of the nation has just started.

Vactruth.com
Your child. Your choice.

Carol Sanders

Two more bad reactions to the H1N1 vaccine

VacThruth, 28 October 2009, 1:00 am
https://vactruth.com/2009/10/29/two-more-bad-reactions-to-the-h1n1-vaccine/

The H1N1 vaccine isn't for everyone.

Since the mass immunization began in Winnipeg Monday, two people have had rare allergic reactions to it, according to the Winnipeg Regional Health Authority.

"We have had two incidents involving some allergic-type symptoms," said Dr. Sande Harlos, a WRHA medical officer of health. "This is what we're prepared to deal with."

The maker of the H1N1 vaccine, GlaxoSmithKline, warns that up to one in 1,000 doses may result in an allergic reaction leading to a "dangerous decrease of blood pressure."

"That's why you're asked to wait 15 minutes afterwards," Harlos said. A severe reaction will happen within minutes of getting the shot.

By 3 p.m. Tuesday, 15,695 Winnipeggers had been immunized without incident. When someone reacts badly to the vaccine, there are medical staff on hand to help, Harlos said. The vaccine recipient is taken to hospital to be kept under observation. Harlos said the two people who reacted badly to the vaccine – one on Monday and one on Tuesday – are OK. "They left in good condition."

Meanwhile, Winnipegger Janice Dehod is worried about her allergy to the mercury-based preservative thimerosal used in the vaccine. "I know if it is in eye drops or contact lens preserver, it will make my the skin around my eyes puff up and swell in a really ugly way," she said. "I am not sure what thimerosal will do in my veins."

Harlos said unless someone has a severe egg or thimerosal allergy, they shouldn't have a severe reaction to the vaccine. "Some people have a mild reaction when it's used topically. That isn't the same as a systemic whole-body reaction," Harlos said.

A severe allergic reaction is an anaphylactic response – the throat closes, blood pressure plunges and airways tighten, said Dr. Joel Kettner, Manitoba's chief medical officer of health.

Dehod said she has had an adverse reaction to a flu vaccine in the past, but doesn't know if it contained thimerosal. She wishes Manitoba would obtain vaccine without thimerosal. "I don't want to be one of those people that falls through the cracks and gets H1N1 because Manitoba Health did a pretty good job for most people and gambled with the health of those that are a little more sensitive to preservative."

Mercury downplayed

Thimerosal is a mercury-based preservative. In large concentrations, or over extended periods of exposure, mercury can cause damage to the brain and kidneys. However, the Public Health Agency of Canada says the amount of mercury in the H1N1 flu vaccine is significantly less than in a can of tuna.

The National Advisory Committee on Immunization has recommended a long-term goal of removing thimerosal from vaccines, provided that safe alternatives to this preservative can be found. "This will help to reduce unnecessary environmental exposure to mercury."

Global Research.ca
Centre for Research on Globalization
Italian español srpski português العربية Deutsch

Herb Newborg

CDC States H1N1 Vaccine May Maim and Kill 30,000 Americans, FDA Requires Minimal Efficacy

Global Research, 29 October 2009
https://web.archive.org/web/20091029070249/http://www.globalresearch.ca/index.php?context=va&aid=14950

CDC says to assume 1 in every 100,000 vaccine recipients will suffer serious side effects, FDA only requires vaccine be effective.

The Center for Disease Control and Prevention (CDC) has officially stated that there will be as many as 30,000 serious, potentially lethal adverse reactions to the novel H1N1 vaccine, while the FDA guidelines for the novel H1N1 vaccine only require that it work in 3 out of every 10 recipients.

Last Saturday, I attended one of 10 "public engagement" meetings the CDC is holding across the country, utilizing a new model of public engagement designed to provide a public viewpoint or societal perspective on the topic at hand (mass vaccination) to the sponsor (in this case, the CDC).

Part of the process entails the sponsor (CDC) providing the following: "Information on the many sides of an issue is provided to the participants in a fair and balanced manner so that all participants become well-informed, and the overall group process is convened and managed in a neutral, respectful fashion."

This requirement is met by providing an oral presentation in easy to understand language, a booklet summarizing the key facts needed and a discussion guide summarizing the choices faced.

The assembled group of 80 participants was shown a video, given a brief oral presentation and a printed discussion guide. We were asked to accept several assumptions in considering the topic. We were asked to assume that the severity would be similar to what had already been observed in the spring of 2009; we were told to assume that the vaccination program would be voluntary, not mandatory; we were told to assume that initial vaccine supplies will be available in October but supply would be limited through February 2010.

The most disturbing assumption we were asked to accept dealt with the safety of the novel H1N1 vaccine. In the video, the CDC spokesperson explained that during the 1976 mass vaccination campaign, 1 in every 100,000 recipients of the vaccine developed Guillain Barré syndrome (GBS), a disorder in which the body's immune system attacks the peripheral nervous system often leading to paralysis and death. There is no known cure for GBS.

In 1976 roughly 40 million Americans received the vaccine and some 4,000 developed GBS.

The printed material that was distributed reiterated these horrific statistics and we were asked to accept the assumption that, "the estimated risk for more serious reactions (e.g. Guillain Barré syndrome) is between 1-10 per million persons vaccinated".

This is a less direct way of stating that the risk is about the same as existed during the 1976 mass vaccination attempt and that as many as 1 in every 100,000 recipients will develop GBS or some other

serious adverse reaction. The CDC is setting up a new intensive surveillance system with which to monitor and track GBS cases that result from the novel H1N1 vaccine.

Merriam-Webster defines assumption as a fact or statement taken for granted and assumed to be true. If we accept the documented assumption presented by the CDC, we are to consider it a fact that 1 in every 100,000 vaccine recipients will suffer a serious adverse effect such as GBS.

This means that if the entire U.S. population is vaccinated (a stated goal of the CDC), we are to assume as a fact that 30,000 Americans will suffer debilitating or lethal side effects. Apparently the CDC considers this an acceptable level of collateral damage.

As unthinkable as this is (destroying or ending the lives of as many as 30,000 Americans), that is only part of the story.

The novel H1N1 vaccine being developed must adhere to guidelines set forth by the U.S. Food and Drug Administration (FDA). The FDA has announced that a vaccine will be accepted if it creates antibodies in 4 out of 10 recipients (40%), with at least 70 percent of those 4 achieving an antibody level believed to provide benefit. This means that an acceptable vaccine candidate would provide "protection" for 28% of vaccine recipients (70% of the 40%), or less than 3 in 10 recipients. The requirement drops to 18% efficacy for those over 65 years of age (60% of 30%).

So here are the facts, as documented by the CDC and the FDA:

As many as 30,000 Americans will be harmed by the novel H1N1 vaccine.

The vaccine may be ineffective in more than 7 out of 10 recipients.

And in case you think I am alone in my concerns, here is what several vaccine experts associated with the CDC and the U.S. government say on the subject.

"I am very skeptical of finishing vaccine before we know the appropriate dose to be included in each inoculation, before immunogenicity studies are complete, or before safety assessments have been finished," William Schaffner, MD, Chairman of the Department of Preventive Medicine at Vanderbilt University and a member of the CDC Advisory Committee on Immunization Practices (ACIP), wrote in an recent e-mail.

"We have assured both the profession and the public that the H1N1 vaccine will be evaluated with the same rigor that is applied to seasonal vaccine. We should NOT make vaccine available before the trials are complete and the results carefully assessed."

Others are worried about a repeat of the last swine flu "pandemic," now regarded as a public health and public relations debacle.

"I fear that a rush towards vaccinating the population without completing trials risks leading to the harmful outcome that we witnessed during the 1976 swine flu scare, where the government advocated rapid production and vaccination of the population without adequate safeguards, which led to an unexplained increase in cases of Guillain Barré syndrome (GBS), amongst other complications, and massive liability for the government," wrote Amir Afkhami, MD, PhD, of George Washington University, an international expert on the 1918 Influenza pandemic and an advisor to the U.S. State Department, the U.S. military, and the World Bank on issues pertaining to infectious diseases, public health and, mental health.

"I think in this regard, we must learn from lessons of the past and be mindful of not jumping from the proverbial frying pan into the fire by putting people's health at risk without adequate production and safety monitoring of the vaccines."

THE FLU CASE

Johan Niklasson

More unconfirmed deaths from the "swine flu" vaccine

The Flu Case, 30 October 2009

https://web.archive.org/web/20091104054807/http://www.theflucase.com/index.php?option=com_content&view=article&id=1515:more-unconfirmed-deaths-from-the-qswine-fluq-vaccine&catid=41:highlighted-news&Itemid=105&lang=en

We keep getting reports from severe side effects from people who have been injected with the poisonous "swine flu" vaccines.

In Sweden, media is now no longer reporting on side effects and the recent deaths of several "swine flu" vaccination victims are being completely blacked out from the daily reporting on the "horrible swine flu".

We just received this e-mail, one of several similar we receive every day now:

My bestfriends husband just died
We were telling him not to take the flu shot or the h1n1 shot and he did take the shot this am today oct 29th 2009 9.30 est died at apx 4.00pm cant confirm nothing yet but im just passing this along... I just wish he would of not taken it everyone told him not too!!! Pretty sure it was just the flu shot so they say..not certain on that will be investgating as best as i can,
Take care be safe .. K

It is highly likely that the massive propaganda campaigns now underway in many countries intentionally clock any news on negative side effects and deaths - it is a logical part of the propaganda campaign and since almost no news papers report on these many cases, it is clear the reporting is strictly controlled from "above". We have also received unconfirmed information of several more deaths in Sweden (part from the five already reported).

The Telegraph

Rebecca Smith and Kate Devlin

People will die after swine flu vaccine - but it's just coincidence

Telegraph, 31 October 2009, 8:00 AM.
https://web.archive.org/web/20091103014827/https://www.telegraph.co.uk/health/swine-flu/6467984/People-will-die-after-swine-flu-vaccine---but-its-just-coincidence.html

Six people in Britain can be expected to die suddenly after having the swine flu vaccine but it will just be coincidence, researchers have said.

With millions of people being vaccinated against the virus there is a real risk that coincidental events will be seen as reactions to the jab, a paper in The Lancet said.

Experts at Cincinnati Children's Hospital in America calculated the background rate of conditions that may be mistaken for vaccine reactions and warned that there is a risk people will shun the jab needlessly.

Only if these background rates are exceeded will it point to a potential problem with the vaccine.

Medical experts have been told to watch for any cases of Guillain-Barré syndrome during the flu pandemic as some research suggested there was a link between a flu vaccine used in America in 1976 and the condition, in which the body's immune system mistakenly attacks part of the nervous system and can be fatal in rare cases.

However flu itself it also linked to the condition and about one in every 100,000 people a year.

Dr Steven Black and colleagues calculated that if 10 million people in Britain were vaccinated there would be around 22 cases of Guillain-Barré syndrome and six cases of sudden death would be expected to occur within six weeks of vaccination as coincident background cases.

Just over nine million people in priority groups, such as pregnant women and those with long-term illnesses, and another two million front line health and social care workers will be offered the vaccine in Britain over the next two months.

Decisions will be taken soon over whether to offer the vaccine more widely.

The research also suggested that 397 per one million vaccinated pregnant women would be predicted to have a spontaneous abortion within one day of vaccination.

But this is the rate of spontaneous abortion that would occur on any given day out of a group of one million pregnant women during a vaccination campaign or not.

Dr Black wrote: "Misinterpretation of adverse health outcomes that are only temporally related to vaccination will not only threaten the success of the pandemic H1N1 influenza vaccine programme, but also potentially hinder the development of newer vaccines.

"Therefore, careful interpretation of vaccine safety signals is crucial to detect real reactions to vaccine and to ensure that temporally related events not caused by vaccination do not unjustly affect public opinion of the vaccine.

"Development and availability of data banks that can provide locally relevant background rates of disease incidence are important to aid assessment of vaccine safety concerns."

The researchers said although scientists know that events connected only be time does not prove cause and effect, the cases 'nonetheless raise public concern'.

Prof David Spiegelhalter, Winton Professor of the Public Understanding of Risk, University of Cambridge and Co-Director of Straight Statistics, said: "What a fine paper. If millions of people are vaccinated then just by chance we can expect bad things to happen to some of them, whether it's a diagnosis of autism or a miscarriage.

"By being ready with the expected numbers of chance cases, perhaps we can avoid overreaction to sad, but coincidental, events. And why don't we ever see a headline 'Man wins lottery after flu jab'?"

Professor Robert Dingwall, University of Nottingham, said: "The difference between cause and coincidence is difficult enough for specialists to grasp, let alone the wider public.

"However, this paper is very important in spelling out the fact that just because two events happen at the same time, they are not necessarily related. There is a background rate of death, disease and accidents that happen all the time regardless of what medical interventions are going on.

"Confusing cause and coincidence may lead to serious policy mistakes that put people unnecessarily at risk.

"I am sure that some coincidences will emerge from a high-profile vaccination campaign and we must be careful not to be misled by them."

Meanwhile the World Health Organisation said that pregnant women could be immunised with any of the vaccines licensed for use against swine flu.

Dr Marie-Paule Keiny, from the WHO, said: "Sage (the Strategic Advisory Group of Experts) has concluded that the safety profiles are good and recommend that pregnant women can be immunised with any of the licensed vaccines.”

The WHO also recommended that one dose was sufficient to immunise children.

WAZ

Fünf Tote in Schweden nach Schweinegrippe-Impfung

The Westdeutsche Allgemeine Zeitung (WAZ), 31 October 2009, 21:32
https://www.waz.de/panorama/fuenf-tote-in-schweden-nach-schweinegrippe-impfung-id42855.html

Frankfurt/Main. Nach Berichten über tödliche Folgen der Schweinegrippe-Impfung haben schwedische Behörden erstmals einen Bericht dazu veröffentlicht. Demnach starben dort bis dato fünf Personen nach einer Impfung. Bei 37 Patienten wurden allergische Reaktionen gemeldet, 15 davon waren schwer.

In Schweden wird nach Angaben des Paul-Ehrlich-Instituts (PEI) seit dem 12. Oktober mit dem auch in Deutschland verwendeten Schweinegrippe-Impfstoff Pandemrix geimpft. Inzwischen hat die schwedische Arzneimittelbehörde Informationen zu den bisher gemeldeten Verdachtsfällen von unerwünschten Nebenwirkungen der Impfung veröffentlicht.

Pandemrix steht in der Kritik, weil es Adjuvanzien, also Wirkstoffverstärker, enthält, um das Immunsystem noch mehr anzusprechen und mehr Dosen aus derselben Menge Material zu erhalten. Wegen der Substanzen kommt es häufig zu Nebenwirkungen wie Schmerzen an der Injektionsstelle, Hals- und Kopfschmerzen, Schwindel, übermäßiges Schwitzen, Gelenk- oder Muskelschmerz, Schüttelfrost, Ermüdung und Fieber.

Fünf Tote nach Impfung

Nach Angaben des PEI, das in Deutschland für die Impfstoffzulassung zuständig ist, wurden in Schweden bisher etwa 1,4 Millionen Dosen Pandemrix ausgeliefert, wieviele davon bereits verimpft wurden, teile die schwedische Behörde nicht mit. Insgesamt habe die Behörde bisher 600 bis 700 Meldungen von Verdachtsfällen unerwünschter Nebenwirkungen erhalten. Dabei weiche das Spektrum von Nebenwirkungen nicht von dem Spektrum ab, das in klinischen Studien beobachtet wurde.

Im zeitlichen Zusammenhang mit der Impfung starben demnach fünf Patienten, derzeit gebe es aber keine Hinweise auf einen ursächlichen Zusammenhang mit der Impfung. Zwischen Impfung und Tod hätten je nach Fall zwölf Stunden bis vier Tage gelegen. Alle fünf Patienten hatten demnach chronische Erkrankungen, drei waren älter als 74, die anderen beiden zwischen 54 und 65 Jahre alt. Weitere Informationen zu den Todesursachen werden demnach eingeholt.

Auch anaphylaktische Reaktionen

Als beachtenswert bezeichnet das PEI, dass bei 37 Patienten allergische Reaktionen gemeldet wurden, 15 davon waren schwerwiegend. Nach Angaben der schwedischen Behörde habe es vier anaphylaktische Reaktionen in ursächlichem Zusammenhang mit der Impfung gegeben, in einem fünften Fall sei kein ursächlicher Zusammenhang festgestellt worden. In keinem Fall aber sei es zu einem anaphylaktischen Schock gekommen. Bei zwei Patienten sei eine Allergie gegen Hühnereiweiß bekannt gewesen, dabei habe es zumindest bei einem Fall eine anaphylaktische Reaktion gegeben.

Unter einer anaphylaktischen Reaktion versteht man eine schwere allergische Sofortreaktion, die meist überraschend als Überreaktion bei Kontakt mit einer Allergie auslösenden Substanz auftritt. Laut PEI sind solche Reaktionen nach Impfungen ausgesprochen selten, man schätzt, dass pro einer Million Dosen ein bis zehn Fälle auftreten.

Die Umstände der einzelnen Fälle müssten weiter abgeklärt werden, empfahl das PEI. Zudem solle bei Personen mit bekannter Hühnereiweißallergie die Indikation einer Impfung gegen Schweinegrippe sehr sorgfältig gestellt werden. (ap)

Protecting its patients from the flu at health facilities is more important than the personal health choices and privacy of its health care personnel at those facilities. Even assuming health care personnel compliance *is* established, it will be reluctant, and at a cost. Deviance can be expected in terms of receiving the vaccination due to diminished appraisals of legitimacy of the state and those institutions cooperating with the policy. This law simply cannot produce enough positive consequences to outweigh the effort and side effects required to sustain it.

In sum, these four components render New York's recent public health law as *health promotion theater,* an illusionary solution to a socially constructed health problem. The law is correctly labeled by its authors as an "emergency regulation," because it is a reactionary response to the moral panic created by the H1N1 virus. Devoid of any precedence, it sprang up with overwhelming public support and acceptance, and policymakers pushed forth until its adoption. It undoubtedly appeals to various mythical narratives, such as life, good health, survival, self-preservation, and saving lives. Lastly, its overall success is unforeseeable. It will likely fail on account of unexpected consequences; such as noncompliance, high monetary costs associated with the manpower necessary to sustain it, and the negative effect it may produce on the work cultures where implemented.

Alternative Solutions

Given the above mentioned issues with the new law, a false illusion of health care promotion is created. As with any social issue that leads to *health promotion theater*, there are no easy solutions. However, if New York officials are adamant about vaccinations being the solution to the influenza problem, they ought to consider alternative ways of achieving their ultimate goal of vaccinating health care personnel. New York, as well as other states considering following suit, ought to consider implementing these more effective alternatives that do not result in high monetary costs, unnecessary manpower, and negative changes in the work culture. To our knowledge, the alternatives suggested below are not currently practiced in any health setting for the purpose of increasing vaccination rates. However, they have succeeded in motivating behavior change in other settings, as reported by each of the respective references.

Making vaccinations optional and offering rewards for those health care personnel who receive vaccinations could boost vaccination rates without the negative effects described above. Such voluntary recruitment attempts are certainly not a novel idea, and many have been utilized by officials in the past without significant effect.[1] However, the method suggested here is based on two of the six most powerful principles of influence: reciprocation and consistency.[2] Tendencies toward reciprocation, the first principle, are observed across all societies. Reciprocation is the normative gesture of repaying what one has received, be that a reciprocal exchange of gifts, favors, or invites. The reciprocation principle does not only refer to tangible items. Consistency is the second principle, introduced as the notion that public commitments predict future action. Even minor verbal agreements positively influence the likelihood of following through on intentions. These two principles can be merged in such a way as to significantly boost health care personnel vaccination rates.

Traditionally, when offering rewards to people, individuals are asked to *first* meet a requirement (i.e., getting the vaccine) *in order to* get a promised reward. Building off of reciprocation research,[3] however, it is worth trying the opposite; *first* giving individuals a reward or gift and then anticipating their reciprocation (seeking vaccinations). To buffer the vaccination success rate, health facilities should also utilize the second principle of influence, consistency. This principle can be employed simply by asking for commitments, especially public commitments or promises, prior to distribution of the reward/gift stating that the individual *does* plan on following through with his/her vaccination

(as a sort of oath to reciprocating the gift). As this will take place in a public setting, the personnel will be held accountable to each other in following through on their commitment. Thus, no oversight is necessary (as people will be socially motivated and held accountable by those whom they care to preserve their reputation in front of).

This method is quite simple. An announcement could be made during a staff meeting about the importance of vaccination, asking the group to seek the shots. The announcement would be followed by asking for an informal public agreement/confirmation succeeded by the distribution of a small in-advance thank you gift to those present. Although there is a gift involved, the focus is on fulfilling the commitment and the gift's reciprocation. Yet, there are no "one-size-fits-all" rewards that will equally motivate all health care personnel to take the effort of seeking vaccinations. Thus, luring personnel with the promise of delivering a gift *upon* their vaccination is a less appealing and less effective method, as it is contingent on the gift's value to each individual. Utilizing this principle, however, the focus is not on the reward, but on enforcing the socially accepted norms of reciprocation and consistency (to which there is generally a stronger pull towards than there may be to an arbitrary gift). With that said, it matters very *little* what the actual rewards are. Each facility could come up with its own reward ideas. The rewards could be low-cost items such as holiday items, movie tickets, gift cards, or items donated by a company. Such prizes would be less costly than the manpower required by the law to ensure that each staff member is up-to-date on his or her annual vaccinations. Additionally, as opposed to feeling forced to seek vaccination, employees would feel rewarded for doing so.

Health related incentives would be another appropriate means of encouraging health care personnel to seek vaccinations. These incentives could include offering lower insurance co-pays or deductibles for those health care personnel who choose to get vaccinated. Granted, this solution would also require some manpower, but the anticipated satisfaction and positive attitudes among health care personnel in response to these incentives would far outweigh the energy required to sustain such a program. Given that more than three out of four people report being dissatisfied with the cost of health care,[4] this type of incentive has never been more appropriate than now. Given these attitudes, it is likely that health care related incentives would motivate many to seek vaccinations.

Lastly, an entirely free way to promote influenza vaccinations would be to provide seemingly small *group* enticements that are tailored to be meaningful to each individual health care institution. Sometimes motivators targeted at the individual may not be as effective as creating a competitive group atmosphere where *groups*, rather than *individuals*, are challenged with a task. Research on social identity theory shows that intergroup behavior is motivated by an effort between groups at promoting and protecting their positive distinctiveness from other groups, which ultimately leads to secure a positive social identity.[5] This phenomenon occurs because group membership leads to an evaluation of individuals' selves through their social identity, and that often translates to heightened self evaluations as a result of the group experience. This principle can be applied to boost vaccination rates.

Groups need not be artificially created, as various groups (e.g., different specializations, shifts, floors, sections, and units) already exist at health facilities. Upon drawing a criterion that divides the facility into any given number of groups or teams, the goal must be stated (the highest percentage of group member vaccinations). Then there needs to be an established prize for the winning group/team that ought to be meaningfully tailored by each facility. For example, if employee parking happens to be a hassle, whichever group obtains the highest vaccination rate could be assigned closer parking spaces for a limited time. Other rewards could include relaxed dress codes, longer lunch breaks, or donations to the group's choice of charities. These options constitute a low-effort, fun, and enjoyable means of promoting higher vaccination rates *alongside* of building team morale and social validation among the health care personnel.

All of these proposed rewards, incentives, and enticements would achieve the law's goal of increasing the number of vaccinated personnel, *without* negatively impacting the work atmosphere or diminishing the perceived choice over their personal health. Rather, these suggested alternatives would build group solidarity alongside of health awareness, ultimately leading to more satisfied employees and better-served patients.

Avoiding Health Care Promotion Theater

The suggestions above can help promote flu vaccinations within facilities. However, the broader issue is the general prevention of laws that are mere *health promotion theater.* In other words, the question at hand is, "How can we prevent health care policies that only *appear* to tackle an issue, but do little to actually solve it?" The primary way to do this is by educating policymakers, as they are the ones who ultimately create mandates and laws. It is unreasonable to expect politicians to be experts in all fields. Therefore, the responsibility of disseminating applicable knowledge and new research falls on experts in all disciplines. Cynical researchers and experts in all fields ought to not only speak up, but should contact their policymakers. When an issue or "moral panic" arises, academics and experts in that discipline should write letters, initiate dialogue, and publish their research through venues accessible to the target politicians. This may mean launching interdisciplinary dialogue and networking outside of comfort zones. Experts on a hot-topic issue that is on the brink of causing social alarm ought to be proactive in contacting, and even trying to meet officials for the purpose of disseminating their knowledge. For many in academia, this translates to a shift from policy critiquing to active involvement in policy formulation. All of this ought to be done in a timely matter, *during* rather than after policy formulation, as hindsight criticism does little to impact policy.

Public policy centers can also help by sponsoring seminars which provide neutral, unbiased research for policymakers. This could be modeled after 'family impact seminars,' which have successfully educated policymakers about a wide range of issues in various states.[6] Experts from around the country would gather and present their research in order to help policy makers make the best possible decisions. While policy making bodies likely do some sort of cost/benefit analysis for most mandates and laws, such seminars will provide an unbiased, broad, and multi-disciplinary array of monetary, as well as intangible research-based costs and benefits. Likewise, it would be appropriate for public policy centers, research institutes, or special interest groups to create public service announcements about potentially alarming issues that may be blown out of proportion by the public, triggering hasty legislation. For example, had a union or association of nurses or physicians sought out a way to thwart the inflation of public concern about H1N1, Subpart 66-3 may not have been implemented. Educating the public along with policymakers is the ideal way to craft policy.

Unless experts speak up in time, *health promotion theater*-like policies will continue emerging out of reactionary responses, and premature actions will be utilized to address pertinent issues. Legislation ought to be based on facts and research, not emotion. Weighing the costs and benefits ought to take place with qualified experts involved. Ideally, policymakers ought to be the ones calling in the experts and initiating the necessary partnerships; however, this does not always happen, especially in emergency situations. Therefore, the broader message that this article seeks to advance is the importance of researchers and experts broadcasting their knowledge through different publication venues, open seminars, public service announcements, and primarily though seeking out connections with influential policymakers, as opposed to waiting for an invitation to do so.

Conclusion

There is no doubt that illness is a major concern, and that steps should be taken to avoid illnesses or viruses becoming epidemics. Even so, when policymakers hastily enact responses as a result of moral panic, they risk passing policies that are mere *health promotion theater;* that is, policies that have the appearance of addressing a health issue, but actually may be unsuccessful, or even have negative consequences. Thus, while policymakers should consult experts, the experts likewise ought

to seek out policymakers and offer their knowledge and research to help fully evaluate the pros and cons of proposed policies, and ultimately work together toward avoiding the enactment of *health promotion theater.*

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VG NETT Helse

Kathrine Hammerstad, Francis Lundh

Oslo-kvinne død tre dager etter svineinfluensa-vaksinering
Oslo woman dies three days after swine flu vaccination

VG NETT, 2 November 2009, kl. 14:01
http://www.vg.no/helse/artikkel.php?artid=588068

En kvinne i 20-årene fra Oslo døde lørdag, tre dager etter å ha blitt vaksinert mot svineinfluensa. Det er så langt ikke grunn til at hun døde av selve vaksineringen.

Det opplyser Statens legemiddelverk en pressemelding.

Kvinnen i 20-årene hadde en underliggende hjertesykdom, som dermed plasserte henne i risiko-gruppene for svineinfluensa. Det var også bakgrunnen for at hun onsdag 28. oktober ble vaksinert for viruset.

Tre dager senere, lørdag 31. oktober, døde hun uventet. Foreløpige undersøkelser viser ingen sammenheng mellom dødsfallet og vaksinen, men fordi det inntraff så tett opp mot vaksineringen ble kvinnen obdusert så raskt som mulig.

- Vi mener at dødsfallet ikke har noen sannsynlig sammenheng med vaksinen. Dette dødsfallet skjedde uventet lørdag formiddag, og vi har i løpet av helgen fått utført obduksjon. Alle resultatene foreligger ikke med en gang, men resultatene vi har hittil tyder ikke på noen sannsynlig sammenheng, sier avdelingsoverlege Steinar Madsen Statens Legemiddelverk til VG Nett.

Ifølge Legemiddelverket skjer dødsfall knyttet til vaksiner nesten aldri.

Fortsetter massevaksinasjonen

- Men når man vaksinerer så mange over kort tid vil det naturligvis skje dødsfall som ikke har noen sammenheng med vaksinasjonen, heter det videre i meldingen fra Legemiddelverket.

Dødsfallet får heller ikke konsekvenser for norske helsemyndigheters anbefaling om masse-vaksinasjon av landets befolkning.

Legemiddelverket har et løpende samarbeid med europeiske legemiddelmyndigheter når det gjelder sikkerheten av vaksinen.

Så langt er rundt 500.000 doser av vaksinen Pandemrix sendt ut, og rundt 300.000 personer er vaksinert. Det er tilsammen rapportert om mulige bivirkninger på åtte personer.

Young Norwegian woman dies after getting the "swine flu" vaccine

The Flu Case, 2 November 2009, 19:06
https://web.archive.org/web/20091106021139/http://www.theflucase.com/index.php?option=com_content&view=article&id=1561:young-norwegian-woman-dies-after-getting-the-qswine-fluq-vaccine&catid=41:highlighted-news&Itemid=105&lang=en

The Norwegian news paper VG reports that a woman in her twenties died just three days after receiving the "swine flu" shot. Of course they also report that she had a "underlying hart disease" which more than likely will be blamed for her death. This is a pattern that by now is clearly recognizable. This comment from one of our readers sums it up well: "Funny how when someone dies of swineflu with a pre-existing condition they died from swineflu - no question. And if someone dies from the vaccine with a pre-existing condition they died from the pre-existing condition - no question."

So far, about 300 000 people in Norway have been and over 500 000 doses of the poisonous Pandemrix "swine flu" vaccine has been distributed in Norway.

HD

Tore Scherstén

Oroande tyst i Sverige

Helsingborgs Dagblad (HD), 2 November 2009, 07:02
https://web.archive.org/web/20100123013802/http://hd.se/ledare/2009/11/02/oroande-tyst-i-sverige/

Det har varit ovanligt tyst om potentiella risker för oönskade biverkningar med vaccinet Pandemrix, skriver professor Tore Scherstén, Båstad.

Debatt. **Under hösten** har massmedier och myndigheter, främst Läkemedelsverket, Socialstyrelsen och Smittskyddsinstitutet, fört en intensiv kampanj för att förmå svenska folket att vaccinera sig mot svininfluensan (A/H1N1). Olika argument har anförts i kampanjen – från skrämsel till solidaritetsskäl. Solidaritet mot vem eller vad kan man fråga sig – staten, sjukvården eller befolkningen?

Beträffande potentiella risker för oönskade biverkningar med vaccinet (Pandemrix) har det varit ovanligt tyst. Trots att riskerna för biverkningar har diskuterats intensivt i flera andra länder.

I ett tidigare debattinlägg i HD har jag framfört tveksamheter med de immunförstärkande tillsatserna, squalen och tokoferol, i vaccinet som distribueras i Europa Dessa tillsatser kan ge upphov till sjukdomar på grund av autoimmunitet, till exempel ledgångsreumatism. I USA är vaccin med dessa tillsatser förbjudna på grund av sådana risker.

I Tyskland har oron över säkerheten med vaccinet (Pandemrix), som erbjudes allmänheten blivit mycket stor sedan det genom en artikel i *Der Spiegel* blev känt att toppolitiker och regeringsanställda tjänstemän erbjudes ett alternativt vaccin utan dessa tillsatser (Celvapan).

Michael Kocher, president vid det Tyska kollegiet för allmänpraktiserande läkare och familjeläkare, anser att vaccinet är otillräckligt prövat för att ges i varje fall till barn och gravida kvinnor. Han vaccinerar inte sig själv och rekommenderar läkarna i sin organisation att inte vaccinera några patienter eftersom de potentiella riskerna enligt honom överväger den möjliga nyttan.

Wolf-Dieter Ludwig, ordförande för den Tyska Medicinska Associationens läkemedelskommission, har beskrivit hela vaccinationsprogrammet som en skandal, Han anser att den tyska regeringen blivit alltför eftergivlig till läkemedelsbolagets krav och bunden till tidigare ingånget kontrakt om köp av vaccin.

Efter dessa avslöjanden om speciellt vaccin till vissa och om riskerna visar en intervju-undersökning att endast 12 procent av tyskarna avser att vaccinera sig.

Dessa förhållanden i Tyskland har rapporterats i detalj i en artikel i den mycket väl ansedda medicinska tidskriften *TheBritish Medical Journal (BMJ, October 21)* med kommentarer och efterföljande diskussion.

Varför är det så tyst här i Sverige med denna för allmänheten så viktiga information från USA, Tyskland och England? Finns det en dold begränsning av yttrandefriheten i känsliga frågor av betydelse för hela nationen?

THE FLU CASE

Swedish professor: "**Is there a hidden and secret limitation of the freedom of speech regarding damages from the flu vaccine**?" – The Flu Case, 21 November 2009, 18:23
https://web.archive.org/web/20100102040757/http://theflucase.com/index.php?option=com_content&view=article&id=2019%3Aswedish-professor-qis-there-a-hidden-and-secret-limitation-of-the-freedom-of-speech-regarding-effects-from-the-flu-vaccineq&catid=1%3Alatest-news&Itemid=64&lang=en

In the news paper HD, Professor Tore Scherstén says he is worried about the complete silence in Swedish media regarding side effects from the poisonous "swine flu" vaccine, Pandemrix, which is being used against the population in Sweden. He notices that in many countries, there has been at least some public debate in media about the safety of the vaccines but in Sweden, the mass vaccination propaganda is met by - nothing.

Many in Sweden wonder what is going on since every main stream media outlet completely black out any information about side effects and deaths from the vaccinations. "Why is it so silent in Sweden" asks the professor, "Is there a hidden and secret limitation of the freedom of speech regarding these issues?"

THE FLU CASE

Swedish media cover up reports on more deaths from the vaccine

The Flu Case, 2 November 2009, 17:27
https://web.archive.org/web/20091105015250/http://www.theflucase.com/index.php?option=com_content&view=article&id=1558:swedish-media-no-longer-reports-on-more-deaths-from-the-vaccine&catid=1:latest-news&Itemid=64&lang=en

The reports of serious side effects including five deaths was openly reported in Swedish media, even if it never received any prominent place in the daily propaganda wave. After the five first deaths, it became completely silent regarding side effects - suspiciously silent. =>
https://web.archive.org/web/20091029221850/http://www.theflucase.com/index.php?option=com_content&view=article&id=1416:fifth-qswine-fluq-vaccine-death-in-sweden-vaccinations-still-go-ahead-as-planned&catid=41:highlighted-news&Itemid=105&lang=en

Now reports of dead and severely injured instead spread from bloggers and other private people who feel the need to warn their fellow citizens.

One blogger posted this yesterday:
I just received this e-mail from a close collegue of mine!
Hello Zarah, I hope all is well with you :)
I know you have been working for informing about the vaccine and its contents. I spoke yesterday with a friend who was completely devastated. A friend of hers had been getting the vaccine (she was pregnant) and she fell seriously ill shortly thereafter. It became so bad that her heart stopped and she died. It is not proven it was the vaccine, but obviously suspected of course, since she fell ill so quickly after the vaccination. Another friend of mine was vaccinated the same day, she is also pregnant. That woman was yesterday in the hospital with severe bleeding. Also that shortly after the vaccination. Scary stuff this.

If this story is true, it confirms information we have received that authorities and media in Sweden no longer reports on several more deaths that has occured the last days.

Here is another story from a Swedish reader:
My sister-in-law took the vaccine a week ago, right after she became severely ill, she is 5 mo pregnant, amnoic fluid started leaking, she is currently in the hospital since a week back. She has to stay there and lay still (to prevent miscarriage I assume?- my comment)

THE FLU CASE

The silence about vaccine deaths in media is due to the contracts with the vaccine manufacturers

The Flu Case, 2 November 2009, 21:37
https://web.archive.org/web/20091106014444/http://www.theflucase.com/index.php?option=com_content&view=article&id=1560:the-silence-about-vaccine-deaths-in-media-is-due-to-the-contracts-with-the-vaccine-manufacturers&catid=41:highlighted-news&Itemid=105&lang=en

This is from a comment made by one of our readers to the article about the silence in Swedish media over recent "swine flu" vaccine deaths:

GSK secret contract binds Government to SILENCE!

Dr Eric Beeth 2009-11-02 18:13:41

Dear all,

I am a Swedish general practioner working in Belgium, and quite involved in this issue, as together with three citizens and another GP we advised the Belgian Government last Friday in court that this is a disguised pharmaceutical trial on human subjects, with real risks involved.

I put in two comments on the story (see below), that are quite relevant in the context that the Swedish Newspapers have seemingly stopped reporting the intermediary results of this disguised pharmaceutical trial.

If you can read French, you will discover at *http://www.lepoint2.com/sons/pdf/vaccin-H1N1%20 medias.pdf* that the maker of PandemRix, that is used in Sweden, passed a secret contract, the same in every European country, which specified a "Green List" of what the government MAY communicate (hardly anything!) and the "Red List" of what may absolutely NOT be made public, like intermediary results of the side effects that appear in the studies of the controversial squalene (and thiomersal) adjuvantated PandemRix until they have been sanitized by Glaxo Smith Kline researchers, and published by GSK themselves.
[See: Marché public n° EPRUS/09-36 relatif à l'acquisition de vaccins contre e-virus HINI passé sur le fondement de l'article 3-7° du Code des marchés publics issu du décret np 2006-975 du 1er août 2006, entre L'Etablissement de préparation et de réponse aux urgences sanitaires (EPRUS) sis 21 avenue du Stade de France, 93210 Saint-Denis La Plaine, Dûment représenté par Monsieur Thierry Coudert, Directeur général... etc.]
=> https://web.archive.org/web/20110917190018/http://www.lepoint2.com/sons/pdf/vaccin-H1N1%20medias.pdf

These contracts also confirm what was announced in Sweden in October, that these pandemic vaccines where actually ordered already back in 2006: there was a standing order to foresee a vaccination for large parts of the population IF the WHO would declare a PANDEMIC of degree 6. When the "New-Type" A/H1N1 appeared, and it started spreading to other continents, the WHO changed their definition of grade 6 pandemic by dropping the criteria that it should be highly deadly. Thus, the government discovered that it's signed standing orders were passed simply to combat a new (designer!) strain of flu that may or may not become more or less lethal than the common Influenza A or B flu.

This has allowed GSK to do a large scale tolerance experiment of their specialy formulated AVIAN-flu vaccine "Pre-PandRix" paid for by the governments, where doctors are recruited for a large scale pharmaco-vigilance study, without being paid as researchers, and patients receive government propaganda to sign up "to protect the weak in our society", while de facto subjecting

themselves to be guinea pigs in this "H1N1-dry-run" study for the future benefit of registering GSK's AVIAN flu vaccine "Pre-PandRix".

If you are to receive the "Pandremix" against the benign "new-type" H1N1-flu this season, we recommend that you first learn about the possible side effects, as GSK asked their own employees to sign an "informed consent form" before receiving the vaccine:

see: http://www.asanat.org/Declaration_of_Free_and_Informed_Consent.pdf or https://web.archive.org/web/20091122094339/http://www.asanat.org/Declaration_of_Free_and_Informed_Consent.pdf

Best regards,
Dr Beeth www.asanat.org
(See also my other comment below)

By the way:
Yesterday, Sunday, I appeared on a TV debate show together with an H1N1-veterinarian vaccine developer at GSK who was very proud to announce that 8000 pregnant women had already been vaccinated in Sweden with no problem what so ever! See middle of this episode:
http://www.rtbf.be/tv/revoir/detail_mise-au-point?uid=38287439668&idsh edule=91a4a97001a0e74752b9267563767a3e
That is the "GSK-sanitized" version of the truth. What is the real situation in Sweden, and what LONG TERM sicknesses will these women/children develop from the experimental vaccine trial?

These contracts were labeled "secret defense":
Dr Eric Beeth 2009-11-02 15:58:33
These contracts were labeled "secret defense", and we learn a lot about "who is the boss, Government, or Big Pharma?" by reading them! You can still access them here: Keep them on your computer, they are historic! http://www.lepoint2.com/sons/pdf/vaccin-H1N1%20medias.pdf
=> https://web.archive.org/web/20110917190018/http://www.lepoint2.com/sons/pdf/vaccin-H1N1%20medias.pdf

Precision
Dr Eric Beeth 2009-11-02 16:37:08
When re-reading my post, I realize that some may become confused about Pre-PandRix or PandemRix.
Pre-PandRix received a temporary and conditional Market Authorization back in 2008 to combat H5N1 bird-flu which is indeed highly deadly, if it should become transmissible to humans. The condition was (1) presence of a grade 6 pandemic, and (2) a bi-weekly intensive post market release farmaco-vigilance study of the side effects, as they appear. When the H1N1 level 6 pandemic was declared, (thanks to an arbitrary decision to drop the criteria of high mortality rate) GSK saw a window of opportunity to use its current adjuvans formulation that was designed for the very high risk bird-flu vaccine (which does not work without a heavy duty adjuvans)to mix with the split-virus H1N1 antigen (which is not a highly deadly virus, and does NOT need adjuvans to be effective: just a double dose of antigen is sufficient). This is how the very clumsily formulated "PandemRix" was born, complete with the identical two component military style 10 dose formulation bottles containing a zest of thiomersal, which increases its toxicity, and makes an "in tempore" mixing with the squalene emulsion necessary. It must be thrown away 12 hours within mixing; otherwise it becomes even more toxic. Even though thiomersal is a considered a neuro-toxin of the past in European countries, and squalene has never been tried out on children, pregnant women, or people suffering from diverse (auto-immune) diseases, the EMEA granted the same conditional market authorization for the formulation against the benign H1N1 (which does not require adjutants or thiomersal) as it had done for the much more dangerous pandemic situation of a bird-flu. The untested vaccines themselves, whether PandemRix or Pre-PandRix, are potentially just as dangerous - time will tell us, thanks to the volunteers who were willing to try out this experimental vaccine. If you or friends are willing to help the advancement of science with this endeavor, please first make sure to sign your informed consent form:
Best regards,
Dr Beeth

The Green List in English
Teemu Valimaki 2009-11-02 19:24:37

Green List
In particular the following information shall not be deemed to be Confidential Information:
a) The Pandemic Vaccine is a 2 component vaccines
b) The fact that the Pandemic Antigen Component is cheaper than the Adjvuant Component
c) Reservation of and number of Doses of Pandemic Vaccine
d) Delivery after Regulatory Authorisation
e) Delivery without Regulatory Authorisation in case of pandemic threat
f) Production place: Pandemic Vaccine will be produced in Germany and Belgium
g) Pandemic Vaccine will be approved by the Competent Regulatory Authority and EU authority
h) Duration of Agreement
i) General statement re development plan: "GSK is closely working together with experts from TILL during the entire contract period"

Red List :
The following information concerning the transaction cited in this document are subject to confidentiality:
a) All of the text of this document and its annexes, with the exception of the element listed in the "Green List, paragraph 1.2.
b) The price per dose.
c) The price per component.
d) The characteristics of the vaccine (as opposed to the standard description "The new adjuvented H1N1 vaccine."
e) Any detail or reference to the agreements of GSK and a third party.
f) Any detail concerning the development plan, including the intermediary or final results of the clinical trials, before thee have been published by Glaxo Smith Kline.
g) Any information concerning the pharmacovigilance (Note from the translator: in this case, we are talking about the reported side effects that are collected after the product has received it's Emergency Use Authorisation clearance) with the guarantee that this clause does not interfere with the rights and obligations of the local competent authorities in conducting their legal obligations.
h) The principles of production of the vaccine (change of production based on the recommendation of the WHO and the vote of the client countries.
https://web.archive.org/web/20091106034843/http://www.theflucase.com/index.php?option=com_content&view=article&id=1562%3Athe-red-list-what-the-vaccine-manufacturers-dont-want-you-to-know&catid=1%3Alatest-news&Itemid=64&lang=en

See also:

- Fayrer-Hosken R. **Fertility Impairing Vaccine and Method of Use**: WWO1999034825 – WIPO, 17 July 1999. https://patents.google.com/patent/WO1999034825A1/en

- J. F. Kirkpatrick1, A. K. Delsink, JJ. van Altena, H. J. Bertschinger.
Fertility control and African Elephants: A new paradigm for management. – In: Elephants: Ecology, Behavior and Conservation. Editors: Maya Aranovich, Olivier Dufresne. – 2011. ISBN: 978-1-61200-066-2
https://web.archive.org/web/20201028122652/https://wildlifefertilitycontrol.org/wp-content/uploads/2018/05/Kirkpatrick-et-al.-ele-chap-NOVA.pdf

THE FLU CASE

GSK admits to serious side effects for AREPANRIX to be used in Canada

The Flu Case, 3 November 2009, 09:43

https://web.archive.org/web/20091106021212/http://www.theflucase.com/index.php?option=com_content&view=article&id=1568%3Agsk-admits-to-serious-side-effects-for-arepanrix-to-be-used-in-canada&catid=1%3Alatest-news&Itemid=64&lang=en

GSK admits to serious side effects in the package insert for AREPANRIX™ H1N1/AS03-Adjuvanted H1N1 Pandemic Influenza Vaccine.

Note: This is written in plain sanitized language as opposed to the adverse effects as seen in the clinical trials which is medical literature. See Page 8 of the insert for adverse reactions in clinical studies to the AREPANRIX™ H1N1/AS03-Adjuvanted H1N1 vaccine.

Side effects and what to do about them

As with all medicines, AREPANRIX™ H1N1 can cause side effects. The very common and common side effects are usually mild and should only last a day or two.

Very common (may occur with more than 1 in 10 doses):

- Pain at the injection site
- Headache
- Fatigue
- Redness or swelling at the injection site
- Shivering
- Sweating
- Aching muscles, joint pain

Common (may occur with up to 1 in 10 doses):

- Reactions at the injection site such as bruising, itching and warmth
- Fever
- Swollen lympth nodes
- Feeling sick, diarrhea

Uncommon (may occur with up to 1 in 100 doses):

- Dizziness
- Generally feeling unwell
- Unusual weakness
- Vomiting, stomach pain, uncomfortable feeling in the stomach or belching after eating
- Inability to sleep
- Tingling or numbness of the hands or feet
- Shortness of breath
- Pain in the chest
- Itching, rash
- Pain in the back or neck, stiffness in the muscles, muscle spasms, pain in extremity such as leg or hand

Rare (may occur with up to 1 in 1000 doses):

• Allergic reactions leading to a dangerous decrease of blood pressure, which, if untreated, may lead to shock. Doctors are aware of this possibility and have emergency treatment available for use in such cases

• Fits

• Severe stabbing or throbbing pain along one or more nerves

• Low blood platelet count which can result in bleeding or bruising

Very Rare (may occur with up to 1 in 10,000 doses):

• Vasculitis (inflammation of the blood vessels which can cause skin rashes, joint pain and kidney problems)

• Neurological disorders such as encephalomyelitis (inflammation of the central nervous system), neuritis (inflammation of nerves) and a type of paralysis known a Guillain-Barré Syndrome If any of these side effects occur, please tell your doctor or nurse immediately. If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor.

Serious Warnings and Precautions

Advise your doctor or nurse immediately if you experience these reactions shortly after receiving your injection:

• body rash

• tightness in the throat

• shortness of breath

Swine Flu Vaccine could have major medical Side Effects

Russia Today (RT), 4 November 2009
https://www.dailymotion.com/video/xuacrv
https://www.youtube.com/watch?v=WqjR6XDMi_s



The swine flu vaccine is now being offered in the United States, but many people are worried about the vaccine's potential side effects.

Many say that the vaccine could be linked to the guillain barre syndrome.

RT's contributor and investigative journalist Wayne Madsen attended the international swine flu conference in Washington D.C. and talks about what he learned

Süddeutsche Zeitung

Berit Uhlmann

Tote, Proteste, Mangel

Süeddeutsche Zeitung, 4 November 2009, 10:47 Uhr
https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-tote-proteste-mangel-1.135151

Die meisten Bundesbürger sehen die Impfung gegen die Schweinegrippe mit Skepsis und Verdruss. Ein typisch deutsches Phänomen? Erfahrungen aus anderen Ländern.

Todesfälle in Schweden verunsichern die Welt

Schweden startete als eines der ersten Länder die Massenimpfung mit Pandemrix - jenem Serum, das auch in Deutschland für die breite Bevölkerung vorgesehen ist. Für Verunsicherung sorgten Meldungen über Todesfälle im Anschluss an die Impfung. Nach offiziellen schwedischen Angaben starben fünf Menschen, die Behörden gehen allerdings davon aus, dass die Impfung nicht die Ursache der Todesfälle ist und verweisen darauf, dass jeden Tag mehr als 200 Schweden sterben.

In einem Fall schloss eine Autopsie die Impfung als Todesursache bereits aus, die anderen Untersuchungen laufen noch. Sicher ist, dass alle fünf Betroffenen an chronischen Grunderkrankungen wie Herzkrankheiten und Diabetes litten. Drei von ihnen waren über 75 Jahre alt, die beiden anderen 54 und 65 Jahre.

Mehr als 600 Schweden meldeten bislang Nebenwirkungen der Immunisierung. 20 Fälle stuften die Behörden als schwerwiegend ein. Dabei handele es sich vor allem um allergische Reaktionen.

Insgesamt wurden bislang 1,4 Millionen Dosen Pandemrix in dem skandinavischen Land verteilt, wie viele davon in den Oberarmen der Schweden landeten, ist nicht bekannt.

Schweiz lässt Impfung an Schwangeren und Kindern nicht zu

Die Schweizer Behörden sehen den Impfstoff Pandemrix derart skeptisch, dass sie ihm nur eine eingeschränkte Zulassung erteilten. Das Serum darf nicht bei Schwangeren, Kindern unter 18 Jahren und Erwachsenen über 60 angewandt werden.

Die Zulassungsbehörde Swissmedic begründete ihre Entscheidung damit, dass ihr keine Forschungsergebnisse zur Verträglichkeit in der Schwangerschaft und nur sehr wenige Daten zu Kindern vorlägen.

Der Impfstoff des britischen Pharmakonzerns Glaxo Smith Kline ist umstritten, weil er verstärkende Zusätze enthält, die stärkere Nebenwirkungen als herkömmliche Influenza-Impfungen verursachen können.

Manche Schweizer setzen unterdessen auf eine andere Prophylaxe: Händeschütteln ist in einigen Firmen tabu. Ein Button an der Kleidung weist auf diese Praxis hin.

Germany's mainstream newspaper Die Sueddeutsche says "death, protests and deficits" have characterised the start of the swine flu vaccination campaign. – The Flu Case, 4 November 2009.
https://web.archive.org/web/20091107015055/http://www.theflucase.com/index.php?option=com_content&view=article&id=1590:swine-flu-vaccination-associated-with-death-protests-and-deficits-reports-sueddeutsche-zeitung&catid=1:latest-news&Itemid=64&lang=en

The newspaper notes that at least 5 people in Sweden have died after taking the jab even though the Swedish authorities are denying a connection.

More than 600 Swedes have reported side effects so far. The Swedish authorities say 20 of these cases are severe.

1.4 million doses of GSK's Pandemrix have been distributed in Sweden but it is not clear how many of them have been given to Swedes.

The Swiss regulators have said that Pandemrix cannot be given to pregnant women, children under 18 and those over 60 because there are no clinical data on the vaccine in pregnant women and very little data on the jab in children.

Meanwhile in Austria, Baxter's Celvapan – rushed through for approval without mercury and adjuvants - is to be administerd by government doctors while GPs are t be excluded.

THE FLU CASE

Swine flu vaccination associated with death, protests and deficits, reports Sueddeutsche Zeitung

The Flu Case, 4 November 2009, 12:01
https://web.archive.org/web/20100102031204/http://theflucase.com/index.php?option=com_content&view=article&id=1590%3Aswine-flu-vaccination-associated-with-death-protests-and-deficits-reports-sueddeutsche-zeitung&catid=1%3Alatest-news&Itemid=64&lang=en

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https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-tote-proteste-mangel-1.135151

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Defending the right to poison, by Dr Sherri Tenpenn

Infowars, 4 November 2009

https://web.archive.org/web/20091108125339/http://www.infowars.com/defending-the-right-to-poison/

It continually breaks my heart that people have to take a bullet to the head before they find out bullets can be deadly… and they wish they had listened when they were warned not to play with loaded guns.

I have a little person in my office who had 10 rounds of antibiotics and 17 vaccines by 20 months of age. Yes, now autistic. That should be assault with deadly weapons and the doctor should be in jail. Instead, the parents were kicked out of their pediatrician's practice for refusing more vaccines and wanting to get their child well. With these annoying, non-compliant parents out of the way, that doctor can continue to do what vaccinators do: Inject toxic substances into children, ruining their health and the lives of the child's family members.

Parents have had years to get informed; my books and DVDs have been available for years since 2002. Dozens of others have been trying to educate people for as long – or longer – than I have. Parents of vaccine-injured children have implored fellow parents to question vaccines and demand answers. More recently, very visible persons – Jenny McCarthy and Dierdre Imus – have warned about vaccines, begging and pleading with parents to stop – JUST STOP.

I get emails almost every day that say things like, "I got your DVD and your book…but I have a question: should I get a flu shot?" WHAT?!! My mouth drops to the desk and I have to find a way to nicely but firmly say, "No, you should not get the flu shot."

That may seem harsh and pretty bold, but we are coming in to some very turbulent times. Soft language and hand holding is no longer in order. The stranglehold of fear, perpetrated by those in white coats and the medical bureaucrats in Washington DC who take their marching orders from pharma, continues. Funny how they can be the "experts" when it is obvious they don't even understand – and probably don't even read – their own medical literature.

Being in the business of waking people up to the hazards of vaccines certainly has its ups and downs, as many of you know. Today's news was particularly discouraging. The woman bragging that she stood in line for FIVE hours to get an H1N1 shot. Schools vaccinating children without parental consent. Several more miscarriages reported after H1N1 vaccination. The strange outbreak in the Ukraine that the WHO has already declared to be an outbreak of "novel H1N1" – how can that be? And this proclamation will be used to *Really* terrify people into getting vaccinated.

Until my dying breath I will never understand how adamantly people defend their right to inject themselves and their children with poisons – viruses and chemicals called "vaccines" – under the ruse that this slurry is harmless and will somehow keep them healthy.

The only thing to do, really, is just keep putting one foot in front of the next, being grateful for those who are waking up and supporting them. The rest, well, they may sadly have to find out what it feels like to get hit by that stray bullet.

TENNESSEE SONS OF LIBERTY

Joey Fuller, RN

Seasonal Flu and Swine Flu Vaccination Reactions

Tennessee Sons of Liberty, 4 November 2009.
https://web.archive.org/web/20091204135259/http://tnsonsofliberty.blogspot.com/2009/11/seasonal-flu-and-swine-flu-vaccination.html

As a Registered Nurse I have witnessed an increase amount of adverse reactions this season concerning the Regular Flu Vaccine and the Swine Flu Vaccine. In order to protect myself and the confidentiality of those who chose to be vaccinated, I will use the term 'patient' and not give any detailed personal information in accordance to HIPAA regulations.

The following are actual reactions to the Regular Flu and Swine Flu vaccines in Nashville, TN:

Regular Flu Vaccine- Two hours after administration, the patient had a severe burning sensation in their hands and feet, headache, and nausea/vomiting.

Regular Flu Vaccine- Numbness of the arm where the shot was administered for two days.

Regular Flu Vaccine- Increased/abnormal pain with rash at the injection site for two to three days.

Regular Flu Vaccine- Approximately two to three weeks after vaccination, the patient experienced Bell's Palsy. Bell's Palsy is a condition in which the patient experiences facial drooping/ paralysis due to malfunction/inflammation of cranial nerve VII. The patient also experienced body aches, headache, and malaise for 1-2 weeks. Bell's Palsy is idiopathic/ cryptogenic in nature, and a diagnosis is formed after ruling out other possibilities. The patient's physician stated that the Regular Flu Vaccine could have caused the Bell's Palsy.

Swine Flu Vaccine- Increased Body aches, nausea/vomiting, and headache for 2 weeks for two separate patients.

Regular Flu Vaccine- I spoke with an older African American male about his grandfather...He stated his grandfather was a perfectly healthy fellow who took no daily medicines and had no medical conditions. The grandfather took his first Seasonal Flu Vaccine at the age of 70 and died two days afterwards. This also happened to my great grandfather as explained to me by my grandmother. Both seasonal flu victims were healthy with no medical conditions, took no daily prescribed medicines, were elderly but phsycially fit and died with 2-3 days of vaccination.

Regular Flu Vaccine- Chest pain, nausea/vomiting, and severe headache was a complaint of multiple patients...occurring within 3-6 hours of administration.

SPIEGEL ONLINE

Mohrs Herzschlag

Erst die Impfung, dann das Fieber

Spiegel, 5 November 2009

https://web.archive.org/web/20100102085247/http://www.spiegel.de/panorama/gesellschaft/0,1518,659556,00.html

Die Impfung gegen die Schweinegrippe ist in aller Munde - und inzwischen in vielen Armen. SPIEGEL-ONLINE-Kolumnist Joachim Mohr hat sich impfen lassen, weil er schwer herzkrank ist und deshalb als Risikopatient gilt. Womit er nicht gerechnet hatte? Dass ihn die Nebenwirkungen so hart erwischen.

Kein Schwein soll mich anstecken, keines dieser fiesen Schweinegrippen-Viren mir etwas anhaben können. Mehrere zehntausend Menschen in Deutschland hat der globale Krankheitserreger bereits befallen - ich will nicht dazu gehören.

Was aber hilft gegen dieses Influenza-A-Virus des Subtyps H1N1? Entweder auf eine einsame Insel ziehen ohne Kontakt zu anderen Menschen (Kann ich kurzfristig leider nicht umsetzen). Hoffen, Glück zu haben (Dabei kann man schnell Pech haben). Oder sich impfen lassen - genau!

Ich gelte unbestritten als Risikopatient für die Schweinegrippe. Ich bin chronisch herzkrank, kam mit mehreren Herzfehlern zur Welt, habe mehrere operative Eingriffe an meinem Herzen hinter mir und leide bis heute an schweren Herzrhythmusstörungen.

Bei allen in den vergangenen Wochen vorgebrachten Argumenten für und gegen die Impfung schien es mir in meinem Fall äußerst sinnvoll, mich impfen zu lassen. Risikominimierung per Spritze: Viele der an der Krankheit Verstorbenen rund um die Welt waren Menschen mit schweren Grunderkrankungen, eben Risikopatienten wie ich.

Also marschiere ich zu einer der zentralen Impfstellen in Hamburg, einer Arztpraxis in der Neuen Großen Bergstraße. Eine junge, freundliche Ärztin verabreicht mit die Injektion in den linken Oberarm: Impfstoff "Pandemrix, Lot: A81CA074A".

Ich bekomme eine Impfbescheinigung und, nur für den Notfall natürlich, ein Kärtchen mit der Telefon-nummer der Arztpraxis. Was ich in diesem Moment noch nicht ahne - das Kärtchen sollte ich noch brauchen!

Schüttelfrost, Schwitzen, Fieber, unruhiger Schlaf

Geimpft werde ich am Vormittag genau um 9.45 Uhr, ich habe auf die Uhr geschaut. Das Mittagessen um 12 Uhr schmeckt mir noch, am Nachmittag fühle ich mich an meinem Schreibtisch allerdings zunehmend unwohler.

Ich denke mir aber nichts dabei.

Gegen 18.30 Uhr starte ich mit dem Fahrrad nach Hause. Die 30-minütige Fahrt, ansonsten immer eine Freude und wahrlich kein Leistungssport für mich, wird zur Qual: Jede einzelne Pedalumdrehung strengt mich an, ich kann nur in kleinem Gang fahren, zu Hause bin ich nass geschwitzt.

Vielleicht hätte ich mir diesen Spaß schenken und mir mehr Ruhe gönnen sollen?

Beim Abendbrot esse ich keinen Bissen. Ich fange an zu frieren, bekomme Gliederschmerzen. Um 21 Uhr will ich nur noch eines: schnellstens ins Bett. Ich messe Fieber und habe 38,8 Grad!

Und das ist leider kein Spaß für mich! Denn bei Fieber rastet mein Herz besonders gerne aus und startet seine irren Herzrhythmusstörungen. Fieber ist für mich eine echte Gefahr, Fieber hat mich schon wiederholt ins Krankenhaus gezwungen. Ich schlucke eine Paracetamol-Tablette, um meine Körpertemperatur zu senken - und habe Angst.

Die Nacht ist schrecklich, eine richtige Grippe-Nacht: Schüttelfrost, Schwitzen, Fieber, unruhiger Schlaf. Immer wieder quälen mich Magenkrämpfe - und Sorgen um mein Herz.

"Das müssen wir melden"

Am nächsten Morgen gegen 8.30 Uhr habe ich eine Temperatur von 38 Grad. Die Gliederschmerzen sind weniger geworden. Dafür fühle ich mich unfassbar matt, völlig zerschlagen, ohne jede Kraft. Ich kann kaum aufstehen. Ich bleibe den ganzen Tag im Bett, esse nichts, schlafe viel.

Zwischendurch rufe ich in der Impf-Praxis an. Dort nimmt eine Helferin meine Nebenwirkungen auf ("Das müssen wir melden") und bietet an, ich könne gern vorbei kommen und mit einem Arzt reden. Dazu fühle ich mich nicht in der Lage.

Bis zum Abend ist das Fieber glücklicherweise nicht mehr gestiegen, ich habe weiter 38 Grad. Ich bin unendlich erleichtert, dass mein Herz bisher durchgehalten hat, und hoffe, dass es weiter mitmacht.

Am nächsten Tag habe ich zwar keine erhöhte Temperatur mehr, bin aber immer noch viel zu schlapp, um in die Redaktion zu gehen. Immerhin schmeckt mir zu Mittag ein Teller Nudeln mit Pilzen und Karotten - langsam scheint es aufwärts zu gehen.

Die Impfung sei mit mir

Ein Drittel aller Geimpften leidet unter Nebenwirkungen, habe ich gelesen. Dazu zählen auch die, denen nur der Oberarm ein wenig brennt. Das tut meiner übrigens auch - na und?

Ich habe auch gehört, dass einzelne Menschen Fieber bekommen. Aber dass es mich derart hart erwischt, das habe ich mir nicht träumen lassen. Zumal ich mich jeden Herbst gegen die saisonale Grippe impfen lasse. Auch dieses Jahr habe ich das getan, und außer einem Pieks war nie etwas gewesen.

Ich wollte mit der Impfung gegen die Schweinegrippe meinem besonderen Risiko durch meine Herzkrankheit Rechnung tragen, habe mich jedoch durch das impfbedingte Fieber einem anderen Risiko ausgesetzt. Nun, die Medizin ist eben kompliziert. Aber eine Schweinegrippe-Erkrankung verliefe wahrscheinlich viel schwerwiegender als meine Impf-Reaktion und würde ein viel größeres Risiko bedeuten.

Drei Tage nach der Spritze fühle ich mich noch immer ziemlich schlapp, sitze aber wieder in der Redaktion. Ich hoffe, jetzt zumindest für den Winter geschützt zu sein. Die Impfung sei mit mir.

THE FLU CASE

Spiegel journalist becomes extremely ill after taking Pandemrix swine flu jab

The Flu Case, 11 November 2009, 15:07

https://web.archive.org/web/20100102040510/http://theflucase.com/index.php?option=com_content&view=article&id=1738%3Aspiegel-journalist-becomes-extremely-ill-after-taking-pandemrix-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A journalist working for the German news magazine Der Spiegel reported that he became extremely ill with a fever of 38 degrees, chills and nausea after receiving a swine flu jab.

Joachim Mohr was injected with GlaxoSmithKline's Pandemrix, Lot: A81CA074A, in a doctor's practice in Hamburg at 9:45 in the morning.

He was a given a card with the telephone number in case of an emergency along with a confirmaiton slip when he left. By the afternoon, he started to feel ill and he barely had the strength to cycle home in the evening even though the 30 minute ride was usually a pleasure, he reports.

He arrived home drenched in sweat, had no appetite, suffered from chills and went to bed with 38 degrees fever at 9 pm. He spent a sleepless night suffering from chills, fever and stomach cramps. He stayed in bed the next day, eating little. He reported the side effects to his doctor.

Three days after the injection he was still feeling exhaustion but was able to go to work.

CTV NEWS

No serious side effects so far with H1N1 vaccine: WHO

CTV News, 5 November 2009, 6:41PM EST

https://www.ctvnews.ca/no-serious-side-effects-so-far-with-h1n1-vaccine-who-1.450932?cache=axwyxwbrej%3FclipId%3D89830

Millions of doses of H1N1 vaccine have already been administered, and so far, no unusual side-effects have been seen, reports The World Health Organization.

Dr. Keiji Fukuda, the agency's top flu expert, told a press briefing Thursday that 20 countries have started to administer the pandemic vaccine. He says the rates of reactions at the injection site, such as sore arms, are similar and maybe even lower than seen with seasonal flu shots.

"We now have good evidence, based on many people receiving the vaccines, that we have no picture of unusual side-effects emerging," Fukuda said. – "So the picture right now looks quite good in terms of the safety." He said the agency was convinced the vaccine was "highly safe."

Fukuda reiterated that WHO experts have found that the vaccine appears to provide good protection after just one dose. Even in children under 10, WHO recommends that one dose appears effective, Fukuda said.

Some countries, including the U.S., are recommending that children get two doses of the swine flu vaccine. But the U.S. is using vaccine without an adjuvant, which boosts immune response. Canada, as well as many countries in Europe, is using a vaccine with adjuvant for most of the population.

While the Public Health Agency of Canada still advises children under the age of 10 to get two half-doses of vaccine, given 21 days apart, it remains unclear whether that advice will change based on the WHO recommendations.

Fukuda said the important thing is to ensure that as many children as possible get at least one dose.

"It is better to provide one dose to as many children as possible rather than two doses to fewer children," he said.

The flu chief also noted that swine flu has now become the predominant flu strain worldwide and even appears to be starting to "crowd out" H3N2 viruses in East Asia.

And he noted that H1N1 still hasn't mutated much, an observation that has surprised many flu experts who had expected to see some change with the virus by now, given how far the strain has travelled in the last seven months.

Fukuda said H1N1 samples from around the world remain very similar to those seen when the virus was first identified in April. WHO experts do expect they will start to see some change in the strain soon, though, as immunity in the human population rises and the virus adapts.

In many countries, swine flu now accounts for up to 70 per cent of the flu viruses being sampled, Fukuda said.

Reports from across North America have suggested the virus makes up more than 90 per cent of flu viruses that have been typed.

While most people recover from the illness without needing medical treatment, Fukuda warned that the public may be concluding that this virus is insignificant. But he noted that officials are continuing to see severe cases in all age groups.

"At WHO, we remain quite concerned about the patterns we are seeing, particularly, again, because a sizable number of people do develop serious complications and death," he said. He added that cases of patients showing resistance to the antiviral drug Tamiflu remain isolated and sporadic.

"We see no evidence at all that there is widespread occurrence of antiviral resistance," Fukuda told the news conference.

THE FLU CASE

Johan Niklasson

More vaccine deaths in Sweden - desperate cover ups

The Flu Case, 7 November 2009, 08:51

https://web.archive.org/web/20100102042154/http://theflucase.com/index.php?option=com_content&view=article&id=1674%3Amore-vaccine-deaths-in-sweden-desperate-cover-ups&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Five deaths within a few days from the "swine flu vaccinations" managed to slip out through the media. Authorities bragged about an "openness policy" and transparency to better calm everyone regarding the safety of the "swine flu" vaccine. But then something happened. No more official reports were made of so called side effects or deaths. Instead rumors and information about severe side effects started to spread in the Swedish society from private individuals reporting what they experienced. Blogs seem to be the people's choice when it comes to staying updated with current events nowadays.

We have reported about the five official deaths from the flu vaccine, all of them of course officially denied to have any link with the shot itself. We have received several messages and unconfirmed reports about more deaths in Sweden – all of them having one two things in common - clearly linked to the vaccine shots and not reported by media or authorities.

It has, since the media black out regarding vaccine damages in Sweden, become known that the secret contract Sweden signed with GSK who produces the poisonous Pandemrix "swine flu" vaccine used in Sweden, forbids Swedish authorities to report on any side effects until GSK themselves have analyzed the "results" and published a paper on them. (side effects are not listed in the red list)

Apparently, lower levels within the Swedish "chain of command" were "not in the need to now" and therefor proclaimed the openness policy which very quickly thereafter was completely absent and never mentioned again.

Now, Swedish citizens who wants to know about the dangers of the vaccine either have to blindly believe in the obviously fraudulent claims made by the propaganda, "the vaccine is perfectly safe" or search for stories about side effects online. All major news papers are reporting in the exact same way and use the same keywords and catch phraces - everything looking as if clearly coordinated and led by some publicity expert within a lobby group.

According to several Swedish bloggers, over twelve deaths have occurred**,** including the five official ones, but since authorities are involved with a massive cover up, we suspect many more have died from the poisonous Pandemrix "swine flu" vaccine shots.

Some smaller publications seem to be harder to monitor and control and so a local news paper called Hallands Nyheter wrote about a case on a home for elderly in Falkenberg where two of them died in the night after having received the Pandemrix "swine flu" vaccine. (deleted) The other elderly at the home and the personell thought it very strange, since the two who died where relatively healthy compared to many other who got the shot. If they were dying or very unhealthy, they would never have been vaccinated according to employees at the home.

The medical chief made a quick decision to stop the vaccination and an internal investigation was initiated. After the story was publicized locally and higher powers stepped in, the investigation "quickly concluded the deaths had nothing to do with the vaccination". Relatives to the killed ones are upset since they know there is no capacity at the home to make a proper investigation and they are upset about the cover up of the killing of their loved ones. Employees at the home were asked to keep quiet about the incident. The investigation is called a scandal.

These news and the information is not published by any larger publication in Sweden but instead by bloggers and smaller local publications. One of these have counted to at least nine dead from the poisonous Pandemrix shot. We have earlier reported about pregnant women dying from the Pandemrix shot and a pregnant woman who was hospitalized with high risk of abortion. Read this article about fears among pregnant women and especially read the comments below: many report abortions and shares how they miscarried after getting the vaccine.

It is now unclear if we ever will learn the real scope of the damages caused by the mass vaccination in Sweden. Authorities are hell bent on having as many as possible vaccinated and use every method they can part from what we might soon see - making the shots mandatory. The propaganda in Swedish media is now clearly ludicrous and very many Swedes are getting the feeling of that something very strange is going on.

I have been officially blocked from posting comments on the major Swedish web news paper Aftonbladet. Very many others report that any comment questioning the propaganda is quickly removed.

Per-Ola Ohlsson

Fick svininfluensa - trots vaccinationen

Expressen, 7 November 2009
https://web.archive.org/web/20100113101252/http://www.expressen.se/halsa/1.1771689/tva-barn-i-malmo-till-sjukhus-med-ambulans-efter-vaccineringen

MALMÖ. Två barn fördes med ambulans till sjukhus efter influensavaccineringen på en skola i Malmö. - Det har troligen samband med att de var spända inför vaccineringen, säger rektorn Gunn Hanéll.

Under dramatiska former inleddes i går vaccineringen mot svininfluensa på Djupadalsskolan i Malmö. Barnen leddes in i gymnastiksalen där vaccineringen skedde i speciella bås. En förälder berättar att madrasser lagts ut på golvet där barn som kände sig dåliga efteråt skulle kunna vila ut. - Där låg massor av barn, säger föräldern som vill vara anonym.

"Blev pigg igen"

Men det blev än mer dramatiskt när två barn blev så dåliga efter att de fått sprutan att ambulans tillkallades.

- Orsaken var inte biverkningar av vaccinet. Det ena barnet, en sexårig pojke, kände tryck över bröstet, men efter att han fått en adrenalinspruta på sjukhuset var han pigg igen, säger Gunn Hanéll.

Även det andra barnet, en pojke som går i i årskurs två, fick liknande symptom när han vaccinerades några timmar senare.

- Båda barnen är utom fara nu, säger Gunn Hanéll.

EXPRESSEN

Behrang Behdjou

Fick svininfluensa - trots vaccinationen

Expressen, 7 November 2009
https://web.archive.org/web/20100113113338/http://www.expressen.se/Nyheter/1.1771855/fick-svininfluensa-trots-vaccinationen

Helena Dahlberg Wikström från Umeå är kritisk till vaccinationsrutinerna. Själv drabbades hon av svininfluensan - trots att hon hade tagit sprutan.

- Jag har levt i falsk trygghet, säger hon till Expressen.se.

Tisdagen 27 oktober vaccinerade sig Helena Dahlberg Wikström.

Hon tillhör en av riskgrupperna, eftersom hon har diabetes, problem med njurarna och har haft hjärtinfarkter.

Vid ett besök hos sin läkare fick hon därför ta sprutan som skulle göra henne immun mot svininfluensan, berättar hon för Västerbottens-Kuriren.

På lördagen skulle Helena Dahlberg Wikström och hennes make åka till Höga kusten för att besöka svärfar.

Under eftermiddagen fick hon torrhosta, men trodde att det berodde på att hon har astma och att det var torrt i huset.

- På natten small det. Det kändes som att jag hade tusen krigare i kroppen. Det gick så fort, jag blev jättetrött och helt slut, berättar Helena Dahlberg Wikström för Expressen.se.

Klockan fem på morgonen väckte hon sin make och sa att det var dags att åka hem.

- De tog emot mig på akuten i Umeå och jag blev inlagd, säger hon.

Kritisk till hanteringen

Under de tre dagar hon tillbringade på sjukhuset fick hon ta det antivirala läkemedlet tamiflu. Nu är hon kritisk till hur sjukvården hanterar vaccinationerna.

- Efter att ha tagit sprutan levde jag i falsk trygghet. När man tänker efter så förstår man ju att vaccinet inte börjar verka på en gång, men så funderar man inte när man har fått sprutan, säger hon.

- Ingenstans har jag läst att det tar tio dagar, eller två till tre veckor, innan vaccinet börjar verka. Människor behöver veta att de fortfarande bör vara försiktiga.

Inte heller förstår hon varför folk ska stå i långa köer för att få vaccin.

- Man kan ju lika gärna bli sjuk när man sitter och väntar. På en vårdcentral måste det vara större risk att drabbas än i resten av samhället, menar hon.

- Hela vaccinationen borde ha varit organiserad på ett helt annat sätt.

Tar tid för kroppen

Nu har Helena Dahlberg Wikströms man också blivit smittad, även om det inte är bekräftat att det är svininfluensan.

- Jag mår bra nu, eller så bra som jag kan må. Det tar tid innan kroppen återhämtar sig. Nu när jag har varit och duschat känner jag att jag blir alldeles kallsvettig. Orken är inte tillbaka ännu. Hon tycker att alla ska vaccinera sig och är nöjd med den vård hon har fått.

- Men de gjorde en tabbe på sjukhuset. De skickade mig från akuten hela vägen genom sjukhuset till infektionskliniken, men det skulle det skrivas en händelserapport om.

=> an English version below

THE FLU CASE

Swedish woman got the "swine flu" in spite of vaccination against it

The Flu Case, 7 November 2009

https://web.archive.org/web/20100102005937/http://theflucase.com/index.php?option=com_content&view=article&id=1689%3Aswedish-woman-got-the-qswine-fluq-in-spite-of-vaccination-against-it&catid=1%3Alatest-news&Itemid=64&lang=en

In an article today in Expressen a Swedish woman tells her story about how she got the "swine flu". That would have been ordinary but in her case she was vaccinated against it five days earlier. In the article it is implied that she got the flu from someone else and that her vaccination did not "take effect" for another several days.

In reality it seems to be a typical case of someone who actually got the flu from the shot. This is a well known and well documented phenomena with many types of vaccinations.

She had no symptoms for several days but the cough and in the night "it felt like I had a thousand warriors in my body". She went to the emergency reception at the local hospital and was kept there for three days. They gave her anti viral drug Tamiflu.

Now she is very critical to how authorities in Sweden have handled the information about the poisonous Pandemrix "swine flu" shot.

"- After having received the shot, I lived in a state of false security", "Nowhere did I get the information that it would take ten days or two to three weeks for the vaccine to become effective"

AFTONBLADET

Lisa Röstlund

Föll i koma av vaccinet

Aftonbladet, 8 November 2009
https://web.archive.org/web/20091111025722/https://www.aftonbladet.se/nyheter/svininfluensan/vaccinguiden/article6086396.ab

Kevin, 4 år, fick en spruta mot svininfluensan – slutade andas

I onsdags fick Kevin, 4, en spruta mot svininfluensan. Två dagar senare föll han i koma och slutade andas. – Jag var helt säker på att han var död, säger mamma Mia Brolin.

Kevin satt med sin pappa på ett kafé i Upplands Väsby centrum, norr om Stockholm. Det var fredag eftermiddag. Plötsligt började Kevin att skaka. Hans kropp böjde sig bakåt i kramper och ögonen rullade uppåt så att bara ögonvitorna syntes.

Pappan och Mia är separerade, men hon fanns i närheten och en gemensam kompis sprang och hämtade henne. ”Mia kom fort. Kevin är jättedålig.”

”Var helt vit”

Framme vid kaféet hade en folksamling samlats kring fyraåringen. – Han var helt vit om läpparna. Jag har aldrig sett en människa så vit. Jag tog upp honom i mina armar och han var helt lealös. Min enda tanke var: ”Han är död. Han lever inte mer”, säger Mia Brolin. Kevin andades inte.

Två sjuksköterskor råkade finnas på plats och instruerade henne i mun mot mun-metoden. Mia, som är höggravid, fick värkar under återupplivningsförsöken. – Jag gav honom luft medan folk omkring ringde ambulans. Jag hade ingen tidsuppfattning. Men efter ett tag kom färgen tillbaka till läpparna. Han öppnade ögonen.

Rädd för sprutor

Hemma i radhusköket sitter Mia tillsammans med sambon Dennis Karlsson, pappan till barnet i magen och extrapappa till Kevin. – Man skakar fortfarande, säger Dennis, som hann komma till köpcentret från jobbet – före ambulansen.

Under transporten till sjukhuset var Kevin mest rädd för en sak: – Mamma, jag vill inte ha en till spruta. Framme på Astrid Lindgrens barnsjukhus i Solna undersöktes han av två läkare. – De sa: ”Det här är på grund av vaccinet. Det är den enda förklaring vi kan hitta”, säger Dennis Karlsson.

Kan ha hänt tidigare

Läkarna uppgav också, enligt honom, att Kevin inte är unik: – Han är det andra fallet i dag. Det innan var också ett barn som kom in på grund av vaccinet. Professor Jan Liliemark på Läkemedelsverket kände i går inte till Kevins fall. Men han förväntar sig att få veta mer om händelsen: – Antagligen kommer en rapport om detta in till oss på måndag.

Har ni hört om något liknande fall?

– Nej. Barn kan ju hamna i koma av olika orsaker. Det kan ha samband med vaccinationen, men det kan också finnas annat som ligger bakom. Det här få man utreda.

Mia och Dennis blev övertalade av barnavårdscentralen att vaccinera Kevin.

– Vi visste inget om att något sånt här skulle kunna hända, säger Mia Brolin.

”Vill att folk ska veta”

Hon är tydlig med varför de väljer att berätta.

– Även om Kevin är ett undantagsfall så vill vi att folk ska veta att det här kan hända. Och vad hade hänt om vi hade varit hemma och han hade lekt i sitt rum och jag hade städat här nere?

Aftonbladet har inte lyckats nå ansvarig läkare vid Astrid Lindgrens barnsjukhus.

=> an English version

THE FLU CASE

The number of vaccine "adverse effects" in Sweden is now well over 500 ...

The Flu Case, 9 November 2009, 12:22
https://web.archive.org/web/20100102020000/http://theflucase.com/index.php?option=com_content&view=article&id=1711%3Aswedish-boy-aged-4-close-to-death-from-qswine-fluq-vaccine&catid=41%3Ahighlighted-news&Itemid=105&lang=en
https://web.archive.org/web/20100102020000/http://www.aftonbladet.se/nyheter/svininfluensan/vaccinguiden/article6086396.ab

Original article in Swedish

We have received unconfirmed reports that the number of vaccine "adverse effects" in sweden is now well over 500 including "severe adverse effects" which means life threatening conditions or death. The number of deaths is reported to us to be higher than 50 so far. This information is unconfirmed and the official numbers kept secret according to the also secret agreement between Sweden and GSK, GlaxoSmithKline who produces the poisonous Pandemrix vaccine.

I today spoke with a vaccine manufacturer (a supplier of the API, the active ingredient) at their plant here in Switzerland and they stated that they felt they had to play along in producing and supplying active ingredients to the larger "big" pharma companies since these companies are "so powerful". The person I spoke with thought it was something seriously wrong with the way the whole "swine flu" scare has unfolded and the role of WHO. The same person also acknowledged that very much research in the medical field which does not support planned products or other businesses is hidden or buried. The two people I spoke with would "absolutely not" take the "swine flu" shot. They did say that the "swine flu" meant good business.

The Columbus Packet

Brian Jones

Nine students in the US rushed to hospital after swine flu jab

The Columbus Packet, 9 November 2009.
https://web.archive.org/web/20100102055008/http://theflucase.com/index.php?option=com_content&view=article&id=1705%3Anine-students-in-the-us-rushed-to-hospital-after-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en
http://myweb.cableone.net/columbuspacket/ (deleted)

Nine Lowndes County School District students were rushed to the hospital today after apparently having reactions to the H1N1 vaccine.

H1N1 shots are being made available at schools around the state by the Mississippi Department of Health. Nine students at Caledonia High School were transported to the emergency room after apparently having a reaction to the shot, said Lowndes County Superintendent Mike Halford.

"We had seven students transported by ambulance to Baptist Memorial Hospital-Golden Triangle," Halford said. "Two more students were brought in by parents or family members."

Of the nine, eight had been treated and released by 2:00 p.m. Wednesday, he said. "The H1N1 vaccine was being administered [Wednesday] at New Hope High School, New Hope Middle School and all levels at Caledonia," Halford said. "We had given the shots to the high school students, and about fifteen minutes after the shots were given we started having the issues."

Halford said that students complained of symptoms including shortness of breath, itching and hives.

"We stopped giving the shots at that time," he said.

According to Mississippi Department of Health District 6 Health Officer Rebecca James, two of the students who developed shortness of breath and hives did so because of a reaction to the shot. The others were "sympathetic reactions," she said. "There was no evidence of an allergic reaction in those six," she said. "A sympathetic reaction is also called a 'line of sight' reaction. It's similar to what happens when one person in a cafeteria throws up, and then suddenly people around them start feeling sick as well. "Hives can be a sign of a reaction to the shot, but they can also be caused by stress," she added. "Some of the hives could have been caused simply because the students were nervous about getting a shot. We may never know what caused those students to have those reactions."

Counting the two reactions at Caledonia High School today, James said that there have been a total of three allergic reactions to the vaccine around the state. "That is a very mild reaction rate," she said. "I still feel very comfortable recommending that children be vaccinated against influenza, which can be deadly. I'd rather treat hives and itching that have to treat the flu."

The vaccine that was given at Caledonia was the exact same vaccine that was given at other schools in Lowndes County, she said, and there had been no other reports of problems.

There have been 16 influenza-related deaths in Mississippi so far, she said. James said that the LCSD will continue with the H1N1 vaccinations. "Mike Halford has been very good about handling this," she said. "He intends to offer the vaccinations at the middle and elementary schools to students who want them."

A new permission form will be sent home to students before the vaccinations commence again, she said. Vaccinations at New Hope Elementary School and West Lowndes are scheduled for a later date.

[At 5:00 p.m. yesterday afternoon an ambulance was dispatched to a residence on Mike Parra Road when one of the Caledonia High students treated earlier in the day began having "seizures" and fever. Ed.]

LÆGEMIDDELSTYRELSEN
DANISH MEDICINES AGENCY

Side effects from Pandemrix® from 4 to 10 November 2009

Danish Medicines Agency, 11 November 2009.
https://web.archive.org/web/20120707051942/http://www.dkma.dk/en/topics/side-effects-and-trials/side-effects/news/side-effects-from-pandemrix-from-4-to-10--ember-2009

The Danish Medicines Agency has received the first side effect reports related to the Pandemrix® vaccine against influenza. The reports concern 13 persons that have experienced side effects from vaccination. The person vaccinated will often experience more than one side effect, and the 13 reports therefore describe a total of 34 side effects.

The side effect reports were received by the Danish Medicines Agency in the period 4 to 10 November 2009. From today, we will update the list of reported side effects on a weekly basis.

Consumption
The Danish State Serum Institute has dispensed a total of 360,000 vaccine doses, but we do not know the exact number of persons vaccinated.

Who have reported the side effects?
10 of the reports were submitted by doctors, 3 by persons that had been vaccinated.

Age distribution
One report concerns a two-year-old child, the other reports concern adults aged between 25 and 62 years. In three of the reports, the age had not been disclosed.

Gender distribution
The reports are distributed on eight women and five men.

Categorisation of side effects (adverse reactions)
The adverse reactions fall into four categories:

1. reactions at the injection site
2. allergic reactions
3. other known adverse reactions
4. unknown adverse reactions.

…

Notes on specific reports
None.

Overall evaluation
The first adverse reaction reports after vaccination with Pandemrix® in Denmark primarily describe known and expected adverse reactions that appear from the summary of product characteristics. See the factbox to the right.

General information about adverse reaction data
An adverse reaction report contained in the pharmacovigilance database does not necessarily imply that the adverse reaction is associated with the medicine (causality).

THE FLU CASE

Don't drive after swine flu jab, advises motorist organisation

The Flu Case, 11 November 2009
https://web.archive.org/web/20100102015624/http://theflucase.com/index.php?option=com_content&view=article&id=1741%3Adont-drive-after-swine-flu-jab-advises-motorist-organisation&catid=1%3Alatest-news&Itemid=64&lang=en

The motorists organisation Auto Club Europa today advised people not to drive after they take the swine flu jab because of the severity of the side effects of the shot, including head aches, muscle plain, fever and no energy.

Schweinegrippeimpfung kann Fahrtüchtigkeit beeinträchtigen

Berlin (AP) Autofahrer sollten nach einer Schweinegrippeimpfung ihren Wagen besser stehen lassen. Wie der Auto Club Europa (ACE) am Mittwoch berichtete, kann die Impfung unliebsame Nebenwirkungen auslösen und die Fahrtüchtigkeit stark beeinträchtigen. Die Symptome seien Kopf-, Gelenk -oder Muskelschmerzen sowie Mattheit und Fieber.

Auch bei einer starke Erkältung sollte besser auf das Autofahren verzichtet werden, rät der ACE. Studien hätten ergeben, dass bei erkälteten Menschen die Reaktionszeiten um bis zu elf Prozent vermindert seien. Das entspreche einem im Straßenverkehr verbotenen Alkoholpegel von 0,5 bis 0,65 Promille. - http://www.ace-online.de/



Berrick Ballintine

Washington Redskins Cheerleader Vaccine Victim Desiree Jennings Viciously Attacked by Medical Establishment

Hip Hop Culture Shock Shop, 11 November 2009
https://hiphopcultureshockshop.wordpress.com/2009/11/11/vaccine-victim-desiree-jennings-viciously-attacked-by-medical-establishment/

Former Redskins cheerleader Desiree Jennings, the woman who suffered a paralyzing neurological disorder after taking a flu shot, has come under ceaseless attack from the medical establishment as well as websites acting as apologists for the pharmaceutical industry, who claim that her entire illness is a hoax despite the fact that her condition has been confirmed as genuine by numerous doctors.



Jennings was a fit and healthy cheerleader up until August when she got a seasonal flu shot. Ten days after the shot she began experiencing flu like symptoms, followed by severe convulsions and black outs. After seeing around 60 doctors, Jennings was eventually diagnosed with dystonia, a paralyzing neurological disorder that causes the muscles to relentlessly contract and spasm, causing extreme difficulties with walking, talking and general body movements.

Despite the fact that doctors who vigorously examined her condition at both Fairfax Inova and Johns Hopkins confirmed that she was suffering from dystonia, and that the cause of the illness was her reaction to the flu shot, numerous apologists for big pharma have ludicrously claimed that her story is a hoax and that her disease is imaginary, citing no evidence whatsoever and having had no contact with Jennings at all.

The chief culprit in erroneously circulating rumors that Jennings' condition was a "hoax" has to be "The Inquisitr" website, a tabloid gossip rag that in-between obsessing about the vacuous activities

of Britney Spears and Lindsay Lohan, also thinks it has the knowledge to dismiss medical conditions by watching You Tube videos. On October 22, the website carried the headline, Cheerleader Flu Shot Girl: Hoax or Real? The story mentions that Jennings' condition had been diagnosed by several doctors as genuine, yet still implies that the story is a "hoax," citing no proof whatsoever. The agenda behind this becomes clear when the website lambastes "anti-vaccination nutters" for merely highlighting the case.

Not content with savaging a young woman whose life was almost destroyed just once, The Inquisitr went back for a second helping, with a story on Monday claiming that Jennings is now "cured" and that, "The chances of the whole thing being a hoax just went from about 50% to pushing towards 100%." This time around, the website didn't even bother to mention the fact that numerous doctors at major medical establishments had personally diagnosed Jennings with neurological problems, instead they claimed that Jennings had merely "told the media" that she had the disease.

In addition, the claim that Jennings is "cured" is another contrivance. The latest footage of Desiree shows her in a chair hooked up to a drip. Jennings has made progress as a result of treatment provided by doctors in LA with the aid of Generation Rescue, the charity that helped Jenny McCarthy's son recover from autism after a vaccine, but she is far from "cured".

=> https://www.youtube.com/watch?v=GD1BAxVnFdc

THE FLU CASE

Paul Joseph Watson

Vaccine Victim Desiree Jennings Viciously attacked by Medical Establishment

The Flu Case // Prison Planet, 11 November 2009, 9:31

https://web.archive.org/web/20100102023651/http://theflucase.com/index.php?option=com_content&view=article&id=1751%3Adesiree-jennings-experiences-amazing-recovery-with-nature-based-therapies&catid=1%3Alatest-news&Itemid=64&lang=en

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The inserts on flu vaccines clearly state that side-effects can include nervous system disorders, many which are treatable, but pro-vaccine cheerleaders are claiming the Jennings story is a hoax because she has made progress in recovering from her illness. The only hoax here is the one being peddled by these mouthpieces for the medical establishment, who are trying to deny the manfestly provable fact that neurological disorders are a potential side-effect of vaccines.

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In addition, the claim that Jennings is "cured” is another contrivance. The latest footage of Desiree shows her in a chair hooked up to a drip. Jennings has made progress as a result of treatment provided by doctors in LA with the aid of Generation Rescue, the charity that helped Jenny McCarthy’s son recover from autism after a vaccine, but she is far from "cured”.

Blogger Mark Lorenz, writing on the Manolith website, viciously attacks Jennings for ‘faking’ her disease while again providing no proof at all that she faked it, failing to mention that doctors confirmed she had a disease, and failing to explain what possible benefit a young, healthy and happy cheerleader could get from wasting months of her life "feigning” a debilitating illness.

"But guess what? It was all fake,” he writes. "Yes, fake. All of the hemming and hawwing and talk over how vaccines are terrible and need to be tested more, mostly from the same people who say no food is safe to eat but raw food, and LOOK AT MY HYBRID CAR – their poster girl is fake. Sorry if I seem contemptuous, but I have no sympathy for people who go on national TV feigning illnesses and blaming them on a source that might actually do some good in the world.”

The aggressive zeal with which these bloggers have ceaselessly attacked a diseased young woman is stunning to behold, but they seem to be borrowing most of their cockamamie talking points from Dr. David Gorski, labeled "the bitchy diva of Scienceblogs,” by Age of Autism writer J.B. Handley.

In his article today, Handley exposes how Gorski, who has been on the warpath attempting to smear and discredit the "anti-vaccine movement,” has seized upon the Jennings story with wanton abandon in an effort to rebuild the credibility of vaccines that are being rejected in accelerating numbers across America due to concerns about side-effects and dangerous additives like mercury and squalene.

Handley chastises Gorski’s "angry, disrespectful, biting, caustic, and immature approach” in his efforts to counter the Desiree Jennings case. The main body of his article is reprinted below.

The Desiree Jennings case appears to be bringing out the absolute worst in many of the bloggers who oppose our community. As one example, I read a post by Dr. Steven Novella where he "reported” on a string of events involving Generation Rescue and the Desiree Jennings case that had no basis in reality and was simply false. We have neurologists breaking tabloid-level stories? Dr. Novella as investigative journalist? Too funny.

In no particular order, the Desiree Jennings case appears to be causing doctors to break all sorts of medical ethical boundaries including:

- Challenging Ms. Jennings’ original diagnosis of dystonia. Since when do doctors make long-distance video-only diagnoses? Don’t these doctors realize, by offering up potentially false commentary on the nature of Ms. Jennings diagnosis in a story that has captivated the world, that they will one day be called to task for such a glaring breach of medical ethics?

- Claiming Ms. Jennings condition is all in her head. For parents of children with autism, this one has a familiar ring. How on earth do Doctors like Gorski and Novella dare throw out a psychological diagnosis on a patient they have never examined? Thank God she found a doctor who knew it was all in her body.

- Claiming the flu shot couldn’t possibly cause her condition. Once again, how on earth does a long-distance doctor determine this? Vaccines cause a wide variety of side-effects, but Ms. Jennings’ condition just couldn’t be vaccine-induced? To hell with what doctors who did examine her actually determined, we are the only arbiters of truth. It’s nuts.

- Claiming she couldn’t possibly recover from a condition she didn’t even have. Forget the HBOT, chelation, B-12, vitamins, etc., Ms. Jennings couldn’t possibly recover, much like our kids never do, either.

It’s great to watch these "doctors” dig themselves into a bigger and bigger hole. I’m not sure doctors like David Gorski realizes how silly their comments look to the average American and how much they have exposed themselves as the true story of what Desiree went through emerges. Thank you, Orac, for showing the world your true colors, because the world is most certainly watching.

The desperation with which apologists for the vaccine industry have gone about trying to savage the credibility of the Desiree Jennings case illustrates how damaging the story has been to the pharmaceutical lobby and their floundering agenda to coerce as many people as possible into taking their dangerous swine flu shot.

The Jennings case, allied to the story out of Germany about how elitists were given access to a special version of the vaccine that didn’t contain additives but was not available to the general public, has undoubtedly contributed to the mass resistance to the H1N1 shot that continues to build across Europe, Canada and North America.

No amount of callous back-biting, gnashing of teeth, and contrived smear attempts on behalf of the vaccine lobby and their media apologists can now stop that momentum. The word is out – people know what’s in your vaccines and there’s no way to reverse that revelation.

In a video message, Jennings gives an update on her condition and also reveals how her MySpace and Facebook pages have been constantly hacked. Watch below.

THE FLU CASE

Ken Adachi, From, Editor

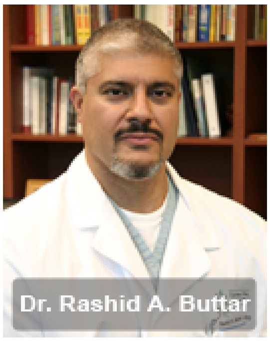
Desiree Jennings Experiences Amazing Recovery with Nature-based Therapies

The Flu Case, Educate Yourself, 12 November 2009, 07:07
https://web.archive.org/web/20100102023651/http://theflucase.com/index.php?option=com_content&view=article&id=1751%3Adesiree-jennings-experiences-amazing-recovery-with-nature-based-therapies&catid=1%3Alatest-news&Itemid=64&lang=en
http://educate-yourself.org/vcd/desireejenningsrecovery08nov09.shtml

Desiree Jennings is the 26 year old cheerleader and marathon runner was who severely crippled with a neurological disorder diagnosed as dystonia in the wake of taking the seasonal Flu vaccine (that government officials and pharmaceutical shills keep telling us is "safe").

Don Nicoloff mentioned to me on the phone tonight that he heard an audio clip from a radio show in which Dr Rashid Buttar of Huntersville, North Carolina, the physician who helped Desiree detoxify her body of the POISONS given to her when she got vaccinated with the saving Swine flu vaccine, explain how he applied intravenous solutions including chelating agents, anti-oxidants, nutritional support, and NATURE-BASED anti-viral compounds over a period of 36 hours which resulted in a stunning and amazing turnaround for Desiree from the seizures she was experiencing nearly EVERY MINUTE, with no ability to talk, and unable to breathe for 10 or 15 second intervals when first carried into his clinic.

You can hear the entire story from Dr Buttar himself in this radio show interview with Robert Scott Bell On October 25, 2009



The interview below is a November 6, 2009 update with Robert Scott Bell on the Michael Savage radio show on Desiree's amazing recovery with a review and update from Dr Buttar on Desiree's treatment, along with comments from Desiree's husband, Brandon Jennings.
=> https://www.youtube.com/watch?v=GD1BAxVnFdc

Medical Director, Dr. Rashid A. Buttar is a graduate of the University of Osteopathic Medicine and Health Sciences, College of Medicine and Surgery. He trained in General Surgery and Emergency Medicine and served as Brigade Surgeon and Director of Emergency Medicine while serving in the U.S. Army. Dr. Buttar is board certified in Clinical Metal Toxicology, Preventive Medicine, is board eligible in Emergency Medicine and has achieved fellowship status in three separate medical societies.

Paul Joseph Watson

Authorities dismiss connection to H1N1 vaccine precisely as they conspired to do months before

Prison Planet, 12 November 2009
https://web.archive.org/web/20091115112228/http://www.prisonplanet.com/teen-diagnosed-with-guillain-barre-syndrome-after-swine-flu-shot.html

A high school athlete from Virginia was diagnosed with Guillain-Barre syndrome hours after receiving a swine flu shot, but health authorities are attempting to dismiss the connection as a coincidence, precisely as they resolved to do long before the H1N1 vaccination program even started.

14-year-old Jordan McFarland developed severe headaches, muscle spasms and weakness in his legs following a swine flu shot. He was diagnosed by doctors at Inova Fairfax Hospital as having Guillain-Barre syndrome, the nerve disorder that was prevalent in recipients of the vaccine during the last mass swine flu vaccination program in 1976.

"Connin and Jordan's father, Calvin McFarland, both 38, believe the shot sparked the illness that came on 18 hours after the boy's vaccination," reports MSNBC.

Despite GBS's clear historical link with the swine flu shot, allied with the fact that health officials back in August warned neurologists that they needed to look out for increases in cases of the brain disorder following the launch of the immunization program, asked about the case of McFarland, the CDC's Dr. Claudia J. Vellozzi claimed that there was "no clear link between the new vaccine and the disease."

Efforts on behalf of health authorities to claim that debilitating side-effects and nerve disorders such as GBS have no connection to the vaccine, despite the fact that they are clearly listed on vaccine inserts as potential dangers, is unsurprising considering this is precisely what officials resolved to do before the swine flu mass vaccination program began.

Back In September, Reuters reported on how public health officials were expecting "an avalanche of so-called adverse event reports, which are reports of death, illness or other health trauma," in the two weeks after people receive the vaccine.

"We are going to be overwhelmed with potential events," said Mike Osterholm, a public health expert at the University of Minnesota.

Authorities therefore resolved to dismiss any connection to the swine flu shots a host of heart attacks, strokes and miscarriages that "will be blamed on the H1N1 vaccine," effectively performing a blanket diagnosis months in advance.

Earlier this month, the U.S. government appointed what the media ludicrously billed as an "independent" group of health advisors who were tasked with whitewashing adverse reactions to the swine flu vaccine and 'explaining' them to the public as mere coincidence.

The group is headed up by none other than Dr. Marie McCormick of the Harvard School of Public Health. McCormick and her affiliated organizations have routinely issued reports over the past 10

years supporting the government's position on the link between vaccines and autism, dismissing a correlation entirely despite overwhelming evidence that contradicts this notion. McCormick has been widely criticized by other health experts for her dogged denial of the link between vaccines and autism.

So far from being "independent," the group is in fact appointed by the government and lead by one of the government's chief whitewash proponents in the context of vaccine dangers and side-effects.

Pharmaceutical companies can be assured that they won't face reprisals for injuries and deaths that will inevitably occur as a result of exposing millions to mercury and squalene additives that are contained in the H1N1 shot during a mass vaccination program, because the government has already acted to provide them with blanket immunity from lawsuits.

"Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius," reported the Associated Press back in July.

Teen Diagnosed with Guillain-Barre Syndrome after Swine Flu Shot
The Flu Case, 12 November 2009.
https://web.archive.org/web/20091217165950/http://www.prisonplanet.com/teen-diagnosed-with-guillain-barre-syndrome-after-swine-flu-shot.html

LÄKEMEDELSVERKET
SWEDISH MEDICAL PRODUCTS AGENCY

Summary of adverse drug reaction reports in Sweden with Pandemrix
(received up to November 10)

Läkemedelsverket, 12 November 2009
https://web.archive.org/web/20111211081808/http://www.lakemedelsverket.se/english/All-news/NYHETER---2009/Summary-of-ADR-reports-in-Sweden-with-Pandemrix-received-up-to-November-10-/

As of today, about 2.1 million doses of Pandemrix have been distributed in Sweden. In total, almost six hundred adverse drug reaction (ADR) reports have been received by the MPA from Health Care Professionals and close to 900 reports from Consumers. The ADR reporting pattern is generally consistent with the expected pattern seen previously in the clinical trials. In this compilation of ADRs reported in Sweden with Pandemrix, allergic reactions, neurological reactions and reactions in children are specifically addressed.

…

Deaths reported

A cumulative total of 8 reports of death have been received, all of which have had a temporal association with vaccination. The time between the vaccination and the death has varied between 12 hours and 4-5 days. These eight patients all had previously known chronic diseases such as cardio-vascular disease, pulmonary disease, diabetes, renal failure, dystrophic muscle disease and senile dementia. All patients were on chronic medical treatment. Autopsy results are available for four of the cases and in all these cases a relation between the vaccination and the death is considered unlikely. For the other cases there is insufficient information and autopsy protocols are lacking which limits the assessment. These reports are still under investigation and further information will be sought, but from what has emerged so far there is nothing to confirm a causal association between the vaccination and the death.

In assessing the number of reported deaths, it is - as mentioned in previous compilation - important to take into account that in Sweden on average 200-250 deaths occur per day and at present a large proportion of the population, particularly the elderly and other risk groups, are being vaccinated. The majority of deaths occurring daily in Sweden are older people with complications of chronic diseases.

AGORA VOX
Le média citoyen

Bernard Dugué

La vaccination H1N1 et les médias officiels sont mal barrés avec Guillain-Barré

AGORA VOX, 13 Novembre 2009
https://mobile.agoravox.fr/tribune-libre/article/la-vaccination-h1n1-et-les-medias-64923

L'annonce n'a pas été occultée par les médias. Elle a même fait les titres. Une professionnelle de santé a été diagnostiquée comme souffrante du syndrome de Guillain-Barré. Elle avait subi il y a peu une injection du Pandemrix, qui n'est pas un filtre magique qu'utilise Astérix mais tout simplement le vaccin H1N1 produit par la firme GSK. Une nouvelle qui risque de gripper fortement la campagne de vaccination. Pour les responsables, la détection d'un cas avéré de ce syndrome, c'est un peu comme dans un village l'annonce qu'un tueur en série récemment libéré de prison, revient s'installer à 6 kilomètres du patelin. En deux mot, ce syndrome de Guillain-Barré désigne une affection neurologique affectant les fibres nerveuses périphériques par un processus d'auto-immunité, autrement dit, par l'attaque du système immunitaire de constituants faisant partie intégrante de l'organisme. Ces maladies auto-immunes sont bien connues. La maladie de Guillain-Barré se produit rarement, environ 1000 cas par an en France, suite à une infection virale ou alors à l'injection d'un vaccin anti-grippal. Dans la plupart, le syndrome est réversible et le patient récupère. Mais les statistiques affichent quelques décès.

La crainte des autorités n'est pas d'ordre sanitaire mais psychosociale. Rappelons qu'en 1976, 45 millions d'Américains furent vaccinés contre un virus grippal H1N1, identifiée dans la base militaire de Fort Dix, suite au décès d'un soldat. D'autres personnels de cette base ont été affectés par la grippe mais on ne dénombra aucun décès. Par contre, quelques centaines de syndromes Guillain-Barré furent identifiés, avec quelques décès, et sous la pression médiatique, la campagne fut stoppée. Cet épisode est comme on s'en doute rappelé dans le contexte actuel de la pandémie H1N1. Les opposants au vaccin ne se sont pas privés d'utiliser ce syndrome comme argument incitant à ne pas se faire vacciner. Le terrain immuno-médiatique était pour ainsi dire préparé. Et donc, la réaction d'hypersensibilité médiatique s'est produite. Les autorités n'avaient pas le choix. Elles étaient obligées d'annoncer un cas de Guillain-Barré, en affirmant et c'est légitime, que le lien avec la vaccination n'est pas établi. Cacher l'information eut été bien plus dommageable, car les opposants au vaccin se seraient vite dépêchés d'invoquer la thèse du «on nous cache tout».

Pour être honnête, le syndrome de Guillain-Barré n'est pas un motif sanitaire suffisant pour justifier le refus de vaccination. Mais comme on le sait depuis l'apparition de cette pandémie, la déraison se propage et c'est donc par une subtile ruse de la déraison que la campagne de vaccination vient d'être troublée. C'est pour ainsi dire, une peur contre une autre.

A cette occasion, on voit apparaître un subtil ballet médiatique traduisant et même confirmant une fracture entre d'une part le monde des gouvernances, experts, élites et médias, et d'autre part la société dite d'en bas, avec ses citoyens surfant sur le Net et refusant de se plier aux injonctions politiques et étatiques. Les cas d'école n'ont cessé de se répéter, après le précédent du TCE refusé par les Français en 2005. La loi Hadopi, l'affaire Polanski, ont récemment dévoilé cette fracture entre ceux qui dirigent le pays, avec les médias à l'appui, et ceux qu'on ne sait pas trop comment nommer, autrement dite, le peuple français ou alors la société civile.

Ce matin sur France-Inter, Jean-Marie Colombani ne s'est pas privé de fustiger ces Français qui refusent le vaccin, allant jusqu'à invoquer une régression des esprits. Il a déploré le fait que les médias ne puissent pas parler sereinement de cette campagne et de santé publique, sans qu'on les accuse de faire le jeu des politiques et des industriels. Colombani, directeur de Slate, n'a fait que reprendre les propos d'un de ses chroniqueurs, Jean-Yves Nau, par ailleurs co-auteur avec Antoine Flahault d'un livre sur la pandémie et qui sur son blog, se plait à moquer les mécréants qui, en refusant d'admettre la pandémie et l'injonction vaccinale, se comportent comme de vulgaires croyants d'avant les Lumières. Flahault s'en prend au Net, ce médias dépeint comme un caniveau par Mitterrand et considéré comme un confessionnal par cet épidémiologiste distingué qui ne se prive pas d'en appeler à Condorcet pour justifier les directives sanitaires, singeant de ce fait notre président Sarkozy se réclamant de Jaurès pour appuyer sa politique. Quant à Colombani, son attitude face à la campagne de vaccination ressemble de très près aux injonctions d'un Bernard Guetta qu'on a connu très passionné sur ces mêmes ondes à la même heure, en 2005, lorsqu'ils vociférait dans la campagne du référendum pour en appeler au bon sens des Français qui devaient suivre les élites éclairées et voter pour le traité. Du coup, les bureaux de vote étaient remplis de citoyens venus refuser le TCE, mais les centres de vaccinations ont été désertés et c'est là le signe d'une étrange comédie et d'une authentique confusion dont on ne saurait accuser les Internautes et les Français.

Ce que je peux vous dire, c'est qu'une bataille philosophique se joue avec cet événement pandémique. Qui peut se réclamer des Lumières et de la Raison ? Dans mon ouvrage, c'est la déraison du système sanitaire et des médias que je pointe, n'hésitant pas à évoquer le signe d'une époque crépusculaire sur fond de machines techniciennes obstinées dans la mise en place de solutions. On aura noté que la plupart des médias soutiennent l'action de la ministre, y compris sur Rue89 ou l'une des journalistes se félicite d'être passée par la piqûre, accomplissant de ce fait son devoir de citoyenne responsable de la santé collective. Le principal constat à retenir, c'est que cette pandémie, avec son déroulement sanitaire et médiatique, dévoile une fracture entre les élites et le peuple français. Nos médias si critiques à l'égard des Américains du temps des ADM de Saddam, ne sont guère regardant sur le manque de recul critique dont ils ont fait preuve pendant cette pandémie. La désinformation est même au rendez-vous, lorsque les quelques milliers de morts sont annoncés aux States, sans vérification de sources, assortis d'une interprétation erronée. La mortalité serait quatre fois supérieure aux prévisions statistiques. Oui, mais quelles sont ces statistiques. Tous les épidémiologistes savent que les modèles ne sont pas fiables et d'ailleurs, où sont passés les millions de morts après la pandémie annoncée de virus H5N1 ?

m&C Health

Case of crippling illness linked to swine flu vaccination in France

M & C, Health News, 13 November 2009, 8:32 GMT
https://web.archive.org/web/20091116162513/http://www.monstersandcritics.com/news/health/news/article_1513116.php/Case-of-crippling-illness-linked-to-swine-flu-vaccination-in-France

Paris - A young woman was diagnosed with a crippling illness possibly linked to the vaccine being used protect the French public against swine flu, the health ministry said late Thursday.

The woman, who was only identified as a health worker, came down with Guillain-Barre Syndrome (GBS) six days after receiving her swine flu vaccination.

GBS is a rare crippling disease that could lead to death if severe pulmonary complications and nervous system problems are present. Every year, about 1,700 cases of the disease are diagnosed in France.

Health Minister Roselyne Bachelot said the case diagnosed was light and that the woman was recovering.

However, news of the apparently vaccine-related illness is likely to dampen enthusiasm here for getting vaccinated against swine flu.

In 1976, the United States halted a vaccination programme against swine flu because some 500 inoculated people came down with GBS, with 25 of them dying. At the time, researchers concluded that the vaccine led to one additional case of GBS per 100,000 people.

The French government began its public vaccination programme Thursday, starting with persons in contact with infants; health professionals; and high-risk individuals, notably those suffering from respiratory ailments.

A poll made in October revealed that only about 17 per cent of the French planned on being vaccinated.

THE FLU CASE

Eight deaths in Sweden reported due to Swine Flu jab, admits Medical Products Agency

The Flu Case, 13 November 2009

https://web.archive.org/web/20100102010913/http://theflucase.com/index.php?option=com_content&view=article&id=1783%3Aeight-people-in-sweden-reported-to-have-died-as-a-result-of-pandemrix-admits-medical-products-agency&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Swedish government's medical products agency has said that it has received reports of 8 people dying in connection with GlaxoSmithKline's Pandemrix swine flu jab from doctors and patients so far.

There is no requirement to report deaths and side effects from the swine flu jab in Sweden even though it has not been tested. A GSK study in the UK on the side effects of the GSK jab is considered adequate for Sweden. The lack of proper monitoring has sparked fears that the 8 deaths are just the tip of the iceberg.

The Swedish medical product agency has downplayed the link between the swine flu vaccine and the deaths, saying that people who died shortly after taking the jab were seriously ill from other diseases.

However, the chronically ill were one of the vulnerable group targeted for the swine flu jab on the grounds that they would derive an especial benefit from it.

The results of only four autopsies on people who died after taking the Pandemrix jab in Sweden are known.

"Autopsy results are available for four of the cases and in all these cases a relation between the vaccination and the death is considered unlikely," writes the medical products agency.

It is not clear how many people in Sweden have taken the swine flu jab making an assessment of how risky the jab is impossible.

The Swedish government has said that 2.4 million doses have been distributed but that it has no figures on how many jabs have actually been given with some medical sources reporting that only 150,000 jabs have been administered so far in Sweden.

This is the Swedish medical product's agency report on deaths and side effects associated with the swine flu jab:

H1N1: 91 signalements d'effets indésirables sur 100.000 vaccinations

Liberation, 13 Novembre 2009, 19:07
https://web.archive.org/web/20091115151743/http://www.liberation.fr/societe/0101602828-h1n1-91-signalements-d-effets-indesirables-sur-100-000-vaccinations

Dans son bulletin de suivi de pharmacovigilance des vaccins couvrant la période 21 octobre/10 novembre, où seuls les professionnels de santé pouvaient être vaccinés, l'Afssaps compte 91 cas d'effets indésirables dont 4 graves.

Après quelque 100.000 vaccinations de personnels de santé contre la grippe H1N1, 91 cas d'effets indésirables ont été signalés dont quatre cas «graves» qui ont nécessité une hospitalisation, a indiqué vendredi l'Agence de sécurité sanitaire des produits de santé.

Dans son bulletin de suivi de pharmacovigilance des vaccins couvrant la période 21 octobre/10 novembre, où seuls les professionnels de santé pouvaient être vaccinés, l'Afssaps note que «la majorité des cas rapportés (91%) a été d'intensité bénigne à modérée.»

Tous ont reçu une injection du vaccin Pandemrix de GlaxoSmithKline, le seul actuellement disponible en France.

Quatre cas graves

Les quatre cas d'effets «graves» concernent deux affections neurologiques - dont le cas «probable» de syndrome de Guillain-Barré cité jeudi soir par le ministère-, une réaction allergique et une affection respiratoire.

Un homme de 34 ans, qui avait déjà souffert il y a 12 ans de «troubles neurologiques à type de paresthésie» avec engourdissement des membres inférieurs, a ainsi présenté des signes cliniques comparables trois jours après l'injection du vaccin. Des examens sont en cours pour établir la cause, le patient est toujours hospitalisé et son état «s'améliore».

La femme de 37 ans soupçonnée d'être atteinte de syndrome de Guillain-Barré n'avait pas d'«antécédents médicaux particuliers». Elle a présenté «des paresthésies (fourmillements, troubles de sensibilité), ascendantes des pieds jusqu'au cou et irradiant vers les membres supérieurs, 6 jours après la vaccination par Pandemrix.» «Un diagnostic de syndrome de Guillain-Barré de forme modérée est suspecté» mais des examens sont en cours pour établir la cause.

Le troisième cas est «une réaction allergique à type d'oedème de Quincke» survenue juste après la vaccination chez une femme de 26 ans «sans aucun antécédent personnel ou familial d'allergie». «Son état s'améliore sans aucune séquelle sous traitement adapté».

Enfin une femme de 30 ans, «avec des antécédents médicaux d'allergie aux poils de chat», a présenté un tableau clinique associant spasme des bronches, essoufflement, fièvre et urticaire le soir de la vaccination. (Source AFP)

=> an English version

THE FLU CASE

At least 91 "undesirable" side effects of Pandemrix in France

The Flu Case, 19 November 2009 10:17

https://web.archive.org/web/20100102012522/http://theflucase.com/index.php?option=com_content&view=article&id=1871%3Aat-least-91-qundesirableq-side-effects-of-pandemrix-in-france&catid=1%3Alatest-news&Itemid=64&lang=en

The French government drug regulatory agency, l'Agence de sécurité sanitaire des produits de santé, has admitted that there have been at least 91 "undesirable" side effects among people who have received the Pamdemrix swine flu jab made by GlaxoSmithKline so far.

The agency reports there were four "serious cases" reported, including a case of a woman of 37 getting the Guillian Barre Syndrome after the swine flu jab in the period between October 21st and November 10th.

However, the agency plays down the link between the swine flu jab and the disease, saying further tests are needed to establish the cause of the "suspected" case even though doctors say the 37-year-old woman has Guillian Barre Syndrome.

There appears to be requirement to report side effects of the untested swine flu jab in France and so the number of side effects caused by the swine flu jab could be far higher than the figures issued by the agency.

The agency said some 100,000 health care workers have taken the swine flu jab so far.

Paul Joseph Watson

French Woman Gets Crippling Illness after H1N1 Vaccine

PrisonPlanet // The Flu Case, 13 November 2009, 16:44
https://web.archive.org/web/20100102040708/http://theflucase.com/index.php?option=com_content&view=article&id=1770%3Afrench-woman-gets-crippling-illness-after-h1n1-vaccine-&catid=1%3Alatest-news&Itemid=64&lang=en

A young woman in France has been diagnosed with the crippling illness Guillain-Barre Syndrome (GBS) after a swine flu shot, following reports yesterday about a Virginia teen who was similarly struck down by the disease hours after receiving the H1N1 vaccine.

The woman, identified only as a health worker, was diagnosed with GBS six days after she received the swine flu shot, according to the French health ministry.

Health Minister Roselyne Bachelot said the case diagnosed was light and that the woman was recovering. "News of the apparently vaccine-related illness is likely to dampen enthusiasm here for getting vaccinated against swine flu," reports Deutsche Presse-Agentur.

France has been at the center of a Europe-wide resistance to getting the swine flu shot, after authorities initially announced their intention to vaccinate the entire population. Outrage peaked in central Europe following the revelation that German Chancellor Angela Merkel and government ministers, as well as the armed forces there, received a special additive-free H1N1 vaccine that didn't contain ingredients such as mercury and squalene that were included in shots for the general public.

France's swine flu vaccination program has barely even begun, with so-called "high risk" individuals starting to receive the vaccine from yesterday. Reports of side-effects this early will do nothing to change the minds of 83 per cent of the French public, who indicated in a Le Monde survey they they would not take the vaccine.

55 per cent indicated they would take the shot in September, but that number has now plunged to just 17 per cent, figures partly influenced by media attention on the case of nine individuals who have filed formal charges in the French courts claiming that the H1N1 mass vaccination campaign is a deliberate attempt to poison the French population.

The drop in numbers willing to take the vaccine mirrors that in Germany where just 13% now say they are willing to take the shot, down from 51% in July.

Similar resistance to taking the vaccine is widespread throughout the continent, from Scandanavia to Bulgaria to the Netherlands, there is barely a country in Europe where a majority of the population have indicated they will take the vaccine and in most countries the vast majority have indicated that they will not get inoculated due to fears of side-effects.

As we reported yesterday, a high school athlete from Virginia was diagnosed with Guillain-Barre syndrome hours after receiving a swine flu shot, but health authorities are attempting to dismiss the connection as a coincidence, precisely as they resolved to do long before the H1N1 vaccination program even started.

Despite GBS's clear historical link with the swine flu shot after more got ill from the vaccine than got swine flu during the 1976 mass vaccination program,, allied with the fact that health officials back in August warned neurologists that they needed to look out for increases in cases of the brain disorder following the launch of the immunization program, asked about the case of McFarland, the CDC's Dr. Claudia J. Vellozzi claimed that there was "no clear link between the new vaccine and the disease."

Efforts on behalf of health authorities to claim that debilitating side-effects and nerve disorders such as GBS have no connection to the vaccine, despite the fact that they are clearly listed on vaccine inserts as potential dangers, is unsurprising considering this is precisely what officials resolved to do before the swine flu mass vaccination program began.

Back In September, Reuters reported on how public health officials were expecting "an avalanche of so-called adverse event reports, which are reports of death, illness or other health trauma," in the two weeks after people receive the vaccine.

Authorities therefore resolved to dismiss any connection to the swine flu shots a host of heart attacks, strokes and miscarriages that "will be blamed on the H1N1 vaccine," effectively performing a blanket diagnosis months in advance.

Earlier this month, the U.S. government appointed what the media ludicrously billed as an "independent" group of health advisors who were tasked with whitewashing adverse reactions to the swine flu vaccine and 'explaining' them to the public as mere coincidence.

The group is headed up by none other than Dr. Marie McCormick of the Harvard School of Public Health. McCormick and her affiliated organizations have routinely issued reports over the past 10 years supporting the government's position on the link between vaccines and autism, dismissing a correlation entirely despite overwhelming evidence that contradicts this notion. McCormick has been widely criticized by other health experts for her dogged denial of the link between vaccines and autism.

arrêt sur images

Gilles Klein

Vaccin: Bachelot discrète sur le premier cas (supposé) d'effet secondaire

Arrêt sur Images, 13 Novembre 2009, 17:10
https://www.arretsurimages.net/articles/vaccin-bachelot-discrete-sur-le-premier-cas-suppose-deffet-secondaire

Le "*premier cas*" (supposé) d'effet secondaire lié au vaccin contre la grippe A est largement commenté par la presse nationale. Il a été révélé par une agence de presse spécialisée, et non par le Ministère de la Santé, contrairement à ses promesses, remarque L*e Parisien*, tandis qu'étrangement, *Libération* ne consacre que quelques lignes floues à cette affaire. Les Echos évoquent 36 cas d'effets secondaire.

"*C'est une affaire qui tombe mal au moment du lancement de la vaccination anti-grippe A pour le grand public. La ministre de la Santé, Roselyne Bachelot, voulant rassurer, s'est elle-mê...*

PreventDISEASE.com
Aiming Towards Better Health

Vaccine Victims Blamed for National Emergency: Humanicide and What's Next

Prevent Disease, 13 November 2009
https://web.archive.org/web/20100102095323/http://preventdisease.com/news/09/111309_vaccine_victims_blamed_emergency.shtml

In Salem, Massachusetts, in 1692, medical doctors failed to determine the cause of bizarre behavior among youngsters in that town. Religious zealots, steeped in their cult, diagnosed satanic possession to justify criminal prosecutions and serial slayings.

The publication of "Why you can't get swine-flu vaccine" in Rupert Murdoch's New York Post (Nov. 3, 2009) by Robert Goldberg, Vice President of the Center for Medicine in the Public Interest, proves how human intelligence has devolved since Salem's victims were blamed to popularize status quo psychopathology, social injustice, and mass murder otherwise called institutionalized genocide.

According to Goldberg, partnered with Peter Pitts, mainstream media's health pundits for consumer protection, the H1N1 National Emergency declared by Barack Obama is due to fringe lunatics who think mercury is harmful when injected by vaccines; not "vaccine shortages".

Goldberg blames people like me for heralding mercury toxicity's links to neuro-developmental and behavioral disorders in children (e.g., autism). We are blamed for allegedly pressuring governors into ordering single versus multi-dose vials (as if the government of the US has ever listened to vaccine prohibitionists). The different vials have differing mercury concentrations (which indicts lacking industry standardization of heavy metal toxic mercury levels evidencing gross criminal negligence rationalized by pseudoscience) and the single dose vials are more costly and time-consuming to produce. Thus, we victims of mercury intoxication and vaccine injuries are blamed for the alleged vaccine shortage and national Model State Emergency Health Powers Act implementation advancing across the country.

They are Killing Us

I suffer from eczema--a common condition linked by science to vaccine mercury and/or injected foreign proteins causing multiple chemical sensitivities and autoimmune conditions. Vaccine-linked eczema now curses between 10-15 percent of the American people. Eczema is most often caused by vaccination intoxication. Human bodies are injected with mercury and foreign proteins that attach to normal body parts. The combination of mismatched protein parts forms an "antigenic complex" that is attacked by white blood cell bodyguards. This results in the vast majority of autoimmune diseases, including eczema. Such diseases profit petrochemical-pharmaceutical industrialists.*

My mother died of Guillain-Barre Syndrome (GBS) from the 1976 Swine Flu Vaccine campaign. My sister-in-law was crippled with rheumatoid arthritis (RA) from a hepatitis B vaccine. My brother-in-law receives Canadian military compensation for a vaccine injury called multiple sclerosis (MS). My best friend has type-1 diabetes thanks to a flu shot. These illnesses are all autoimmune diseases proven in science to be linked to, or caused by, vaccinations.**

I testified briefly before the US Congress on vaccine mercury's link to autism. I personally witnessed legislative officials' gross criminal neglect of the scientific study commissioned by the US Centers for Disease Control (CDC) by Verstraeten, et. al, titled, "Thimerosal VSD Study: Phase I-- Update 2/29/00." Herein, definitive links between vaccine mercury intoxication and neuro-developmental and behavioral disorders in children were reported. This report was originally censored, then modified, for subsequent official publications eliminating all findings condemning vaccine mercury, thus keeping autism a "medical mystery."

Today, everyone practicing any form of natural medicine is endangered. Energy medicine is particularly suppressed along with paradigm-shifting biophysics, hydrosonics, and electrogenetics that could eliminate all reliance on drug industrialists. Practitioners in these fields are persecuted for truth-telling about vaccine illnesses and deaths linked to mercury poisoning and antigenic complexes.**

History Repeating

Medical industry censorship and persecution is reminiscent of the mysterious Salem witch trials. Historians speculate a combination of events, including an untimely smallpox outbreak, created the climate for this public fright. One-hundred and forty people were accused of witchcraft. Forty-three people were supposedly afflicted. Nineteen people were hanged, one person was pressed to death, thirteen people died in prison, and as many as 1200 persons were victimized in other ways.

What terminated this deadly madness is the same reason Rupert Murdoch's yellow press, the New York Post, published Robert Goldberg's diatribe. Public support and false belief in the "witches" began to wane; as is happening now with growing distrust of vaccines and fraudulent vaccine trials. The "silent majority" sees through transparent safety assurances and government intrusions into our lives. People are frightened and fed-up with deadly disasters like the Merck company's VIOXX and 1976 Swine Flu vaccine fraud, both certified by the US Federal Government.

Respected Salem ministers started to believe that some innocent people were being accused and executed for witchcraft primarily on unreliable spectral evidence (such as Goldberg presents). Today, confessions by doctors and scientists who once worked for drug giants are truth-telling, whistle-blowing, and discrediting the vaccine makers and their safety assurances over the Internet.

As the Reverend Increase Mather stated, "It were better than ten suspected witches should escape than one innocent person should be condemned." I say, "it is better that ten vaccine-prohibitionists be condemned by medical madmen than one innocent child suffer neuro-degeneration from vaccine mercury intoxication."

The Salem Witch Trials website explained, "As the accusations mounted, persons from all walks of life--rich and poor, beggar and merchant--were being accused. Additionally, the accused that originally confessed to witchcraft requested to recant their former confessions. With public confidence in the trials slipping, the cries of the afflicted were steadily ignored, and the accusations eventually stopped."

So increasingly ridiculous accusations from the status quo, such as Goldberg's, are disbelieved by increasing numbers of vaccine victims. The majority of people now see through BigPharma's fear-inflicting propaganda, exemplified by Murdoch's articles, wherein "We the People" are accused of madness, ignorance, and now allegedly causing a national emergency.

Public confidence in medicine is at an all-time low following the medically-assisted demise of our parents, friends, and siblings. The leading cause of death today is drug-induced illnesses; and these shocking statistics omit all vaccine injuries since officials criminally neglect surveying and reporting the sick and dying who's only mistake was their misplaced faith in drugs and medical deities.

It is said that medicine has extended longevity, but degenerated quality of life making death seem more appealing than drug additions and lethal side effects for millions.

Murdoch's Media-Driven Humanicide

For those who don't know, Rupert Murdoch controls the majority of American news media.

Recently, investigative journalist Sherri Kane and I exposed gross conflicting interests between Rupert Murdoch and the global drug cartel. Pregnant women were tested for H1N1 vaccine side effects using a bogus study design at Elizabeth Murdoch's Royal Women's Hospital in Australia. Rupert's daughter-in-law, Susan, oversees the Murdoch Children's Research Institute (MCRI) wherein infants and children were tested with H1N1 vaccines by Merck's subsidiary, CSL, Inc. James Murdoch, heir-apparent to Rupert's estate, oversees the Board of Directors of Glaxo-SmithKlein, another H1N1 Swine Flu vaccine maker. All of the above Murdoch affiliates administered fraudulent H1N1 vaccine studies that neglected placebo control groups and long-term surveillance to fraudulently erase statistically significant risks and provable "adverse events."

Rupert Murdoch is Co-Chairman of the David Rockefeller founded, Royal family of England chartered, Partnership for New York City (PFNYC). This is the world's most powerful biotechnology trust – the heart of the vaccine industry, "genetopharmaceuticals," and mass-media mind controlling social engineering. This is the heart of the American Medical CULTure. Their prostitutes promote and prey on people's fear, magnify microbial menaces, and persecute natural healers and alternative care providers as though they were witches practicing witchcraft.

David Rockefeller also directs the wealthy powerful Council on Foreign Relations (CFR). He co-founded, with The Rockefeller Brothers Fund, the influential Population Council. The former is the most powerful US Government think tank and policy director. The later is the world's most active depopulation organization funded by the US Government and Rockefeller-related foundations and institutions. The Population Council's goal is to reduce populations by nearly two-thirds through intoxicating drugs and vaccines, including those that cause sterility. They advocate the 1977 book, Ecoscience, co-authored by Obama administration science czar, John Holdren, calling for massive global depopulation using vaccinations for sterilization.

Evidencing this group's power, on October 16, 2009, a special gathering of CFR joined vaccine specialists and social engineers led by health media propagandist, Laurie Garrett, discussed the urgency of the vast majority rejecting vaccinations for H1N1. They articulated the need to use "shortage marketing" (i.e., fraudulently claiming vaccine shortages) to promote better public acceptance of the distrusted vaccines. Prior to this meeting, the nation's vaccine supplies were reported ample. After this meeting the media began administering shortage marketing, and hypnotizing the panicked public who lined up for their shots.

Another example official malfeasance at the highest levels of government involves the PFNYC Co-Chair, Lloyd Blankfein, the Chairman and CEO of Goldman Sachs & Co., whose manager of private client services, Linda Daines, is wife of New York State Health Commissioner, Richard Daines. The Daines's profit from vaccine sales to New York State (legally another member of PFNYC) and other governments, including the US Federal Government (officially another member of PFNYC) that stockpiles the H1N1 Swine Flu vaccine. Goldman Sachs, directed by Blankfein, was the largest shareholder in a deal they brokered in 2007 for the $15 billion sale of vaccine giant MedImmune that produces AstraZeneca's H1N1 "Flumist."

What's Next? The Expected Created "Big One?"

Flumist is the H1N1 nasal spray vaccine. People taking it spread the "live" "active" laboratory-engineered unstable virus for up to 3 weeks, putting non-vaccinated persons at risk of infection and worse. These "shed" unstable viruses more readily recombine with other circulating viruses; thus, potentially more severe outbreaks and far more deadly pandemics are now expected.

One such threat, a possible H1N1 hemorrhagic pneumonia recombinant, has emerged in the Ukraine, where the Chernobyl disaster occurred. The NATO superpower has fully engaged biological and chemical weapons research and development. This country was predicted to host a biological weapons release associated with H1N1 vaccines courtesy of the Baxter Corp around the time this outbreak occurred. Joseph Moshe, an Israeli Mossad agent, made this prediction on August 11, 2009, and his persecution and arrest made the national news.

Moshe attempted to warn US federal investigators and law enforcers about Baxter releasing a bioweapon as they had earlier this year "accidentally" shipping H5N1-contaminted seasonal flu vaccines to labs across Europe. Baxter previously shipped AIDS around the world in their HIV-contaminated blood product, heparin. This H1N1 vaccine supplier is among the least trustworthy companies in the world. Their adjuvanted vaccines are currently banned in the United States due to US Congressional condemnation, but favored by European nations. So much for consistency in vaccine science!

Here is the biggest problem. Unvaccinated persons are being vicariously "immunized" by simply going to school or work, contacting shedding H1N1 vaccinated carriers. Since more deadly viruses circulate in people, birds, animals, and the global environment, worse pandemics are predicted. Simply one "Typhoid Mary" transmitting an H1N1-H5N1 recombinant might depopulate millions of people in many nations thanks to the H1N1 vaccinations! This is what experts and officials, in fact, expect

to happen. It is the real grossly-neglected reason for the declaration of "National Emergency" by President Obama who, by the way, advanced the 2005 Senate bill to fund development of the H5N1 avian flu vaccine!

Murdoch and Blankfein's allied news sorcerer is Thomas H. Glocer, the Editor-in-Chief of Reuters News Service, who is also a member of the PFNYC. His directorship of Merck & Co, the world's largest vaccine maker, is another gross conflict of interest. Reuter's and Murdoch's News Corp. controls virtually all Western World propaganda, including the Associated Press which Murdoch directs as a board member. Murdoch and Glocer's media co-broke the story of Obama's H1N1 National Emergency declaration. Glocer broke the H1N1 Mexican Swine Flu news.

Let us not forget the conflicting interests of PFNYC member Mortimer Zuckerman, Editor-in-Chief of US News & World Report and the New York Daily News, who financed the American Lyme Disease Foundation that heavily promoted SmithKlein's disastrous Lymerix vaccine that tragically caused hundreds-of-thousands of casualties before the FDA suspended its use.

All the above are advancing massive media deception and human intoxication for population reduction through H1N1 recombinations spread by vaccinations, shedding, and reassorting with circulating viruses including, we now expect, hemorrhagic pneumonia from the Ukraine.

Concerned intelligent activists are demonized as "witches," holistic physicians are ostracized for practicing "witchcraft," and natural cures and immune boosters such as the **silver hydrosols** that could put Big Pharma out of business, are suppressed by officials of a murderous medical cult. Together, medical maniacs allied with media moguls have sewn the seeds for population reduction consistent with Population Counsel objectives and their own demise as humanity awakens to the catastrophe of this unfolding humanicide.

Dr. Leonard G. Horowitz is an award-winning author of 16 books and a Harvard-trained internationally recognized expert in public health and consumer protection. He views vaccinations as genocidal weapons for human intoxication and mass depopulation, and condemns gross criminal negligence and official malfeasance in the administration of the H1N1 Swine Flu "Scam." Go to FLUscam.com for more writings by Dr. Horowitz.

The original article by Goldberg is published here**.**

*The two most deadly myths in medical history is that: 1) vaccines, not mainly improvements in hygiene and nutrition, terminated polio and smallpox; and 2) vaccines are "safe and effective" when more than 90 percent of vaccine injuries and fatalities are criminally neglected, not surveyed nor reported.

**According to ScienceDaily.com: Approximately 75 percent of autoimmune diseases occur in women, most frequently during the childbearing years. These diseases also comprise a significant portion of chronic childhood disorders. Autoimmune disease refers to a group of more than 80 serious, chronic illnesses including diseases of the nervous, gastrointestinal, and endocrine systems as well as skin and other connective tissues, eyes, blood, and blood vessel. In all of these diseases, the underlying problem is similar--the body's immune system (including B and/or T immune cells) becomes misdirected, attacking the very organs it was designed to protect.

(http://www.sciencedaily.com/releases/2007/04/070403161855.htm)

Author's footnote: It is grossly idiotic and genocidal to neglect the diagnosis of general systemic vaccination intoxication then conjure up misdiagnoses requiring drug treatments. The best treatment, and public health measure, would obviously be to cease vaccinating and intoxicating people. Proof of this is adequately evidenced by the huge percentage of people with autoimmune diseases that even vaccine makers' package inserts warn about, eczema being a most prevalent one. This ignorance and neglect of what is obvious places the medical paradigm in jeopardy of crumbling due to iatrogenocidal stupidity.

THE FLU CASE

Child of two and woman of 18 die after getting swine flu shot in Finland

The Flu Case, 13 November 2009, 16:52

https://web.archive.org/web/20100102040548/http://theflucase.com/index.php?option=com_content&view=article&id=1772%3Achild-of-two-and-woman-of-18-die-after-getting-swine-flu-shot-in-finland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

At least two people have died in Finland after getting the swine flu jab. A two-year-old child died one week after getting the shot. According to the local media, the shot "came too late and couldn't save the child."

In addition, an 18-year-woman died in the Päijät-Häme Hospital District in Lahti one week after getting the jab, according to the newspaper Helsingin Sanomat, which, however, attributes the death to the swine flu virus and not the vaccine.

In an interview with Helsingin Sanomat President Tarja Halonen said that she has not been vaccinated yet, as she does not belong to any of the risk groups, and does not plan to jump the queue.

However, the Speaker of Parliament Sauli Niinistö said the President and the government ministers should be allowed to jump the queue to get their H1N1 shots.

...

The Päijät-Häme Hospital District confirmed on Wednesday that an 18-year-old woman had died as a result of a H1N1 virus infection. She had a difficult long-term illness.

She had been admitted to the Päijät Häme Central Hospital in Lahti early on Tuesday morning. The woman had exhibited swine flu symptoms for several days, and was tested positive for the H1N1 virus.

After being treated with antibiotics and antiviral medicines, the woman was transferred to a life support machine. She died at the hospital on Tuesday night.

According to the hospital district, the patient had been vaccinated last week, but it did not manage to boost her immunity against the virus immediately.

The vaccine will offer protection against the H1N1 influenza infection in two to three weeks from the vaccination.

According to THL it is not possible to contract the swine flu from the vaccine.

The current number of H1N1-related deaths in Finland is six.

However, the number of infected individuals is tens of thousands, maybe more than 100,000. Some people get only a very mild infection, occasionally even without any symptoms.

WELT

Wuppertaler stirbt nach Schweinegrippe-Impfung

WELT, 13 November 2009
https://www.welt.de/wissenschaft/schweinegrippe/article5200078/Wuppertaler-stirbt-nach-Schweinegrippe-Impfung.html

Ein 46-jähriger Mann aus Wuppertal ist einen Tag nach seiner Schweinegrippe-Impfung aus bisher ungeklärten Ursachen gestorben. Der Mann wurde tot von einem Kollegen gefunden. Die Behörden ordneten die Obduktion an, um zu prüfen, ob der Mann allergisch auf den Impfstoff reagiert hatte.

Die Behörden in Nordrhein-Westfalen lassen den Tod eines 46-jährigen Wuppertalers untersuchen, der einen Tag nach der Schweinegrippe-Impfung gestorben ist. "Wir haben eine Obduktion angeordnet", zitierte die Nachrichtenagentur dpa den Sprecher der Wuppertaler Staatsanwaltschaft, Wolf-Tilmann Baumert. Laut Informationen der "Westdeutschen Zeitung" wurde der Mann einen Tag nach seiner Grippe-Impfung mittags tot von einem Arbeitskollegen gefunden.

Nun soll geprüft werden, ob ein Zusammenhang zur Impfung besteht. So werde geprüft, ob der Wuppertaler möglicherweise allergisch auf die Impfung reagiert hat. Auf dem Fragebogen zur Grippe-Impfung hatte er selbst eine Allergie-Anfälligkeit verneint.

Wie "Bild" berichtet, sei auch eine 65-jährige Thüringerin kurz nach der H1N1-Immunisierung gestorben. Ob es zwischen der Impfung und dem Tod der Frau einen ursächlichen Zusammenhang gibt, müsse aber auch in diesem Fall noch geklärt werden. Außerdem habe in Düsseldorf ein 30-jähriger Mann nach der Impfung einen lebensbedrohlichen anaphylaktischen Schock erlitten. Der Mann habe sich aber zu diesem Zeitpunkt noch in der Arztpraxis befunden und konnte sofort behandelt werden.

Ein internationales Forscherteam hatte bereits Ende Oktober mit Blick auf die Impfung gemahnt, dass unerklärliche schwere Erkrankungen und Todesfälle in einer ausreichend großen Bevölkerungsgruppe immer wieder vorkommen. Das gelte auch für Geimpfte, ohne dass der Impfstoff damit irgendetwas zu tun haben müsse. Unter zehn Millionen geimpften Menschen seien schon rein statistisch sechs plötzliche unerklärliche Todesfälle innerhalb von sechs Wochen zu erwarten, die nichts mit der Impfung zu tun haben, erläuterte Steven Black im Fachjournal "The Lancet".

Schweden, das bereits seit Mitte Oktober gegen die Schweinegrippe impft hat fünf Todesfälle im zeitlichen Zusammenhang mit der Spritze gemeldet. Ein ursächlicher Zusammenhang wurde bislang nicht festgestellt, betonte das Paul-Ehrlich-Institut, das die Daten vorstellte. Alle fünf Patienten hatten laut Institut chronische Erkrankungen. Die Ereignisse müssten vor dem Hintergrund von 200 bis 250 Todesfällen pro Tag in Schweden gesehen werden, wobei die Mehrheit der Fälle ältere Menschen mit chronischen Grunderkrankungen betrifft, also die Gruppe, die derzeit bevorzugt geimpft wird.

=> in English

THE FLU CASE

Two Germans died after taking swine flu jab: state prosecutor to investigate

The Flu Case, 13 November 2009, 16:45
https://web.archive.org/web/20100102030320/http://theflucase.com/index.php?option=com_content&view=article&id=1771%3Atwo-germans-died-after-taking-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A 46-year-old man in Wuppertal, Germany, has died one day after receiving the swine flu jab. The man was found dead at midday by his co-workers. The state proseuctor for Wuppertal has ordered an autopsy to be performed, according to a report in Die Welt.

In addition, the Geman newspaper Bild has reported that a 65-year-old woman died in Thuringia following a jab.

In Sweden, at least 8 people have died from the jab.

According to sources, as few as 150,000 jabs have been given to people in Sweden.

The Swedish government does not have a system in place to count the number of swine flu jabs administered but only the number of doses distributed with 2.4 million so far.

channelnewsasia.com

Two die in China after H1N1 flu vaccine

Asia Pacific News, 14 November 2009, 11:28 hrs

https://web.archive.org/web/20091117045227/http://www.channelnewsasia.com/stories/afp_asiapacific/view/1018187/1/.html

Beijing: Two people died after they were inoculated with the H1N1 flu vaccine in China, health authorities reported, amid wariness among the Chinese about the quality of the shot.

Deng Haihua, spokesman for the health ministry, said in a statement posted on the website late Friday that authorities had been notified of the deaths in the past two days, but he gave no personal details of the victims.

Preliminary results of an autopsy on one of the victims revealed the patient suffered a sudden death due to heart issues and experts had ruled out a link to an allergic reaction to the vaccine, according to the statement.

Deng said final results had yet to be announced, and an autopsy on the second victim was underway.

But he sought to play down the news amid public concern - a survey published by state media in October revealed that over half of Chinese did not plan to be vaccinated as they were unsure about the safety of the shot.

"Specialists say that it is unavoidable that several serious adverse reactions will happen amid the more than 10 million people who have received the vaccine, and the 20, 30, 150 million who will in the future," Deng said.

China has so far reported 43 deaths from A(H1N1) influenza and more than 65,900 cases of the disease, according to the health ministry.

中国日報
CHINA DAILY

Two people die in China after taking the swine flu jab

The Flu Case, 14 November 2009 12:20
http://www.chinadaily.com.cn/world/2009-11/14/content_8970531.htm

Two die after H1N1 vaccination

Two persons are reported to have died after taking the A/H1N1 vaccination as the Chinese mainland prepares to vaccinate 65 million people, or 5 percent of its population, by the end of the year, health officials said on Friday.

A secondary school teacher in Hunan province died while playing basketball 8 hours after taking the jab, the provincial health department said on Friday afternoon.

But his death, according to preliminary findings, was not linked to the vaccine and it would not affect the ongoing H1N1 vaccination program, said Deng Haihua, spokesman for the Ministry of Health.

Deng did not give the details of the other victim. According to regulations, the local health authority where such deaths occur should be the one to announce it, he said.

So far, 15 people have suffered severe side effects including anaphylactic shocks (sudden drop in blood pressure or difficulty in breathing) after taking the jab, said Liu Dawei, a vaccination expert with the Chinese Center for Disease Control and Prevention.

"These people will get free treatment and cash compensation," Liu said.

Till Thursday, more than 12 million people had been vaccinated against the H1N1 flu virus, with 1,235 complaining of side effects, the Ministry of Health said. Most of the reactions, however, have been mild and temporary.

Preliminary results of the Hunan victim's autopsy show he could have died after suffering a sudden cardiac arrest, which experts say kills more than 1,700 people in the country each day.

"The Hunan teacher's death is a coincidental medical incident," Liu said.

The exact cause of his death can be known only after all his medical records, including the final autopsy report, are studied, Deng said. But the batch of vaccines from which he got the jab has been withdrawn as a precautionary measure.

The autopsy on the other victim was likely to be performed on Friday night, Deng said.

No vaccine is risk-free, but the influenza vaccine is among the safest, said Vivian Tan, press officer of the World Health Organization's Beijing office.

"We have observed minor side effects like sore arm, red rashes, low fever and headache among the people who have taken the jab. Severe side effects are very uncommon. But it's important to monitor the situation closely," Tan said.

Associated Press

China investigates 2 deaths after flu vaccinations

Associated Press, 14 November 2009
https://web.archive.org/web/20091118234243/http://www.google.com/hostednews/ap/article/ALeqM5hUCrj6qBD1IyWXrdfi7h1MKrcawQD9BV26C04

Beijing – Two people in China who received swine flu vaccinations died in the past week but at least one death appears unrelated to the vaccine and the other was being investigated.

The country's health ministry reported the deaths late Friday on its Web site – the first time China has announced deaths with potential links to the Chinese-made swine flu vaccine.

An autopsy showed one victim suffered a heart attack and, "experts have basically ruled out the possibility that the patient's sudden death was the result of immediate allergic reactions to the flu vaccines," the ministry statement said.

Experts were waiting for more lab results, it added.

An autopsy on the second person was scheduled for late Friday, but no results had been reported Saturday morning.

The statement gave no details on the two people, and phone calls to China's health ministry went unanswered Saturday.

The Hunan provincial health department in southern China posted a statement on its Web site Friday saying a teacher died Monday while playing basketball, eight hours after being vaccinated.

A spokeswoman for the World Health Organization office in China said the second death was a man from Tianjin, southeast of Beijing.

"Our assessment of the safety of the Chinese vaccine hasn't changed," said spokeswoman Vivian Tan. "The deaths are unfortunate, but we need to get to the bottom of it."

The health ministry has said more than 13 million Chinese have received the swine flu vaccine.

"So far from the sheer numbers vaccinated, there's a very small number of mild and ever smaller number of serious reactions. We still believe it is generally safe and effective," Tan said.

The health ministry statement said 1,235 people had been suspected of having abnormal reactions to the vaccine as of Wednesday. Reactions included fever and swelling.

Fifteen people had relatively serious responses such as anaphylactic shock, a severe allergic reaction that can be deadly.

The health ministry statement said the vaccines are generally safe and vaccinations will continue.

As of Friday, China reported about 66,000 cases of swine flu, including 43 deaths.

中国数字时代
CHINA DIGITAL TIMES

Paulina Hartono

China Investigates 2 Deaths After Flu Vaccinations

China Digital Times, 14 November 2009
https://chinadigitaltimes.net/2009/11/china-investigates-2-deaths-after-flu-vaccinations/

Two have died after receiving H1N1 vaccinations. One of the deaths appears to be unrelated to the vaccine, but the cause of the other is still awaiting laboratory results. From the **Associated Press**:

Two people in China who received swine flu vaccinations died in the past week but at least one death appears unrelated to the vaccine and the other was being investigated.

The country's health ministry reported the deaths late Friday on its Web site – the first time China has announced deaths with potential links to the Chinese-made swine flu vaccine.

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"These people will get free treatment and cash compensation," Liu said.

[…] No vaccine is risk-free, but the influenza vaccine is among the safest, said Vivian Tan, press officer of the World Health Organization's Beijing office.

"We have observed minor side effects like sore arm, red rashes, low fever and headache among the people who have taken the jab. Severe side effects are very uncommon. But it's important to monitor the situation closely," Tan said.

TIME Partners with CNN

Alice Park

China Investigates Deaths after Swine Flu shot

Time CNN, 15 November 2009.
https://web.archive.org/web/20091118143417/http://www.time.com/time/health/article/0,8599,1939575,00.html

Chinese health officials reported on Nov. 13 the first deaths in people who received the H1N1 vaccine. The Ministry of Health announced that the two people, including a teacher from Hunan province, died hours after receiving their inoculations. Since September, when the ministry began its H1N1 immunization program, 12 million Chinese have received the pandemic flu shot.

A preliminary autopsy revealed that the teacher died of an apparent heart attack while playing basketball, and a ministry spokesperson told the *China Daily* newspaper that the death was a "coincidental medical incident" and not related to the vaccine. No details on the second victim have been released thus far.

As they conduct an autopsy investigation into the second death, Chinese health officials have pulled all vaccines that were manufactured in the same batch used to inoculate the teacher. Although the H1N1 vaccine has been rigorously tested and vetted for safety, no inoculation can be considered 100% safe, and some may cause adverse events, including death, in some people.

Taking an aggressive approach to the pandemic flu, the Chinese government in June asked 11 biotech companies to develop a pandemic H1N1 vaccine. Beijing-based Sinovac succeeded in developing the world's first approved swine flu shot. The company raced to conduct clinical trials and was the first to report that a single dose of vaccine, instead of the two doses that most flu experts believed would be necessary, was sufficient to protect against 2009 H1N1. In early September, China became the first country to begin swine flu inoculations.

But by the end of October, 54% of Chinese residents reported in a *China Daily* survey that they would not get the H1N1 vaccine because of concerns about the shot's safety. That prompted the director of the World Health Organization's Beijing office, Dr. Michael O'Leary, to tell the newspaper, "The H1N1 vaccine is one of the safest vaccines being used. When it's available to me, I would not hesitate to get the vaccine developed and produced by China."

Three vaccine manufacturers in China, including Sinovac, have received orders from the government for more than 34 million doses. Among the 12 million people inoculated so far, 1,235 have complained of side effects, ranging from sore arms, rashes and headaches to anaphylactic shock and sudden drops in blood pressure.

While the Chinese government has been criticized for its draconian public-health response to swine flu – using quarantines, canceling school and detaining entire planeloads of people when a single passenger appears to have flulike symptoms – the country's officials say the strict measures helped stem the spread of flu. So far, China reports about 36 deaths and 62,800 H1N1 cases – compared with U.S. government estimates of 4,000 American deaths and 22 million infections. China plans to immunize 65 million citizens, or 5% of the country's population, by the end of the year. As in the U.S., health officials are targeting high-priority groups first, including the military, police, health care workers, teachers, students and those with chronic diseases.

the pioneer

Two die after getting Chinese H1N1 vaccine

The Daily Pioneer, 15 November 2009
https://web.archive.org/web/20091118081925/http://www.dailypioneer.com/215922/Two-die-after-getting-Chinese-H1N1-vaccine.html

PTI | Beijing, Two people have died in China after receiving domestically manufactured vaccines against swine flu, Government said on Saturday.

The preliminary autopsy report of one of the deceased showed that the patient suffered a sudden cardiac death while results of the autopsy on the second person are still awaited, the Ministry of Health was quoted as saying by the Xinhua news agency.

"Experts have basically ruled out the possibility that the patient's sudden death was the result of immediate allergic reactions to the flu vaccines," a statement on Ministry's Website said.

Around 43 people have so far succumbed to swine flu in China due to the disease.

DIGITAL JOURNAL

Andrew Moran

Two die in China after H1N1 Swine Flu vaccination

Digital Journal, 15 November 2009
https://web.archive.org/web/20091119025123/http://www.digitaljournal.com/article/282200

The government released information on Saturday that two people in China have died after receiving the H1N1 Swine Flu vaccination.

Last week, *Digital Journal* reported that a Virginia teen was diagnosed with Guillain-Barre syndrome. A German news outlet released information that a French teenage girl was also diagnosed with the paralysis syndrome. Now, according to *China Daily*, two Chinese people have died from the H1N1 Swine Flu vaccine.

The government issued a statement on Saturday saying that the two Chinese citizens died after receiving a domestically manufactured H1N1 vaccine. A preliminary report concludes that one of the victims suffered a sudden cardiac death, however the results of the second victim are still being processed, reports the *Sunday Pioneer*.

A spokesperson for the Health Ministry, Deng Haihua, said, according to *Channel News Asia*, "Specialists say that it is unavoidable that several serious adverse reactions will happen amid the more than 10 million people who have received the vaccine, and the 20, 30, 150 million who will in the future."

As the *Associated Press* notes, China's Health Ministry has stated that 43 deaths have occurred from the Swine Flu and more than 65,000 cases have been reported.

Marisa Yamane

Six transported to hospital after getting swine flu vaccine

Khon2, 16 November 2009, 9:13 pm
https://web.archive.org/web/20111017124508/http://www.khon2.com/news/local/story/Six-transported-to-hospital-after-getting-swine/MDhKbCgfzUSC81KFtC_S1g.cspx

Officials say the apparent reactions could have a lot to do with anxiety rather than the vaccine itself.

Approximately 300 students and 100 faculty at Sacred Hearts Academy got armed against the H1N1 swine flu Monday morning in the State's school vaccination clinic.

Kindergartener Tai Martinez was one of those students.

"Under the recommendations of her pediatrician we felt confident," said Tai's mother Jade Martinez.

But school officials say about a dozen people had an apparent reaction minutes after getting vaccinated.

"It ranged from a rash on the arm, to breathing problems, their neck tightened up. A couple became nauseous. The most common complaint was light headedness," said Betty White, Head of Sacred Hearts Academy.

The clinic manager called EMS four times, and altogether paramedics took five students and one adult to the hospital.

All were released by noon, except for one student who has asthma.

When asked if she thinks they overreacted, State Epidemiologist Sarah Park said: "I think we're still looking into things but it does sound like probably we could've been a little been less reactive."

Park says according to protocol, she and a state pediatrician are standing by to answer any questions by phone.

"But if she's, if any of our clinic managers are in a pinch and they have to make a decision and they're not certain then yes the protocol is to call EMS for help," said Park.

Park says the clinic manager was new, and that the symptoms were actually side effects sometimes seen at the seasonal flu clinics, often due to anxiety and nerves.

"Bottom line for today -- what we heard about was not unusual. the only unusual thing was that they were clustered but anything with the kids they're fine it was a matter of being safe than sorry," said Park.

The Health Department began its H1N1 vaccination clinics on Friday and today held five clinics at schools across Oahu.

Officials say none of the other clinics reported any problems.

CBC news

2 Manitobans die within week of H1N1 shot

CBC News, 17 November 2009, 6:58 PM CT
https://web.archive.org/web/20091121104127/http://www.cbc.ca/canada/manitoba/story/2009/11/17/man-h1n1-adverse.html

Manitoba health officials are investigating the deaths of two people who died within a week of getting the H1N1 vaccine shot.

However, the province's top doctor said it's unlikely the vaccine caused their deaths.

There have been 69 "adverse events" after people received the swine flu shot, and eight were considered serious, Dr. Joel Kettner said, adding that figure falls within the expected range of reaction to the vaccine.

The Public Health Agency of Canada describes serious adverse events as:

- Events that cause life-threatening reactions such as anaphylaxis, where the body experiences a massive allergic reaction or convulsions brought on by fever.
- Events that trigger neurological reactions such as Guillain-Barré syndrome, where a person experiences a sudden onset of weakness or paralysis.
- Events that result in hospitalization, disability, birth defects or death.

The PHAC says serious adverse events following immunization are rare.

More than 200,000 people in the province have received the vaccine since clinics opened in late October.

No information about the people who died, including their ages and where they lived, has been released by the province.

CBC news

Elderly man dies after H1N1 shot
Serious reactions 'very rare,' official says

CBC News, 17 November 2009, 7:38 PM ET
https://web.archive.org/web/20091121133247/http://www.cbc.ca/canada/montreal/story/2009/11/17/vaccine-death-quebec.html
https://web.archive.org/web/20091121074801/http://news.aol.ca/article/elderly-man-dies-after-h1n1-shot/740345/

A Quebec man in his 80s died after being vaccinated against swine flu, officials said Tuesday.

They said it was too soon to determine whether the vaccine played a role in the death of the man, who had underlying health issues.

Quebec's director of public health protection, Dr. Horacio Arruda, declined to say what region the man was from or when he died, citing confidentiality concerns.

Arruda could not say why the man had received the vaccine. People over the age of 65 are not among the priority groups currently being vaccinated in the province.

He said final test results to confirm whether the vaccine played a role in the man’s death are expected in December.

Arruda said he was confident the incident would not discourage people from being vaccinated against H1N1 flu.

"I understand that everyone is worried," Arruda said, but stressed that serious reactions are "very rare phenomena."

Fewer than 1 in 100,000

Out of 6.6 million H1N1 vaccinations, there have been 36 reported serious adverse reactions to the vaccine in Canada, including the possible death, as of Nov. 7, said Dr. David Butler-Jones, Canada’s chief public health officer.

Butler-Jones told an Ottawa news conference that the number of reactions is below one serious adverse event per 100,000 people, which is in line with what officials expected.

"Actually the reactions so far to the pandemic vaccine had been less than we normally see with the seasonal vaccine," Butler-Jones said.

Butler-Jones said most of the serious problems have been anaphylactic reactions – massive allergic responses that can be life-threatening – o convulsions brought on by fever.

The vast majority of reactions to the vaccine are minor, he emphasized, such as a sore arm, a mild fever and malaise.

Federal Health Minister Leona Aglukkaq said Canadians are doing "the right thing" by being vaccinated.

"National and international data is showing that the vaccine is producing an immune response of about 94 per cent in people who receive it," Aglukkaq said. "This is remarkable because normally response to the vaccine for the seasonal flu is about 60 to 80 per cent."

So far in Quebec 37 people have died of complications related to the flu since Aug. 30, while more than 1,500 have been hospitalized.

cecu.de

Schweinegrippe Impfung: Nebenwirkungen nach der Immunisierung?

CECU, 17 November 2009
https://web.archive.org/web/20091121191326/http://www.cecu.de/1011+M584b1e7e40f.html

Der Tod eines Mannes nach der Schweinegrippe Impfung wirft Fragen nach möglichen Nebenwirkungen auf. Allein in Thüringen sind drei Menschen nach der Impfung gestorben. Der genaue Zusammenhang zwischen dem Tod und der Schweinegrippe Impfung wird noch untersucht.

Welche Nebenwirkungen können durch die Schweinegrippe-Impfung hervorgerufen werden? Grundsätzlich handelt es sich bei dem verwendeten Impfstoff Pandemrix um einen von der europäischen Zulassungsbehörde genehmigten Impfstoff. Die Nebenwirkungen bewegen sich nach Herstellerangaben im Bereich der üblichen Folgewirkungen bei Impfungen.

Dazu zählen Lokalreaktionen an der Injektionsstelle sowie allgemeine Reaktionen nach einer Impfung (Fieber, Müdigkeit, Kopf- und Gliederschmerzen, Übelkeit, Lymphknotenschwellung). Insgesamt listet das Paul-Ehrlich-Institut (PEI) knapp 200 Fälle auf, bei denen es zu Impfreaktionen nach der Schweinegrippe-Impfung gekommen ist.

Teilweise sind allergische Reaktionen und Kreislaufbeschwerden zu verzeichnen. Bisher konnte kein Zusammenhang zwischen der Schweinegrippe-Impfung und dem Tod nach der Impfung festgestellt werden. Insofern können bisher keine verlässlichen Aussagen darüber getroffen werden, ob die Schweinegrippe Impfung unerwünschte und gefährliche Nebenwirkungen haben kann.

=>

THE FLU CASE

Three people alone die in Thuringia, Germany, after jab

The Flu Case, 17 November 2009 09:53
https://web.archive.org/web/20100102030402/http://theflucase.com/index.php?option=com_content&view=article&id=1829%3Athree-people-alone-die-in-thuringia-germany-after-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Three people have died in the German state of Thuringian after the swine flu jab, according to the local media.

The Paul Ehrlich Institute, the drug government regulator which recommended the swine flu jab in spite of the fact it has not been tested, has received 200 reports about people dying or falling sick following the jab. However, the Paul Ehrlich Institute has said it has failed to find any link between the jab and the damage so far allowing the murder to continue.

Bild

Schon 7 Tote nach Impfung: Ärzte raten trotzdem zur Vorsorge

BILD, 17 November 2009, 20:09 UHR
https://web.archive.org/web/20091130231830/http://www.bild.de:80/BILD/news/2009/11/17/schweinegrippe/schon-sieben-tote-nach-impfung.html

Ist der Impfstoff gegen die Schweinegrippe doch riskanter als bislang bekannt?

Nach BILD-Informationen starben in den vergangenen drei Wochen mindestens sieben Menschen in Deutschland nach der Impfung mit "Pandemrix".

Unter den Toten ist auch ein Kleinkind. Der Junge (21 Monate) litt an einem schweren angeborenen Herzfehler und dadurch an einer stark eingeschränkten Funktion der Lunge. Er war für eine Herz- und Lungentransplantation vorgesehen und entwickelte rund 30 Stunden nach der Impfung leichtes Fieber und Unruhe. Dabei erlitt er einen Lungeninfarkt, starb einen Tag nach der Impfung trotz künstlicher Beatmung.

Dr. Susanne Stöcker, Sprecherin des Paul-Ehrlich-Instituts: "Wenn nach der Impfung etwas geschieht, heißt es nicht, dass es zwangsläufig durch die Impfung geschieht. Gerade bei schwer kranken Risikopatienten, denen die Impfung empfohlen wird, ist es möglich, dass sie an ihrer Vorerkrankung sterben und die Impfung damit nichts zu tun hat."

Die Verdachtsfälle

• Eine Frau (65) aus Weimar (Thüringen) erlitt nach der Impfung einen Herzinfarkt. Der Amtsarzt schloss einen Zusammenhang mit der Impfung aus, da die Frau mehrere Vorerkrankungen hatte. Eine Obduktion gab es nicht.

• Ein Mitarbeiter (46) von Bayer wurde tot auf der Toilette gefunden, einen Tag nach der Impfung. Die Obduktion ergab: plötzlicher Herztod.

• Berufsschullehrer Franz K. (55, 2 Kinder) aus Leinefelde (Thüringen) ließ sich nachmittags impfen. Sechs Stunden später starb er zu Hause. Todesursache: ein Herzinfarkt, der schon vor der Impfung begonnen hatte. Die Amtsärztin: "Ein Einfluss der Impfung auf den Tod des Mannes ist nicht abzuleiten."

• Eine 92-Jährige starb drei Tage nach der Impfung.

• Eine 65-Jährige aus Wuppertal (NRW) starb zwei Tage nach der Impfung. Sie war Diabetikerin.

• Gestern wurde ein Mann (66) tot in seiner Wohnung in Mühlhausen (Thüringen) gefunden. Er litt unter Atemwegserkrankungen, hatte sich am Freitag impfen lassen.

Ist der Impfstoff doch gefährlich?

Dr. Susanne Stöcker vom Paul-Ehrlich-Institut: "Nein, nach derzeitigem Kenntnisstand ist der Nutzen der Impfung höher als das Risiko."

Und für Kinder? Dr. med. Wolfram Hartmann, Präsident des Berufsverbandes der Kinder- und Jugendärzte: "Nein. Ich habe die Berichte von mehreren Hundert Kinderärzten aus ganz Europa bekommen. Die Impfung wird gut vertragen, es gibt keine Komplikationen. Von dem Fall des Kleinkindes hab ich noch nichts gehört."

Thüringens Gesundheitsministerin Heike Taubert (SPD), Vorsitzende der Gesundheitsminister-konferenz, appelliert gestern erneut an die Bundesbürger, sich impfen zu lassen.

=>

THE FLU CASE

BILD admits at least 7 people have died in Germany so far from the swine flu jab

The Flu Case, 17 November 2009, 09:59
https://web.archive.org/web/20100102022921/http://theflucase.com/index.php?option=com_content&view=article&id=1830%3Abild-admits-at-least-7-people-have-died-in-germany-so-far-from-the-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

After defending the swine flu jab in its hit piece report yesterday, the German newspaper BILD today admits that at least seven people have died so far in Germany following an injection with Pandemrix, manufactured by GlaxoSmithKline, and classified as a bioweapon by EU and US regulators according to the indices in biopharma databases.

BILD reports that a 21-month-old boy died following the jab but maintains this was due to heart problems, ignoring the fact the swine flu jab is recommended for the chronically ill too.

canada.com

Charlie Fidelman

Quebec man dies after H1N1 shot
Health officials investigate, but say it's too soon to link fatality to flu vaccine

Canada.com, 18 November 2009
https://web.archive.org/web/20091121174733/http://www.canada.com/health/Quebec+dies+after+H1N1+shot/2237555/story.html
https://web.archive.org/web/20091125004609/http://www.montrealgazette.com/health/Quebec+dies+after+H1N1+vaccination/2235127/story.html

Montreal – Health officials are investigating the death of an elderly Quebec man following vaccination against H1N1 flu.

But officials said it is too early to determine whether the man, believed to be in his 80s, succumbed to underlying health conditions or whether the vaccine played a role in his death.

The man died sometime in the last three weeks, but the provincial health department refused to give details, citing confidentiality.

Speaking at the daily briefing in Quebec City, Dr. Horacio Arruda, director of the protection branch of the Quebec Public Health agency, declined to provide such information as the victim's age, in which region he lived and whether he died shortly after inoculation or days later.

Most allergic reactions occur immediately, which is why people are asked to remain at vaccine centres for 15 minutes following inoculation. "We can't say there is a causal association between the death and the flu shot," Arruda said, echoing comments made earlier by Dr. David Butler-Jones, Canada's chief public health officer.

"It's important to remember that just because a medical event follows vaccination, it may not have been caused by the vaccination; it may have been caused by other factors, as unfortunate events continue to occur with or without vaccine," Butler-Jones told a news conference.

The total number of deaths in Canada resulting from complications related to the flu has reached 198.

But health officials stress that only a small number of Canadians have suffered serious side effects from the swine flu shot. Of the 6.6 million doses administered, a total of 36 people suffered severe reactions causing life-threatening illness, convulsions, disability or death. In Quebec, the number of reactions have reached 23, including one death.

Quebec's surveillance team reported the death to Health Canada, which is tracking adverse reactions to the vaccine.

"But that's an extremely rare phenomena, and most people have no problems," Arruda said.

Side effects are expected during any mass immunization program, but the benefits of vaccination outweigh the risks. "It's better to get the flu shot than to get the disease," Arruda said.

In Quebec, the rate of severe side effects cases is below what is expected – less than one event per 100,000 shots, Arruda said. While there might not be vaccines for everyone right away, Health Minister Yves Bolduc said that there will be enough for those who want to get immunized before Christmas.

So far, more than 1.5 million Quebecers have been vaccinated, he said.

The Free Press

Serious side-effects to H1N1 vaccine rare

The Free Press, 18 November 2009, 1:00 AM CST
https://www.winnipegfreepress.com/local/2009/11/18/serious-side-effects-to-h1n1-vaccine-rare

Ottawa – The chief public health officer says few Canadians have suffered serious side-effects from the H1N1 flu shot.

Dr. David Butler-Jones says that of the 6.5 million people who have received the H1N1 vaccine, only 36 have had serious adverse reactions.

"With any vaccination campaign, we expect to see some cases of serious adverse events," he said. "They are very rare, but they are part of all mass-vaccination campaigns and we expect to see a small number of them."

More serious reactions can include life-threatening illnesses, disabilities or deaths.

One person is believed to have died from a serious reaction to the vaccine, Butler-Jones said, but the death hasn't yet been conclusively linked to the flu shot. He said it's possible the elderly person who died suffered from an underlying condition.

CTV reported Tuesday it had been told by Manitoba health officials about the deaths of two people in the province within a week of getting the H1N1 vaccine.

The provincial officials said the H1N1 immunizations were not likely the cause of the death in either case.

"Like all drugs, medicines, operations, there is nothing that is absolutely free of risk," said provincial health officer Dr. Joel Kettner. "The big question always is, does the benefit that one is expected to get from this vaccine significantly outweigh the risks?"

All the serious side-effects came after shots of the adjuvanted vaccine, which contains a compound to boost the vaccine's potency. Butler-Jones said that's likely because the majority of people are getting the adjuvanted vaccine.

A version of the vaccine without the booster is being held for pregnant women.

Butler-Jones said the serious side-effects from the H1N1 shot fall into two categories: allergic reactions, or fevers and convulsions.

Mild effects, such as nausea, soreness, headaches and fever, are far more common reactions to the shot.

The government says it will list adverse reactions to the shot on its www.fightflu.ca website.

So far, 198 people have died of H1N1 flu. By comparison, seasonal flu kills between 4,000 to 8,000 Canadians each year.

– The Canadian Press

THE FLU CASE

Unconfirmed reports of large numbers of deaths from the vaccine in the Ukraine

The Flu Case, 19 November 2009, 20:03
https://web.archive.org/web/20100102014447/http://theflucase.com/index.php?option=com_content&view=article&id=1977%3Aunconfirmed-reports-of-thousands-dead-from-the-vaccine-in-the-ukraine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Unconfirmed reports are coming in that thousands of people in what appears to be a rural area under quarantine in the western Ukraine have been killed by vaccines.

A Ukrainian woman who crossed into neighbouring Poland told people there that she had driven into the Ukraine to meet a friend but was stopped about 60 km from the border and told that parts of the Western Ukraine were closed at a distance of about 100 kilometers from the border with Poland.

These people allegedly told her that there were thousands of dead people lying on the streets inside those closed off areas.

Also, there are mass graves filled with bodies covered with lime. The woman said the people had died as a result of vaccinations. The vaccines allegedly came from France.

This report cannot be independently verified. The woman has reported what others have told her leaving room for the story to be distorted if there is any basis in fact at all. The woman did not see these things with her own eyes.

Life in the town of Drohobych in the Western Ukraine appears to be continuing as normal, say eyewitness reports from there.

The Ukrainian government has recently clamped down on the media, shutting down bloggers, and there are no reports so far in the mainstream or alternaitve media that confirm this story.

Rural parts of Western Ukraine are difficult to access.

The Ukrainian government has said that it has put parts of Western Ukraine under quarantine as a result of an outbreak of pandemic. Also, the government has announced its intention to carry out mass vaccinations under the instructions of WHO to counter the "pandemic".

Reports have come in of pneunomic plague following unusual aircraft activity.

Doctors are reported to have been told that they cannot write down pneumonic plague as a cause of death and must write down swine flu.

This is an email from a source in Poland:

I reveived a phone call from the friend of my parents, a healer, who had a client from Ukraine - woman, who allegedly ran away from Ukraine yesterday.

What she says is very scary. She tried to drive into Ukraine to meet her friend.

About 60 km from the border, she was stopped by people. They warned her that some parts of Western Ukraine are closed, around 100-10 km from the border.

Those people allegedly were crying that there are thousands of dead victims lying on the streets, and nobody wants to touch them.

Also, that there are some mass graves filled with bodies, which were disinfected with lime (calcium). Thousands of people died not from the disease but from the vaccines.

I tried to verify this info, my cousin called friends in Drohobycz (also Western Ukraine) - there is nothng abnormal there. So, it could be a provocation or to run false stories.

Of course, there is a chance that only small part of the region is affected, maybe they tried their untested vaccine and these are the results.

Nevertheless, there is complete media blackout about it except some comments in my blog which for already 2 weeks confirm the fact of "thousands of victims".

World Health Organization

Safety of pandemic vaccines
Pandemic (H1N1) 2009 briefing note 16

Geneva, WHO, 19 November 2009

https://web.archive.org/web/20091231140429/http://www.who.int/csr/disease/swineflu/notes/briefing_20091119/en/index.html

Pandemic (H1N1) 2009 briefing note 16

GENEVA, 19 November 2009 – To date, WHO has received vaccination information from 16 of around 40 countries conducting national H1N1 pandemic vaccine campaigns. Based on information in these 16 countries, WHO estimates that around 80 million doses of pandemic vaccine have been distributed and around 65 million people have been vaccinated. National immunization campaigns began in Australia and the People's Republic of China in late September.

Vaccination campaigns currently under way to protect populations from pandemic influenza are among the largest in the history of several countries, and numbers are growing daily. Given this scale of vaccine administration, at least some rare adverse reactions, not detectable during even large clinical trials, could occur, underscoring the need for rigorous monitoring of safety. Results to date are encouraging.

Common side effects

As anticipated, side effects commonly reported include swelling, redness, or pain at the injection site, which usually resolves spontaneously a short time after vaccination.

Fever, headache, fatigue, and muscle aches, occurring shortly after vaccine administration, have also been reported, though with less frequency. These symptoms also resolve spontaneously, usually within 48 hours. In addition, a variety of allergic reactions has been observed. The frequency of these reactions is well within the expected range.

Guillain-Barre syndrome

To date, fewer than ten suspected cases of Guillain-Barre syndrome have been reported in people who have received vaccine. These numbers are in line with normal background rates of this illness, as reported in a recent study. Nonetheless, all such cases are being investigated to determine whether these are randomly occurring events or if they might be associated with vaccination.

WHO has received no reports of fatal outcomes among suspected or confirmed cases of Guillain-Barre syndrome detected since vaccination campaigns began. All cases have recovered. WHO recommends continued active monitoring for Guillain-Barre syndrome.

Investigations of deaths

A small number of deaths have occurred in people who have been vaccinated. All such deaths, reported to WHO, have been promptly investigated. Although some investigations are ongoing, results of completed investigations reported to WHO have ruled out a direct link to pandemic vaccine as the cause of death.

In China, for example, where more than 11 million doses of pandemic vaccine have been administered, health authorities have informed WHO of 15 cases of severe side effects and two deaths that occurred following vaccination. Thorough investigation of these deaths, including a review of autopsy results, determined that underlying medical conditions were the cause of death, and not the vaccine.

Safety profile of different vaccines

Campaigns are using nonadjuvanted inactivated vaccines, adjuvanted inactivated vaccines, and live attenuated vaccines. No differences in the safety profile of severe adverse events among different vaccines have been detected to date.

Although intense monitoring of vaccine safety continues, all data compiled to date indicate that pandemic vaccines match the excellent safety profile of seasonal influenza vaccines, which have been used for more than 60 years.

THE FLU CASE

Canadian authorities admit "higher than average" anaphylactic reactions to swine flu jab

The Flu Case, 19 November 2009, 13:04

https://web.archive.org/web/20100102045750/http://theflucase.com/index.php?option=com_content&view=article&id=1874%3Acanadian-authorities-admit-qhigher-than-averageq-anaphylactic-reactions-to-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Authorities in the Canadian province of British Columbia have noted a higher-than-average number of anaphylactic reactions in people who have had the pandemic flu vaccine.

Anaphylaxis is a sudden allergic reaction that can involve hives, swelling around the eyes or mouth, difficulty breathing or swallowing and a sudden blood pressure drop. It requires immediate treatment and can be life-threatening. A certain number of anaphylactic reactions are expected and normal in large-scale vaccination campaigns, which reach millions of people.

British Columbia has reported around twice as many reactions so far than are usually sees in typical flu vaccine campaigns. Nevertheless, these figures are still within normal range. No one has died.

Health officials are investigating the cases, which as of yet have no identified pattern. They have occurred in people using both adjuvanted and unadjuvanted H1N1 vaccines. Some of them received a pandemic and seasonal flu vaccine at the same visit even though there is no data on how safet this is.

REUTERS

Stephanie Nebehay

Deaths not linked to H1N1 vaccine: WHO

Reuters, 19 November 2009, 8:23 pm

http://www.reuters.com/article/idUSTRE5AI2BL20091119?feedType=RSS&feedName=he

Geneva (Reuters) **-** The World Health Organization said on Thursday the H1N1 vaccine had been cleared of blame for 41 deaths which health authorities worldwide had investigated after suspicions they might have been caused by the inoculation.

The U.N. agency reaffirmed that the pandemic vaccine is as safe as the seasonal flu vaccine used for more than 60 years. It also voiced concern that some pregnant women and others at risk were shunning it because of a fear of side-effects.

"No new safety issue has been identified from reports issued to date ... Reporting so far reconfirms that the pandemic flu vaccine is as safe as the seasonal flu vaccine," Marie-Paule Kieny, WHO's top vaccine expert, told a telephone conference.

Governments have so far reported that 65 million vaccine doses have been administered against H1N1, known as swine flu, in 16 countries, but the true figure is probably higher since immunization campaigns are under way in 40 countries, she said.

Side-effects commonly reported include swelling and redness or pain at the injection site, although some had fever or headache, and all symptoms usually disappear after 48 hours.

A "small number of deaths" had been reported, she said, and a WHO spokeswoman later put the figure at 41 in six countries.

"Although some investigations are still ongoing, the results of the completed investigations reported to WHO have ruled out that the pandemic vaccine is the cause of death," Kieny said.

Authorities in China – where 11 million people have been vaccinated -- have reported 2 deaths following inoculation and 15 cases of severe side effects, the WHO said in a statement.

"Thorough investigation of these deaths, including a review of autopsy results, determined that underlying medical conditions were the cause of death and not the vaccine," it said of China.

Fewer than a dozen suspected cases of Guillain-Barre syndrome had been reported following pandemic vaccination, she said. "Only a few of this Guillain-Barre may be linked to the pandemic vaccine .... and patients have recovered," she added.

"No Significant Difference"

GlaxoSmithKline Plc, AstraZeneca Plc, Novartis and Sanofi-Aventis are among about 25 manufacturers producing H1N1 vaccine using different techniques.

"No significant difference in the safety profile between different types of vaccine has been detected," Kieny said.

She denounced conspiracy theories about vaccines circulating on the Internet, saying they were causing "artificial worries."

"We have to reiterate that the vaccines are safe, that the disease in certain people can be severe and can be cause of death," she said.

The H1N1 virus is known to have killed 6,250 people worldwide since emerging in North America last April, according to the WHO.

A survey of doctors showed on Wednesday that more than half of Britons being offered vaccination against H1N1 were turning it down because they feared side-effects or believed the virus was too mild to bother about.

"It is worrying indeed that certain groups don't seem to be coming readily to be vaccinated. But we hope that the data ... on the safety of these vaccines will dissipate the worries that a population might have and will help convince them that the vaccine is safe and vaccination will protect them against this disease which can be severe," Kieny said.

INDEPENDENT

WHO plays down reported swine flu vaccination deaths

Independent, 19 November 2009, 01:00
https://www.independent.co.uk/life-style/health-and-families/health-news/who-plays-down-reported-swine-flu-vaccination-deaths-5507829.html

The World Health Organisation said Thursday that checks on many of the 30 deaths recorded following mass pandemic flu vaccinations had so far ruled out a direct link to the vaccines.

"Although some investigations are still ongoing, results of completed investigations reported to WHO have ruled out that the pandemic vaccine is a cause of death," said Marie-Paule Kieny, the WHO's director for vaccine research, she added.

The fatalities made up a minute fraction of at least 65 million doses of swine flu vaccines which have been administered, said the WHO, citing data from 16 countries.

For every 10,000 doses of vaccines administered, only one report of adverse effect had been logged.

Of every 100 reports of adverse effects, five are serious cases such as death, added Kieny.

"The reports so far confirmed that the pandemic vaccine is as safe as the seasonal flu vaccine," she said.

Vaccination programmes have been rolled out across some 40 countries, and the WHO is planning to start delivering vaccines at the end of November to poorer countries.

Kieny acknowledged that there was a "few days' delay" in delivery of these vaccines to some 95 countries, but added that they should get the drugs over the next three months.

The A(H1N1) pandemic has claimed over 6,250 lives since the virus was first uncovered in April.

DIGITAL JOURNAL

Andrew Moran

Quebec man dies after taking H1N1 vaccine

Digital Journal, 19 November 2009
https://web.archive.org/web/20091124024520/http://www.digitaljournal.com/article/282399

On Tuesday, an 80-year-old Quebec man died after taking the H1N1 Swine Flu vaccination but health officials are stating that it's too soon to link the death and vaccine.

Digital Journal reported last week that two people in China died after receiving the H1N1 Swine Flu vaccination and others have been diagnosed with Guillain Barre Syndrome but now an 80-year-old man in Montreal died after taking the H1N1 vaccine, according to *CBC*.

Quebec's Director of Public Health Protection, Dr. Horacio Arruda, did not know why the man took the vaccine and that final test results, which are expected to come in December, will determine whether or not the man died from the vaccine.

Canada.com reports the man died in the last three weeks but provincial officials declined to reveal details, citing confidentiality concerns. Arruda has said that most allergic reactions occur right away, which is the reason why many patients are asked to stay in the centers, "We can't say there is a causal association between the death and the flu shot."

Nevertheless, Arruda is confident that the death will not discourage people from taking the vaccine but urged that serious reactions to the H1N1 shot are rare, "I understand that everyone is worried."

Canada's Chief Public Health Officer, Dr. David Butler-Jones, also concurred with Arruda, "It's important to remember that just because a medical event follows vaccination, it may not have been caused by the vaccination; it may have been caused by other factors, as unfortunate events continue to occur with or without vaccine."

The Federal Health Minister Leona Aglukkaq assured Canadians that they're doing the right thing, *AOL News* reports, "It's important to remember that just because a medical event follows vaccination, it may not have been caused by the vaccination; it may have been caused by other factors, as unfortunate events continue to occur with or without vaccine. This is remarkable because normally response to the vaccine for the seasonal flu is about 60 to 80 per cent."

The Montreal Gazette notes that public health officials have stated that only a small number of Canadians have suffered side effects from the H1N1 vaccine. 23 Quebecers have reacted negatively to the shot, including one death and 37 have died from the flu.

Currently, 1.5 million citizens of Quebec have been vaccinated since August 30 and more than 1,500 have been hospitalized.

THE CANADIAN PRESS

Family questions if H1N1 shot caused Manitoba woman's death

The Canadian Press, 19 November 2009, 8:27 AM ET
CTV News, 22 November 2009
https://web.archive.org/web/20091122094301/https://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20091119/h1n1_death_091119/20091119?hub=Health

Winnipeg – The family of a 38-year-old Manitoba woman who died five days after receiving the H1N1 vaccine are looking for answers as to why it happened.

Soo Lee Wong and her daughter, Angela Truong, both got the H1N1 shot on November 5th.

The family says Wong, who had diabetes, started getting sick a day after getting vaccinated and died a few days later.

Doctors told the family Wong died of a blood infection. More tests will be done to see if the vaccine played any role.

Wong's husband, Thoon Truong, is also caring for his seven-year-old daughter Angela, who has been in the hospital with a fever and swollen, painful legs.

He wants to know whether the two cases related to the vaccine or to something else.

The province is currently investigating two deaths -- both adults who died within seven days of getting the H1N1 shot.

Although it's still early, Manitoba's chief medical officer of health Dr. Joel Kettner says immunizations were not likely the cause of the deaths.

CTV NEWS

Family questions if H1N1 shot caused Manitoba woman's death

The Canadian Press, 19 November 2009, 8:27 AM ET
https://web.archive.org/web/20091122094301/http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20091119/h1n1_death_091119/20091119?hub=Health

Made for minds.

Глеб Гаврик

Прививка от свиного гриппа не может быть причиной смерти

Deutsche welle, 20 ноября 2009
https://www.dw.com/ru/privivka-ot-svinogo-grippa-ne-mozhet-byt-prichinoj-smerti/a-4911215

Эксперты Всемирной организации здравоохранения провели исследование 41 смертных случаев, причиной которых, по мнению медиков, могли стать прививки вакциной от свиного гриппа. К вакцинации все эти случаи, уверены специалисты ВОЗ, не имеют никакого отношения.

Всемирная организация здравоохранения (ВОЗ) в обнародованном в пятницу, 20 ноября, докладе сообщила, что прививка от вируса A(H1N1) не может являться причиной летального исхода. ВОЗ изучила более 40 случаев, зарегистрированных в шести странах, когда люди умирали вскоре после вакцинации, пишет агентство Reuters. Эксперт организации Мари-Поль Кьени заявила, что прививка от свиного гриппа настолько же безопасна, как и вакцины против других вирусов гриппа. "Поступавшие до сих пор в наше распоряжение сведения не вызывают опасений относительно безопасности вакцины", - заявила специалист по прививкам. Крупнейшими производителями вакцины от вируса A(H1N1) в настоящий момент являются фармацевтические концерны GlaxoSmithKline, AstraZeneca, Novartis и Sanofi-Aventis.

Симптомы инфекционного заражения проходят

По данным ВОЗ, по всему миру вакцинацию от свиного гриппа уже прошли 65 миллионов человек, сообщает dpa. При этом эксперты указывают, что после прививки у многих на месте укола возникают небольшие опухоли, покраснения, а также боли, которые вскоре проходят. Несколько реже у прошедших вакцинацию наблюдаются повышение температуры, головные боли, усталость и мышечные боли. Эти симптомы как правило проходят в течение двух дней.

Информацию о последствии прививок от свиного гриппа ВОЗ предоставили 16 из 40 стран, где проводится вакцинация. На основании поступавших до сих пор данных медики делают вывод о том, что вакцина от вируса A(H1N1) обеспечивает такой же высокий уровень иммунитета, как и обычные прививки от гриппа, применявшиеся на протяжении последних 60 лет.

THE FLU CASE

WHO denies vaccines are causing deaths: dismisses "conspiracy theories" as "artificial worries"

The Flu Case, 20 November 2009, 15:18
https://web.archive.org/web/20100102005622/http://theflucase.com/index.php?option=com_content&view=article&id=1988%3Awho-denies-vaccines-are-causing-deaths-dismisses-qconspiracy-theoriesq-as-qartificial-worriesq&catid=1%3Alatest-news&Itemid=64&lang=en

The WHO press strategy to deal with reports of growing numbers of deaths and damage caused by their mass swine flu vaccination programme appears be to invite members of the controlled media to their press briefings.

These reporters allow WHO a free hand to trumpet its claim there is no link between the swine flu jabs and the deaths of otherwise healthy people who took them, even though such a link is being reported by doctors all over Europe.

Attending a WHO press briefing on Thursday was a journalist from Reuters, the very same agency that reported that the third World Trade Center Tower had fallen on September 9/11 about 20 minutes before it, in fact, collapsed.

This verifiably false Reuters report was read out by a BBC anchor sitting in a studio with the Third Tower clearly visible behind her in an Orwellian propaganda moment.

Also, attending the WHO press briefing yesterday was a reporter from Bloomberg, the news agency founded by Michael Bloomberg, who became mayor of New York in 2001 and so helped cover up l the evidence that the WTC towers were destroyed by explosives planted by insiders.

Canwest and the Telegraph, a Rothschild-family controlled asset, sent their reporters along.

The transcript of this press conference can be read on at
https://web.archive.org/web/20091129180427/http://www.who.int/mediacentre/vpc_transcript_19_november_09_kieny.pdf

WHO's spokesperson Dr Marie-Paul Kieny makes verifably false statements about the safety of the vaccine but not a single reporter picks her up on these.

Kierny repeatedly states that the swine flu vaccine is safe, as safe as the seasonal flu vaccine.

However, there are no clinical trial data on the safety of the swine flu vaccines according to documents on the European Medicines Agency's own website.

These vaccines have been allowed to be used in spite of the fact there are no tests on their safety on the grounds that there is a "pandemic emergency", which many doctors and health experts have questioned given the fact the swine flu is milder than the seasonal flu.

No reporter picks Kierny up on the fact that her statement that the vaccines are safe has absolutely no basis in fact.

These new and untested vaccines have been allowed to be administerd to the people of Europe only on condition that governments monitor their safety continues.

However, the surveillance system set up with the help of WHO makes no attempt at any serious monitoring. There *is no requirement to report* deaths or damage from the swine flu jab.

https://web.archive.org/web/20090619001425/http://www.mhra.gov.uk/Safetyinformation/Swinefluinformation/index.htm

Anyone wishing to report a side effectt to the MHRA in the UK, has to register on the website and fill out a yellow card that takes fifteen minutes of your time.

The difficulty of reporting a side effect of the swine flu jab are in strong contrast to the huge numbers of hotlines and swine flu centers that sprung up all around the UK this ummer. Anyone ringing up with a fever was diagnosed as having swine flu and given a code that gave them access to free Tamiflu.

Whenever doctors and patients do report side effects of vaccines to authorities, the authorities are quick to dismiss any link with the vaccine.

The WHO did the same on Thursday:

"A small number of deaths have occurred following vaccine administration. All such deaths, reported to WHO, have been investigated by the countries. Although some investigations are still on-going, results of the completed investigations reported to WHO have ruled out that the pandemic vaccine is the cause of death."

WHO claims there have been 65 million doses of swine flu administered but a careful look at the figures in Europe suggest about a million doses have been administered – as opppsed to distributed – altogether.

No reporter picks Kieny on why there is no requirement for governments to keep track of how many jabs have been given as opposed to distributed.

No reporter asks about why pharma executives sit on WHO's SAGE vaccine advisory board or how independent the European drug regulator, the EMEA, is if it is two thirds funded by pharma companies.

Jason Gale of Bloomberg asks about "conspiracy theories" implying that the view that WHO and big pharma are pushing on the world a dangerous and untested jab for profit has no basis in fact when it does.

Anyone can check for themselves by going to the EMEA website and reading the package inserts and the product information on the swine flu jabs from Baxter, Novartis and GlaxoSmithKline and see there have been inadequate or no clinical trials completed, though a couple on pregnant women and kids have just begun.

Anyone can read the EMEA pandemic emergency vaccine approval regulations and see that the vaccines do not need to be shown to be safe and effective before being approved.

WHO loosened the pandemic criteria in April to allow a pandemic level 6 declaration is a fact that anyone can check.

No reporter asked about why a pandemic had been declared when there was so much evidence that the swine flu was milder than the seasonal flu.

It is a fact that pharmaceutical executives sat as observers on WHO's vaccine advisory board which recommended the swine flu jab with toxic mercury and adjuvants.

And yet none of the reporters asked any questions about the links between WHO and pharma.

None of the reporters asked about how come key government health advisors recommending the swine flu vaccines have financial links to pharmaceutical companies making that same vaccine.

The fact that WHO is pushing on people an untested and toxic jab are presented as "artificial worries" by Kieny and "conspiracy theories" that stop the general public from taking the jab and ensuring big pharma hefty profits.

"Marie-Paule Kieny: The conspiracy theories have indeed been brought to our attention.

We really think that these can be damaging and indeed there are worries which are artificial worries generated by these conspiracy theories. Really what we would like to do is that we have to reiterate that the vaccines are safe, that the disease in certain people can be severe and can be the cause of death and therefore this is not the time to discuss or try to work out whatever conspiracies there may be. This is a time to work together, to produce more, to distribute more and to protect as many people as possible against this pandemic virus."

Paul Turenne

Flu vaccine batch pulled in Manitoba
Higher rates of allergic reaction, says Kettner

Winnipeg Sun, 20 November 2009, 1:12:47 CST AM

https://web.archive.org/web/20110513210649/http://www.winnipegsun.com/news/manitoba/2009/11/20/11824636-sun.html

More than 900 unused doses of H1N1 vaccine have been pulled out of circulation in Manitoba after health authorities received word other vaccines from the same batch have been causing higher rates of allergic reactions than expected.

Dr. Joel Kettner, Manitoba's chief public health officer, said the Public Health Agency of Canada's monitoring of the H1N1 immunization program identified about 1 in 20,000 people in Manitoba were suffering severe allergic reactions to one particular lot of the vaccine, which is about five times the usual rate in other flu vaccines and what had been expected for the H1N1 shot.

"We've been asked by the manufacturer, GlaxoSmithKline, to not use this vaccine at this time," Kettner said. "Nobody knows if anything's wrong with it at all. All we've observed so far is a somewhat higher rate of anaphylactic reaction."

Kettner said the batch of vaccine in question was distributed across the country and other provinces are also being asked to hold whatever they have left of that lot.

In Manitoba, 63,000 doses from the lot arrived during the week of Oct. 19. It was distributed to clinics in Winnipeg, Brandon, and the Parkland and Northeastman health regions, as well as to a third-party organization. It was made available as of the first week of immunization, and the vast majority has been used up. Only 930 doses remain unused: 630 in Northeastman and 300 with the organization.

Kettner stressed anyone who would have suffered a reaction to the shot would have done so within 15 to 20 minutes of getting it, and there is no lasting danger to anyone who received a shot from the lot.

Three people in Manitoba suffered a severe anaphylactic reaction to the shot from that batch, all of whom were properly diagnosed and treated at their injection clinics, with none suffering any lasting effect, he said.

Meanwhile, Manitoba Health provided its weekly statistical update on the H1N1 flu yesterday, revealing 251 more cases have been confirmed in the past week, while another person with a confirmed case has died. It is the second death from H1N1 in Manitoba this fall and the ninth since the virus appeared in the spring.

The WRHA is advising its H1N1 immunization clinics will only be open to pregnant women and healthy people age 10 to 65 until it receives more adjuvanted vaccine. Its supply of adjuvanted vaccine will likely all be used up by early this morning, leaving it only with the unadjuvanted variety to use in its clinics today and tomorrow.

The unadjuvanted version is not recommended for children younger than 10, adults older than 65, or anyone with a weakened immune system.

The WRHA's 12 mass clinics will be open 9:30 a.m. to 4 p.m. today, while two special Saturday clinics will operate during those same hours tomorrow at the University of Manitoba and at the Holy Eucharist Parish Centre on Munroe Avenue.

More adjuvanted vaccine is expected to arrive in Manitoba early next week.

SVALBARDPOSTEN

Karine Nigar Aarskog

Mistet smaken etter vaksine

Svalbardposten, 20 November 2009, 08:00
https://www.svalbardposten.no/mistet-smaken-etter-vaksine/111932
https://web.archive.org/web/20100204030749/http://www.svalbardposten.no/nyheter/mistet-smaken-etter-vaksine

Silje Marie Våtvik mistet både smaks- og luktesansen etter å ha tatt vaksinen mot svineinfluensa. Hun har vært sykemeldt i flere uker.

– Folk forstår ikke hva det innebærer å ikke ha smak og lukt. Jeg smaker ikke maten og klarer derfor ikke å svelge den. Det hemmer meg også i det sosiale liv, fordi jeg ikke kan være med på middager, sier Silje Marie Våtvik (30).

30-åringen, som bor i Longyearbyen, var en av de første som fikk vaksinen mot svineinfluensa. Fordi hun jobber i SGS på flyplassen, og med det regnes som en del av beredskapen på øya, fikk hun tilbudet gjennom arbeidsgiveren allerede samme dag som den første ladningen vaksine var kommet, onsdag 21. oktober.

– Hadde jeg ikke blitt tilbudt vaksinen, ville jeg nok fortsatt vært i den gruppen som hadde sittet og spekulert på om jeg skulle ta den. Og det første jeg spurte om var bivirkningene, sier Våtvik.

Ingen svar

Det hun ikke var forberedt på, var at hun kunne miste både smaks- og luktesansen. Den har vært borte siden hun tok vaksinen. På sykehuset har de tatt alle slags prøver, uten at 30-åringen har fått noe svar.

– De holdt alle muligheter åpne for at det kunne være tilfeldig og ikke hadde noe med vaksinen å gjøre. Men det var til slutt bare den som stod igjen som en årsak, forteller hun.

Må til Tromsø

Fordi hun får i seg så lite mat, er Våtvik sykemeldt på ubestemt tid.

– Jeg tenker på mat hele tiden, har lite energi og er irritabel fordi jeg har lavt blodsukker. Nå bruker jeg hele dagen på å prøve å få i meg noe, forteller hun.

Siden prøvene i Longyearbyen ga så få svar, skal Silje Marie Våtvik utredes videre i Tromsø. Hun håper å bli innkalt denne uka eller neste.

– Hva tenker du i dag om at vaksinen ga slike bivirkninger?

– Det er pent lite å gjøre med det nå. Men man gjør seg selvfølgelig noen tanker. Det har vært mye snakk om at vaksinen ikke er testet nok ut, men den har vært gitt i andre land før Norge. Jeg vet at det på utenlandske nettsider har vært skrevet om tap av lukt og smak i forbindelse med vaksinen, så det er rart at man ikke har utredet det nærmere eller informert om det, svarer Våtvik.

Ikke alene

Da hun oppsøkte sykehuset, var det ingen som hadde hørt om noen lignende tilfeller. Nå har 79 personer innrapport samme bivirkning til Statens legemiddelverk. Der har de ingen forklaring på hvorfor noen har mistet smak og lukt etter influensavaksinen.

– Det var ukjent for oss på forhånd at tap av smak og luktesans kunne være en bivirkning. Det var ikke kjent, før de første meldingene kom i Norge, sier avdelingsoverlege ved Statens legemiddelverk, Steinar Madsen.

Han kan ikke forklare hvorfor noen får denne bivirkningen.

– Vi har ingen forklaring på hvorfor det skjer. Vi kan heller ikke si helt sikkert om det har en sammenheng med vaksinen. Det finnes andre forklaringer, som at man får en virusinfeksjon samtidig som man tar vaksinen, sier Madsen.

Vil bli bra igjen

– Hvor lenge må de som har fått denne bivirkningen regne med å være uten smaks- og luktesans?

– Det kan jeg ikke svare på. Jeg har snakket med én pasient som fortalte at hun ble bra igjen etter et par uker, svarer Madsen som forsikrer at de som opplever tap av smak og lukt vil bli bra igjen.

Risikogrupper får

Hittil har 552 personer vaksinert seg mot svineinfluensa i Longyearbyen. Sykehuset har denne uka fått opp ytterligere 500 doser av vaksinen. Av dem skal 100 til Barentsburg. Resten skal fordeles i Longyearbyen på barn og på voksne i risikogruppene som ikke hadde mulighet til å ta vaksinen sist.

– Jeg tror ikke det vil være nok vaksiner til andre voksne denne gangen, sier oversykepleier Aksel Bilicz ved Longyearbyen sykehus.

Barn under skolealder kan vaksineres på sykehuset i morgen, andre barn vil få tilbud om vaksine på skolen etter hvert.

Det er så langt påvist seks tilfeller av svineinfluensa på øya.

Batch of H1N1 vaccine pulled after bad reactions

CTV, 20 November 2009, 7:30 AM ET

https://web.archive.org/web/20091123092115/http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20091119/Flu_Reaction_091119/20091120?hub=Health

More than 100,000 doses of the H1N1 vaccine are being withdrawn across the country, after Manitoba health officials announced Thursday they'd noticed a higher-than-usual number of allergic reactions from one batch.

Vaccine manufacturer GlaxoSmithKline has asked several provinces to set aside the 170,000 doses from the questionable batch.

GSK say the batch recall is a precaution an they will investigate to see whether there is something wrong with the batch.

"GSK is taking this cautionary action because the Public Health Agency of Canada has received a higher than expected number of reports of anaphylaxis in this lot number compared to other lots," the company said in a written statement Thursday.

One or two allergic reactions are expected in a batch that size. But health officials recorded six severe allergic reactions and alerted GSK.

Dr. Joel Kettner, Manitoba's Chief Medical Officer of Health, urged people not to be alarmed, noting the anaphylaxis reactions were short-lived and all the patients recovered.

"We've been asked by the manufacturer GlaxoSmithKline not to use this vaccine at this time, pending further investigation," said Kettner at a press conference Thursday.

"We are being cautious and following the advice... to hold onto the remaining stock until we get further information."

About 1,500 doses of the vaccine were sent to Ontario, but officials say none were administered. Officials are now shelving them until the investigation is complete.

The Alberta government has stopped giving out doses from the same batch, although it says it has not seen a jump in allergic reactions.

Health officials say the batch being investigated is fairly small, so it should not have an impact on the overall supply.

Earlier this week, the country's chief public health officer, Dr. David Butler-Jones, noted that of the 6.6 million doses of H1N1 vaccine given so far to Canadians, there have been 36 serious adverse reactions reported.

Most involved allergic reactions that began within minutes of vaccination. All were treated promptly by medical people at the vaccination site.

Milder side effects, such as nausea, soreness, headaches and fever, have also been seen, which is not unexpected. Seasonal flu vaccines have been known to cause such reactions every year.

One person is believed to have died from an anaphylactic reaction following vaccination, but Butler-Jones stressed the death hasn't been conclusively linked to the flu shot.

"It's important to remember that just because a medical event follows vaccination, it may not have been caused by the vaccination; it may have been caused by other factors, as unfortunate events continue to occur with or without vaccine," he told a news conference Tuesday

Prof. Michel Chossudovsky

Canada: The Killer H1N1 Vaccine

Global Research, 20 November 2009
https://web.archive.org/web/20091204111422/http://www.globalresearch.ca/index.php?context=va&aid=16192

Of relevance to the current debate on the Covid19 vaccine, this article on the H1N1 vaccine was first published on November 20, 2009.

In 2009, the Canadian media provided us with detailed coverage on the adverse health impacts of the vaccine including two recorded deaths, one in Quebec and the other in Manitoba. What is the situation today with regard to media coverage? With some exceptions, the mainstream media is not informing the public. And reports on the adverse impacts of the covid-19 vaccine published by social media and the online independent media are the object of various forms of censorship.

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"It is a serious thing [vaccine] that has the potential to kill" according to Dr. Neil Rau, an infectious disease expert, in a CTV interview, but do not worry: *"leading experts insist, the benefits of the H1N1 vaccine vastly outweigh the risks"* (Swine Flu Support Center, emphasis added)
=> https://thesurvivorsclub.org/support-center/health/general-health/swine-flu.html

A new development in the H1N1 Vaccine Saga is unfolding in Canada.

Whereas health officials are pushing for an acceleration of the vaccination program, there is evidence of so-called "unusual adverse reactions" including three recently recorded deaths directly resulting from the vaccine.

In the meantime, health authorities have called for the withdrawal of 170,000 (higher risk) doses of the vaccine produced by GlaxoSmithKline. The initiative, of which the importance is being downplayed, is said to have come from the manufacturer GlaxoSmithKline, which expressed concern on higher than normal adverse reactions to the vaccine.

"Canada's H1N1 flu vaccine manufacturer has asked the provinces to temporarily discontinue vaccinating Canadians from a lot of vaccine shipped in October due to a higher risk of adverse reactions, says a Manitoba health official.

Dr. Joel Kettner, Manitoba's chief public health officer, said Thursday that GlaxoSmithKline has asked that the October batch be taken out of circulation because it produced serious and immediate anaphylactic reactions in one out of 20,000 vaccinations, compared with one out of 100,000 in other shipments.

"We've been asked by the manufacturer GSK to not use this vaccine at this time pending further investigation," he said. (Winnipeg Free Press, 20 November 2009) =>
https://www.winnipegfreepress.com/arts-and-life/life/health/2009/11/20/manitoba-sees-second-death-this-season

The government is involved in a cover-up. The initial headlines stated "more than 100,000 doses", but then read on, the number is 170,000 doses.

The CTV report admits that "it is a serious thing, it has the potential to kill".

Too Late to Withdraw the 170,000 Defective Doses

The question is whether the doses can be withdrawn or whether they have already been used. The first news reports from Manitoba indicate that:

Of the 63,000 doses shipped [to Manitoba], only 630 remained unused by the four regional health authorities in Manitoba that received them. (Ibid)

This report would suggest that the risky GSK vaccine doses have already been used.

A subsequent report confirms that out of the 63,000 doses, 900 unused doses of the H1N1 vaccine were withdrawn by health authorities "after health authorities received word other vaccines from the same batch have been causing higher rates of allergic reactions than expected." (*Flu vaccine batch pulled in Manitoba*, Winnipeg Sun, 20 November 2009).

https://web.archive.org/web/20110513210649/http://www.winnipegsun.com/news/manitoba/2009/11/20/11824636-sun.html

The question is what happened to the remaining 62,100 doses of the higher risk vaccine batch, which were used to vaccinate people in Manitoba?

Has there been a followup regarding those people in Manitoba who received the higher risk H1N1 vaccine injection? What is the situation in other provinces in which the higher risk vaccine does were distributed?

Manitoba Health authorities casually confirm, in this regard, that "*most of the vaccine Manitoba received from the suspect lot had already been used* by the time the province received the alert on Wednesday" [November 18, 2009]. (Winnipeg Free Press, 20 November 2009) =>

https://www.winnipegfreepress.com/arts-and-life/life/health/2009/11/20/manitoba-sees-second-death-this-season

Manitoba and Quebec: Three deaths resulting from the H1N1 Vaccine

The news reports have highlighted deaths resulting from the H1N1 flu (often unconfirmed), while obfuscating several recorded deaths resulting directly from the vaccine. These vaccine related deaths are occurring at the very outset of the vaccination program,

According to CTV News, 20 November 2009) "The province is currently investigating *two deaths – both adults who died within seven days of getting the H1N1 shot*" (Family questions if H1N1 shot caused Manitoba woman's death, November 20, 2009). =>

https://web.archive.org/web/20091122094301/http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20091119/h1n1_death_091119/20091119?hub=Health

Manitoba officials acknowledge 69 "adverse events" after people received the swine flu shot, including the two deaths. (CBC.ca report, 17 November 2009) =>

https://web.archive.org/web/20091121104127/http://www.cbc.ca/canada/manitoba/story/2009/11/17/man-h1n1-adverse.html

However, unless the families speak out, the authorities will not provide details. CTV interviewed the family of one of the victims. No details on the other death in Manitoba are available:

"The family of a 38-year-old Manitoba woman who died five days after receiving the H1N1 vaccine are looking for answers as to why it happened.

Soo Lee Wong and her daughter, Angela Truong, both got the H1N1 shot on November 5th.

The family says Wong, who had diabetes, started getting sick a day after getting vaccinated and died a few days later.

Doctors told the family Wong died of a blood infection. More tests will be done to see if the vaccine played any role.

Wong's husband, Thoon Truong, is also caring for his seven-year-old daughter Angela, who has been in the hospital with a fever and swollen, painful legs.

He wants to know whether the two cases related to the vaccine or to something else.

The province is currently investigating two deaths — both adults who died within seven days of getting the H1N1 shot.

Although it's still early, Manitoba's chief medical officer of health Dr. Joel Kettner says immunizations were not likely the cause of the deaths. (CTV News | Family questions if H1N1 shot caused Manitoba woman's death, November 20, 2009)

https://web.archive.org/web/20091122094301/http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20091119/h1n1_death_091119/20091119?hub=Health

It should be noted that these two deaths in Manitoba may have been associated with the injection of the higher risk H1N1 vaccine doses, which health authorities had called for withdrawal.

Quebec: One Death

An 80-year-old Quebec man was reported dead after taking the H1N1 Swine Flu vaccination. Health officials have dismissed the case, "stating that it's too soon to link the death and vaccine." Quebec man dies after taking H1N1 vaccine, Digital Journal, 18 November 2009).

https://web.archive.org/web/20091124024520/http://www.digitaljournal.com/article/282399

The Quebec health authorities have refused to provide details: "Quebec's Director of Public Health Protection, Dr. Horacio Arruda, did not know why the man took the vaccine and that final test results, which are expected to come in December, will determine whether or not the man died from the vaccine.

Canada.com reports the man died in the last three weeks but provincial officials declined to reveal details, citing confidentiality concerns. Arruda has said that most allergic reactions occur right away, which is the reason why many patients are asked to stay in the centers, "We can't say there is a causal association between the death and the flu shot."

Nevertheless, Arruda is confident that the death will not discourage people from taking the vaccine but urged that serious reactions to the H1N1 shot are rare, "I understand that everyone is worried." (Quebec man dies after taking H1N1 vaccine, Digital Journal, 18 November 2009)

https://web.archive.org/web/20091124024520/http://www.digitaljournal.com/article/282399

The statements by senior health officials are notoriously ambiguous: while they concur that: "there is no evidence the vaccine is dangerous.", they nonetheless acknowledge the deaths resulting from the vaccine (Statement of Quebec's Director of Public Health Protection, Dr. Horacio Arruda, (The Canadian Press: Quebec health officials investigating possible death from H1N1 vaccine. November 18, 2009).

https://web.archive.org/web/20091123203241/http://www.google.com/hostednews/canadianpress/article/ALeqM5j79MYNA4k9_Q9BZRB-BdxX9i8k4g

POLITIKEN.DK

Overlæge: Vaccine virker trods dødsfald

Politiken, 20 November 2009, 18:47
https://web.archive.org/web/20091123144946/http://politiken.dk/indland/article840915.ece

Vaccinen mod svineinfluenza virker, selv om to mænd nu er døde efter at have fået indsprøjtningen.

Der er således ingen grund til panik eller at være urolig. Det slår Kåre Mølbak, overlæge ved Statens Serum Institut, fast.

I dag kom det frem, at to mænd nu er døde af svineinfluenzaen i Danmark. De var begge kronisk syge, og derfor i risikogruppen som myndighederne holder særligt øje med, lyder det fra Kåre Mølbak.

»Det her er ikke et udtryk for, at vaccinen ikke virker. Der er nogle i risikogrupperne, som bliver vaccineret og kan dø af svineinfluenza et par dage efter, inden vaccinen virker. Vi har altså at gøre med et tilfældigt sammentræf hos særligt sårbare personer«, siger Kåre Mølbak.

Tilfældigt sammentræf

Den ene mand er i begyndelsen af 60'erne og døde i forbindelse med en indlæggelse på Hvidovre Hospital. Den anden er i 30'erne og døde 12. november i sit hjem i København.

Kåre Mølbak understreger, at det er et sammentræf af uheldige omstændigheder.

»Men det kan altså ske, at vi ser en gentagelse, hvor en person i en risikogruppe dør, inden vaccinen kommer til at virke«, siger overlægen.

Grænsen er ikke klar

Han tilføjer, at danskere med symptomer på influenza ikke bliver vaccineret, men grænsen er ikke fuldstændig klar.

»Folk med høj feber bliver ikke vaccineret, men man kan godt gøre det, hvis den enkelte har lidt ondt i halsen eller en næse, der løber«, siger Kåre Mølbak.

Tre danskere er foreløbig døde af H1N1 - svineinfluenzaen. Ud over de to mænd døde en dansker i september i Norge.

THE FLU CASE

Two men in Denmark dies after getting the "swine flu" vaccine

The Flu Case, 21 November 2009, 17:52
https://web.archive.org/web/20091126013437/http://www.theflucase.com/index.php?option=com_content&view=article&id=2018%3Atwo-men-in-denmark-dies-after-getting-the-qswine-fluq-vaccine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

According to Politiken, two men died shortly after having received the "swine flu" shot. Both was already in hospital and the official statements claim they died from "swine flu". Their death is also claimed to be "accidental" and there is officially "no link to the vaccination".

The Telegraph

Rebecca Smith

Swine flu: first death reported following vaccine

A person has died after being given the swine flu vaccine, it has emerged

The Telegraph, 22 November 2009, 9:00PM GMT
https://web.archive.org/web/20091125230817/http://www.telegraph.co.uk/health/healthnews/6615053/Swine-flu-first-death-reported-following-vaccine.html

Details of the person have not been released but officials said they had serious underlying medical conditions which are more likely to have been the cause of death than the vaccine.

The death was among over 1,300 suspected adverse reactions reported to the medicines regulator as part of surveillance of the vaccination programme.

Nine reports relate to suspected adverse reactions in pregnant women, who were between five months and seven months pregnant when given the jab. All suspected reactions affected the mother only and were not serious, the regulator said in a report.

The majority of the reports are about Pandemrix which is being used more widely than Celvapan, which is primarily for use in people will allergies to eggs.

The report from the Medicines and Healthcare products Regulatory Agency emphasised that the majority of people who have received the vaccines so far have had serious and chronic medical conditions 'over the next few months many of these patients will naturally suffer an exacerbation of their underlying illness including death'.

The document said: "Such events may occur shortly after vaccination and be reported as suspected adverse events. It is important to bear in mind that this temporal association does not in itself mean that the vaccine was responsible for the event and that this may be coincidental."

A report in The Lancet last month calculated the number of fatalities that would occur in Britain in people within six weeks of them being vaccinated as pure coincidence. Experts found that if ten million people were vaccinated there would be six sudden deaths.

The research also suggested that 397 per one million vaccinated pregnant women would be predicted to have a spontaneous abortion within one day of vaccination as a coincidence.

There are currently just over nine million people in priority groups being vaccinated who have long-term serious illnesses and pregnant women.

Sir Liam Donaldson, Chief Medical Officer, announced this week that once the priority groups were completed the vaccination programme would be extended to around three million healthy children aged between six months and five years.

The MHRA report said up until November 12th, there had been 25 reports of suspected reactions in children aged between 11 months and 16-years and the majority were not serious. Two children experienced seizures and one was diagnosed with reactive arthritis which can occur as a result of infection. A link with the vaccine has not been established.

The MHRA report said the majority of the suspected adverse reactions have been pain and swelling at the injection site, nausea and vomiting, muscle aches and headaches, which are all to be expected.

The report concluded that no serious safety issues have been identified from the UK to date and the benefit-risk balance for both vaccines remains positive.

Independently, the European medicines regulator has analysed new data on the vaccines and also concluded that they are safe.

The European Medicines agency report said about five million people in the EU have been vaccinated so far and reported effects 'have mainly been mild symptoms such as fever, nausea, headache, allergic reactions and injection site reactions'.

A small number of cases of Guillain-Barré syndrome and fetal death have been reported and that 'on the basis of the available information there is no evidence to link these to the vaccines'.

Guillain-Barré syndrome is a condition in which the body's immune system mistakenly attacks part of the nervous system and can be fatal in rare cases and has been linked to infection with influenza and to a vaccine given in America in 1976 although the evidence of a link with the jab was 'weak' experts have said.

The World Health Organisation said this week that 65 million doses of various swine flu vaccines have been administered so far with a good safety profile.

In a briefing Dr Marie-Paul Kieny, Director of the Initiative for Vaccine Research at the WHO, said there was no difference in the safety profiles of the different vaccines.

She said 30 deaths have been reported worldwide and none of them have been found to have been caused by the vaccine and 12 cases of Guillain-Barré syndrome have been reported and all have recovered well.

A spokesman for the Department of Health said: "There are no concerns about these reports – they show common and largely minor side effects like a sore arm, and are similar to the reports received elsewhere in Europe. Several million doses of Pandemrix are thought to have been issued globally.

"People who are offered the vaccine should have it to protect themselves."

Dr Philip Bryan, MHRA Expert Scientific Assessor said: "Most people receiving the vaccine have serious and/or chronic underlying medical conditions which put them at greater risk of developing serious complications of swine flu.

"This is why it is important for these people to be vaccinated as a priority. Over the next few months, many of these patients will naturally suffer an exacerbation of their underlying illness, including death.

"Such events may occur shortly after vaccination and be reported as suspected side effects. It is important to bear in mind that this temporal association does not in itself mean that the vaccine was responsible for the event and that this may be coincidental. Such reports are fully evaluated by the MHRA."

A spokesman for the Department of Health said: "There are no concerns about these reports – they show common and largely minor side effects like a sore arm, and are similar to the reports received elsewhere in Europe. Several million doses of Pandemrix are thought to have been issued globally.

"People who are offered the vaccine should have it to protect themselves."

Nettavisen

Trond Lepperød

Bivirkningene som overrasker
Har du opplevd å miste smaks- og luktesansen etter å ha tatt vaksinen mot svineinfluensa?
Statens legemiddelverk teller nå uventede bivirkninger

Netta Visen, 25 November 2009
https://www.nettavisen.no/nyheter/bivirkningene-som-overrasker/s/12-95-2765831

Statens legemiddelverk har så langt talt opp 276 rapporter om mistenkte bivirkninger etter vaksinering med Pandemrix. Noen av de mulige bivirkningene kommer overraskende på ekspertene, blant annet tre meldinger om folk som har mistet eller fått nedsatt smakssans. Nå skal dette undersøkes nærmere.

- Angrer på vaksinen

En 30 år gammel kvinne fra Svalbard fortalte til Nettavisen mandag at hun fem uker etter vaksinering fortsatt er uten smak- og luktesans. 48 år gamle Grethe Iversen fra Bjugn i Sør-Trøndelag sier til Nettavisen at hun ble dårlig etter vaksinering 27. oktober og også mistet smak og luktesansen.

- Jeg angrer på at jeg tok vaksinen. Hadde jeg visst det jeg gjør i dag, ville jeg ikke tatt den, sier hun.

- Lavt antall meldinger

Avdelingsoverlege Steinar Madsen i Statens legemiddelverk understreker at rundt en million nordmenn så langt har fått vaksinen og antallet rapporter om bivirkninger er lavt. I uka som gikk var det så langt kommet inn bivirkningsmeldinger fra 276 pasienter i alt.

- Det er et lavt tall. Vaksiner er generelt sett de tryggeste medisinene vi har. Vi tar likevel alle meldinger om bivirkninger på alvor, og rapporter om alvorlige bivirkninger blir undersøkt nærmere, sier Madsen.

Overrasket ekspertene

Han innrømmer at nedsatt smakssans er en bivirkning som ikke var forventet. I den samme gruppen med såkalt nevrologiske symptomer er det i alt talt opp 274 reaksjoner. For eksempel er det 17 meldinger om folk som har opplever metallsmak i munnen. Hodepine, nedsatt bevissthet, svimmelhet, bevissthetstap, nummenhet, lammelser og kramper er andre ting i denne gruppen. Antallet pasienter som har meldt om dette er langt lavere enn 274, siden mange har flere symptomer.

- Nei, det med nedsatt smakssans var ikke noe vi hadde regnet med. Det med metallsmak i munnen er ikke så uvanlig i forhold til legemidler. Det går som regel over i løpet av et til to døgn, men nedsatt smakssans var ikke noe vi forventet, sier han.

Prøver å finne en forklaring

Torsdag skal Statens legemiddelverk og Folkehelseinstituttet diskutere nettopp disse meldingene i et møte der de gjennomgår rapporterte bivirkninger så langt.

- Vi har ikke noen forklaring på hvorfor noen opplever dette. Vi må forsøke å finne ut om dette er en virkning av vaksinen eller om det er andre forhold hos pasienten som spiller inn, for eksempel at de er forkjølet. Forkjølelse kan typisk nedsette smak og luktesans, sier han.

Sykehus ville ikke rapportere

- *Kvinnen fra Sør-Trøndelag som mistet smak- og luktesansen etter vaksinering 27. oktober forteller at hun på sykehus fikk beskjed om at dette ikke skulle rapporteres inn som en mulig bivirkning. Ønsker dere å få inn slike rapporter*?

- Ja, leger skal rapportere inn på mistanke når det gjelder alvorlige eller nye og uventede bivirkninger.

- *Du sier at denne vaksinen er trygg, og svært mange nordmenn har valgt å ta den, men hvor sikker kan dere være på at det ikke dukker opp langtidsvirkninger dere ikke hadde regnet med?*

- Det er vi så sikre på som det går an. Vi har 50 års erfaring med influensavaksiner. Vi forventer ingen langtidsvirkninger, og nå har de også gått et par måneder siden de første vaksinene med Pandemrix ble satt i de landene som begynte først.

- *Forstår du likevel at det fortsatt er en del som er skeptiske til vaksinen*?

- Nei, jeg gjør egentlig ikke det. Jeg mener det ikke er noen grunn til å være mer skeptisk til denne vaksinen enn alle andre vaksiner. Vaksiner er generelt den tryggeste medisinen vi har.

Tror dødsfall er tilfeldigheter

Av 83 rapporter om mistenkte alvorlige bivirkninger så langt er det meldt inn åtte dødsfall som i tid skjedde få dager etter vaksinering. Statens legemiddelverk mener det ikke er noen sammenheng mellom dødsfallene og vaksinen, men skal undersøke tre av tilfellene nærmere før de trekker en endelig konklusjon. Det gjelder en kvinne på 89 år som døde tre dager etter vaksinering, en kvinne på 92 år som døde fem dager etter vaksinering og en mann på 85 år som døde tre dager etter vaksinering.

- I de fleste av disse tilfellene hadde pasientene også underliggende sykdommer, sier Madsen.

De foreløpige konklusjonene om tilfellene av spontanabort og fosterdød som er meldt inn er også at dette ikke skyldes vaksinen. Endelige konklusjoner vil helsemyndighetene likevel ikke trekke før de ser resultatene av obduksjonsrapportene.

- Når man vaksinerer mange personer over kort tid, vil det tilfeldigvis skje dødsfall som ikke har noen sammenheng med vaksinasjonen, sier Madsen.

Alle vaksinerte blir registrert

Folkehelseinstituttets Preben Aavitsland opplyser i en twittermelding at alle nordmenn som vaksinerer seg mot svineinfluensa blir registrert i helseregisteret PANVAK. – Registrering av vaksinerte er viktig for senere vurdering av effekt og bivirkninger av vaksinasjon, ifølge Aavitsland.

PreventDISEASE.com
Aiming Towards Better Health

79 have lost their ability to taste or smell after taking the H1N1 swine flu vaccine in Norway

Prevent Disease, 15 December 2009
https://web.archive.org/web/20100102174223/http://preventdisease.com/news/09/121509_79_Norway_lose_taste_smell_after_H1N1_vaccine.shtml

Silje Marie Vatvik lost both taste and smell after taking the vaccine against swine flu. She has been sick for several weeks.

"People do not understand what it means to have taste and odor. I do not taste the food and can therefore do not want to swallow it. It inhibits me socially because I can attend dinner functions, " says Silje Marie Vatvik.

The 30-year-old who lives in Longyearbyen, was one of the first to receive the vaccine against swine flu. She worked in the department responsible for preparedness initiatives at the airport and was expected by her employer to be vaccined the same day first vaccines arrived on October 21.

"Had I not been expected to take the vaccine, I would have at least had the option, and the first thing I asked about were the side effects," said Vatvik.

No response

Vatvik was not prepared for was to come after the vaccination, losing both her ability to taste and smell. She has not recovered these senses since taking the vaccine. The hospital administered many tests but the 30-year old has not responded to any of them.

"They kept all options open since it could have been a coincidence and nothing to do with the vaccine. But it was ultimately the one cause that remained," she says.

Vatvik is on sick leave indefinitely due to the illness. "I think about food all the time, have little energy and I'm irritable because I have low blood sugar," she says.

"There has been much talk about the vaccine not being tested, but it has been accepted in other countries before Norway. I know that foreign websites have been written about the loss of smell and taste associated with the vaccine, so it is strange that they were not more informed about it," said Vatvik.

When she went to the hospital, no one had heard of any similar cases. Now 79 people are suffering the same side effects notes the Norwegian Medicines Agency. They have no explanation for why some have lost their taste and smell after flu vaccine.

"It was unknown to us in advance that the loss of taste and sense of smell could be a side effect," said a spokesman from the Norwegian Medicines Agency, Steinar Madsen.

Madsen could not address why some patients suffer from the side effect. "We have no explanation for why it happens. We can not say for sure whether it has a relationship with the vaccine. There are other explanations, like that you get a viral infection while taking the vaccine," says Madsen.

When asked how long the patients it will take patients to recover, Madsen said, "I can not answer. I have talked to one patient who told me that she was well again after a couple of weeks."

SUOMI 24

Rokotehaitat Antti Heikkilälle!

Suomi 24, 23 November 2009, 10:39:42
https://keskustelu.suomi24.fi/t/8642245/rokotehaitat-antti-heikkilalle!

Eli hän on kirurgi, ortopedi ja traumatologian erikoislääkäri. Haluaa puolustaa kansalaisia, meiltä on pimitetty paljon.

Hänen uusi bloginsa täällä, siellä osoite mihin voi lähettää rokotteiden haitat!
…
"Ruotsissakin professori Tore Schersten ihmettelee, ettei rokotusten haitoista puhuta julkisuudessa.

Sitä minäkin olen ihmetellyt tässä ns. ”vapaassa” demokratiassa. Olen saanut paljon postia ihmisiltä, jotka ovat kertoneet hurjistakin rokotuksen jälkeisistä reaktioista. Jotta asia pääsisi esille edes jotain kautta, pyydän ihmisiä lähettämään tietoja rokotuskokemuksistaan minulle osoitteeseen Haluan varmistua, että kysymyksessä on todellinen henkilö ja että tarina on tosi. Siksi viestissä pitää olla kirjoittajan nimi ja puhelinnumero. Henkilöllisyys jää minun tietooni, ja tarinat julkaistaan sivustollani nimimerkillä. Mielestäni tässä tilanteessa kokemusten jakaminen on äärimmäisen tärkeää, ettei totuus unohtuisi."

"In Sweden professor Tore Schersten is amazed by why there is no public discussion of the vaccine disadvantages. This is something I have also been amazed by in this so called "free" democracy. I have received lot of messages from people telling me about even frantic post-vaccine reactions. In order to get this all published even in some way, I am asking people to send me their experiences of vaccination to me to address. I want to be sure that the sender is a real person and the story is true. That's why there has to be a real name and an address in these messages. The identity will remain only in my knowledge and the stories will be published with an alias name. I think that in these current circumstances sharing experiences is utmost important so that the truth wouldn't fade away."

=> An English version is on the next page

THE FLU CASE

Finnish doctor compiles list of Swine Flu vaccine damage as authorities do nothing

The Flu Case, 8 December 2009 15:35
https://web.archive.org/web/20100102023738/http://theflucase.com/index.php?option=com_content&view=article&id=2214%3Afinnish-doctor-compiles-list-of-swine-flu-damage-as-authorities-do-nothing&catid=1%3Alatest-news&Itemid=64&lang=en

A Finnish medical doctor Antti Heikkilä has started collecting reports of side effects suffered by people who took the swine flu jab as authorities – many of whose leading members have proven financial links to big pharma – play down the damage.

Heikkila reports 29 separate confirmed cases concerning about 100 people suffering a range of symptoms from a little pain or ache, to flu like symptoms, fluid in lungs, hallucinations after Tamiflu treatment as well as death and miscarriages.

One nurse (midwife) reported a night when there were no other cases than miscarriages. Also, one child was given the jab even though parents did not give permission.

Heikkila started collecting reports after 23rd of November when about 1 million people in Finland were vaccinated.

There needs to be a criminal investigation into the national and international authorities such as the EMEA, which is two thirds funded by pharmaceutical companies, and whether they are systematically suppressing evidence of the damage and death caused by these vaccines for profit.

This is an extract: http://www.anttiheikkila.com/index.php?id=2&art=152

PHYS ORG

Six bad reactions to swine flu vaccine in Canada: official

Phys Org, 24 November 2009.
https://web.archive.org/web/20150719122159/http://phys.org/news/2009-11-bad-reactions-swine-flu-vaccine.html

Six severe allergic reactions to swine flu vaccinations have been observed in Canada, health authorities said Tuesday, adding that all of the individuals are feeling better.

All of the cases of anaphylactic shock were linked to a single batch or 172,000 doses of Aprepanrix vaccines made by GlaxoSmithKline (GSK) distributed starting November 2, said Caroline Grondin, a spokeswoman for Canada's health ministry.

Distribution of the batch to six provinces – British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Prince Edward Island – was halted, she said.

But she could not say how many doses had been used before distribution was suspended.

The health ministry believes the number of adverse reactions is abnormally high and has asked officials to investigate. One allergic reaction in 100,000 doses is the currently accepted norm.

Anaphylactic shock is a severe, rapid and sometimes fatal allergic reaction to a foreign substance such as a vaccine, shellfish or insect venom. Symptoms include difficulty breathing and a sudden drop in blood pressure.

It is a serious medical issue, said Grondin, but anyone who received the vaccines and did not have a reaction should not worry.

The A(H1N1) vaccine is safe and effective, she insisted. "The fact that we've uncovered problem with a specific batch shows that our monitoring system works," Grondin told AFP.

The World Health Organization (WHO), which first alerted health authorities of potential problems with this batch of vaccines, has not changed its recommendations regarding swine flu vaccines.

These remain, according to the WHO, the most effective way to fight the virus, which has killed some 6,750 people worldwide since it first appeared in March.

The Sydney Morning Herald

Canada notes swine flu vaccine allergies

The Sydney Morning Herald, 24 November 2009, 11.12 pm
https://www.smh.com.au/world/canada-notes-swine-flu-vaccine-allergies-20091125-jjj8.html

An unusual number of severe allergic reactions to swine flu vaccinations have been recorded in Canada, where a batch of the vaccine from GlaxoSmithKline has been recalled, the WHO said on Tuesday.

"An unusual number of severe allergies to the vaccine have been detected in Canada," World Health Organisation spokesman Thomas Abraham told AFP.

"The Canadian authorities are conducting the appropriate investigations on the vaccines", he said, and had recalled a batch of vaccine from GSK.

"We need to understand what happened in Canada," he said.

ALARABIYA news

Severe reactions to swine flu vaccine in Canada
Vaccine reported to have adverse side effects, 30 deaths

Al Arabiya, 24 November 2009
https://english.alarabiya.net/articles/2009%2F11%2F24%2F92283

DUBAI (Al Arabiya)

Fresh off the heels of an announcement that at least 30 had died after taking the swine flu vaccination, Canadian authorities were told Tuesday to pull a batch of the H1N1 vaccine due to "severe allergic" reactions.

According to the World Health Organization (WHO) an unusual number of severe allergic reactions to the vaccination have been recorded in Canada, prompting authorities to recall a batch of the vaccine from GlaxoSmithKline (GSK).

The Canadian authorities are conducting the appropriate investigations on the vaccines" and recalled a batch of vaccine from GSK," WHO spokesman Thomas Abraham told AFP.

We need to understand what happened in Canada, he added.

Reactions in heart and lungs

GlaxoSmithKline spokeswoman Gwenan White said that the affected doses of its Aprepanrix vaccine had caused reactions to the heart and lungs.

White added that some 172,000 doses are involved, although she declined to reveal how many of those had already been used.

GlaxoSmithKline have asked Canadian medical authorities to stop administering vaccines from the affected batch, White said, adding the company's investigations were ongoing.

WHO spokesman Thomas Abraham said that the WHO had not changed its recommendations regarding swine flu vaccines despite several reports of adverse side effects, including at least 30 deaths.

Vaccine deaths

Last week, the WHO said checks on many of the 30 deaths recorded following mass pandemic flu vaccinations had so far ruled out a direct link to the vaccines.

Britain's Daily Mail reported on Saturday that at least one person had died after being given the Pandemrix vaccination and a further 1,329 suffering adverse reactions in just four weeks.

Some of the most severe reactions to the injections include pain and swelling at the injection site and vomitting, dizziness and fever, the paper reported, adding there were also "two cases of anaphylactic shock, one child experienced arthritis and two had seizures

TIMES OF MALTA

Severe reactions to swine flu vaccine in Canada – WHO

Times of Malta, November 24, 2009
https://timesofmalta.com/articles/view/severe-reactions-to-swine-flu-vaccine-in-canada-who.283247

An unusual number of severe allergic reactions to swine flu vaccinations have been recorded in Canada, where a batch of the vaccine from GlaxoSmithKline (GSK) has been recalled, the WHO said yesterday.

"An unusual number of severe allergies to the vaccine have been detected in Canada," World Health Organisation spokesman Thomas Abraham said.

"The Canadian authorities are conducting the appropriate investigations on the vaccines" and "recalled a batch of vaccine from GSK."

"We need to understand what happened in Canada," he added.

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Ms White added that some 172,000 doses are involved, although she declined to reveal how many of those had already been used.

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WHO spokesman Thomas Abraham said that the WHO had not changed its recommendations regarding swine flu vaccines.

Last week, the WHO said checks on many of the 30 deaths recorded following mass pandemic flu vaccinations had so far ruled out a direct link to the vaccines.

The fatalities made up a minute fraction of at least 65 million doses of swine flu vaccines which have been administered, said the WHO, citing data from 16 countries.

For every 10,000 doses of vaccines administered, only one report of adverse effect had been logged.

Of every 100 reports of adverse effects, five are serious cases such as death, the WHO said.

More than 6,750 people have died worldwide since the virus appeared in April, according to WHO data.

Ukraine and World Pneumonic Plague Information

WHO acknowledges Canada's Side Effects from Recalled Vaccine

Ukraine and World Pneumonic Plague, 24 November 2009, 10:20 am
http://ukraineplague.blogspot.com/search?updated-max=2009-11-27T07:51:00-05:00&max-results=10&start=118&by-date=false

What are the Real numbers I wonder, if the WHO is acknowledging problems with the Swine Flu vaccine. Considering they have thrown out deaths and adverse side effects from the vaccine as merely coincidences previously, what have been the side effects and what are the REAL numbers in Canada, for them to make this statement?

There has to be some very profound numbers involved and I would say many more than what they are admitting to. That is my opinion, due to their previous statements as posted on this site.

Article:

An unusual number of severe allergies to the vaccine have been detected in Canada," World Health Organisation spokesman Thomas Abraham told AFP.

"The Canadian authorities are conducting the appropriate investigations on the vaccines" and "recalled a batch of vaccine from GSK."

"We need to understand what happened in Canada," he added.

Abraham said, however, that the WHO had not changed its recommendations regarding swine flu vaccines.

Last week, the WHO said checks on many of the 30 deaths recorded following mass pandemic flu vaccinations had so far ruled out a direct link to the vaccines.

The fatalities made up a minute fraction of at least 65 million doses of swine flu vaccines which have been administered, said the WHO, citing data from 16 countries.

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Judicial Watch®
Because no one is above the law

Over 1000 Adverse Reactions to H1N1 Vaccine Since October

Judicial Watch, 24 November 2009, 4:31 pm
https://web.archive.org/web/20100103141143/https://www.judicialwatch.org/foiablog/2009/nov/over-1000-adverse-reactions-h1n1-vaccine-october

In recent months, H1N1, or swine flu, has been spreading allover the globe, raising concern and alarm. First detected in March 2009, H1N1 is already responsible for over 1,000 deaths in the U.S. alone. Worldwide, H1N1 flu has become a globalproblem, as an outbreak map created by the New England Journal of Medicine shows. While most common in the U.S. and Europe, H1N1 is also affecting much of Asia and parts of Africa. One of the biggest problems concerning H1N1 has been the lack of vaccines. Although the U.S. originally estimated that approximately 120 million doses of the vaccine would be available by mid-October, in the beginning of November only 11 million had been produced. But while the vaccine may help protect against swine flu, reports from the Centers for Disease Control suggest that the vaccine has problems of its own.

Since the vaccine began being administered in early October, there have been almost two thousand adverse events reported to the Centers for Disease Control vaccine reporting system, VAERS. Judicial Watch used the Freedom of Information Act to request copies of the VAERS. From October 1 – November 4th, there were 1,112 adverse reactions reported. The most common side effects were generally not serious and included fever (present in 240 cases) and nausea (present in 112 cases). However, there were also cases of serious and life threatening reactions. In total, 38 cases were classified as serious, and twelve were considered life threatening. There were also six people who died after receiving the vaccine, although at this time it is unknown whether the vaccine caused the deaths.

Many of the adverse reactions affected young children,including an eight year old who suffered "chills, increased [heart rate],lethargy and altered mental status…cough, nasal congestion, fever, diarrhea, sore throat, disoriented and lethargic" (ID: 362672). His condition was considered serious and he was hospitalized. Another child was hospitalized when he experienced seizures and convulsions immediately after receiving the vaccine (ID: 362926). Less than one day after vaccination, a 5 year old boy visited the ER with an aggravated "croup sounding cough." He "could not breathe…even tried crying – he was not able to get air in his lungs…started turning blue/gray" (ID: 361270). Another five year old developed "life threatening" symptoms within one day of receiving the vaccine, including a cough, hoarseness, and a high fever (ID: 362913).

A one and a half year old baby with no pre-existing conditions was hospitalized three days after receiving the vaccine with a long list of symptoms including: "Cough, Crying, Diarrhea, Dyskinesia, Irritability, Malaise, Movement disorder, Muscle spasms, Muscle twitching, Pyrexia, Pyuria, Respiratory tract congestion, Rhinorrhoea, Screaming" (ID: 362196). Similarly, another one-year-old infant wasadmitted to the hospital three days after receiving the vaccine. He had a high fever and began sufferingseizures. His status was classified as life threatening, and he spent 10 days in the hospital (ID: 364197).

The vaccine may also be harmful during pregnancy. In one VAERS report, a woman who was eight months pregnant with healthy prenatal exams received the vaccine. Four days later, she complained

of nausea and feeling warm. At the hospital, it was discovered that the baby had died. While the cause of death was unknown, the ultrasound revealed that there was "no amniotic fluid around the baby" (ID: 36299).

There was no overall similarity in serious cases, but the more common side effects included severe shortness of breathe and seizures. A 55 year-old man suffered a life threatening reaction "immediately after H1N1 vaccine…[patient] reported not feeling well, could not breathe, obvious respiratory distress, weakness, and cyanosis, elevated heart rate" (ID: 362087). Another man "developed headache that progressively got worse with facial pain" one day after receiving the H1N1 vaccine. After being admitted into the hospital, he had a seizure (ID: 363685). In an extremely serious case, A 35 year old patient with no previous medical conditions died three days after receiving the H1N1 vaccine, after being sent to the ER for "nausea, vomiting, chills, stomach cramping, diarrhea, tachypnea, hypotension, and diaphoresis." The cause of death was "due to septic shock" and asplenia, a condition that occurs when the spleen is not functioning properly (ID: 362855).

VAERS reports also suggest that in some cases, the vaccine could be causing H1N1 flu. One woman was given the H1N1 vaccine and less than three days later she was sent to the emergency room and hospitalized, "presumed H1N1 positive, from the H1N1 vaccine." Her condition was classified as life threatening (ID: 36285). A man who had received the vaccine went to a clinic and was diagnosed as having "more than likely – H1N1 as a result of the live virus vaccine" (ID: 361344). Another woman was hospitalized two days after vaccination, with "H1N1 suspected."

The Department of Health and Human Services continues to monitor the vaccine but has concluded that the H1N1 vaccine is safe**.** Others, however, have raised questions. Barbara Loe Fischer of the National Vaccine Information Center questioned both the necessity of the vaccine and the seriousness of H1N1 itself**.** Fisher stated that the vaccine was overhyped, and that there was "an unprecedented campaign by the federal health officials for us to take this very seriously when the evidence is that this is not anymore serious than the season influenza." Most people conclude that the H1N1 vaccine has the same safety rate as regular flu vaccines. Still, caution is necessary, especially in light of the reactions to the vaccine. In order to aid the public in their decisions regarding the vaccine, Judicial Watch has included all VAERS reports from October through November 7, 2009 below, and will be requesting updated reports as necessary.

CBSNEWS

Dangerous Batch of H1N1 Vaccine Found

CBS News, November 24, 2009 / 7:46 AM EST / AP EST / AP
https://www.cbsnews.com/news/dangerous-batch-of-h1n1-vaccine-found/

Canadian doctors have been advised not to use a batch of 170,000 doses of swine flu vaccine while authorities investigate reports of allergic reactions among recipients, drug maker GlaxoSmithKline PLC said Tuesday.

Authorities routinely monitor vaccines for any signals of problems, such as the allergic reactions that do occur, rarely, every year.

Company spokeswoman Gwenan White said that GlaxoSmithKline advised medical staff in Canada last week to refrain from using one batch of the vaccine while they look into reports that that it might have caused more allergic reactions than normal.

"One batch has seen a slightly increased rate of anaphylaxis," she said. Anaphylaxis is life-threatening type of allergic shock.

Six people in Canada had suffered an allergic reaction, said Tim Vail, the spokesman for Canada's health minister. The batch contained about 170,000 doses. It was not immediately clear how many had been administered, although Vail said the majority had been.

GlaxoSmithKline said it has distributed a total of 7.5 million doses of the vaccine across Canada.

"We're not seeing any thing wild or spooky or crazy about our vaccine at all," Vail said, arguing it may have been a statistical anomaly that the reactions occurred.

The vaccine chief of the World Health Organization, Marie Paule Kieny, said Monday that the number of people who went into anaphylactic shock after getting the vaccine in Canada was "a bit higher than normal" but that the numbers were still small. She said Canadian authorities are investigating the components of the vaccine to see if there might be a problem.

She said the problem has so far only been detected with one lot of the vaccine and that they haven't seen evidence of a higher rate of side effects with other lots.

GlaxoSmithKline, the world's second largest drug maker by revenue, is only investigating the one batch of its swine flu vaccine in Canada. White said no other doses of its swine flu vaccine around the world are affected.

White said London-based GlaxoSmithKline wrote to Canadian health care professionals advising them to stop using the batch on Nov. 18.

Canada is honoring the company's request, but urging people not to be alarmed. Dr. Joel Kettner, Manitoba's chief medical officer of health, said that allergic reactions sometimes occur shortly after inoculations, but haven't lasted long and have not led to long-term health problems.

The provincial Alberta government was also holding back the vaccine, although it had not seen a jump in reactions.

=> the same

Batch of swine flu vaccines probed in Canada. - NBC News, 25 November 2009, 4:19 AM +08; https://www.nbcnews.com/id/wbna34131813

euronews.
ALL VIEWS

Influenza A (H1N1): Faulty swine flu vaccine withdrawn in Canada

EuroNews, 24 November 2009, 19:11 CET
https://web.archive.org/web/20091127053540/http://www.euronews.net/2009/11/24/faulty-swine-flu-vaccine-withdrawn-in-canada/

British drugs giant GlaxoSmithKline has has warned the Canadian medical authorities that a batch of its anti-H1N1 vaccine can trigger potentially dangerous allergic reactions. The Canadians have withdrawn the batch from use and are testing it after it produced a range of serious reactions, notably in the heart and lungs. The recall affects 172,000 dises of the Arepanrix vaccine.

"We've been asked by the manufacturer GSK not to use this vaccine at this time pending further investigation," said Manitoba chief medical officer Joel Kettner.

Thirty-six Canadians, including one little boy whose face swelled up like a balloon, suffered severe allergic reactions after vaccination. 200 others died.

"It is a serious thing that has the potential to kill – but fortunately seems to be relatively rare," said Dr Neil Rau, an infectious disease specialist.

Canada has been particularly badly hit by the flu virus, and has vaccinated around a fifth of its population, or nearly seven million people, already. GSK has sold seven point five million doses to Canada.

=>

THE FLU CASE

200 Deaths in Canada from Pandemrix Swine Flu Vaccine, Reports Euronews

The Flu Case, 25 November 2009, 17:07
https://web.archive.org/web/20091129115724/http://www.theflucase.com/index.php?option=com_content&view=article&id=2069%3A200-dead-in-canada-from-swine-flu-vaccine-reports-euronews&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Le Monde

Inquiétude au Canada après une série de réactions allergiques au Vaccin contre la Grippe A

Le Monde // AFP, 24 Novembre 2009, 14h31

https://www.lemonde.fr/epidemie-grippe-a/article/2009/11/24/inquietude-au-canada-apres-une-serie-de-reactions-allergiques-au-vaccin-contre-la-grippe-a_1271458_1225408.html

Un lot de vaccin du groupe pharmaceutique GlaxoSmithKline (GSK) a été rappelé, indique l'Organisation mondiale de la santé.

Alors que les campagnes de vaccination ont démarré dans une quarantaine de pays, un nombre inhabituel de réactions allergiques "graves" au vaccin contre le virus grippal H1N1 a été enregistré récemment au Canada où un lot du groupe pharmaceutique GlaxoSmithKline (GSK) a été rappelé, indique l'Organisation mondiale de la santé.

"Les autorités canadiennes mènent les recherches" nécessaires pour établir les causes de ces allergies, indique un porte-parole de l'OMS, Thomas Abraham. Il a assuré que l'OMS ne changeait pas dans l'état actuel ses recommandations concernant les vaccinations à grande échelle, qui restent selon l'organisation le moyen le plus efficace pour lutter contre un virus jugé "vicieux". "Nous devons d'abord comprendre ce qui s'est passé au Canada", a insisté le porte-parole.

Le Canada est particulièrement touché par la première pandémie de grippe atypique du siècle qui a tué plus de 6 750 personnes dans le monde depuis son apparition au printemps. Le pays où, selon les dernières données de l'OMS, "la transmission grippale continue de s'intensifier sans montrer clairement qu'elle a atteint un pic", dénombrait près de 200 morts le 17 novembre. A cette date, les autorités sanitaires faisaient également état de 36 cas de réactions graves sur les 6,6 millions de personnes vaccinées, représentant environ un cinquième de la population du pays.

L'OMS est montée au créneau à plusieurs reprises pour contrer une suspicion répandue contre le vaccin H1N1 produit à vive allure sur ses ordres.

L'OMS a répété vendredi que les vaccins restaient "efficaces" et ce malgré des cas de mutations du virus enregistrés notamment en Norvège. Quant à la trentaine de décès signalés dans le cadre des vaccinations à grande échelle, rien ne permet, selon l'organisation, d'établir, pour le moment, un lien avec les vaccins. Un cas d'effet secondaire indésirable est rapporté pour 10 000 doses de vaccin administrées. Sur 100 effets secondaires indésirables, cinq sont sérieux, y compris un décès, avait alors expliqué une responsable de l'organisation onusienne.

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Le Monde Reports on the "Grave" Swine Flu Jab Reactions in Canada

The Flu Case, 24 November 2009, 14:44

https://web.archive.org/web/20100102020910/http://theflucase.com/index.php?option=com_content&view=article&id=2046%3Ale-monde-reports-on-the-qgraveq-swine-flu-jab-reactions-in-canada&catid=1%3Alatest-news&Itemid=64&lang=en

The Sydney Morning Herald

Canada notes swine flu vaccine allergies

The Sydney Morning Herald, 24 November 2009, 11:43 pm.
https://www.smh.com.au/world/severe-reactions-to-swine-flu-vaccine-in-canada-20091124-jj80.html

An unusual number of severe allergic reactions to swine flu vaccinations have been recorded in Canada, where a batch of the vaccine from GlaxoSmithKline (GSK) has been recalled, the WHO said on Tuesday.

"An unusual number of severe allergies to the vaccine have been detected in Canada," World Health Organisation spokesman Thomas Abraham told AFP.

"The Canadian authorities are conducting the appropriate investigations on the vaccines" and "recalled a batch of vaccine from GSK." "We need to understand what happened in Canada," he added.

GlaxoSmithKline spokeswoman Gwenan White told AFP that the affected doses of its Aprepanrix vaccine had caused reactions to the heart and lungs. White added that some 172,000 doses are involved, although she declined to reveal how many of those had already been used. GlaxoSmithKline have asked Canadian medical authorities to stop administering vaccines from the affected batch, White said, adding the company's investigations were ongoing.

WHO spokesman Thomas Abraham said that the WHO had not changed its recommendations regarding swine flu vaccines. Last week, the WHO said checks on many of the 30 deaths recorded following mass pandemic flu vaccinations had so far ruled out a direct link to the vaccines.

The fatalities made up a minute fraction of at least 65 million doses of swine flu vaccines which have been administered, said the WHO, citing data from 16 countries.

For every 10,000 doses of vaccines administered, only one report of adverse effect had been logged. Of every 100 reports of adverse effects, five are serious cases such as death, the WHO said.

More than 6,750 people have died worldwide since the virus appeared in April, according to WHO data.

=> The same articles

Severe reactions to swine flu vaccine in Canada: WHO

Terra Daily // Geneva (AFP), 24 November 2009
https://www.terradaily.com/reports/Severe_reactions_to_swine_flu_vaccine_in_Canada_WHO_999.html

NATIONAL POST

Severe Reactions to Swine Flu Vaccine in Canada: WHO

National Post, 24 November 2009
http://www.nationalpost.com/news/world/swine-flu/story.html?id=2259971 (deleted)
https://gatesofvienna.net/2009/11/page/2/

Mark Memmott

Manufacturer warns about 172,000 doses of Swine Flu vaccine in Canada

November 24, 2009, 8:05 AM ET

https://www.npr.org/sections/thetwo-way/2009/11/manufacturer_warns_about_17200.html

"The pharmaceutical company GlaxoSmithKline says it has advised medical staff in Canada to not use one batch of swine flu vaccine for fear it may trigger life-threatening allergies," the Associated Press reports. The company says the warning involves 172,000 doses of the vaccine, out of 7.5 million that have been distributed in Canada.

GlaxoSmithKline Pulls Swine Flu Vaccines in Canada

NPR // The Associated Press, 24 November 2009, 08:06 am ET

https://web.archive.org/web/20091129193032/https://www.npr.org/templates/story/story.php?storyId=120741275

London – Company spokeswoman Gwenan White said that they issued the advice after reports that one batch of the swine flu vaccine might have caused more allergic reactions than normal.

"We have advised health care professionals not to use that batch while health authorities and GlaxoSmithKline investigate," she said.

White said the batch at issue, which has been distributed across Canada, contains 172,000 doses of the vaccine. She declined to say how many doses had been administered before the advice to stop using them was given. White said U.K.-based GlaxoSmithKline wrote to Canadian health care professionals advising them to stop using the batch on Nov. 18. She says a total of 7.5 million doses of the vaccine have been distributed in Canada.

GlaxoSmithKline is the world's second largest drug maker by revenue. Its shares were down 0.08 percent on the London stock exchange at 1,276.50p ($21.16)

GlaxoSmithKline pulls swine flu vaccines in Canada

WSFA12, 25 November 2009, 2:21 AM GMT+8

https://www.wsfa.com/story/11563694/glaxosmithkline-pulls-swine-flu-vaccines-in-canada/

London (AP) – The pharmaceutical company GlaxoSmithKline says it has advised medical staff in Canada to not use one batch of swine flu vaccine for fear it may trigger life-threatening allergies.

GlaxoSmithKline spokeswoman Gwenan White said Tuesday the company issued the advice after reports that one batch of the swine flu vaccine might have caused more allergic reactions than normal.

White says the affected batch contains 172,000 doses of the vaccine. She declined to say how many doses had been administered before the advice to stop using them was given. White says GlaxoSmithKline wrote to Canadian healthcare professionals advising them to stop using the batch on Nov. 18. She says a total of 7.5 million doses of the vaccine have been distributed in Canada.

Bloomberg

Trista Kelley, Alexandre Deslongchamps

Reactions to Glaxo Flu Vaccine under Investigation in Canada

Bloomberg, 25/27 November 2009
http://www.bloomberg.com/apps/news?pid=20601082&sid=aUle5CWoYOp4
https://web.archive.org/web/20100102033734/http://theflucase.com/index.php?option=com_content&view=article&id=2089%3Areactions-to-glaxo-flu-vaccine-under-investigation-in-canada-&catid=1%3Alatest-news&Itemid=64&lang=en

Nov. 25 (Bloomberg) – Canada is still investigating an unusually high rate of a side effect known as anaphylaxis from a batch of GlaxoSmithKline Plc's swine flu vaccine, health officials said today.

Anaphylaxis occurred at a rate of about 4 per 100,000 shots in one lot of 172,000 doses of the vaccine, David Butler-Jones, Canada's chief public health officer, said at an Ottawa news conference. Typically, about 1 person in 100,000 will suffer such a reaction. Anaphylaxis is an acute allergic reaction that includes swollen tongues, throats and respiratory distress.

Glaxo, the sole supplier of swine flu shots to Canada, has shipped 7.5 million doses of the Arepanrix vaccine to the country, the company said this week. For all batches, the rate of side effects is 0.32 per 100,000, health officials said today.

The higher rate from one batch may be a statistical anomaly, Butler-Jones said. About 15,000 shots from the batch that still haven't been used are being held back while investigators look into the matter, officials said. There were no obvious glitches in the manufacturing process, Butler-Jones said.

"What they're looking at is whether or not there was something else, whether it was something to do with when it was shipped," he said. "It gives us cause to wonder whether there's something wrong or it may just be the odds."

The reactions are not related to the adjuvant that is added to boost the vaccine's potency, Butler-Jones said.

Investigation Ongoing

Gwenan White, a spokeswoman for London-based Glaxo, said the company is working with Canadian officials.

"Normally in this type of situation we would get a vial or something from that batch and we would test it, but that's done in combination with other elements of the investigation," she said. "The investigation is ongoing."

About 65 million people worldwide have been vaccinated with swine flu vaccine, the World Health Organization said in a statement last week. Evidence so far indicates that shots for the pandemic H1N1 influenza are as safe as those for seasonal flu, the Geneva-based United Nations health agency said.

Nearly 80 million doses of vaccine have been distributed in 40 countries with pandemic immunization campaigns under way, the agency said. Other companies manufacturing vaccine include Novartis AG, Baxter International Inc., CSL Ltd., Sanofi-Aventis SA and AstraZeneca Plc.

South Korea said today it no longer plans to buy GlaxoSmithKline Plc's swine flu vaccine. The decision isn't related to the side effects reported in Canada, Oh Sung Il, a spokesman for the Ministry for Health, Welfare and Family Affairs, said in a telephone interview today, declining to give details.

In August, South Korea said it planned to buy 10 million doses of swine flu vaccine by the end of this year. Green Cross Corp., a domestic vaccine developer, would supply 7 million doses and Glaxo the remainder, the government said at the time.

TORONTO STAR

Helen Branswell

Public health reports 24 cases of H1N1 flu shot reaction

The Star (Toronto), 25 November 2009
https://www.thestar.com/life/health-wellness/public-health-reports-24-cases-of-h1n1-flu-shot-reaction/article_9f4dfcef-0e23-5167-bf69-79f9faca8e61.html

Toronto – There have been 24 confirmed cases of a type of severe allergic reaction called anaphylaxis in Canadians who have received an H1N1 flu shot, including one person who died after getting vaccinated, the head of the Public Health Agency of Canada said Wednesday.

Dr. David Butler-Jones said the person who died - identified in the media as a Quebec man in his 80s - met the criteria for having an anaphylactic reaction. But he said it's still not clear whether that or other health problems caused the death.

"There were a number of other situations. So exactly what the ultimate cause was or what the issues are, that will take some time, I understand, to investigate," said Butler-Jones.

Anaphylaxis is a severe allergic reaction that can cause a person's airways to close up. It can be fatal and must be treated quickly with adrenaline, generally administered via the EpiPen devices carried by people with severe food or insect sting allergies.

Butler-Jones disclosed the information in Ottawa during a news conference at which federal health officials revealed flu activity appears to be levelling off in some parts of the country.

They did not say where, though Butler-Jones did mention there has been a decline in new hospitalizations in British Columbia, which was at the forefront of the current wave of activity.

However, Butler-Jones warned a good chunk of the Canadian population is likely still susceptible to the virus. He estimated between five and 10 per cent of people have probably been ill and about 25 per cent have been vaccinated.

"Influenza remains an unpredictable disease," he said.

"And reaching the plateau of the second wave in some communities does not mean that the pandemic is over. There is still the other side of the peak. And there remain millions of infections to be prevented."

Officials hope to persuade millions more of those folks to get vaccinated, especially now that vaccine production is expected to more than keep pace with demand.

Health Minister Leona Aglukkaq said she will be vaccinated within the next few days. She noted that by the end of this week a total of more than 15 million doses of vaccine will have been shipped to the provinces and territories.

That's almost enough for half the country's population, nearly the proportion of Canadians who've indicated in the most recent public opinion polls that they intend to get vaccinated.

Butler-Jones said despite the signals there may be a levelling off underway, flu activity remains four to seven times higher than is normally seen at this time of year. That's not altogether surprising - there generally isn't much flu activity at this point in the year.

For the week ending Nov. 14 there were 1,674 new hospitalizations, 261 ICU admissions and 84 deaths, he said. As of Tuesday, there had been 279 laboratory confirmed deaths in Canada caused by this virus.

On the issue of serious adverse reactions to the H1N1 vaccine, Butler-Jones said the rate of anaphylactic events was about 0.32 cases for every 100,000 doses of vaccine delivered - a figure that's within the norm for mass vaccination efforts.

And an official of the Centers for Disease Control said the U.S. agency has looked at reports of severe allergic reactions after H1N1 shots and isn't seeing anything abnormal.

"We've also looked in a little more detail at severe allergic reactions, and, again, those are not showing up more commonly than we would expect," said Dr. Anne Schuchat, director of the CDC's national center for immunization and respiratory diseases.

Attention was drawn to the issue of anaphylaxis last week when vaccine maker GlaxoSmithKline told provinces to stop using vaccine from a batch of 172,000 doses that was sent out last month. The halt-use order was issued because six people vaccinated from that batch developed anaphylaxis - a higher than expected number of such cases.

All but 15,000 doses of the vaccine had been used by the time the halt-use order was issued, said Dr. Danielle Grondin, assistant deputy minister of the public health agency.

But confirmed cases of anaphylaxis have been seen with other batches as well. And some possible cases may still be under investigation.

Ursula Fournier's son Max is one. The Halifax mother said Wednesday she's still waiting to hear if the reaction Max, 4 1/2, suffered when he got his shot on Nov. 3 was anaphylaxis.

Almost immediately after getting the shot, Max went limp, Fournier said. His blood pressure dropped and his breathing got "really laboured and loud," she said.

Staff of the clinic quickly used an EpiPen to revive the boy, who was then taken to the local children's hospital, IWK Health Centre, where he was kept under observation for six hours.

Fournier was told Max's doctor would be contacted and the boy would be referred to an allergy specialist. But she'd like to know if her son had an anaphylactic reaction.

"I would think as his parent it's my responsibility to get to the bottom of it," said Fournier, who expressed frustration at the lack of information.

=> the same article

CTV NEWS

Helen Branswell

Total of 24 cases of anaphylaxis after 15M H1H1 shots

CTV News // The Canadian Press, 26 November 2009, 8:34AM EST

https://www.ctvnews.ca/total-of-24-cases-of-anaphylaxis-after-15m-h1h1-shots-1.458573?cache=ngyhfzxv%3FclipId%3D1930113

AFTONBLADET

Linda Hjertén, Mikael Stengård

Vaccinet stoppas tillfälligt i Kanada

Aftonbladet, 25 November 2009
https://web.archive.org/web/20091126211338/http://www.aftonbladet.se/nyheter/svininfluensan/article6182086.ab

Har gett flera patienter allvarliga biverkningar.

Kanadensiska läkare stoppar tillfälligt ett parti av svininfluensavaccinet på uppmaning av leverantören Glaxo Smith Kline.

Vaccinet har gett flera patienter allvarliga biverkningar.

– Men det här handlar om en specifik tillverkningssats, så det finns inga skäl att ändra rekommendationerna i Sverige, säger Charlotta Bergquist, klinisk utredare på Läkemedelsverket.

Sammanlagt stoppas 170 000 doser av vaccinet i Kanada.

En av 20 000 personer som har vaccinerats av det aktuella vaccinet har fått andningssvårigheter, förhöjd hjärtrytm och hudutslag.

Det är fem gånger så många som väntat. Ingen av patienterna ska dock ha fått långvariga problem av vaccinet.

Rodnad och smärta

Leverantören Glaxo Smith Kline, som även levererar vaccin till Sverige, säger sig inte veta vad de många biverkningarna beror på.

Men företaget uppmanar läkare i Kanada att inte använda vaccin från den aktuella leveransen. Tillsammans med kanadensiska myndigheter utreder läkemedelsföretaget nu de många biverkningsfallen, berättar den svenska talespersonen för företaget för Aftonbladet.

På Läkemedelsverket följer man noga rapporterna kring svininfluensavaccinet. Men det som hänt i Kanada är inget skäl för att ändra rekommendationerna i Sverige.

– Det vaccin som används i Kanada tillverkas även i Kanada. Det har en annan sammansättning som inte är helt identiskt med som det som används i Sverige. Och just det vaccin som nu stoppats var knutet till viss tillverkningssats, och vi har inte sett något liknande här, säger Charlotta Bergquist, klinisk utredare på Läkemedelsverket.

2,1 miljoner doser

I Sverige har cirka 2,1 miljoner doser av vaccinet getts till patienter. Totalt har cirka 1 500 biverkningsrapporter inkommit till Läkemedelsverket.

De allra flesta fallen gäller kända reaktioner som ömhet, rodnad och smärta vid injektionsstället.

I färre fall har illamående, kräkningar, magont, diarré, yrsel, utslag och sömnlöshet rapporterats.

Det vaccin vi använder i Sverige tillverkas i Belgien.

=>

1,500 Swedes have reported side effects for Pandemrix to authorities, says Aftonblatt

The Flu Case, 25 November 2009, 12:11
https://web.archive.org/web/20100102012734/http://theflucase.com/index.php?option=com_content&view=article&id=2060%3A1500-swedes-have-reported-side-effects-for-pandemrix-to-authorities-says-aftonblatt&catid=41%3Ahighlighted-news&Itemid=105&lang=en

RTV SLO | MMC

Nova gripa: takoj po cepljenju je bolnici zastalo srce
Slovenj Gradec: Štirje resni primeri okužbe s H1N1

MMC, 26 november 2009 ob 16.50
https://www.rtvslo.si/zdravje/nova-gripa-takoj-po-cepljenju-je-bolnici-zastalo-srce/217787

Pri 77-letnici, sicer kronični bolnici, so se v sredo takoj po cepljenju proti novi gripi pojavile motnje srčnega ritma, ki so vodile v zastoj srca.

Cepilna ekipa, ki je na takšne dogodke pripravljena, je takoj ukrepala. Bolnico so sprejeli v bolnišnico, ker je dogodek časovno povezan s cepljenjem, pa se pričakuje morebitna vzročna povezanost z njim, so sporočili iz IVZ-ja. Kje se je to zgodilo in v kakšnem stanju je zdaj 77-letnica, nam na IVZ-ju niso želeli pojasniti.

V obvestilu za javnost pa so zapisali, da so do 25. novembra skupaj prejeli 76 prijav učinkov, ki so povezani s cepljenjem proti pandemski gripi. V večini primerov so bili pričakovani, blagi in kratkotrajni. Resni neželeni učinki so po njihovih zatrdilih izjemno redki, niso pa nepričakovani, zato imajo vse cepilne ambulante pripravljeno opremo za takojšnjo pomoč.

Slovenj Gradec: Štirje resni primeri okužbe s H1N1

Sicer pa je, ko gre za novo gripo, posebej živahno v splošni bolnišnici Slovenj Gradec, kjer je zaradi nove gripe hospitaliziranih sedem bolnikov, od tega se štirje zdravijo na intenzivni negi.

Bolniki na intenzivni negi so srednjih let, trije med njimi pa so v zelo kritičnem stanju in dihajo s pomočjo aparatov, je za MMC pojasnila dopisnica TV Slovenija **Duška Lah** in dodala, je stanje 44-letnega moškega, ki so ga v bolnišnično oskrbo sprejeli pretekli teden, še vedno zelo resno. V Splošni bolnišnici Slovenj Gradec so zaradi suma nove gripe obravnavali 30 zavarovancev, od tega je bilo 13 pozitivnih, šest pa izpuščenih v domačo oskrbo.

Lahova je še pojasnila, da je v koroški regiji na 100.000 prebivalcev 2.000 obolelih, virus nove gripe in hudih respiratornih obolenj pa se najbolj širi med mladimi. Na Koroškem so tako v zadnjih dveh tednih v osnovnih šolah in vrtcih našteli deset izbruhov tovrstnih obolenj.

Ljubljana: Stanje nosečnice resno, a stabilno

Iz ljubljanskega kliničnega centra so sporočili, da število obolelih s pandemsko gripo, ki prihajajo na zdravljenje, sicer narašča, a je hospitaliziranih še v mejah, kar pomeni, da vse dejavnosti potekajo v neomejenem obsegu. Še vedno je večina bolnikov hospitalizirana na Kliniki za infekcijske bolezni in vročinska stanja. Na intenzivni terapiji je še vedno nosečnica, katere stanje je še resno, a stabilno. Pacient, premeščen iz Maribora, pa še leži na oddelku za intenzivno interno medicino.

AFTONBLADET

Oisín Cantwell

50-åring dog – av vaccinet

Aftonbladet, 26 November 2009
https://www.aftonbladet.se/nyheter/a/21vaWr/50-aring-dog-av-vaccinet

Första fallet i Sverige.

Personer med nytt hjärta uppmanas särskilt att vaccinera sig mot svininfluensan.
Den nytransplanterade mannen tog sprutan – och dog.
Aftonbladet kan i dag avslöja det första dödsfallet som orsakats av vaccinet.
Nu oroar sig myndigheterna för att människor inte ska våga vaccinera sig.
Mannen, som är i 50-årsåldern, avled nyligen efter att ha vaccinerat sig mot svininfluensan. Han hade dessförinnan genomgått en hjärttransplantation och vaccinet stötte bort det nya hjärtat.

Vaccinet ligger bakom

Fallet är unikt i Sverige. Åtta personer har tidigare dött inom loppet av timmar eller dagar efter vaccineringen, men det har vid samtliga tillfällen handlat om personer med svåra, kroniska sjukdomar.
För första gången har nu läkarna kunnat koppla vaccinet till ett dödsfall.
– Vaccinet är den direkta eller indirekta orsaken till mannens död, säger Ingemar Persson, läkare och utredare vid Läkemedelsverket.
Enligt uppgift fanns det speciella omständigheter kring mannen som inte var kända när han vaccinerades.
– Det går inte att säga att det var fel att vaccinera honom. Vi skriver ju till exempel fortfarande på vår hemsida att människor som genomgått hjärttransplantationer tillhör högriskgruppen och bör vaccinera sig. Men vi har fått ny kunskap som vi kan lära oss av.

Unikt fall

Enligt vad Aftonbladet erfar finns en betydande oro på Smittskyddsinstitutet för att det här unika fallet leder till att människor blir oroliga och inte vågar vaccinera sig.
Den döde mannens fall kommer att offentliggöras på en presskonferens i regeringshögkvarteret Rosenbad i dag. Där medverkar folkhälsominister Maria Larsson samt representanter för Läkemedelsverket, Socialstyrelsen, Smittskyddsinstitutet, Myndigheten för samhällsskydd och beredskap och Sveriges kommuner och landsting.

Ingen ny information

Det har hållits liknande pressträffar tidigare. När svininfluensan först bröt ut sades det att de skulle ske en gång i veckan, men det var nu en månad sedan förra gången.
Enligt Niclas Thorselius, pressekreterare hos Maria Larsson, är mötet i dag dock inte ett resultat av det nya fallet:
– Det är helt enkelt så att det inte funnits särskilt mycket att berätta de senaste veckorna.

THE FLU CASE

Man dies in Sweden from the "swine flu" shot - now 9 official deaths

The Flu Case, 26 November 2009, 08:02
https://web.archive.org/web/20100102041709/http://theflucase.com/index.php?option=com_content&view=article&id=2073%3Aman-dies-in-sweden-from-the-qswine-fluq-shot-now-9-official-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Man dies in Sweden from the flu shot - now 9 official deaths

Aftonbladet reports that a man in his fifties died after having received the poisonous Pandemrix "swine flu" shot. He had been through a heart transplant operation and the shot made his body reject the new heart. Authorities in Sweden are now afraid fewer will want to take the vaccine.

"- It can not be said it was wrong to vaccinate this man. We do write on our home page that people who have been through heart transplants belong to the risk group and should get vaccinated. But we have new knowledge now which we can learn from." says Ingemar Persson, case investigator at the Swedish Medical Products Agency. "- The vaccine is the direct or indirect cause of this mans death." he continues.

Several involved agencies and departments will hold a press conference today to try to calm down worried citizens and again claim that the vaccine is "tested and safe".

The official death toll in Sweden is now nine but our sources claim there might be as many as 80 deaths. Then there are also many reports about abortions as a result of the shot, just like in other parts of the world. Officials are desperate to declare any deaths in proximity to the vaccinations as coincidental and therefor the official numbers can not be trusted. In fact, the whole official story regarding the "swine flu" in Sweden can no longer be trusted since it is clear that media together with the Swedish authorities have been and still are engaged in a massive propaganda campaign to vaccinate as many as possible without any clear declared reasons or logic.

The ties between scientists, politicians and the Pharma industry and WHO is also not clarified.

This is by far the biggest medical scandal in modern times in Sweden.

THE FLU CASE

Will we ever know how many people have died after taking Arepandrix in Canada?

The Flu Case, 26 November 2009, 15:23
https://web.archive.org/web/20100102011511/http://theflucase.com/index.php?option=com_content&view=article&id=2077%3Awill-we-ever-know-how-many-people-have-died-after-taking-arepandrix-in-canada-&catid=1%3Alatest-news&Itemid=64&lang=en

Swedish and German doctors have reported increased rates of severe allergic reactions and deaths in people who took GlaxoSmithKlines's Pandemrix since the end of October.

However, GSK did not see any need to withdraw the vaccine from the EU market, even though the Pandemrix jab has been linked with at least 20 deaths in Europe.

In Sweden alone, 1,500 side effects have been reported to the drug regulator, many severe.

How many people have suffered damage or death in Canada for GSK to take the drastic step of recalling 172,000 doses of Arepanrix (Pandemrix) vaccines over a "life-threatening" allergy?

AP on Fox News reports that the "pharmaceutical company GlaxoSmithKline says it has advised medical staff in Canada to not use one batch of swine flu vaccine for fear it may trigger life-threatening allergies.

GlaxoSmithKline spokeswoman Gwenan White said Tuesday the company issued the advice after reports that one batch of the swine flu vaccine might have caused more allergic reactions than normal.

She says the affected batch contains 172,000 doses of the vaccine. She declined to say how many doses had been administered before the advice to stop using them was given.

White says GlaxoSmithKline wrote to Canadian healthcare professionals advising them to stop using the batch on Nov. 18. She says a total of 7.5 million doses of the vaccine have been distributed in Canada."

The Canadian health authorites have a vested interest in downplaying the number of people who have suffered death or injury as a result of a vaccine they authorised under emergency procedures.

By attributing swine flu vaccine deaths to other causes (underlying illnesses), the number of deaths can be hidden from the general public.

There was a case in Finland where a woman in hospital was classified as dying from swine flu even though she died shortly after taking the swine flu jab.

Health Canada used an emergency procedure to authorise Arepanrix "based on limited clinical testing in humans under the provision of an Interim Order (IO) on October 13, 2009." The jab contains.
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/legislation/interimorders-arretesurgence/prodinfo-vaccin-eng.php

Dave Mihalovic, a Naturopathic Doctor who specializes in vaccine research, write about the dangers of Arepandrix with squalene and mercury recently.
http://preventdisease.com/news/09/102609_Alert_Canadians_Arepanrix_vaccine_analysis.shtml

Arepanrix™ H1N1 (AS03-adjuvanted H1N1 pandemic influenza vaccine) is a two-component vaccine consisting of an H1N1 immunizing antigen (as a suspension), and an AS03 adjuvant (as an oil-in-water emulsion).

The H1N1 antigen is a sterile, colorless to slightly opalescent suspension that may sediment slightly in a 10mL vial. The antigen is prepared from virus grown in the allantoic cavity of embryonated hen's eggs. The virus is inactivated with ultraviolet light treatment followed by formaldehyde treatment, purified by centrifugation and disrupted with sodium deoxycholate.

The AS03 adjuvant system is a sterile, homogenized, whitish emulsion composed of DL-α-tocopherol, squalene and polysorbate 80 in a 3mL vial. http://pharmacritique.20minutes-blogs.fr/

Swedish and German doctors and patients have reported increeased incidents of allergic reactions and deaths to GSK's Pandemrix since the end of October. However, GSK did not see a need to withdraw the vaccine from the market. For GSK to take the step

=>

FOX NEWS .com Fair & Balanced

Greg Polowitz

GlaxoSmithKline recalls H1N1 vaccine in Canada over 'life-threatening' allergy risk
AP Via Fox News, 24 November 2009
https://web.archive.org/web/20091127075025/http://www.foxnews.com/story/0,2933,576526,00.html?test=latestnews

London – The pharmaceutical company GlaxoSmithKline says it has advised medical staff in Canada to not use one batch of swine flu vaccine for fear it may trigger life-threatening allergies.

GlaxoSmithKline spokeswoman Gwenan White said Tuesday the company issued the advice after reports that one batch of the swine flu vaccine might have caused more allergic reactions than normal.

She says the affected batch contains 172,000 doses of the vaccine. She declined to say how many doses had been administered before the advice to stop using them was given.

White says GlaxoSmithKline wrote to Canadian healthcare professionals advising them to stop using the batch on Nov. 18. She says a total of 7.5 million doses of the vaccine have been distributed in Canada.

=>
Alert Canadians: Toxic ingredients in the Arepanrix H1N1 vaccine harm your health. – PreventDisease, 26 October 2009.
https://web.archive.org/web/20091029101856/http://preventdisease.com/news/09/102609_Alert_Canadians_Arepanrix_vaccine_analysis.shtml

Health Canada has authorized the sale of Arepanrix™ H1N1 vaccine based on no conclusive clinical testing. The authorization is based on the Health Canada review of available data on the quality, safety and immunogenicity of similar vaccines, which established the benefit/risk profile in favour of inoculating the Canadian population.

...

Read the Notice of Decision issued by Health Canada. The decision by the Health Minister was based on a belief (not qualified or informed) that immediate action is required to deal with the H1N1 risk. The assertion that the decision is based on limited clinical testing is being misapplied. There has been NO conclusive results from any clinical trials on the Arepanrix H1N1 vaccine.

...

THE FLU CASE

Death of Health Care Workers in Switzerland?
Legal Obligation to be Silent Hampers Information

The Flu Case, 27 November 2009, 11:40
https://web.archive.org/web/20100102032338/http://theflucase.com/index.php?option=com_content&view=article&id=2087%3Adeath-of-health-care-workers-in-switzerland-legal-obligation-to-be-silent-hampers-information&catid=1%3Alatest-news&Itemid=64&lang=en

An emailer from Switzerland has said that one health care worker died and another ended up in a coma after taking the swine flu jab but the legal obligation of health personnel to remain silent restricts the flow of information.

He also said another doctor had the "entire flu" after the injection.

A doctor in Austria who signed the consent form and subsequently became ill from the injection was barred from seeking compensation.

"My girlfriend, half of whose family works in hospitals, said that after the vaccination of the personnel one woman died and the other is in a coma...And the doctor of the SI said that he more or less suffered the entire flu after the vaccination..."

"Meine Freundin, deren halbe Familie im Spital arbeitet, hat gesagt, dass nach der Impfung des Personals eine Frau gestorben ist und die andere im Koma liegt... Und der Arzt der SI sagt, dass er quasi die ganze Grippe durchmachte nach der Impfung..."

THE HAMILTON SPECTATOR

Joanna Frketich

City resident gets Guillain-Barré after H1N1 shot

The Hamilton Spectator, 27 November 2009
https://web.archive.org/web/20091129131847/http://www.thespec.com/News/BreakingNews/article/680612

Public health says it's unlikely vaccine caused the autoimmune illness

A Hamilton adult got Guillain-Barré syndrome after getting the H1N1 flu shot.

But the public health department believes it's unlikely the vaccine caused the autoimmune disease that attacks the nervous system and results in sudden weakness or paralysis.

"We'll never know for sure," said Dr. Chris Mackie, one of Hamilton's associate medical officers of health. "The evidence is suggesting that it did not, but it is possible."

Health Canada lists GBS as a rare side effect of flu shots. The chances of getting it from a vaccination are one in a million.

Mackie points out that the risk of getting GBS from influenza itself is much higher at four to seven per 100,000.

"It's 40 to 70 times as likely," he said. "The main message is that all evidence gathered to date suggests that this vaccine is quite safe. It suggests there is not an increased risk of GBS with this vaccine. And it suggests that getting the vaccine is a lot safer than not getting the vaccine."

The Hamilton adult came down with GBS three weeks after getting the adjuvanted vaccine. However, the patient also had a mild viral illness about 10 days prior to the onset of symptoms, which could be responsible for the GBS.

The illness has many causes including influenza as well as other respiratory or gastrointestinal viral infections.

Most people have a full recovery.

This was not a severe case and the person is recovering at home.

"Our hearts go out to this patient and family," Mackie said. "This is a tragic event, but it does not signal a safety concern with this vaccine."

Blick

Antonia Sell

Impfung legt zwei Schweizer flach

Blick, 27 November 2009, 15:59
https://web.archive.org/web/20091130150828/http://www.blick.ch/news/schweiz/zwei-schweizer-im-spital-134420

Zürich – Zwei Personen liegen im Spital. Grund: Kurz nach der Impfung gegen die Schweinegrippe traten bei ihnen «schwerwiegende» allergische Reaktionen auf.

Die Impfung gegen die Schweinegrippe geht nicht so reibungslos über die Bühne, wie sich das Behörden und Bevölkerung gewünscht hätten. Gestern gab das Bundesamt für Gesundheit (BAG) bekannt, dass zwei Personen wegen «schwerwiegenden» allergischen Reaktionen ins Spital eingeliefert werden mussten.

«Die Reaktionen traten kurz nach der Impfung auf», sagt Joachim Gross, Pressesprecher von Swissmedic zu Blick.ch. Die beiden Personen hätten allerdings zu einer Risikogruppe gehört. «Ihr Zustand ist stabil.» Über das Alter und das Geschlecht der Betroffenen wollte Gross keine Auskunft geben. Auch welcher Impfstoff ihnen verabreicht wurde, wird nicht bekannt gegeben.

Unterschiede zwischen den Impfstoffen?

Insgesamt gibt es in der Schweiz drei Impfstoffe, die uns gegen die Schweinegrippe schützen sollen. Pandemrix wird von dem Pharmakonzern GlyxoSmithKline bereit gestellt und Novartis produziert Focetria und Celtura. Wie unterscheiden sich also diese drei Impfstoffe? «Der Hauptunterschied ist, dass sie auf verschiedene Arten produziert werden», erklärt Gross.

Pandemrix und Focetria werden auf embryonalen Hühnereiern gezüchtet, Celtura auf Hundezelllinien. Alle enthalten einen interaktiven Impfstoff, Adjuvantien (Substanzen, mit denen sich die Immunantwort verstärken lässt) und denselben Grippevirusstamm A/California/7/2009. Allerdings unterscheiden sie sich in der Zusammensetzung dieser Stoffe und in der Verabreichungsform und -häufigkeit. Auch wird Celtura zum Beispiel nicht für Kinder unter drei Jahren empfohlen.

Unterschiede zwischen den Impfstoffen lassen sich auch in den auf sie folgenden allergischen Reaktionen feststellen: Der Swissmedic wurden 75 allergische Reaktionen auf Pandemrix, 16 auf Focetria und 0 auf Celtura gemeldet. Wie kommt das? Die Unterschiede zwischen den Impfstoffen würden sich durch die Menge der verabreichten Dosen und die unterschiedliche Laufzeit erklären. «Celtura ist zum Beispiel noch nicht lange auf dem Markt», sagt Joachim Gross.

THE FLU CASE

Two Swiss in Hospital after Getting Swine Flu Vaccine

The Flu Case, 28 November 2009, 11:48
https://web.archive.org/web/20100102011615/http://theflucase.com/index.php?option=com_content&view=article&id=2109%3Atwo-swiss-in-hospital-after-getting-swine-flu-vaccine&catid=1%3Alatest-news&Itemid=64&lang=en

Two people in Switzerland had to go straight into hospital after getting a swine flu jab, reports Blick.

There is no information on their age or sex or state of health.

According to Swissmedic, the Swiss drug regulator, there have been 75 allergic reactions to Pandemrix 16 to Focentria and 0 to Celtura in Switzerland so far.

Frankfurter Allgemeine

Von Jens Joachim, Karben

Junger Mann stirbt nach Impfung - Ursache offen

Frankfurter Allgemeine Zeitung, 27 November 2009, 17:15
https://www.faz.net/aktuell/rhein-main/region-und-hessen/schweinegrippe-junger-mann-stirbt-nach-impfung-ursache-offen-1881346.html
https://web.archive.org/web/20100728190732/http://www.faz.net/s/Rub8D05117E1AC946F5BB438374CCC294CC/Doc%7EE2F9F360596334FA3AD40A68D4A0D7FF2%7EATpl%7EEcommon%7EScontent.html?rss_aktuell

Ein Tag nach einer Schweinegrippe-Impfung ist ein 21 Jahre alter Mann am Morgen in seiner Wohnung in Karben verstorben. Ob die Impfung mit dem Tod des Mannes zusammenhängt oder ob die schwere Erkrankung die Todesursache gewesen ist, soll nun eine Obduktion klären.

Ein 21 Jahre alter Mann ist am Morgen in seiner Wohnung in Karben verstorben. Laut einer Mitteilung des Wetteraukreises war der junge Mann am Donnerstag von seinem Hausarzt gegen den Schweinegrippe geimpft worden. Er habe an einer schweren chronischen Vorerkrankung gelitten, sagte Kreissprecher Michael Elsaß. Ob die Impfung mit dem Tod des Mannes zusammenhänge oder ob die schwere Erkrankung die Todesursache gewesen sei, solle nun eine Obduktion klären.

Der Wetterauer Gesundheitsdezernent und Kreisbeigeordnete Ottmar Lich (FWG) teilte mit, er warne vor einer Panikmache. Der Kreis wolle "offen aufklären, um allen Mutmaßungen und Spekulationen zuvorzukommen". Die Schwere der Vorerkrankung des jungen Mannes ließen "keinen Hinweis darauf zu, dass die Impfung an sich lebensbedrohlich sein könnte". Allerdings, so Lich, sollte bei schweren chronischen Vorerkrankungen eine genaue Abwägung der Risiken im Gespräch mit dem Arzt erfolgen.

THE FLU CASE

Young Man Dies in Germany After Getting the Swine Flu Jab

The Flu Case, 28 November 2009, 11:34
https://web.archive.org/web/20100102022619/http://theflucase.com/index.php?option=com_content&view=article&id=2106%3Ayoung-man-dies-in-germany-after-getting-the-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A 21-year-old man in Karben, Germany, died one day after getting the swine flu jab at his GPs, reports the FAZ.

An autopsy is to be carried out to establish whether he died as a result of the jab. The 21-year-old had a history of illness and the chronically ill are a target group designated by WHO for the jab.

Westfälische Nachrichten

73-Jährige starb nach Grippe-Impfung

Westfälische Nachrichte, 27 November 2009, 18:16 Uhr
https://www.wn.de/archiv/73-jahrige-starb-nach-grippe-impfung-2266184?&npg

Billerbeck - Zwei Tage nachdem sie sich hat gegen die Schweinegrippe impfen lassen, ist eine 73 Jahre alte Frau aus Billerbeck gestern tot aufgefunden worden. Das hat das Kreisgesundheitsamt in Coesfeld am Abend bestätigt. Ob die Seniorin an den Folgen der Impfung gestorben ist, sei bisher aber unbekannt, teilte der münstersche Oberstaatsanwalt Schweer mit. Die Leiche wird heute obduziert. Ein Sprecher des Kreises sagte, es gebe zwar einen zeitlichen Zusammenhang zwischen Impfung und Tod; ein ursächliche Verbindung konnte er jedoch nicht erkennen. Die Frau habe eine "Grunderkrankung" gehabt, die auch Todesursache sein kann. Der Fall wurde dem Paul-Ehrlich-Institut gemeldet.

THE FLU CASE

State Prosecutor Orders Autopsy on Woman's Death After Swine Flu Jab in Germany

The Flu Case, 28 November 2009, 11:38
https://web.archive.org/web/20100102040529/http://theflucase.com/index.php?option=com_content&view=article&id=2107%3Astate-prosecutor-orders-autopsy-on-womans-death-after-swine-flu-jab-in-germany&catid=1%3Alatest-news&Itemid=64&lang=en

A woman of 73 years old died in Billerbeck, Germany, after getting the swine flu vaccine on Thursday.

The local state prosecutor has ordered an autopsy to be performed.

Seniorin stirbt nach Impfung gegen Schweinegrippe

RTV SLO | MMC

24 urah dve novi žrtvi nove gripe:
V kritičnem stanju še štirje bolniki

MMC, 29. november 2009 ob 13.40
https://www.rtvslo.si/zdravje/v-24-urah-dve-novi-zrtvi-nove-gripe/218014

V slovenj graški bolnišnici je za posledicami nove gripe umrl 42-letni bolnik v Sloveniji, kmalu zatem pa še 29-letni bolnik v ljubljanskem kliničnem centru.

42-letni moški, okužen z virusom nove gripe, je v soboto zvečer umrl zaradi hude bakterijske pljučnice s sepso. V bolnišnico so ga zaradi slabega zdravstvenega stanja sprejeli 23. novembra iz Centra za usposabljanje, delo in varstvo Črna na Koroškem. Bolnik se je pred gripo tudi cepil, a prepozno.

Moškega s hudimi kroničnimi boleznimi so zdravili v enoti za intenzivno interno medicino, njegovo zdravstveno stanje pa je bilo že nekaj dni kritično. Bolnika so umetno predihavali s pomočjo ventilatorja, prav tako je prejemal specifično podporno in antibiotično terapijo.

V slovenjgraški bolnišnici se zaradi okužbe ali suma okužbe z virusom nove gripe zdravi deset bolnikov. Na oddelku za interno medicino jih zdravijo sedem - pri štirih je okužba z virusom nove gripe potrjena, pri treh bolnikih pa obstaja sum okužbe.

29-letnik z osnovno boleznijo

Glede moškega, ki je umrl v Ljubljani, v kliničnem centru še ne dajejo izjav. TV Slovenija je poročala, da naj bi šlo za 29-letnega moškega, ki je imel osnovno bolezen, za njegovo smrt pa je bila kriva nova gripa.

Alenka Kraigher z Inštituta za varovanje zdravja je za TV Slovenija povedala, da natančnega števila o obolelih z novo gripo nimajo, saj podatke zbirajo enkrat tedensko, povedala pa je, da je bilo prejšnji teden v bolnišnico zaradi gripe sprejetih 32 ljudi. Minister za zdravje **Borut Miklavčič** je povedal, da je šlo v vseh dosedanjih smrtnih primerih za kronične bolnike in da so v tem trenutku v kritičnem stanju štrije bolniki z novo gripo, trije v Ljubljani in eden v Slovenj Gradcu.

Stanje 44-letnega moškega boljše, a še vedno resno

Zdravstveno stanje 44-letnega bolnika, ki je bilo v preteklih dneh kritično, se je izboljšalo, vendar je še vedno resno. V celoti je odvisen od dihalne podpore z respiratorjem, je na dializi ter prejema specifično antibiotično terapijo ter vso podporno terapijo.

Zelo resno je zdravstveno stanje še pri enem bolniku, prav tako starem 44 let. Tudi ta bolnik diha s pomočjo ventilatorja, v bolnišnici pa bodo začeli dializo. Trije otroci - dva dojenčka in mladostnik - ki so zboleli za novo gripo in jih zdravijo na oddelku za pediatrijo, niso resneje ogroženi. Pri njih gre predvsem za dehidracijo zaradi povišane telesne temperature.

Strokovna skupina: Širjenje gripe se hitro nadaljuje

Na ministrstvu za zdravje se je sešla strokovna skupina za novo gripo skupaj s predsednikom vlade **Borutom Pahorjem** in z ministrom za zdravje **Borutom Miklavčičem**. Ponovno so ugotovili, da je cepljenje, ob izvajanju vseh preventivnih ukrepov, kjer je najpomembnejša dobra higiena, še vedno najboljša in daleč najbolj zanesljiva zaščita pred zbolevnostjo za novo gripo. Zaščita pa bo večja, če se bo cepilo čim več prebivalcev.

Glede sestanka strokovne skupine za novo gripo je Kraigherjeva povedala, da so naredili oceno stanja in ugotovili, da se širjenje gripe nadaljuje, saj je iz tedna v teden več obolelih. Kraigherjeva je še enkrat opozorila na ukrepe - umivanje rok, higiensko kašljanje in kihanje, kdor zboli, naj ostane doma, da ne okuži ostalih. "*Če se obolelim zdravstveno stanje poslabša, naj takoj poiščejo zdravniško pomoč*," je še povedala Kraigherjeva in dodala, da je najbolj varno še vedno cepljenje, in da je cepiva v Sloveniji dovolj.

Cepiva je dovolj, novi cepilni centri

Da bi zagotovili čim večjo dostopnost do cepljenja, se je strokovna skupina dogovorila za odprtje novih cepilnih centrov v večjih mestih, ki bodo delovali tudi ob koncih tedna. Slovenija je do zdaj prejela 100.000 odmerkov pandemskega cepiva proti novi gripi. Skupaj naj bi v letu 2009 Slovenija prejela 266.000 odmerkov cepiva, preostalo količino cepiva (534.000 odmerkov) pa do konca marca 2010. Glede na to, da je bilo do 22. novembra cepljenih dobrih 32.000 ljudi, je cepiva dovolj, so še zagotovili na IVZ-ju.

THE FLU CASE

Young Man dies in Slovenia after taking Swine Flu shot

The Flu Case, 30 November 2009, 11:42
https://web.archive.org/web/20100102021314/http://theflucase.com/index.php?option=com_content&view=article&id=2120%3Ayoung-man-dies-in-slovenia-after-taking-swine-flu-shot&catid=1%3Alatest-news&Itemid=64&lang=en

A 29 year old man in Slovenia who took the swine flu shot died two days later after he developed flu simptoms and severe bacterial pneumonia as a complication.

The man, who had a history of chronic illness, has been classified as dying from the swine flu: the official version is that the shot came too late.

In another case, a 77-year old woman's heart stopped five minutes after taking the swine flu jab last week but she was revived and is still in hospital.

So far only 32,000 people in Slovenia have taken GlaxoSmithKline's Pandermix swine flu jab.

The government has said there are 800,000 shots available for the population of 1.8 million.

The low rate of take-up of the jab comes amid growing scepticism in Slovenia about the links between big pharma and doctors.

Two months ago, it emerged that GSK had entered into secret and illegal contracts with the biggest hospital in Slovenia to fund doctors' "education."

The Minister for Health Borut Miklavcic who has a chronic heart disease and so should be in priority group for the swine flu shot, has said 'he doesn't want to be privileged as a minister' and so has not taken the shot.

S. Korean student dies of cerebral hemorrhage after receiving A/H1N1 vaccine

News XinhuaNet, 30 November 2009, 17:25
https://web.archive.org/web/20091203080117/http://news.xinhuanet.com/english/2009-11/30/content_12565798.htm

Seul, Nov. 30 (Xinhua). – A South Korean student had died of cerebral hemorrhage after receiving A/H1N1 vaccine, while health authorities said the death case is not associated with the vaccine, local media reported on Monday.

According to the Ministry for Health, Welfare and Family Affairs, a student, whose identity has not been revealed, died of cerebral hemorrhage on Saturday, four days after being inoculated with the A/H1N1 vaccine, Xinhua reported.

Investigation jointly carried out by experts, the health ministry, the Korea Food and Drug Administration and the National Institute of Scientific Investigation showed that there is not direct causality between the vaccine and the victim's cerebral hemorrhage, the ministry said.

Computer tomography showed serious bleeding in the brain that could indicate a prior dangerous medical condition, so the death may have been caused by an aneurysm, or an extreme swelling on the wall of an artery, in the brain, local media quoted experts who took part in the investigation as saying.

The health authorities also conducted an investigation to 516 students out of a total of 966 students who received the vaccine from the same production batch, and only 70 cases reported with minor side-effects, and the symptoms had vanished in a short period, the ministry said.

THE FLU CASE

German student files Criminal charges
after suffering damage from Pandemrix jab, accuses doctor of bodily harm

The Flu Case, 30 November 2009, 11:28
https://web.archive.org/web/20100102040431/http://theflucase.com/index.php?option=com_content&view=article&id=2119%3Agerman-student-files-criminal-charges-after-suffering-damage-from-pandemrix-jab-accuses-doctor-of-bodily-harm&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A German student has filed a criminal complaint after suffering serious side effects from GlaxoSmithKline's Pandemrix shot.

The student also filed charges against the doctor who gave her the Pandemrix accusing him of committing bodily harm.

"This week I made a criminal complaint at the "Kripo" (Kriminalpolizei) in Heidenheim, Baden-Württemberg (Germany) and accused the WHO, the German Government and the doctor who gave me the Pandemrix of bodily harm.

The next I have to do is to do the same with the "Paul Ehrlich Institut" and the STIKO who recommended the vaccination and always informed the population that the jab is healthy," the student writes.

THE FLU CASE

Scottish Government reclassifying all Flu deaths as Swine Flu deaths

The Flu Case, 1 December 2009 11:47

https://web.archive.org/web/20100102015357/http://theflucase.com/index.php?option=com_content&view=article&id=2148%3Ascottish-government-reclassifying-all-flu-deaths-as-swine-flu-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Information requested under the Freedom of Information (Scotland) Act 2002 reveals that there have been no deaths from seasonal influenza in Scotland since the start of the H1N1 Swine Flu pandemic according to the government's official.

At the same time, the Scottish Govenment has said that 48 people have died from the swine flu, according to a report in The Scotsman:

Lyndsay Moss. "**Swine flu claims 48th victim in Scotland**. **-** 1 December 2009

The death toll linked to swine flu in Scotland has risen to 48, the Scottish Government said yesterday.

Health secretary Nicola Sturgeon confirmed that an adult from the NHS Ayrshire and Arran Health Board area had died after contracting the H1N1 virus. The patient had underlying health conditions."

The absence of any deaths attributed to the seasonal flu in Scotland and the simultaneous jump in deaths attributed to the swine flu will spark fears that the Scottsh government is deliberately manipulating data to exaggerate the dangers of the swine flu by reclassifying all seasonal flu deaths as swine flu deaths in order to be able to better justify a mass swine flu vaccination campaign.

Many of the suspected swine flu cases have tested negative in the UK with only about 15,000 cases confirmed in labs according to another Freedom of Information request.

It, therefore, seems highly unlikely that every single person who has died in Scotland from the flu so far this year has died from the swine flu while not a single one has died from the seasonal flu.

This is the FOI request:
Chief Medical Officer and Public Health Directorate
Public Health Division
T: 0131-244 5542 F: 0131-244 2157
E: [email address]
Mr McGillivray

By email to: [FOI #22372 email]

Our ref: FoI/09/01511
17 November 2009

Dear Mr McGillivray

Thank you for your email of 2 November which requested information under the Freedom of Information (Scotland) Act 2002 on the number of deaths from seasonal influenza in Scotland since the start of the H1N1 Swine Flu pandemic. I have been asked to provide a response to the question you have raised.

Thus far this flu season (2009-10), there have been no deaths from seasonal influenza communicated to colleagues in NHS Health Protection Scotland. However, I detail below some of the difficulties that exist around identifying deaths as a result of influenza.

The General Register Office for Scotland (GRO(S)) receives all data held on each death registered in Scotland and this is collated into the GRO(S) Annual Report. From time to time, GRO(S) also compiles reports comparing trends over time. If influenza is recorded at any point on a death certificate this information is counted in these official statistics.

GRO(S) have recently produced a report compiling information on influenza deaths across the period 1990 to the end of the 2008/2009 seasonal flu season, and this is available at:
https://web.archive.org/web/20100102015357/http://www.gro-scotland.gov.uk/statistics/publications-and-data/increased-winter-mortality/increased-winter-mortality-in-scotland-2008-09.html

In this report, GRO(S) comment on the difficulty of capturing data on influenza related deaths. In overview, it is likely that to date there has been under-reporting of influenza, which is due to the fact that recording of deaths is often ascribed to a complication of influenza rather than to influenza itself. In many cases, the episode of influenza has passed, and the physician reporting the death may not record this infection on the death certificate. Furthermore a number of experts suggest that stress on the body caused by influenza may precipitate heart attacks, strokes and other conditions in those who are already in poor physical health. It will be these rapidly fatal conditions that appear on the death certificates rather than influenza itself. This may also explain partly the excess winter deaths due to stroke and heart attacks, although other factors such as the cold temperatures may also be attributable. To overcome this difficulty, the GRO(S) report describes excess deaths compared to that expected for each season.

In September this year, the Chief Medical Officer Dr Harry Burns issued a letter to NHS Boards setting out instructions and providing national guidance to those responsible for certifying death certificates. Dr Burns requested that death certificates should record the whole sequence of conditions and events leading up to death, which in future will provide better understanding when establishing the number of deaths where seasonal influenza has been a contributory factor.

If you are unhappy with this response to your request, you may ask us to carry out an internal review, by writing to Dr Kevin Woods, Director General - Health, Floor 1E.07 - St Andrews House, Regent Road, Edinburgh, EH1 3DG. Your request should explain why you wish a review to be carried out, and should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If you are not satisfied with the result of the review, you then have the right to make a formal complaint to the Scottish Information Commissioner.

Yours sincerely

Rona Watters
Health Protection Team

Le Monde

La grippe H1N1 a fait 92 morts en France

Le Monde avec AFP et Reuters, 3 Décembre 2009, à 13h33,
https://www.lemonde.fr/epidemie-grippe-a/article/2009/12/03/la-grippe-h1n1-a-fait-92-morts-en-france_1275490_1225408.html

Quatre vingt-douze décès liés au virus grippal H1N1 ont été enregistrés en France métropolitaine depuis le début de l'épidémie, dont quatorze chez des personnes sans facteur de risque connu, selon le dernier point de situation arrêté au 1er décembre. Sur le total, vingt-quatre décès ont été signalés au cours de la semaine passée, précise l'Institut de veille sanitaire (InVS).

Neuf cent quatre-vingt-treize mille ont consulté la semaine dernière pour des symptômes grippaux, soit une augmentation de 40 % par rapport à la période précédente, a précisé la ministre de la santé lors d'une conférence de presse. Roselyne Bachelot a toutefois souligné que certains signes laissaient espérer un ralentissement de la progression du virus. Depuis le début du mois d'août, *"trois millions de personnes ont été infectées par le virus grippal pandémique en France"*, a-t-elle déclaré, soit *"plus que pour toute la saison de grippe saisonnière 2008-2009"*. Depuis le début de l'épidémie, 481 cas graves ont été hospitalisés, dont 18 % d'enfants de moins de quinze ans.

Vaccins: 567 Événements Indésirables

La vaccination contre la grippe A monte en puissance avec environ 1,3 million de personnes vaccinées en dix-huit jours en France métropolitaine. Dans un entretien au *Monde*, la ministre de la santé affirme que 30 millions de personnes pourront être vaccinées d'ici à la fin de février. Afin de faire face à l'afflux des demandes, tous les centres de vaccination seront désormais ouverts de 8 heures à 22 heures du lundi au samedi, a par ailleurs précisé le premier ministre. Dans les grandes agglomérations, sur décision des préfets, les centres seront ouverts sept jours sur sept à partir de dimanche prochain.

Sur les 1,3 million de personnes vaccinées, 567 événements indésirables ont été enregistrés, a indiqué, jeudi, l'Agence française de sécurité sanitaire des produits de santé (Afssaps). Le vaccin Pandemrix, avec adjuvant, de GlaxoSmithKkline, le plus utilisé jusqu'à maintenant, a été à l'origine de 562 signalements d'effets indésirables, soit 0,5 pour 1 000 doses administrées.

97 % des cas rapportés étaient d'intensité bénigne à modérée : douleurs à l'endroit de l'injection, réactions inflammatoires, douleurs générales, fièvre, fatigue, syndrome grippal... Vingt-quatre nouvelles observations *"médicalement significatives"* ont été rapportées, entraînant une gêne fonctionnelle ou une incapacité temporaire. Sept nouvelles observations graves ont été signalées, dont deux réactions allergiques (oedème de Quincke, choc anaphylactique) d'évolution favorable, deux cas de paresthésie (fourmillements dans les membres) et un cas de douleurs thoraciques. Deux cas d'embolie pulmonaire et pneumopathie sont en cours d'évaluation.

THE FLU CASE

German drug Regulator denies 15 deaths linked to Swine Flu shots

The Flu Case, 3 December 2009, 13:57
https://web.archive.org/web/20100102043453/http://theflucase.com/index.php?option=com_content&view=article&id=2175%3Agerman-drug-regulator-denies-15-deaths-linked-to-swine-flu-shots&catid=1%3Alatest-news&Itemid=64&lang=en

The German drug regulator, the Paul Ehrlich Institute (PEI), has said it has found no evidence that any of the15 people reported by doctors as dying after getting the swine jab actually died as a result of the shot.

12 of the 16 of the members of a key vaccination committee of the PEI have links with the pharmaceutical industry, and this regulator was also responsible for allowing the toxic and untested swine flu jab onto the market in the first place.

It is, therefore, legitimate to raise the question of whether there is a conflict of interest in the case of the PEI and whether the investigation into the possible deaths of people taking the swine flu should be conducted by genuinely independent authorities.

Beat Kraushaar und Georg Nopper

Impfung gefährlicher als Virus?

Blick, 3 Dezembre 2009, 19:50

https://web.archive.org/web/20091207004831/http://www.blick.ch/news/schweiz/schweinegrippe

Bern – Die neuesten Zahlen sind nicht gerade beruhigend. Bereits kam es nach der Schweinegrippe-Impfung zu 72 schwerwiegenden Fällen.

Vor rund drei Wochen hat das grossangelegte Impfen gegen die Schweinegrippe begonnen. Wie die heute Nachmittag veröffentlichten neusten Zahlen des Heilmittelinstituts Swissmedic aufzeigen, ist das Pieksen doch nicht so harmlos wie von den Gesundheitsbehörden und Ärzten dargestellt.

Bereits meldeten die Mediziner 197 Vorfälle bei der Schweinegrippe-Impfung. Die Zahlen der unerwünschten Nebenwirkungen im Detail:

44 Meldungen mit schwerwiegenden und erwarteten Reaktionen
28 Meldungen mit schwerwiegenden und unerwarteten Reaktionen
5 Meldungen bei Schwangeren
42 Meldungen mit laufenden Rückfragen (Nebenwirkungen noch nicht definiert)

Die als nicht schwerwiegend eingestuften Reaktionen sind hier nicht separat aufgelistet. Sie sind aber in den insgesamt gemeldeten Fällen enthalten. Die schwerwiegenden erwarteten Fälle betreffen vor allem starke Allergie-Reaktionen. Beim Impfstoff Pandemrix und Focteria besteht Gefahr bei Patienten mit einer Eiweiss-Allergie, bei Celtura haben Patienten mit Tierhaar-Allergie unerwünschte Reaktionen zu befürchten.

Zwei Schwangere haben nach der Impfung ihr Kind verloren. In einem Fall ist ein Zusammenhang des Kindstodes mit der Impfung eher unwahrscheinlich. Im zweiten Fall klärt Swissmedic die Ursache noch ab.

Aufhorchen lässt die Zunahme der unerwarteten schwerwiegenden Reaktionen auf den Pieks. Ihre Zahl hat sich seit der letzten Erhebung vom 21. November mehr als verdoppelt.

Die von Swissmedic veröffentlichten Zahlen sind nur die Spitze des Eisberges. Denn gemeldet werden nur Vorfälle, die gewisse Kriterien erfüllen.

Wie hoch die Gesamtzahl der Fälle mit unerwünschten Nebenwirkungen wirklich ist, können weder Swissmedic noch das Bundesamt für Gesundheit (BAG) sagen.

Vaccine more dangerous than Virus? Asks Blick

The Flu Case, 4 December 2009 16:40

https://web.archive.org/web/20100102020624/http://theflucase.com/index.php?option=com_content&view=article&id=2186%3Avaccine-more-dangerous-than-virus-asks-blick&catid=1%3Alatest-news&Itemid=64&lang=en

72 cases of severe side effects from the swine flu jab have been reported in Switzerland, including two pregnant women who lost their babies after the jab, reports Blick, the most popular newspaper in the country.

Blick says the number of severe reactions reported by the Swiss drug regulator, Swissmedic, are just the "tip of the ice berg".

Swissmedic only includes cases that fulfil "certain criteria," says Blick.

At least five people are reported to have died in Switzerland after receiving the jab about three weeks into the mass vaccination campaign.

TORONTO STAR

Joanna Smith

Severe H1N1 reactions in 48 Canadians

Toronto Star, 4 December 2009
https://www.thestar.com/life/health-wellness/severe-h1n1-reactions-in-48-canadians/article_2eaf2693-dda8-5c74-8c02-f374c7857647.html

Ottawa – The Public Health Agency of Canada says 48 people nationwide have experienced severe allergic reactions to the swine flu vaccine since the immunization campaign began two months ago.

The agency updated its vaccine surveillance report Friday to show 2,574 adverse reactions to the H1N1 influenza vaccine had been reported by provinces and territories as of Nov. 20.

About 12.3 million doses of the vaccine had been shipped across the country by that point.

The report says 135 of those side effects were considered serious.

Forty-eight of those serious cases involved anaphylaxis, a severe reaction that some people can experience when they are allergic to bee stings or peanuts and can be treated with an immediate shot of adrenaline.

One person has died following an anaphylactic reaction, which Quebec health authorities have said was an octogenarian in that province.

The rate of anaphylaxis so far has been about 0.39 reactions out of 100,000 doses distributed.

Vaccine manufacturer GlaxoSmithKline Inc. is producing the Canadian order of 50.4 million doses at its plant in Ste-Foy, Que.

THE FLU CASE

Victoria Nicks

New side effect from GlaxoSmithKline's H1N1 vaccine:
Second swine flu shot gives kids fever and more

The Flu Case, 4 December 2009, 7:22 AM
https://web.archive.org/web/20100102043936/http://theflucase.com/index.php?option=com_content&view=article&id=2179%3Agsk-shot-gives-kids-fever-and-more-reports-victoria-nicks&catid=1%3Alatest-news&Itemid=64&lang=en

Getting a second swine flu shot is causing side effects in children

According to the European Medicines Agency, GlaxoSmithKline has reported that side effects are more common in children after the second dose of the Pandemrix H1N1 injection. The necessity for the second swine flu shot for kids is a matter of contention between GlaxoSmithKline and the European health authorities.

Second H1N1 vaccine injection side effects in children

The H1N1 injection commonly causes mild side effects, such as redness and soreness at the injection site, and a runny nose. Children who receive the second Pandemrix swine flu shot, however, are more likely to get fever, experience muscle pain, and be irritable, or drowsy.

Dosage of the GlaxoSmithKline swine flu shot

GlaxoSmithKline has stated that a single dose of the swine flu shot is sufficient to provide immunity to the swine flu (H1N1) virus. European drug regulators, however, recommend the second dose for children, even babies as young as 6 months.

THE FLU CASE

Novartis Managers being investigated after man dies in Italy from celtura jab

The Flu Case, 5 December 2009, 15:38
https://web.archive.org/web/20100102033449/http://theflucase.com/index.php?option=com_content&view=article&id=2193%3Anovartis-managers-being-investigated-after-man-dies-in-italy-from-celtura-jab&catid=1%3Alatest-news&Itemid=64&lang=en

State prosecutors in Salerno, southern Italy, have launched a criminal probe into two Novartis managers and 14 doctors in connection with the death from heart failure of a man directly after he was vaccinated with Novartis's Celtura material, reports Polskaweb.

Slovenian prosecutors are also looking into the death of a 20-year-old man after he got GlaxoSmith-Kine's Pandemrix jab.

The probes are being conducted independently of the European and other national drug regulator, which, have consistentaly denied any link between severe reactions reported to them by doctors and patients and the jab.

The European drug regulator, the EMEA, is two thirds funded by pharma companies, raising concerns of a conflict of interest.



Antti Heikkilä

H1N1 Rokotuksen Komplikaatioita

Antti Heikkila, 7 December 2009
https://web.archive.org/web/20091215005622/http://www.anttiheikkila.com/index.php?id=2&art=152

Oheisena tähän mennessä kertyneitä palautteita. Olen keskustellut muutaman TK lääkärituttavan kanssa ja heidän mielestä koko rokotusrumba on mielipuolista. Terveet lapset sairastuvat. Näillä sairastumisilla on yhteinen piirre. Flunssan tapainen sairaus puhkeaa muutaman päivän korkeintaan viikon kuluttua rokotuksesta ja oireet voivat olla hyvinkin rajuja.
Näistä rokotuskomplikaatioista voi myös lukea blogieni vastauksista. Toivon, että lähettäisitte kokemuksistanne tietoja osoitteeseen drantti@gmail.com.

see:
https://web.archive.org/web/20091215005622/http://www.anttiheikkila.com/index.php?id=2&art=152

Finnish doctor compiles list of Swine Flu Damage as authorities do nothing

https://web.archive.org/web/20100102023738/http://theflucase.com/index.php?option=com_content&view=article&id=2214%3Afinnish-doctor-compiles-list-of-swine-flu-damage-as-authorities-do-nothing&catid=1%3Alatest-news&Itemid=64&lang=en

A Finnish medical doctor Antti Heikkilä has started collecting reports of side effects suffered by people who took the swine flu jab as authorities – many of whose leading members have proven financial links to big pharma – play down the damage.

Heikkila reports 29 separate, confirmed cases concerning about 100 people suffering a range of symptoms from a little pain or ache, to flu like symptoms, fluid in lungs, hallucinations after Tamiflu treatment as well as death and miscarriages.

One nurse (midwife) reported a night when there were no other cases than miscarriages. Also one child was given the jab even though parents did not give permission.

Heikkila started collecting reports after 23rd of November when about 1 million people in Finland were vaccinated.

There needs to be a criminal investigation into the national and international authorities such as the EMEA, which is two thirds funded by pharmaceutical companies, and whether they are systematically suppressing evidence of the damage and death caused by these vaccines for profit.

THE FLU CASE

Damage caused by Swine Flu jab suppressed in USA

The Flu Case, 8 December 2009 13:37

https://web.archive.org/web/20100102043240/http://theflucase.com/index.php?option=com_content&view=article&id=2206%3Adamage-caused-by-swine-flu-jab-suppressed-in-usa&catid=1%3Alatest-news&Itemid=64&lang=en

"I would like to share this...but due to American HIPAA Laws I have to be very vague... I know of a middle-aged man who has become ill after receiving the Swine Flu Vaccine. He developed Guillain-Barre syndrome and is now intubated in an Intensive Care Unit in Tennessee. I continue to see patients of all ages come in to the Emergency Room with nausea, vomiting, headaches, Bell's Palsy, and chest pain after receiving the Swine Flu Vaccine... It usually takes 2-4 days after the poisonous vaccine for side effects to begin," emails a medical professional from the USA.

examiner.com
INSIDER SOURCE FOR EVERYTHING LOCAL
Washington DC

Swine Flu Vaccine Side Effects: Increasing number of Guillain-Barre syndrome cases

Examiner, 10 December 2009
https://web.archive.org/web/20100102031612/http://theflucase.com/index.php?option=com_content&view=article&id=2226%3Aswine-flu-vaccine-side-effects-increasing-number-of-guillain-barre-syndrome-cases&catid=1%3Alatest-news&Itemid=64&lang=en

Guillan-Barre syndrome is a dangerous, potential swine flu vaccine side effect.

While statistics have not been released proving that swine flu vaccine side effects are more dangerous than typical flu vaccine side effects, the number of reported cases of Guillain-Barre syndrome and fatalities due to the swine flu vaccine appear to be rising.

Swine Flu Vaccine Side Effects: Danger of Guillain-Barr syndrome

In the United States, Jordan McFarland, a 14-year old from Virginia has been diagnosed with Guillain-Barre syndrome only hours after having the H1N1 swine flu vaccine administered.

Elsewhere in the world, a woman in France that is employed as a health worker was diagnosed with Guillain-Barre syndrome only six days after receiving the H1N1 vaccine.

While American officials are reluctant to announce anything, Japanese, Chinese, and Swedish officials have caught the world's attention after reporting devestating swine flu vaccine side effects, including an increasing number of deaths occuring after receiving the H1N1 vaccine.

Additional H1N1 Swine Flu Vaccine Side Effects

Other reported side effects of the H1N1 vaccine include:
Redness and swelling at the injection site
Mild fever
Muscle aches
Fatigue

Additionally, China conducts a daily survey and in its recent report, 54% of its residents said they would not receive the H1N1 swine flu vaccine because of the potential side effects.

64 pessoas morreram no Japão depois de terem sido vacinados contra gripe dos porcos

Raiva Escondida, 10 Dezembro 2009
https://raivaescondida.wordpress.com/tag/swine-flu/

Um total de 64 pessoas morreram no Japão até ao mês de dezembro, entre 80 pessoas após terem recebido o "tiro" da vacina dos suínos, de acordo com um relatório no jornal Mainichi. Um menino morreu imediatamente depois de receber a vacina. Um outro homem foi encontrado inoperante na sua casa quatro dias depois de ter recebido a vacina dos suínos. Queixou-se do estômago e vomitou e morreu mais tarde em repouso junto dos seus familiares. O médico indicou que sua morte não estêve ligada com a vacina H1N1 e que o efeito é lateral, era somente um mal de estômago.

Tem havido muitos relatórios das mortes relacionadas a Tamiflu no Japão, incluindo jovens que caemmortos nos seus apartamentos após terem tomado Tamiflu, apresentando acções violentas, irracionais e alucinações.

THE FLU CASE

64 people die in Japan after getting Swine Flu jab

The Flu Case, 10 December 2009 11:21
https://web.archive.org/web/20100102005953/http://theflucase.com/index.php?option=com_content&view=article&id=2222%3A64-people-die-in-japan-after-getting-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A total of 64 people have died in Japan as of December 8th after receiving the swine flu shot, according to a report in the newspaper Mainichi.

One teenage boy died immediately after taking the shot.

Another man was found dead in his home four days after he received a swine flu jab.

He complained of stomach ache and vomited and died later at home on his own.

His doctor stated his death was not linked with H1N1 flu shot and that the side effect of the shot was only a stomach ache.

In addition, there have been many reports of deaths related to Tamiflu in Japan, including young people falling to their deaths from their apartment after taking Tamiflu, violent and irrational actions and hallucinations.

But while the Japanese corporate media appears to downplay the side effects of the swine flu jab and of Tamiflu, it exaggerates the threat of the mild swine flu.

According to Sankei news on November 27th, more than 100,000 people have been infected with swine flu in Japan. The total number of deaths caused by the swine flu is over 100 people, it is maintained.

The Japanese government completed the first phase of its mass vaccination programme in the middle of November, after giving 450,000 people the jab.

Children and pregnant women were given the priority groups vaccinated using a swine flu vaccine made in Japan.

THE FLU CASE

Joseph Mercola

WHO Denies Link Between Swine Flu Vaccine and Illnesses, Deaths

The Flu Case, 12 December 2009
https://web.archive.org/web/20100102024239/http://theflucase.com/index.php?option=com_content&view=article&id=2242%3Awho-denies-link-between-swine-flu-vaccine-and-illnesses-deaths&catid=1%3Alatest-news&Itemid=64&lang=en

Ref: St. Nebehay. **Deaths not linked to H1N1 vaccine**: WHO**.** Reuters, 19 November 2009
http://www.reuters.com/article/idUSTRE5AI2BL20091119?feedType=RSS&feedName=he
The World Health Organization said on Thursday the H1N1 vaccine had been cleared of blame for 41 deaths which health authorities worldwide had investigated after suspicions they might have been caused by the inoculation. ... See original article above

Joseph Mercola
WHO Denies Link Between Swine Flu Vaccine and Illnesses, Deaths

This would be great news were it not for the fact that reports of adverse reactions to this vaccine continue to pour in from around the world. Consider for example:

In Canada, GlaxoSmithKline recalled an entire batch of its H1N1 vaccine, Arepanrix, after an unusual number of anaphylactic and other allergic reactions were reported.

In the U.S., authorities are investigating dozens of reports of side effects across the country. For example, one victim is a New York City six-year old who was vaccinated without her parents' knowledge, and ended up in the hospital afterward; several others are high school students in Mississippi who went to the hospital with allergy-like symptoms immediately following their injections; and a Virginia 14 year old was diagnosed with Guillian-Barre Syndrome shortly after his shot.

And these are just a sampling of what legitimate, mainstream news agencies have been reporting, while the WHO insists that safety is not a problem with this vaccine.

When you also take into consideration the blogs that are proliferating with complaints of side effects – such as miscarriages – (be aware: health officials don't count blogs as legitimate) the WHO's denials really don't make sense.

I, for one, am truly curious about what kinds of "investigations" have been done, and how they've been able to completely rule out the vaccine as a potential cause of all those side effects and deaths.

I find it very interesting that if someone exhibits flu like symptoms and then dies, they officially died from the swine flu, even though the CDC no longer requires lab testing to verify infection.

And when someone dies shortly after receiving the flu shot, they died from some underlying cause that would have crippled or killed them anyway, no matter how young or healthy they were prior to the shot!

This kind of unscientific, illogical nonsense is downright infuriating.

It's frustrating that health officials who call the shots, literally and figuratively, won't address the professional and ethical thing to do here, which is to thoroughly investigate every single adverse report, especially the "unofficial" miscarriages.

Go to any of these websites and you will see that the reason the blogs are popping up is because no one seems to be collecting miscarriage data, mainly because doctors appear to be discounting the unfortunate events as having nothing to do with the vaccine. But why should these blogs be necessary? Isn't it time for the WHO to demand that all miscarriages after an H1N1 vaccine be reported?

What's frightening is that, instead of looking more closely at the adverse reactions, the WHO is criticizing the U.S. for refusing to use dangerous adjuvants such as squalene in its H1N1 vaccines!

Adjuvants can double or triple the number of vaccines that can be created with a small amount of antigen. And since the WHO was hoping that rich countries would donate leftover vaccines, the fact that the U.S. isn't using adjuvants – and therefore won't have as many leftover vaccines – has the WHO upset.

It also has upset vaccine makers, who could have tripled their profits on an adjuvanted vaccine. Congress is still out on this issue. However, the whining and moaning did produce a reaction from the National Institute of Allergy and Infectious Diseases, which decided to award researchers and companies $60 million to develop new adjuvants for use in the U.S.

Will they be any safer than the ones already created? I highly doubt it. Instead, we'll probably see even more vaccines with highly questionable novel adjuvants that will not have been thoroughly tested prior to marketing.

As it is, having leftover vaccines to donate to the WHO might not be a problem in the U.S. As reported on Fox News as well as in numerous mainstream media, interest in this shot is waning so much that some state and county health departments in the U.S. are offering the vaccine to just about anybody who will take it.

Two counties in northeast Indiana, for example, have so much H1N1 vaccine left over that they are lifting all restrictions on who gets it. The demand just isn't there, even at doctors' offices, Indiana health officials told the Fort Wayne Journal Gazette.

Similar reports are coming from the rest of the nation too. In Utah, the Salt Lake Tribune reported December 1st that the Davis County Health Department had 9,000 doses of shots or nasal spray available, but only 1,500 residents had picked up reservation tickets for them.

The same is true from south Florida to Oklahoma to Montana, where demand for the vaccine is so low that Ravalli County, Montana, health officials decided to take the shots on the road in a rolling vaccine clinic in an effort to get rid of their leftovers.

Ravalli County had planned to administer 2,000 shots a day at two recent Saturday clinics, according to the Ravelli Republic.They even had lined up an army of volunteers to help with the crowds expected at the clinics. But after all the preparation and blitzing, the only thing they had to show for it was a cloud of dust, with just 700 doses being administered over both all-day clinics.

There still are some areas where health officials have managed to keep up the demand for the vaccine, mostly by selling the idea that another wave of H1N1 might be on its way. But the point is, this pandemic has proven to be a disappointing blip on the radar, with far fewer people being stricken by this flu than was predicted.

The latest news from Quest Diagnostics Health Trends, which tracks laboratory testing services for emerging diseases, confirms that H1N1 peaked in October 2009.

So why not admit this flu for the non-event that it is? The H1N1 "pandemic" has proven to be nothing but a practice drill to see how fast nations and health officials respond when WHO calls a war.

The only problem with that is, what happens if, like in the story of "The Little Boy Who Cried 'Wolf'" nobody pays attention when a real pandemic develops? In the meantime, let's start taking all adverse reaction reports on this vaccine seriously, instead of denying that they are related.

AFTONBLADET

Camilla Sundell

29-åring förlamad efter vaccinering

Aftonbladet, 12 December 2009
http://www.aftonbladet.se/nyheter/svininfluensan/article6281571.ab

En 29-årig man vårdas i respirator efter att ha fått vaccin mot svininfluensa, rapporterar Västgöta-Bladet.

– Det är fruktansvärt, säger mamman till tidningen.

Nu misstänker läkarna att mannen drabbats av en neurologisk sjukdom som sammanföll med vaccineringen.

Mannen fick vaccin mot svininfluensa på tisdagen förra veckan.

– På onsdagen hade han ont i armen, på torsdagen fick han ont i ryggen. På fredagen fick han stickningar i fingrar och ben, säger 29-åringens mamma till Västgöta-Bladet.

När symptomen förvärrades ytterligare på lördagen ringde mannen till sjukvårdupplysningen, men enligt mamman fick han rådet att vila och ta värktabletter. Då ringde 29-åringen till sin mamma.

– Det var hemskt, jag hörde knappt att det var han, han lät sluddrig och sa att han hade krupit fram till telefonen, berättar mamman för Västgöta-Bladet.

Respirator

Mamman åkte direkt hem till sonen och insåg genast att han behövde vård.

– När han skulle sitta i soffan ramlade huvudet åt olika håll och kroppen också, säger hon till Västgöta-Bladet.

Hon ringde återigen till sjukvårdsupplysningen som ordnade med ambulans till Skaraborgs sjukhus. Där bedömde läkarna att 29-åringen behövde vårdas vid Sahlgrenska sjukhuset i Göteborg.

Mannen är nu förlamad och vårdas i respirator, men är vid fullt medvetande.

– Han formar läpparna. Han säger ”Jävla spruta” och så frågar han efter sin flickvän, säger mamman till tidningen.

Allvarligt

Sjukhuset har gett mannen en femdagarsbehandling. Helene Sandgren, pressinformatör vid Sahlgrenska, säger till Aftonbladet att man utreder vad som orsakat mannens tillstånd.

– Man kan inte säga säkert att det är vaccinet som är orsaken. Tillståndet är allvarligt men har förbättrats i dag.

Enligt 29-åringens mamma har mannen återfått lite rörelseförmåga i armar och ben.

Kan bli helt återställd

Enligt Västgöta-Bladet pekar symptomen på att 29-åringen har Guillain-Barrésyndromet, som är en neurologisk sjukdom.

Tidningen skriver att cirka 150 personer i Sverige insjuknar varje år. Guillain-Barrésyndromet är en stigande motorisk förlamning av muskulaturen. Om förlamningen påverkar andningen behöver den drabbade hjälp av en respirator. Vanligtvis går förlamningen tillbaka efter behandling, uppger Västgöta-Bladet.

– När man vaccinerar fyra miljoner människor på åtta veckor kommer det tidsmässigt att sammanfalla med att andra allvarliga sjukdomar bryter ut, som hade kunnat bryta ut i alla fall, säger Anders Hagman, chefläkare på Skaraborgs sjukhus, till tidningen.

– De säger att de allra flesta blir helt återställda, men man vet inte, säger 29-åringens mamma till Västgöta-Bladet.

THE FLU CASE

Camilla Sundell

29-year old Man Paralyzed after getting the "Swine Flu" Shot

The Flu Case, 12 December 2009, 18:45

https://web.archive.org/web/20091220035426/http://www.theflucase.com/index.php?option=com_content&view=article&id=2248%3A29-year-old-man-paralyzed-after-getting-the-qswine-fluq-shot&catid=1%3Alatest-news&Itemid=64&lang=en

A 29-year old Swedish man received the poisonous Pandemrix "swine flu" shot last Tuesday and started to get the by now considered normal severe pain in the arm. Two days later he got back pains and on Friday he had prickly feelings in fingers and legs. On Saturday he called the Hospital for advice and they said he should take pain killers. He then called his mom.

"- It was horrible, I hardly heard it was him, he could not speak properly and said he had crawled on all fours to the telephone." his mom says. She went directly to his home. "- When he tried to sit in his sofa, his head would tip over in different directions and so did his whole body". She called for an ambulance and at the local hospital they decided he needed specialist care at the Sahlgrenska Hospital in Gothenburg.

The man is now paralyzed and is connected to a respirator. He is fully consious. "- He shapes his lips." his mother says, "- He says ' Fucking Shot ' and he aslo asks for his girlfriend".

The doctors in the hospital are "investigating" what has happened to him.

And again: "- One can not say for sure it was the vaccine that caused this. His condition is serious but has been stabilizing today" says Helene Sandgren, the hospital press informer.

His mother says he has started to regain some of his mobility in his legs and that doctors claim "most people will get better or completely well again" but one never knows.

Herald.ie

Clodagh Sheehy

Hundreds fall ill after having swine flu jab

Herald.ie, 14 December 2009.
https://web.archive.org/web/20100114125712/http://www.herald.ie/national-news/hundreds-fall-ill-after-having-swine-flu-jab-1974224.html

Swine flu vaccine has caused adverse reactions in 619 people to date, varying from seizures and anaphylactic shock to fainting and vomiting.

Two more people have died from the flu but the number of people falling ill with the virus has halved in the past week.

More than 400,000 vaccinations against swine flu have been carried out, according to the latest figures from the Irish Medicines Board which details the reported side effects for both forms of the vaccines -- Pandemrix and Celvapan.

Of the 619 people who showed side effects to the vaccine, 52 had an allergic reaction and three of these went into anaphylactic shock.

Altogether 210 children reacted adversely to the vaccine, 15 with an allergic reaction and some of the children needed hospital treatment as a result.

Forty pregnant women reported side effects, four of them allergic and one woman, with a history of miscarriage, lost her baby.

Six people had seizures, two people reported facial palsy and the IMB was made aware of the death of one patient 10 days after vaccination but says the patient had an underlying condition and there was no evidence of a link between the vaccine and the patient's death.

"Most people receiving the vaccine have serious and/or chronic underlying medical conditions which put them at greater risk of developing serious complications of swine flu," says the board adding "this is why it is important for these people to be vaccinated as a priority".

Generally the reactions included flu-like illness, head-ache, dizziness and fainting, pins and needles, transient weakness of the vaccinated limb and nausea and vomiting.

The latest people to die from swine flu were two men with underlying illnesses, one from the east and the other from the south of the country, bringing the total deaths to 20.

Health officials say there has been a marked decline in the spread of the virus in the past week, down to 5,500 new cases compared to 10,500 the previous week.

AGORA VOX
Le média citoyen

John Lloyds

Témoignages d'effets indésirables violents

AgoraVox, 14 décembre 2009
https://www.agoravox.fr/actualites/sante/article/vaccination-h1n1-cascade-de-66654

C'est bien connu: les effets indésirables des vaccins contre la grippe A/H1N1 sont dérisoires, une petite démangeaison locale, quand il y en a. D'ailleurs le gouvernement en est tellement persuadé qu'il vous fera signer une décharge avant la piqûre. Tellement persuadé, que les laboratoires bénéficient d'une immunité juridique. Avez-vous entendu parler d'effets indésirables violents suite aux vaccinations, au sacro-saint journal de 20h? Moi pas. Et ne pas aborder le sujet, c'est laisser entendre qu'il n'y a pas matière à disserter.

Pourtant, la réalité du terrain est bien différente. Si la plupart des vaccinations se passent, pour l'instant, correctement, les couacs commencent à se multiplier et certains d'entre eux sont peu rassurants. Pour l'instant, car le squalène, utilisé dans la guerre du golfe, qui a provoqué une hécatombe dans les rangs américains plusieurs années après avoir été administré, pourrait refaire parler de lui (0). Mais, même en se focalisant sur l'instant, la vérité commence à prendre forme.

Car, outre le doute sur le vaccin lui-même, vient s'ajouter la véritable débandade dans l'organisation de la campagne. En regard des personnels de santé non formés et réquisitionnés manu-militari, ce sont les conditions de vaccination qui commencent à être mises en causes, des « étudiants qui vaccinent sans autorisation », parfois sans médecin qui supervise, et à la chaîne – jusqu'à 600 vaccinations par jour et par étudiant : « De plus en plus de cas d'accidents, de patients qui reçoivent des surdoses, remontent à mes oreilles. Car ce ne sont pas les mêmes étudiants qui préparent le vaccin (mélange d'une base et d'un adjuvant) et ceux qui l'administrent. Or le vaccin n'est pas le même pour tous!», rappelle Thierry Amouroux, secrétaire du Syndicat national des professionnels infirmiers (SNPI). (1)

Un vaccin douteux, des novices réquisitionnés, acculés dans les centres à coup de chantage administratif, qui manient la seringue à la manière des «temps modernes» de Charlie Chaplin, que peut-il sortir de bon de cette foire du trône médicale? Qu'on en juge:

«je me suis faite vaccinée par pandemrix le 1er décembre, dans les deux jours qui ont suivis, rien si ce n'est la douleur dans le bras, le 3e jour reveil 3/4 h après m'être endormie par des tremblements et l'insensibilité de mes pieds jusqu'aux genoux. En totale panique j'ai appelé le 15 qui m'a dit d'attendre et de rappeler si cela persistait, dans la foulée j'ai eu la diarrhée et depuis ça va de mal en pis, je ne dors plus j'ai une douleur dans la poitrine. J'ai consulté et attend mes résultats sanguins ce soir, je pense que suivant cela je me rendrais aux urgences car je ne me sens vraiment pas bien.» (2)

«Je suis médecin hospitalier, à ce titre j'ai fait parti de la 1ère vague de vaccinations. Et bingo, 3 jours aprés l'injection, je me suis trouvé être l'un des 4 premiers patients à avoir un effet indésirable grave. "homme de 34 ans, avec paresthésies..." d'aprés l'Afssaps. Je vous épargnerai les détails, mais bilan des courses: 1ère poussée de sclérose en plaque, et déjà un mois d'arrêt de travail». (3)

«Samedi 21 novembre, j'ai commencé à sentir des sensations anormales dans ma main gauche: picotement, engourdissement, froid. Ensuite se fut le tour de tout mon bras gauche puis le droit, ce qui m'a conduit lundi 23 novembre, à me rendre chez mon médecin traitant avec 2 bras complétement

engourdis et des fasciculations sur tout le corps (myokimies m'a précisé le médecin). Mon médecin traitant m'a dirigée, en suspectant un syndrome de Guillain Barré sur le service de médecine interne de l'hôpital le plus proche pour rencontrer le médecin chef de service. Lorsque je me suis présentée dans le service, celui-ci a pris moins de 2 minutes dans les couloirs pour me dire de revenir vendredi 27.... » (4)

«je suis très inquiète, ma soeur s'est faite vacciné dimanche dernier avec pandemrix, une heure après elle a ressenti comme un enorme mal de tete et dès le lendemain des fourmillements sont apparus dans les bras et les cuisses, les pieds, le visage... 3 jours apres ayant toujours des fourmillements, le centre de vaccination lui conseille de se rendre aux urgences lui informant que son état n'etait pas normal. Aujourd'hui vendredi nous en sommes là : toujours des fourmillements et quelques maux de tête ..... mais surtout une inflammation au cerveau (lésion) datant de moins de 2 mois, nbre de ???? élevé à 4 après ponction lombaire donc il y a une inflammation et on doit lui faire un irm de la moelle epinière au cours du week end..... Le médecin ne nie pas le lien avec le vaccin, une déclaration va être faite mais aucun résultat ne peut le prouver. Elle a 32 ans et n'avait jamais eu ce type de symptome precedement. » (5)

«Bonsoir, alors voilà vaccin fait pour moi et mon fils hier soir à 17h44 lol pour être précise avec le vaccin Celtura, hier aucun problème, aucune douleur ni pour mon fils, ni pour moi. Ce matin 5h30 mon fils se réveille m'appelle je vais le voir il venait de vomir dans son lit et me disait avoir très mal, je le touche il était plus que brûlant! Je lui change son lit, lui apporte une poche de glace enroulée dans un linge, je lui donne du frais à boire, j'essaye de lui faire prendre de l'algifor en sirop mais il a refusé, impossible de lui faire avaler, je prends sa température 39,9 c° alors qu'il allait parfaitement bien en allant se coucher. Bref nuit catastrophique, il dort à moitié tous en gémissant par moment et en parlant mais genre hallucination il me disait qu'on était chez le médecin alors qu'on était à la maison, bref il n'allait vraiment pas bien, j'ai été cherché mon duvet, mon oreiller et je suis restée près de lui toute la nuit à dormir parterre au pied de son lit (enfin dormir quelques minutes, se réveiller, et ainsi de suite.) Ce matin 8h40 il se réveille vraiment, mais il n'arrive pas se lever comme les jambes en coton, à peine il voulait se lever il retombait, j'ai appellé la hotline d'urgence pédiatrique (urgence je sais qu'ils sont débordés mais quand même, plus d'1h pour pouvoir les atteindres...) car toujours 39c° de fièvre et justement il restait couché en plutôt plié en deux en me disant qu'il arrivait pas se lever et qu'il avait sommeil. » (6)

«Durant la nuit de lundi à mardi, j'ai eu beaucoup de fièvre. Je me suis réveillée avec mon bras gonflé. Je ne pouvais plus le bouger ». Résultat, une semaine d'arrêt pour la jeune fille et des regrets: « Si j'avais su, je ne me serais jamais fait vacciner. Les patients ne sont pas prévenus que de tels effets peuvent arriver ». Avertie par plusieurs de ses patients, la doctoresse de l'étudiante décide de ne plus les envoyer se faire vacciner. (7)

«J' ai été vacciné y a 15 jours et j' ai eu très mal au bas du dos pendant 8 jours (sacrum déplacé car parti plus faible de mon corps).Ma femme est vacciné depuis hier et se retrouve au lit avec le dos deglingué» (8) […]

Ces témoignages français peuvent être multipliés à volonté, il suffit de parcourir les très nombreux forums qui en parlent, et on peut faire la même chose pour tous les pays. Aux Etats-Unis, par exemple, c'est le triste témoignage de la CheerLeader (9), qui a perdu l'essentiel de ses capacités motrices après la vaccination, qui défraye la chronique. En Hollande, un vaccin a été retiré après la mort de 3 bébés. (10)

En lisant les témoignages, on s'aperçoit qu'il n'existe aucune procédure de déclaration d'effets secondaires. Comment donc l'Afssaps peut-elle prétendre établir des statistiques, si seule une fraction de cas flagrants lui parvient ? Les patients sont livrés à eux-mêmes, et l'administration médicale traîne la savate à reconnaître un lien entre les effets indésirables et la vaccination récente. Comme les effets secondaires neurologiques (11), cette femme enceinte qui a perdu son bébé (12), ou cet enfant de 9 ans, décédé 4 jours après s'être fait vacciné (13). On comprend mieux le doute qu'avait évoqué le Dr Girard sur la validité de la pharmaco-vigilance.

Compte tenu de cette inertie administrative à reconnaître et répertorier les effets indésirables, les multiples signalements de décès à travers le monde, 55 reconnus officiellement à ce jour (14), ainsi que les effets indésirables graves, sont probablement très en dessous de la réalité. Quand on voit que le CDC admet qu'il y a deux fois plus d'effets indésirables que pour la grippe saisonnière, et que le taux d'effets pour le H1N1 est de 82 pour un million (15), ça laisse sans voix. En effet, l'Afssaps, qui ne bénéficie d'aucune ressource de suivi de terrain, parle déjà de 0,5 effet indésirable sur mille (16), cad 500 pour un million.

En clair, les Etats-Unis ont … 6 fois moins d'effets indésirables que la France. De deux choses l'une, soit la France a acquis de la daube auprès des laboratoires, soit les autorités médicales américaines sont encore plus complaisantes que les nôtres en matière de rapport statistique. A qualité égale de vaccin, et à honnêteté statistique égale, c'est 6 fois plus d'effets indésirables américains qui auraient dû figurer dans la presse internationale, ce qui aurait (ramené au chiffre de la population américaine) dissuadé la plupart des gens d'aller se faire vacciner. Tout cela pour un taux de mortalité qui aura eu le record du grotesque dans l'histoire de la médecine: 0,03 pour mille, 30x moins que la grippe saisonnière.

(0) http://www.dossiers-sos-justice.com/archive/2009/11/22/un-neurochirurgien-repute-met-en-garde.html
(1) http://www.20minutes.fr/article/369136/France-Grippe-A-H1N1-Les-etudiants-requisitionnes-denoncent-le-capharnaum.php
(2) http://www.atoute.org/n/forum/showthread.php?t=112250&page=5
(3) http://www.atoute.org/n/forum/showthread.php?t=112250&page=2
(4) http://www.atoute.org/n/forum/showthread.php?t=112250&page=2
(5) http://www.atoute.org/n/forum/showthread.php?t=112250&page=6
(6) http://www.bebe.ch/drupal/node/176204
(7) http://www.ladepeche.fr/article/2009/12/12/735806-Vaccin-contre-la-grippe-A-gare-aux-effets-secondaires.html
(8) http://www.i-med.fr/spip.php?article357
(9) http://www.mooveon.net/article_512602580827
(10) http://www.dutchnews.nl/news/archives/2009/11/vaccine_use_halted_after_baby.php
(11) http://www.i-med.fr/spip.php?article360
(12) http://www.babyfrance.com/actus-bebe/grippe-a-une-femme-perd-son-bebe.html
(13) http://www.webchercheurs.com/60/1829-fr-enfant-mort-du-vaccin-grippe-a-h1n1.html
(14) http://www.santelog.com/modules/connaissances/actualite-sante-vaccination-h1n1-signalements-de-décès-partout-dans-le-monde_2336.htm
(15) http://www.santelog.com/modules/connaissances/actualite-sante-vaccination-h1n1-2-fois-plus-deffets-indésirables-que-la-vaccination-contre-la-grippe-saisonnière_2310.htm
http://www.santelog.com/modules/connaissances/actualite-sante-effets-indésirables-du-vaccin-h1n1-0,5-pour-1.000-doses-administrées_2283.htm

THE FLU CASE

Reports of serious side effects for Swine Flu jab sore in France
Only Internet Reports

The Flu Case, 15 December 2009
https://web.archive.org/web/20100102053140/http://theflucase.com/index.php?option=com_content&view=article&id=2299%3Areports-of-serious-sude-effects-for-swine-flu-jab-soar-in-france-only-internet-reports&catid=1%3Alatest-news&Itemid=64&lang=en

Reports of serious side effects from the swine flu vaccine including numbness, fever, inflammation of the brain are soaring in France - but in a pattern that is repeating itself across the world, the reports are being ignored by the authorities and the mainstream media, and are instead being circulated on the internet.

One hospital doctor who was among the first to get the jab reported he had serious side effects within three days. Another physics teacher reported that all five of the children in a class who got the jab have been absent for a week.

examiner.com
INSIDER SOURCE FOR EVERYTHING LOCAL
Washington DC

Elizabeth Delaney

Several people get GBS after swine flu vaccinations, yet some doses 'not potent enough'

Examiner, 15 December 2009, 4:14 PM MST
https://web.archive.org/web/20150210114455/http://www.examiner.com/article/several-people-get-gbs-after-swine-flu-vaccinations-yet-some-doses-not-potent-enough

Several people have reported suffering from symptoms of paralysis, muscle spasms, weakness and numbness in limbs after receiving swine flu vaccinations in the US and in other countries. Symptoms of dizziness and paralysis occurred right after vaccination for a 16-year-old boy in Korea. But for others, some of which were in the US, the onset was anywhere from a few hours to a week after vaccination, according to a www.wnd.com article.

Cases in Tennessee, Virginia and New Mexico (one in each state) were cited in the article and included an adult a teen and a 14-month-old girl. Outside the US, a case in France, Canada and Korea were mentioned.

Guillain-Barre Syndrome (GBS) is basically a nerve disease and symptoms can include "paralysis, inability to breathe, 'pins and needles' sensations in fingers and toes; weakness or tingling in legs and upper body; inability to walk; difficulty with eye movement, facial movement, speaking, chewing or swallowing; severe lower back pain; difficulty with bladder control or intestinal functions; very slow heart rate or low blood pressure; difficulty breathing; choking on saliva and even complete paralysis of legs, arms and breathing muscles over the course of a few hours."

The Tennessee adult who contracted GBS, Suzanne Hogan, was hospitalized on November 14 when "she lost function of her legs and was unable to walk without assistance. She is now learning how to master motor skills." Hogan's husband stated that they have been told that she will recover but that, "If you've ever watched anyone go through Guillain-Barre, you would rather go through the flu."

The US teen is also expected to fully recover, but detail was not offered concerning the 14-month-old.

Interestingly, www.foxnews.com reported Tuesday that 800,000 doses of swine flu vaccine intended for children between the ages of 6 months and about 3 years are thought to "not be potent enough to protect against the virus," and that "Health officials recommended children those ages get two doses, spaced about a month apart."

Apparently, the pre-filled syringes tested fine for potency just before shipping, but then the potency waned. Further explanation about how potency can wane during shipping wasn't offered. The vaccine manufacturer, Sanofi, has commented that there aren't any safety concerns associated with the lots.

The swine flu vaccine was fast-tracked through the FDA process because swine flu had been determined to be a pandemic by the WHO. As of December, it was discovered that swine flu is not as serious as originally anticipated, and Harvard University researchers concluded that it is only slightly worse than the seasonal flu. As a result, public interest in the vaccine is waning in some states, one of which is Ohio. CDC spokesman Tom Skinner has stated that there could be several

states across the US that have a surplus while other states have a shortage, but that it's too early to be certain about supply and demand issues.

One might also find it interesting to note that this particular discovery of the swine flu vaccination is being reported during the same week that Senator Lieberman is being accused of holding up the passage of the liberal Democrat Senators' healthcare bill. In reality, of course, there are several moderate Democrats who have taken issue with certain aspects of the bill, and the Republicans are united in stopping its passage. Those who are opposing the bill are more in touch with what the majority of Americans want than those who are trying to ram it through based on polls about the healthcare bill. And those in congress are supposed to be developing legislation that reflects the will of the majority of American people, not their own will.

The passage of this anti-healthcare bill and of the economically destructive cap and trade bill will certainly bring us one step closer to a one world system (see Revelation chapter 13, Matthew chapter 24, and the Old Testament book of Daniel chapter 9 verses 20-27). To be a bit more specific concerning the one world system (or new world order), this will look like a one world government (with a small elite class where everyone else lives in poverty), a one world communistic leader, one world currency, and one world religion, which will basically consist of worshiping the one world communistic leader. It's not going to be some utopia. In fact, it won't even be remotely close to what life is presently like in America with the freedoms that we presently enjoy.

Poverty and joblessness will be far more rampant as people begin to depend more and more on a system that continues to enslave them. That's why becoming engaged in the political process and taking the time to vote out officials who are in this for their own gain rather than what's truly best for the country is so important – especially come 2010.

KMBC NEWS 9 abc

Is H1N1 Vaccine linked to rare Disorder?
Kansas man afflicted with Guillain-Barre Syndrome

KMBC News, 18 December 2009
https://www.youtube.com/watch?v=xCPYc0BlGW0

Overland Park, Kan. - A 73-year-old Atchison man is in the hospital, unable to stand on his own because his muscles are too weak, and his family is concerned about the H1N1 flu vaccine he received.



Health officials said they doubt the family's claim, but they admit they don't know what is causing the man's affliction. – "I was in fine shape Friday evening," Gerald Kuckelman told KMBC's Jim Flink. "I got up Saturday morning, and I couldn't walk."



"I got up Saturday morning, and I couldn't walk."

It wasn't a stroke or a heart attack. His doctors said the muscle weakness is from Guillain-Barre Syndrome, a rare disorder afflicting only one person in 100,000. – "The doctors haven't said 100 percent that the GB was brought on by the H1N1 vaccine, but I wonder," said Theresa McDermed, Kuckelman's daughter.

Ten days before he was stricken, Kuckelman received the H1N1 vaccine.

Health officials are adamant there is no tie. – "Nowadays, in about 60 percent of GBS cases, we never know what causes it," said Jeff Hershberger, with the Kansas City Health Department.



"Nowadays, in about 60 percent of GBS cases, we never know what causes it,"

Hershberger said with millions of people getting the flu vaccine, only a few patients have reported side effects. The Centers for Disease Control and Prevention is monitoring any cases that arise.

"It's constantly being evaluated, and the CDC is working all the time to decrease the side effects," Hershberger said.

The Kansas City Health Department said concerns about GBS and vaccines dates back to the mid-1970s, but no research has tied the two together.

Krzysztof Tarnawski

Two of 24 influenza volunteers react to locally-made vaccine

MCOT English News, 20 December 2009
http://enews.mcot.net/view.php?id=13354 (deleted)

Bangkok, Dec 20 (TNA) – Two of 24 Thai volunteers to use the locally-made nasal spray vaccine in trials on the Influenza A (H1N1), conducted for the first time in the kingdom, have reacted to the vaccine, Dr. Vichai Chokewiwat, chairman of the Government Pharmaceutical Organization (GPO), on Sunday.

The human trials began Friday, and two of the overall 24 volunteers have already reacted by showing that they suffered from sore throat and swollen noses, said Dr. Vichai. Both had nasal discharges but no fever which showed that their bodies reacted to the vaccine.

In order to ascertain that the volunteers' bodies are immune to the deadly disease, doctors will have to wait for blood test results which will be obtained three weeks after the vaccine was administered, he said.

Dr. Vichai said medical personnel on Monday will check inside the noses of all 24 volunteers, clean them with water and then conduct tests on the water whether it contained any virus from the vaccine. If the virus is found, then it could be proven that the trials were successful.

Such nasal sprays can be harmful for the vaccinated, and can actually contribute to starting a flu epidemic.

Package insert of FluMist, another spray already in use, in part 14.5 reads: "Transmission Study - FluMist contains live attenuated influenza viruses that must infect and replicate in cells lining the nasopharynx of the recipient to induce immunity. The relationship of viral replication in a vaccine recipient and transmission of vaccine viruses to other individuals has not been established."

Prof. Joe Cummins and Dr. Mae-Wan warn that live attenuated viruses from the spray, which contains three strains, can be dangerous as they have potential to recombinate nucleic acids and cause autoimmune disorders. Dr. Rima Laibow and others point out, that introducing viruses via olfactory track may result in viral brain inflammation and its damage. What is more, safety of the spray has not been evaluated in people with compromised immune system (estimated 60% of the society). This means people can contract illness from the very vaccine and it is just a recipe to trigger an epidemic.

Historically, except for seasonal flu injections bringing severe flu, there are known cases of live vaccines causing illnesses they were supposed to prevent, like the polio outbreaks in Nigeria.

=> a source:

New Thai Nasal Spray Supposed to Spread H1N1

The Flu Case, 20 December 2009 10:21
https://web.archive.org/web/20100102004234/http://theflucase.com/index.php?option=com_content&view=article&id=2346%3Anew-thai-nasal-spray-supposed-to-spread-h1n1&catid=1%3Alatest-news&Itemid=64&lang=en

Thailand is testing a new H1N1 nasal spray on volunteers. The article quoted below first mentions blood test after three weeks, but later informs that if on day three after vaccine application nasal discharges with the virus are present, this is supposed to indicate the trials were successful.

英文中國郵報
The China Post

Mandatory autopsies sought for suspected vaccine fatalities

The China Post, 24 December 2009, 9:28 am
https://web.archive.org/web/20091227072533/http://www.chinapost.com.tw/taiwan/national/national-news/2009/12/24/237785/Mandatory-autopsies.htm

(The China Post) **Taipei**, Taiwan – Taiwan's Center for Disease Control (CDC) yesterday announced a plan to seek an amendment to the Disease Prevention Act to allow for mandatory autopsies on all vaccine-related deaths. The amendment would allow health authorities to perform autopsies to find out the exact cause of death on fatalities involving recent inoculations, to alleviate any public fear on the safety of the vaccinations, explained Chou Jih-haw, CDC deputy director-general.

The plan comes after the controversial death of a 7-year-old boy who received a vaccination against the A(H1N1) virus. According to CDC statistics, the center received 93 reports of severe adverse reactions to the vaccination, of which four proved fatal, while five pregnant women suffered miscarriages or stillbirths.

However, obligatory autopsies can only be performed on one of the fatalities because it is the only one under judicial investigation.

Currently, mandatory autopsies apply only to deaths involving infectious diseases, but not to deaths allegedly related to vaccinations – resulting in uncertainty over what exactly caused the deaths.

If the amendment is passed by the legislature, mandatory deaths will apply to all suspected inoculation related fatalities, regardless of the type of vaccination received, added Chou.

The Korea Times

292 Cases of Flu Vaccine Side Effects Reported

The Korea Times, 25 December 2009, 21:24
https://web.archive.org/web/20091231021941/http://www.koreatimes.co.kr/www/news/nation/2009/12/117_57965.html

A total of 292 possible side effects have been reported after vaccinations against the H1N1 virus here, so far, the Ministry for Health, Welfare and Family Affairs said Thursday. The majority of reactions have been minor and assumed to be unlinked to the vaccine.

"There have been four deaths and three critical reactions reported after inoculation. However, it was later found that the three deaths and the illnesses have stemmed from pre-existing health conditions. The authorities are currently conducting an autopsy on a 19 month-old infant's body, of which the result is expected to come next week," a government official said.

The ministry also said the spread of the virus was slowing down here.

The World Health Organization said that 11,516 people worldwide have died of the flu as of Dec. 20, up 934 from the previous week. Most deaths have been in America, with 6,670 fatalities, followed by Europe and the Asia-Pacific region.

WHO said the transmission of the virus has passed its peak in the northern hemisphere, but is still active in east Europe and some parts of southern Asia.

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMEA Massages Swine Flu Vaccine Adverse Reactions Statistics

The Flu Case, 29 December 2009, 12:24
https://web.archive.org/web/20100102054535/http://theflucase.com/index.php?option=com_content&view=article&id=2426%3Aemea-massages-swine-flu-vaccine-adverse-reactions-statistics&catid=1%3Alatest-news&Itemid=64&lang=en

The European Medicines Agency – which is two thirds funded by the pharma industry according to Transparency International – has published a summary of adverse reactions to the swine vaccines and Tamiflu in Europe up to 13 December 2009.

The Fourth pandemic pharmacovigilance weekly update of reports of adverse reactions up states that "the most frequent adverse reactions that have been reported are non serious and as expected."

It says that 28 million people in Europe have been vaccinated so far.

From the "limited information received from 7 countries by 22 December 2009, at least 218 pregnant women have been vaccinated."

It admits that 13 cases of Guillian-Barre syndrome (GBS) and 1 case of Miller-Fischer syndrome in relation to the vaccines have been reported but claims there is evidence that these cases were caused by the vaccine. It argues that these 13 cases are lower than the overall number of cases expected to naturally occur.

However, medical experts have made a clear connection between the swine flu vaccines and GBS, and the UK government even sent neurologists a letter warning them of the likelihood of an increase in GBS cases as a result of the mass swine flu vaccination programme.

To argue that the 13 cases are just part of the overall number of cases expected to occur naturally strongly suggests the notion that the EMEA is more interested in white washing the pharmaceutical industry than in fulfilling its duties.

Hundreds of deaths in connection with the vaccine have been reported to national regulatory agencies in Europe alone.

=> http://www.ema.europa.eu/pdfs/influenza/84100309en.pdf
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj94aONsL2AAxVBcGwGHSNhAzwQFnoECA8QAQ&url=https%3A%2F%2Fwww.ema.europa.eu%2Fen%2Fdocuments%2Freport%2Ffourth-pandemic-pharmacovigilance-weekly-update_en.pdf&usg=AOvVaw1APjzpQA42J3Db6lB1JiG3&opi=89978449

the japan times

H1N1 vaccine death probe set

The Japan Times, 31 December 2009

http://www.japantoday.com/category/national/view/health-ministry-to-investigate-link-between-deaths-flu-vaccination (deleted)
https://web.archive.org/web/20100220012002/http://www.theflucase.com/index.php?option=com_content&view=article&id=2454%3Ajapan-to-launch-investigation-into-swine-flu-vaccine-deaths&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The health ministry will conduct an epidemiologic investigation into whether H1N1 influenza vaccinations can increase the death risk for people with serious chronic diseases, ministry officials said Wednesday.

The Ministry of Health, Labor and Welfare plans to begin the study next spring amid an increasing number of reports of deaths and serious side effects among the people who have received shots of domestically produced vaccines against the virus.

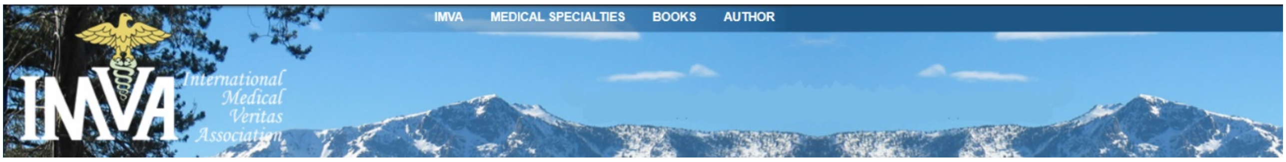
The ministry said postvaccination deaths have totaled 104, roughly 80 percent of whom are people aged 70 or older who had chronic diseases or disorders, while nearly 1,900 cases of side effects had been reported from medical institutions.

It estimates 14.92 million people have been vaccinated so far nationwide.


The Japan Times
https://info.japantimes.co.jp › news › swine_flu
H1N1 influenza news & info from Japan
H1N1 vaccine death probe set; The health ministry will conduct an epidemiologic investigation into whether H1N1 influenza vaccinations can increase the death ...

https://info.japantimes.co.jp/news/swine_flu.html





Swine Flu Madness

IMVA, October – December 2009
https://web.archive.org/web/20100127000050/http://imva.info/index.php/vaccines/swine-flu-madness/

Under federal laws adopted post 9/11, the Secretary of HHS candeclare a national emergency and order all citizens to be vaccinated.These extreme powers can permit agents of the federal government to enterprivate residences to compel those inside to receive vaccinations.[1]
Jonathan W. Emord
Attorney of constitutional and administrative law

More than a third of parents don't want their kids vaccinated, according to an Associated Press-GfK poll yet public health officials seem ready to ram it down their throats if possible. Parents say they are concerned about side effects from the new vaccine and many say swine flu doesn't amount to any greater health threat than seasonal flu. The AP poll found that 38 percent of parents said they were unlikely to give permission for their kids to be vaccinated at school. The AP poll, conducted Oct. 1-5, found 72 percent of those surveyed are worried about side effects.[2]

Health and Human Services Secretary Kathleen Sebelius appealed for widespread inoculation against swine flu, vouching unconditionally for the vaccine: "We know it's safe and secure." This official has what can only be considered as Swine Flu Madness for she really does not know if it's safe and secure. In fact she has to know that a warning that the new swine flu jab is linked to a deadly nerve disease has been sent by the Government to senior neurologists in a confidential letter. The letter from the Health Protection Agency, the official body that oversees public health tells the neurologists that they must be alert for an increase in a brain disorder called Guillain-Barre Syndrome (GBS),[3] which could be triggered by the vaccine. GBS attacks the lining of the nerves, causing paralysis and inability to breathe, and can be fatal. The letter, sent to about 600 neurologists on July 29,[4] is the first sign that there is concern at the highest levels that the vaccine itself could cause serious complications yet Sebelius and others are on their bullhorns telling the public it is safe.

More than half a million U.S. children yearly havebad reactions or side effects from widely used medicinesthat require medical treatment and sometimes hospitalization.[5]

U.S. health officials have lost track of how many illnesses and deaths have been caused by the first global flu epidemic in 40 years. And they did it on purpose. Government doctors stopped counting swine flu cases in July.[6] Yet at the same time we find at a recent CDC weekly meeting on swine flu, Anne Schuchat, MD, Director of the CDC's National Centre for Immunization and Respiratory Diseases, informed of the increasing illnesses, hospitalizations, and deaths, virtually all due to the H1N1 virus. To date, 37-states have reported cases of swine flu, with 19-paediatric deaths reported last week, which means 76-children have died of swine flu this year, many more than the typical influenza toll in the past years. According to CDC, between 30th August and 3rd October, 1,784-American adults and children have died from pneumonia or different strains of influenza.[7] Health officials seem to be confused; are they counting or not?

Fortunately, we have some heroes standing up to the might of the vaccine industry and public health officials. Mike Adams over at Natural News reports that health freedom attorney Jim Turner is

filing a lawsuit in Washington D.C. mid-day Friday in an urgent effort to halt the distribution of the swine flu vaccine in America. On behalf of plaintiffs Dr. Gary Null and other licensed health care workers of New York State, the lawsuit charges that the FDA violated the law in its hasty approval of four swine flu vaccines by failing to scientifically determine neither the safety nor efficacy of the vaccines. "The suit will seek an injunction against the FDA from approving the vaccine and the core of the argument is that they have not done the proper safety and efficacy tests on the vaccine to allow it to be released at this time," attorney Jim Turner told Natural News.[8]

The World Health Organization (WHO) restated its confidence in the H1N1 flu vaccine on October 6th, calling it the most important tool against the pandemic though they admit that mild adverse side effects such as muscle cramps or headache are to be expected in some cases, but everyone who has access to the vaccine should be inoculated the WHO said. Of course, they don't mention the possibility of serious side effects including death.

As soon asswinefluvaccinationsstart next month, some peoplegetting them will drop dead of heart attacks or strokes, somechildren will haveseizuresand some pregnant women will miscarry.

New York Times [September 28, 2009].

A majority of doctors and medical examiners are notoriously prone to gloss over the official cause of death when mortality occurs in close proximity to vaccine administration. It is not surprising that the WHO recommends the vaccine even to pregnant women for the WHO is a front organization for one world government, which obviously could care less if fetuses are contaminated. Officials are worried about spontaneous miscarriages, because they are urging pregnant women to be among the first to be vaccinated even though most of the vaccines contain thimerosal, which is fifty percent methyl mercury by weight.

Any competent biochemist would look at the structure ofthimerosal and identify it as a potent enzyme inhibitor.What is surprising is that the appropriate animal and laboratory testing was not done on the vaccines containing thimerosal (and aluminum)before the government embarked on a mandated vaccine program thatexposed infants to the levels of thimerosal that occurred.

Dr. Boyd E. Haley

Yet today we find the New York Times giving space to Dr. Paul A. Offit who says, "Infants could safely receive eight times as much mercury as is contained in the H1N1 vaccine."[9] Dr. Haley, former chairman of the chemistry department of Kentucky University is one of the most intelligent and noble men I have ever had the pleasure to talk to. One can hardly say that about Offit who has financial stakes in the vaccine industry.[10]

Doctor admits Vaccine is more deadly than Swine Flu itself & will not give it to his kids

Fox News

Why would you sign a consent form for your children to be injected with mercury, which is 100 times more brain-toxic than lead? And why would your government want you to do so? Pregnant women and their fetuses are especially sensitive to mercury and mercury has been established by the federal vaccine court to be associated with autism in cases where the children had mitochondrial disease. Problem is doctors and nurses have not the slightest idea which children have such metabolic disorder before they inject their little patients with so many vaccines it would turn grandma's hair white if it wasn't already.

Documents from the archives of Eli Lilly & Companyclearly demonstrate that it was known as early as April 1930 that the thimerosal was dangerous.

The following is a list of some of the nasty side effects that the package insert for the Influenza A (H1N1) 2009 Monovalent Vaccine manufactured by Novartis admits to: [11]

*Local injection site reactions (including pain, pain limiting limb movement, redness, swelling, warmth, ecchymosis, induration); *Hot flashes/flushes; *Chills; *Fever; *Malaise, *Shivering; *Fatigue; *Asthenia; *Facial edema; *Immune system disorders; *Hypersensitivity reactions (including throat and/or mouth edema); *In rare cases, hypersensitivity reactions have lead to anaphylactic shock and death; *Cardiovascular disorders; *Vasculitis (in rare cases with transient renal involvement); *Syncope shortly after vaccination; *Digestive disorders; *Diarrhea; *Nausea; *Vomiting; *Abdominal pain; *Blood and lymphatic disorders; *Local lymphadenopathy; *Transient thrombocytopenia; *Metabolic and nutritional disorders; *Loss of appetite; *Arthralgia; *Myalgia; *Myasthenia; *Nervous system disorders; *Headache; *Dizziness; *Neuralgia; *Paraesthesia; ***Febrile convulsions;** ***Guillain-Barré Syndrome;** *Myelitis (including encephalomyelitis and transverse myelitis); *Neuropathy (including neuritis); *Paralysis (including Bell's Palsy); *Respiratory disorders; *Dyspnea; *Chest pain; *Cough; *Pharyngitis; *Rhinitis; *Stevens-Johnson syndrome; *Pruritus; *Urticaria; *Rash (including non-specific, maculopapular, and vesiculobulbous).

GlaxoSmithKline won a further 22 government orders for its H1N1 swine flu vaccine in the last two months, taking the total number of doses ordered to 440 million worth some $3.5 billion. Rivals in flu vaccines include Sanofi-Aventis, Novartis, Baxter, AstraZeneca and CSL. The President's Council of Advisors anticipates that 2009 H1N1 may infect half of the US population, require 1.8 million hospitalizations, and result in 30,000-90,000 deaths[12] but it is not clear whether the virus or the vaccines themselves will be the major cause of what they are anticipating. Considering the fact that the swine flu has been very mild we can easily believe that the vaccines themselves will do the dirty work.

I have run against so many histories of little childrenwho had never seen a sick day until they were vaccinated and who,in the several years that have followed, have never seen a well day since.I couldn't put my finger on the disease they have.They just weren't strong. Their resistance was gone. They were perfectly well before they were vaccinated.They have never been well since.

Dr. William Howard Hay

Dr. Hay is not alone and its public knowledge that tens of thousands of health care workers typically avoid flu shots because of questions of safety and effectiveness. Fewer than half of them got flu vaccinations last year, according to a Centers for Disease Control and Prevention survey. That includes physicians in clinics, lab technicians, respiratory therapists and home health aides.

Approximately one-half of the hundreds of parentswho call our office each month report that their childbecame autistic shortly after receiving a vaccination.

Portia Iverson, Cure Autism Now foundation in Los Angeles

The official advice on swine flu protection is essentially limited to "wash your hands, get your vaccine shot and cough into your elbow. The omission of vitamin D (among many other things) is another demonstration of pharmaceutical and medical terrorism. The officials we pay and trust could care less if we die from the flu or flu shot, in fact our deaths substantiate their theories and marketing campaigns. The simple addition of vitamin D supplementation or recommendations to get healthy doses of sun and vitamin C would go a long way, longer than the vaccines to mitigate death from the flu. So would recommendations to doctors and patients to fully hydrate. Yesterday I received a testimonial[13] of the use of hydrogen peroxide and in addition to the IMVA protocol [14] for Swine Flu treatments.

Utter Criminal Madness to Use Thimerosal in Vaccines

Robert F. Kennedy Jr. published in the Huffington Post a few years ago devastating evidence that implicated the CDC in a terrible scandal in regards to the unnecessary injection of millions of children with thimerosal a few years back and this is important because again the CDC is going to

allow mercury containing thimerosal to be used in the swine flu shots as well as the regular flu shots in the fall of 2009.

Correspondence obtained under the Freedom of Information Act reveals a medical monstrosity at the very center of the medical world. Soon after the CDC in July 1999 recommended that the nation's vaccine makers eliminate Thimerosal as a preservative, "as soon as possible," they themselves (the CDC) secretly discouraged Thimerosal removal in effect deliberately exposing millions of infants to continued mercury poisoning.

According to Kennedy, in a July 1999 letter, vaccine producer SmithKline Beecham tells CDC that it is ready to produce non-Thimerosal DTP (Diptheria/Tetanus/Pertussis) vaccines immediately and has sufficient inventories to supply the entire U.S. market during the remainder of 1999 and the first half of 2000, by which time other vaccine manufacturers would have their Thimerosal-free DTP vaccines on line. Thimerosal-laden DTP vaccines containing 25 micrograms of mercury apiece (75 thousand trillion atoms of mercury) were then being administered to American infants at two months, four months and six months – far exceeding EPA's recommended safe level for mercury. Had CDC accepted SmithKline's offer, it could have immediately reduced the mercury exposures to vaccinated six-month-old children by 40%.

Kennedy continued, "However, in November, CDC mysteriously sent a letter back rejecting Smith Kline's offer. Then, on July 14, 2000 CDC published a deceptive press release promising to require that all vaccines be Thimerosal-free as soon as "adequate supplies are available." This was a full 12 months after the agency had denied SmithKline's proposal."

I devoted time to study this issue because I believe that this is a moralcrisis that must be addressed. If, as the evidence suggests, ourpublic-health authorities knowingly allowed the pharmaceutical industryto poison an entire generation of American children, their actions arguablyconstitute one of the biggest scandals in the annals of American medicine. Robert F. Kennedy, Jr.

"If CDC were basing its decision on safety alone, it would have taken SmithKline up on its offer. That's a no-brainer," said a federal health official to Kennedy anonymously. "So there were other considerations beside safety that were guiding their decision making." "Among these "other considerations" were CDC's important concerns for the preservation of the vaccine program, a bureaucratic impulse for self-preservation, and protecting the economic interests of its vaccine industry friends."Immediate withdrawal would send a strong message; 'We messed up!'" the health official told Kennedy. "And I don't think they wanted to send that message to parents, the public or those considering legal action." "There was also concern," says the federal official, "that an immediate withdrawal might discredit the international vaccine programs for which CDC is an important partner."

Why will CDC inject millions of minority kids in America's poorestneighbourhoods with poison proven to kill brain tissue and causelearning disorders when child-safe vaccines are available?

Robert F. Kennedy Jr.

References

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[2] http://tiny.cc/X7zkV

[3] http://www.telegraph.co.uk/health/swine-flu/6038460/Doctors-told-to-watch-for-Guillain-Barre-syndrome-during-Swine-flu-vaccination-programme.html

[4] http://vactruth.com/2009/08/17/swine-flu-jab-link-to-killer-nerve-disease-leaked-letter-reveals-concern-of-neurologists-over-25-deaths-in-america/

[5] The study appears in October's 2009 Pediatrics. It's based on national statistics on patients' visits to clinics and emergency rooms between 1995 and 2005. The number of children treated for bad drug reactions each year was mostly stable during that time, averaging 585,922.

[6] http://news.yahoo.com/s/ap/20091009/ap_on_he_me/us_med_counting_swine_flu

[7] http://tantaonews.com/?tag=thomas-frieden

[8] http://www.naturalnews.com/027205_vaccines_swine_flu_the_FDA.html

[9] http://www.nytimes.com/2009/10/12/opinion/12offit.html?_r=1&th&emc=th

[10] http://www.ageofautism.com/2009/08/paul-offit-on-dateline-nbc-the-29-million-vaccine-man.html

[11] http://www.fluscam.com/Vaccine_Package_Inserts_files/Novartis_A-H1N1_2009_Monvalent_VaccinePackageInsert_BasedOn1980Approvalfor%20Fluvirin_UCM182242.pdf

[12] http://www.medscape.com/viewarticle/709540?src=mp&spon=17&uac=6133PX

[13] I wanted to share my testimony with you about MY recent flu episode (this past week). Last Sunday I had a very scratchy throat and started feeling achy. I was on a lovely drive with 2 friends to the mountains to get fresh apples at warehouses along Hwy. 16 up past Taylorsville, NC. We stopped for a nice lunch on the way home and my throat was getting so sore eating was barely enjoyable, despite delicious food. By the time we got back to my house I was starting to feel feverish and had a pretty severe headache… so I immediately drank a pint of water and went to bed… where I STAYED (except hours. Wallah! A book I got from my dad after he died in 2001 surfaced and saved the week for me: Dr. William Campbell Douglass book: Hydrogen Peroxide: Medical Miracle. I immediately staggered to my vitamin cabinet and dragged out the bottle of Food Grade H2O2 I had squirreled away many years ago… put 1/4 tsp in a pint of water, swished it around my mouth, gargled, then swallowed the first half, then drank the rest. Back to bed and finally some sleep. When I awoke the massive headache was almost gone, the all-over body aches were drastically less and my throat was not killing me. The runny nose and dry cough even subsided dramatically! So I have been drinking 10 drops to 1/4 tsp H2O2 in a pint of water as often as possible for the past day and a half and I feel back to "normal" now (whatever normal is). I've been a health coach since 1968 and had not been sick in over 10 years, so this whole episode took me my complete surprise. I tried massive C, homeopathic medicines, essential oils, oregano oil and nothing much worked… but the 35% Hydrogen Peroxide in water really sent those nasty bugs that had hold of my body … into a tailspin down the drain! I now have two new 16 oz. bottles of peroxide in my cupboard and am using it regularly – even to brush my teeth 2xday and soak my dental piece every night. / Jan Jenson

[14]http://imva.info/swine-flu-treatments.shtml

英文中國郵報
The China Post

男人流感疫苗注射後被給五萬新台幣
Man given NT$50,000 after flu vaccine

The China Post, 2 January 2010, 12:06 am TWN

https://web.archive.org/web/20100118022043/http://www.chinapost.com.tw/taiwan/national/national-news/2010/01/02/238982/Man-given.htm
https://www.discuss.com.hk/viewthread.php?tid=11282775&extra=page=10&nomobile=1

The Department of Health (DOH) decided yesterday to offer a relief fund of NT$50,000 to a 35-year-old man because he showed symptoms including numbness in the lower limbs after getting A(H1N1) flu vaccination, making him the first recipient of financial aid related to the vaccine shots.

Medical experts on a panel screening the medical cases related to vaccination said they have so far reviewed applications for relief fund in 39 cases connected to A(H1N1) flu inoculation, but the man was the only patient qualified for the relief measure.

Commensurate compensation to victimized vaccine recipients will be offered only when three major criteria are met:
1) after they are diagnosed to have suffered consequences related to vaccination;
2) their sufferings have reached a specific extent, and
3) the effects of the vaccines are unable to be ruled out, they explained.

The male patient in the case met the third criterion since the panel was unable to completely exclude the possible impact from the vaccine.

Thirteen days after taking the vaccine shot, the man showed symptoms of fever and numbness in the feet.

Since the man has a medical history of diseases, including problems in spinal cord, the problem could have arisen from effects on his immune system.

He will be given a relief fund of NT$50,000 because the team of medical experts were unable to entirely rule out the connection between the vaccine and the symptoms, a spokesman of the panel said.

The patient is presently recovering from the conditions after follow-up medical treatment, he said.

Families of some patients have held press conferences along with elected officials, mainly lawmakers and members of local county or city councils, to publicly question the connection between the causes of the patients' deaths and the anti-flu vaccine.

They accused the DOH for providing unsafe vaccines and sought government compensation.

At a press conference yesterday, Chang Yao-chung, a member of the Taichung City Council, said a student at a senior high vocational school in the central Taiwan city suddenly lapsed into unconsciousness and died after receiving the vaccine.

There were similar cases and suspicions expressed by patients' families.

DOH officials said autopsies will be performed at the request of families to determine the actual causes of patients' deaths with objective reviews by a panel of medical experts.

But families can also appeal their cases or use other channels for relief if they do not accept the ruling of the panel.

Families of some deceased patients have already filed charges against doctors who provided medical treatment and the DOH for providing the vaccines.

DOH officials such litigation cases will have to be dealt with via proper legal procedures.

Prosecutors said they can proceed with the judicial procedures only after gathering adequate evidence and getting formal medical reports from the Institute of Forensic Medicine under the Ministry of Justice to help determine the responsible parties for the cases.

Officials at the institute confirmed that they have been working on some cases related to the flu vaccines forwarded from prosecutors in various districts to help settle the medical disputes.

But they said the institute will not make public the findings concerning any particular cases before adequate medical examinations and analyses are completed.


英文中國郵報 The China Post

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Updated Saturday, January 2, 2010 12:06 am TWN, The China Post news staff

Man given NT$50,000 after flu vaccine

The Department of Health (DOH) decided yesterday to offer a relief fund of NT$50,000 to a 35-year-old man because he showed symptoms including numbness in the lower limbs after getting A(H1N1) flu vaccination, making him the first recipient of financial aid related to the vaccine shots.

香港討論區 discuss

Taiwan Government forced to Pay Compensation to Swine Flu Jab Victim as Protests Mount

台灣政府支付賠償給豬流感疫苗受害者

台灣政府被迫支付賠償 給豬流感刺戳受害者 由於抗議升級

Discuss, 4 January 2010, 12:08

https://www.discuss.com.hk/viewthread.php?tid=11282775&extra=page=10&nomobile=1

The Department of Health (DOH) decided yesterday to offer a relief fund of NT$50,000 to a 35-year-old man because he showed symptoms including numbness in the lower limbs after getting A(H1N1) flu vaccination, making him the first recipient of financial aid related to the vaccine shots.

衛生署(DOH)昨日決定提供新台幣五萬元，給一個35歲的人作救濟基金，因為他在甲型((H1N1)流感疫苗注射後出現下肢麻痺症狀，使他成為第一個與疫苗相關的財政援助接收者。

Medical experts on a panel screening the medical cases related to vaccination said they have so far reviewed applications for relief fund in 39 cases connected to A(H1N1) flu inoculation, but the man was the only patient qualified for the relief measure. ...

But they said the institute will not make public the findings concerning any particular cases before adequate medical examinations and analyses are completed.

AF ALGERIE FOCUS

Vaccin contre la grippe A (H1N1)
Mort suspecte d'un médecin à Sétif, après sa vaccination!

Algerie Focus, 2 January 2010
https://web.archive.org/web/20100103093050/http://www.algerie-focus.com/2010/01/02/vaccin-contre-la-grippe-a-h1n1-mort-suspecte-dun-medecin-a-setif-apres-sa-vaccination/

Gros point d'interrogation. Le vaccin contre la grippe AH1N1 est-il sûr et sans danger comme l'a assuré le ministre de la Santé, de la Population et de la Réforme hospitalière, Saïd Barkat?

Jeudi 30 décembre, soit un jour après le lancement de la campagne de vaccination contre la grippe AH1N1, une terrible nouvelle vient endeuiller le personnel de l'hôpital universitaire Saâdna-Abdennour: le médecin chef du service de réanimation, le docteur Rezig Lilia décède mystérieusement, alors qu'elle «venait de se faire inoculer le vaccin contre la grippe AH1N1, à l'instar de ses collègues» rapport notre confrère Le Jeune indépendant dans son édition du vendredi. La défunte ne présentait aucun signe de maladie qui expliquerait sa mort subite, précise la même source.

Pour rappel, à ce jour 20 cas de grippe A H1N1 suspectés et 4 décès ont été enregistrés au niveau de l'ensemble de la wilaya de Sétif, selon des sources officielles. Néanmoins, depuis la mort suspecte de ce médecin de 35 ans après avoir été vaccinée, d'énormes doutes planent sur l'efficacité, voire la dangerosité potentielle du vaccin.

Interrogé par Le Jeune indépendant, le professeur Lachhab, responsable du centre de référence, indique «qu'il est encore tôt pour se prononcer sur la cause de cette mort subite de sa collègue», et que» seule l'autopsie déterminera la véritable cause de ce décès».

Se voulant rassurant, le professeur Lchahab déclare avoir» été lui-même vacciné du même flacon que la défunte aux côtés du Dr Lehtihet, directeur de la santé, du Dr Koussa, responsable de la cellule de prévention, et d'autres collègues, mercredi dernier, date du début de la campagne de vaccination dans le milieu médical de la wilaya.

=> English version

THE FLU CASE

Doctor in Algeria Dies One Day after Swine Flu Jab

Algerie Focus // The Flu Case, 15 January 2010

https://web.archive.org/web/20100220012528/http://www.theflucase.com/index.php?option=com_content&view=article&id=2563%3Adoctor-in-algeria-dies-one-day-after-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Vaccine against influenza A (H1N1). Suspicious death of a doctor in Setif after vaccination!

A big question mark. Is the vaccine against influenza AH1N1 as safe as the Minister of Health, Population and Hospital Reform, Said Barkat, affirms?

On Thursday, December 30, one day after the launch of the vaccination campaign against influenza AH1N1, terrible news plunged the staff of the University Hospital-Saadna Abdennour into mourning: the head doctor of the ICU, Dr. Lilia Rezig, had died mysteriously, "just after she had been inoculated with the vaccine against influenza AH1N1, like her colleagues" reported our fellow newspaper "Le Jeune Indépendant" in its Friday edition. The deceased had shown no signs of disease that would explain her sudden death, said the source.

As a reminder, to date 20 cases of suspected influenza A H1N1 and 4 deaths have been recorded at all of the wilaya of Setif, according to official sources. However, since the suspicious death of this 35 year old physician after being vaccinated, huge doubts hang over the effectiveness or the potential dangerousness of the vaccine.

Questioned by Le Jeune Independent, Professor Lachhab, head of the reference centre, said "it is still early to comment on the cause of this sudden death of his colleague," and that "only an autopsy will determine the true cause of this death".

In an attempt to be reassuring, Professor Lchahab said he "was himself vaccinated from the same bottle used for the deceased, alongside Dr. Lehtihet, Health Director, Dr. Kusa, head of the prevention unit, and other colleagues, last Wednesday, date of the start of the vaccination campaign in the medical community of the wilaya.

The Standard 英文虎報

Mary Ann Benitez and Patsy Moy

Fewer swine flu jabs as doc falls ill

The Standard, 8 January 2010
http://www.thestandard.com.hk/news_detail.asp?pp_cat=30&art_id=92850&sid=26627549&con_type=1 – deleted
http://www.whale.to/vaccine/fewer_swine.html

A 58-year-old cardiologist who received a human swine flu (H1N1) vaccination is in serious condition with Guillain- Barre syndrome, a disease that affects the nervous system. But an expert group said it could not be determined if the doctor's disorder was directly caused by the vaccine.

A doctors' group said the case led to a decline in the number of people receiving vaccinations yesterday.

Controller of the Centre for Health Protection, Thomas Tsang Ho-fai, said it is impossible to say whether the man's illness was caused by the flu jab.
"The [expert] group thinks it is not possible to differentiate with reasonable certainty whether the relationship between the vaccine and patient's symptoms is causal or coincidental, meaning that we are unable to conclude one way or the other based on a single case," Tsang said.

"We have vaccinated over 100,000 people in Hong Kong and if we look at overseas experience, the vaccine has not been associated with an increased rate of Guillain-Barre syndrome." He added: "So we are of the view that for high-risk groups the benefit of receiving the vaccine definitely outweighs the risk and we recommend members of such groups to receive the vaccine."

The cardiologist, Kwok Hong-tai, who has an underlying medical condition, received the vaccine on December 24 and began feeling weakness in his lower limbs on December 28, Patrick Li Chung-ki of Queen Elizabeth Hospital said.

Kwok was admitted to Queen Mary Hospital on January 2 where he remained in serious but stable condition yesterday.

A nurse at the cardiologist's clinic in North Point declined to confirm whether the doctor is the one suffering from Guillain-Barre syndrome.

Li said the patient has shown weakness in all four limbs and his symptoms were "compatible with Guillain-Barre syndrome."

The rare disease occurs after receiving vaccines, while other patients develop it after viral or bacterial infections.

For some patients, there is no underlying cause but is "incidental," Li said. Hong Kong Doctors Union president Henry Yeung Chiu-fat said there were significantly fewer people who came forward to be vaccinated at private clinics.

But government figures showed at least 8,872 were vaccinated in the 24 hours ending 1 pm yesterday. Of those, 1,717 went to private doctors, compared with 2,171 the day before.

Infectious disease specialist Lo Wing-lok said the case is more likely related to the vaccine "because of the time sequence and because of various clinical observations and tests done."

He said the case is a "very strong deterrent" for people not to be vaccinated.

EXPRESS

Lucy Johnston

Fury at Vaccine Scandal

Express, 10 January 2010
http://www.express.co.uk/posts/view/150804/Fury-at-vaccine-scandal

Hundreds of public sector workers who claim their lives have been wrecked by vaccines say the Government has abandoned them.

Up to 200 doctors, nurses, firefighters, prison officers, police officers, forensic scientists and binmen say they have developed serious physical and mental health problems after injections essential for their work over the past 10 years. All have given up their jobs and some are now 60 per cent disabled.

Last night it emerged they are to miss out on payouts, prompting furore among campaigners. More than 150 MPs have lent their support to demands for a better deal for the victims.

Olivia Price, of the Vaccine Victim Support Group, said: “These people have given their lives in the service of looking after others and this is how they’re repaid. They’ve lost their careers and are a burden to their families. It is very degrading.”

Frontline health workers, social workers, prison officers and binmen have to be vaccinated against hepatitis B as a condition of their employment.

This is to protect them from contracting potentially fatal conditions from infected blood through needle injuries or physical assaults.

Although they are not legally forced to have the vaccinations, without them they are not allowed to work.

Experts believe the injections caused the health problems, which include chronic fatigue, muscle pain, weakness and cognitive problems, because illnesses developed soon after vaccination. In one case Steve Robinson, a previously fit 43-year-old father of three, was vaccinated six years ago against hepatitis A, B and polio, tetanus and diphtheria as part of his work as a forensic specialist.

Two days later he became ill and developed muscle weakness and chronic fatigue. Mr Robinson, from Morpeth, Northumberland, is now 60 per cent disabled, which an industrial injuries tribunal put down to the vaccinations.

He has also been diagnosed with macrophagic myofascitis, a disabling condition which may be caused by the aluminum in vaccines. He also suffers from problems that cause him to fall with no warning. He said: “Before I had the vaccinations I was very healthy, a keen mountain biker and enjoyed walking and keeping fit.

"Now I have very poor mobility and walk with sticks, I am constantly tired." In up to 10 of the 200 cases, Government officials have already ruled, on the balance of probabilities, that the vaccines caused the damage.

Campaigners say these victims should be entitled to payouts of up to £120,000 through the Government's Vaccine Damage Payment Scheme, like other people who have suffered side effects, but the hepatitis B vaccine is excluded so they get nothing.

Payouts are restricted to the industrial injuries scheme but this is a long and difficult process and, according to campaigners, results in "paltry" sums. So far, fewer than 10 have successfully claimed this money. Ian Stewart, Labour MP for Eccles, has tabled an Early Day Motion on the scandal which has been backed by more than 150 MPs of all political parties.

YESHIVA WORLD NEWS

Swine Flu Victim was Vaccinated

The Yeshiva World, 11 January 2010
https://www.theyeshivaworld.com/news/israel-news/44618/swine-flu-victim-was-vaccinated.html

The 66-year-old man who died of swine flu in Tel Aviv's Beilinson Hospital on Sunday did have the vaccination, officials report. Health Ministry officials report that the vaccine takes three weeks from the inoculation date before the recipient is protected and in the case of the niftar, it was less than three weeks since he received the vaccine.

Health Ministry officials fear a new outbreak of the illness, urging citizens to report to their HMO for the vaccination which is now available to the general population.

The updated death toll in Eretz Yisrael from swine flu is now 85.

=>

THE FLU CASE

Swine Flu Victim Vaccinated: Did Vaccine Cause The Swine Flu?

The Flu Case, 12 January 2010 10:41
https://web.archive.org/web/20100220012421/http://www.theflucase.com/index.php?option=com_content&view=article&id=2543%3Aswine-flu-victim-vaccinated-did-vaccine-cause-the-swine-flu&catid=41%3Ahighlighted-news&Itemid=105&lang=en

România liberă

Panica: Medic decedat la o zi dupa vaccin

România liberă, 15 Ianuarie 2010
https://web.archive.org/web/20100119022035/http://www.romanialibera.ro/eveniment/a174728-plangere-penala-contra-vaccinarii-impuse-de-cercel.html

Potrivit Ministerului Sanatatii, in ultimele 24 de ore s-au mai inregistrat patru decese din cauza A/H1N1 (ajungandu-se in total la 100) si 131 de noi imbolnaviri, pana acum fiind vorba de 6.386 de cazuri.

Un medic de familie din comuna clujeana Alunis s-a vaccinat vineri impotriva virusului A/H1N1, iar sambata a murit. Localnicii, extrem de speriati, spun ca acesta a decedat din cauza vaccinului. Reprezentantii Autoritatii de Sanatate Publica din Cluj sustin insa ca panica este nejustificata, pentru ca medicul a murit din cauza unui infarct. Medicul Mihai Constantin a fost gasit de localnici decedat in curtea casei, iar trupul sau a fost transportat la Institutul de Medicina Legala din Cluj, unde i-a fost facuta autopsia. Potrivit profesorului Florin Stamatian, cadru didactic la Universitatea de Medicina si Farmacie "Iuliu Hatieganu", vaccinul nu are in nici un caz efecte mortale.

TIMES OF MALTA

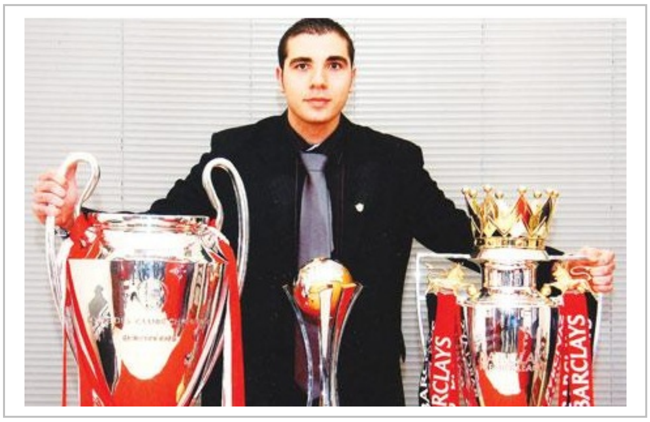
Kurt Sansone, Ariadne Massa

Health probe in young man's sudden death

Times Malta, 15 January 2010

Twenty-three-year-old took swine flu vaccine five days earlier

https://www.timesofmalta.com/article/health-probe-in-young-mans-sudden-death.289825



The health authorities are investigating the unexpected death of a young man who took the swine flu vaccine five days earlier, although initial results indicate just a "coincidental" relation between the two.

Clayton Cachia, 23, died on Wednesday evening at Mater Dei Hospital after he was taken ill from work.

Described by his distraught parents, Joseph and Pauline, as perfectly healthy, Mr Cachia was to be engaged to his girlfriend Ebony in two months' time.

The health authorities confirmed that an autopsy was held yesterday and medical tests were ongoing to determine whether the untimely death was related to the vaccine.

"Since the person was injected with the A(H1N1) influenza vaccine five days ago, the case is being followed very closely by the health authorities. From the information collected so far the relation between his death and the vaccine could possibly be coincidental," a spokesman said.

Mr Cachia's sudden death came as a complete surprise to his parents and only sister, Romina.

"He was a healthy six-foot-four boy," his mother said, adding he took the swine flu vaccine on Saturday after being advised to do so at his work place. Mr Cachia had only just started working as a medical representative with a pharmaceutical company two months earlier.

"I do not know whether his death is linked to the vaccine. Doctors said it was not but I don't know. I don't know. I have not taken the vaccine and will not take it myself," his mother added.

"I am going to die," his grieving father said, pointing out that doctors had taken all the necessary tests and sent them abroad.

"They told us his heart swelled. He took the injection on Saturday... I don't know if it was a reaction to the vaccine," he said.

Mr Cachia was an "exemplary" child who, according to his mother, "brightened up the street" with his charm.

An avid Manchester United supporter, Mr Cachia had left home at 5 a.m. after kissing his mother goodbye. He collapsed at work a few hours later.

The Standard 英文虎報

Mary Ann Benitez

Swine flu jab takes hit as man, 91, falls ill

The Standard, 15 January 2010
http://www.whale.to/vaccine/swine_flu_jab.html
http://www.thestandard.com.hk/news_detail.asp?pp_cat=11&art_id=93181&sid=26704544&con_type=1 - deleted

Experts have yet to find a link between the human swine flu vaccine and Guillain-Barre syndrome, the health chief says.

York Chow Yat-ngok's remarks yesterday came as doctors tried to find out whether a 91-year-old man who complained of lower limb weakness after receiving the vaccine is suffering from the rare nerve disorder.

A definitive diagnosis has yet to be made, a spokesman for the Department of Health said yesterday.

The patient, who is in stable condition at Princess Margaret Hospital, received a vaccine for seasonal flu on November 26 and another for human swine flu on January 4.

He began complaining of lower limb weakness on Saturday and was admitted to hospital on Tuesday.

"The patient was assessed by a neurologist. Clinical assessment showed that he had [a] decrease in power in both legs," a Centre for Health Protection spokesman said.

A nerve conduction test came out normal and further test results are pending.

Last week, a 58-year-old cardiologist was diagnosed with Guillain-Barre syndrome after also complaining of lower limb weakness.

He had received the human swine flu vaccine on December 24 and is undergoing treatment at Queen Mary Hospital.

However, experts could not say whether the swine flu jab itself had led to his illness.

Centre for Health Protection controller Thomas Tsang Ho- fai said it would be cause for concern if the number of local cases of the syndrome increased significantly from the current monthly average of six to 12.

Meanwhile, 2,604 people were vaccinated in the 24 hours ending at 1pm yesterday. The daily number of people taking the human swine flu shot has been on the decline since the cardiologist was diagnosed with Guillain-Barre syndrome.

As of Wednesday, 34,697 people had been confirmed with swine flu in the city. Fifty-six have died.

THE FLU CASE

The Authorities knew the Risk, says Danish Doctor

The Flu Case, 19 January 2010, 11:54

https://web.archive.org/web/20100220012754/http://www.theflucase.com/index.php?option=com_content&view=article&id=2604%3Athe-authorities-knew-the-risk-says-danish-doctor&catid=1%3Alatest-news&Itemid=64&lang=en
http://whale.to/vaccine/authorities_knew.html

Medical doctor, Jytte Hestbech, Copenhagen is in the unique position of being both an MS patient as well as former vicedirector of Forensic Institute in Denmark.

She estimates, that the authorities in advance knew the risqué of taking the vaccine against the swine flu. It is well known, that the activation of the immune systeme may contribute to a process of disease-development or lead to relapse in the group of autoimmune diseases as for example multiple sclerosis. In spite of this, the MS-patients in Denmark have specificially been recommended to take the vaccine, she says.

Jytte Hestbech presumes, that the authorities at some level or other have knowledge about mercury in vaccines playing a role in the development of autoimmune diseases.

The authorities have chosen to hide for the population, that there is a risk in taking the vaccine. They have also chosen to hide for patients with MS, that they run a risk of aggravation of their disease by taking the vaccine.

According to Dr Jytte Hestbech it is not easy to see through, why the authorities secretly have decided to expose the citizens to such serious dangers.

THE FLU CASE

Ulla Danielsen

38 Cases of Guillian Barré and 11 cases of Multiple Sclerosis following vaccination against H1N1

The Flu Case, 19 January 2010, 11:50
https://web.archive.org/web/20100220012750/http://www.theflucase.com/index.php?option=com_content&view=article&id=2603%3Aemea-registers-38-cases-of-guillian-barre-and-11-cases-of-multiple-scelorosis-from-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The European Medicines Agency (EMEA) has registered 38 cases of Guillian Barré Syndrome, an illness with paralysations, following vaccination against the swine flu (H1N1) since the vaccination campaign started.

Senior medical doctor, Doris Stenver, head of the department for consumer safety at the Danish Pharmaceutical Board (Laegemiddelstyrelsen) 11 cases of multiple sclerosis (MS) have been registered.

EMEA covers the 27 EU countries plus Norway and Iceland.

H1N1 Meeting in Copenhagen
Doris Stenver participated Wednesday in an open meeting about the swine fluat the pharmaceutical faculty at the University of Copenhagen in Denmark.

Since that meeting, the figures communicated by Doris Stenver, have had to be revised and are higher than what was presented at the meeting Wednesday.

The vaccine Pandemrix accounts for 23 cases of Guillian Barré Syndrome in Europe.

Concerning Focetria the European Medicines Agency (EMA) has registered 13 cases of Guillain Barré Syndrome while Celvapan accounts for two cases.

Furthermore the three types of vaccine each account for one case of Miller-Fischer Syndrome. That is a rare, acquired nerve disease that is considered to be a variant of Guillain-Barré syndrome.

11 Cases of MS following H1N1-vaccination
Altogether EMEA has registered 11 cases of multiple sclerosis (MS) following vaccination against H1N1 in Europe. Of these Pandemrix is responsible for nine cases and Focetria for two cases.

Meanwhile, according to senior medical doctor, Doris Stenver, the prevalence of Guillian Barré and multiple sclerosis among citizens vaccinated against H1N1 is not causing concern, when compared with the prevalence of these diseases in the background population.

"When you compare with background data for Europe as a whole, there is no reason for panic," says Doris Stenver.

In Denmark a single case of suspected Guillain Barré has been registered following vaccination. Some cases of sensory disturbances and paralysations have also been registered but nothing like MS says, Doris Stenver.

As of January 11, 2010 32.4 million people in Europe had been vaccinated against the swine flu.

ABC NEWS

School Staff get Insulin instead of Swine Flu Shot

ABC News, Wellesley, Mass.19 January 2010
https://web.archive.org/web/20100126215744/https://abcnews.go.com/GMA/WaterCooler/wireStory?id=9605600

Mass. elementary school staff members mistakenly given insulin instead of swine flu vaccine.

Wellesley school officials said several staff members at an elementary school had to be taken to the hospital after being injected with insulin rather than the swine flu vaccine. Superintendent Bella Wong said no students were ever in danger at Friday's vaccine clinic for staff at Schofield Elementary School and all the people who got the wrong shot have recovered.

Wong, in a letter to staff and parents Monday, said the insulin belonged to students with diabetes and was provided by their parents.

Wong said in the letter that the school nurse who administered the insulin to staff has been placed on paid administrative leave pending an investigation. She did not give the nurse's name.

ABC NEWS

How Did School Staffers Get Insulin Instead of Flu Vaccine? Officials looking for answers in vaccination mix-up

ABC News, 20 January 2010, 7:24 AM
https://abcnews.go.com/Health/SwineFluNews/school-staffers-insulin-swine-flu-shot/story?id=9606504

Jan. 20, 2010; - When staff members at a Wellesley, Mass., school went to the nurse last Friday, they expected to be injected with a vaccine for the H1N1 flu. What they received instead was a shot of insulin resulting in about with low blood sugar.

While the staffers seem to be suffering no long-term damage from mistakenly receiving the insulin injections, investigations are ongoing to determine what caused the medical error. Indications thus far have been that a school nurse was responsible. The nurse has been temporarily relieved of duty.

While ABC News contacted people at the departments of health for the town of Wellesley and the Commonwealth of Massachusetts, as well as the Wellesley School District, it remains unclear how the flu vaccine, which can be distributed in pre-filled syringes or vials, was mistaken for insulin, which is drawn from a vial because each dose needs to be calibrated when it is given.

Such errors have happened before. This past fall, a number of people in the neighboring town of Needham received a seasonal flu vaccine in place of the H1N1 vaccines they were supposed to receive. And in 2007, a teacher in the nearby town of Attleboro also received an injection of insulin instead of the intended flu shot.

"Mistakes can always be made," said Lisa Lowery, a registered nurse and immunizations program manager for the Visiting Nurse Service in Indianapolis. While she is reluctant to blame the nurse, she said other steps can be taken to avoid such a problem.

The benefit of having a nurse specifically performing a vaccination clinic, according to Lowery, is that it allows the nurse to be more focused. "You're in a habit of doing what you're doing. You're doing one vaccine and only one vaccine," she said.

"In practices, you're taught to take the bottle to another nurse and have her double-check what you're about to give," she said – a situation that isn't possible when a school nurse alone is administering vaccine.

"That nurse is not used to injecting vaccines as a school nurse," said Lowery. "It would have been her habit to pick up insulin. Having someone to back them up and check them out would have prevented some more errors. If you're holding a vaccination clinic, use someone who's used to doing that."

Kay Renny, a registered nurse and manager of community programs for the Visiting Nurse Association of Southeast Michigan in Detroit said other steps are typically taken to avoid such a problem.

She said when her nurses are giving out both seasonal and swine flu vaccines, they do so in two separate lines with two separate forms, which do not look alike, so that nurses – who are only administering one shot – will notice. "This is the first year where we're administering two flu vaccines at the same time," she said, explaining it presented a new challenge.

When a mistake happens, "It doesn't hurt them, but it doesn't help them. What they want is what they're there for," said Renny. "You try to put steps in place to avoid that happening."

She noted that the vials for insulin and flu vaccine are similar but the syringes are different, with those for insulin being smaller. "Whenever administering any kind of medication, you have to double check when you have multiple kinds of medication in front of you. You really need to double check your double check."

JEMS THE CONSCIENCE OF EMS

Massachusetts School Staff Mistakenly injected with insulin

JEMS, 22 January 2010
https://www.jems.com/training/massachusetts-school-staff-mis/

JEMS
https://www.jems.com › training › massachusetts-school...

Massachusetts School Staff Mistakenly Injected with Insulin

WELLESLEY, **Mass**. – Wellesley school officials say several staff members at an elementary school had to be taken to the hospital after being injected with ...

CNN BUSINESS

Amanda Watts, Alta Spells

10 hospitalized after insulin administered instead of flu shots

CNN, 8 November **2019**, 9:49 AM EST,
https://edition.cnn.com/2019/11/07/us/oklahoma-flu-shot-mix-up/index.html

(CNN) Ten people at a care facility in Oklahoma were hospitalized after they were injected with insulin instead of a flu shot, police said.

Eight of the patients were residents of Jacquelyn House and two were employees, Sgt. Jim Warring, with Bartlesville Police Department told CNN. The facility serves intellectually and developmentally disabled people, according to the website of AbilityWorks, the company that owns the eight-resident site.

EMS and fire crews responding Wednesday afternoon "found … multiple unresponsive people," police Chief Tracy Roles said during a news conference covered by CNN affiliate KTUL.

Most patients' suffering symptoms after the medication was administered "were not able to explain the issues," Warring said. "Many of them are not vocal and not able to walk."

"All these people are symptomatic, lying on the ground, needing help, but can't communicate what they need," Roles said. "That's why I give a lot of praise to the fire and EMS staff for doing an outstanding job of identifying the problem."

The pharmacist who injected the insulin was a contractor and went to the facility on Wednesday to administer the flu shot to residents and employees, Rebecca Ingram, CEO of AbilityWorks of Oklahoma, said in a statement.

Ingram said all people who received the injection had reactions and were taken to Jane Phillips Hospital in Bartlesville.

Several remained hospitalized Thursday due to the long-acting insulin that was administered, police said.

Ingram didn't discuss whether the residents and employees were injected insulin but said authorities were investigating the "cause of the reactions to the injections."

"I've never seen where there's been some sort of medical misadventure to this magnitude," Roles said. "But again, it could have been a lot worse. Not to downplay where we are, but thinking about where we could be, it could certainly have been very, very tragic."

Tony D. Sellars, director of communications for the Oklahoma State Department of Health, said his agency will review the facility's report on the incident "to determine if we need to follow up or if their action was sufficient."

"There is no reason to suggest at this point that the facility should have had a reasonable suspicion that this sort of error would occur or be preventable on their part," Sellars said.

An investigation was still underway on Thursday.

TORONTO SUN torontosun.com

Michele Mandel

One small needle, a world of trouble

Toronto Sun, 30 January 2010, 9:09 pm
https://web.archive.org/web/20100201225400/http://www.torontosun.com/news/columnists/michele_mandel/2010/01/30/12680636.html

Downstairs in the rehab wing of Markham Stouffville hospital, in a private room with a sunny window, lies Donna Hartlen, a young mother who is now partially paralyzed.

The Whitby woman can't stand without leaning on a walker and her legs are too numb to allow her to walk for more than a few steps. The right side of her face is paralyzed, she can't properly chew solid food and her right eye is bandaged because she can no longer blink to protect it.

Until five weeks ago, she was a perfectly healthy woman spending Christmas with her family in Nova Scotia. And then on Dec. 29 she was rushed to an emergency room in Halifax, suddenly unable to stand on feet.

The doctors diagnosed her with Guillain-Barre syndrome, a rare neurological condition characterized by sudden weakness or paralysis. And while no one seems willing to discuss the likely cause, the 39-year-old knows exactly where the fault lies.

She blames the H1N1 flu shot she received on Dec. 13 – two weeks before her symptoms suddenly appeared.

Of course, there is no way to know for certain. But Hartlen has only grown more convinced since chatting by chance in the hall with the older gentleman from the hospital room next door.

Don Gibson has GBS as well, with legs so numb now that he is confined to a wheelchair. It turns out that not only was he also vaccinated against H1N1, but he got the shot just two days before Hartlen, in the very same Markham doctors' office.

"It's way too coincidental," insists the slight mom, her words slurred because the right side of her face will not move. "It's either a bad batch or a lot more people are getting this than they are talking about."

Her 80-year-old neighbour is equally convinced that the H1N1 vaccine to blame. "It must have been a bad batch," Gibson believes. "But nobody is saying anything. I know I signed a piece of paper and there's no liability but it's pretty scary."

They are now comrades in arms, an unlikely duo who share a rare illness and a similar vaccination history that no one wants to acknowledge.

According to the Public Health Agency, there are about 600-700 new GBS cases a year in Canada, caused usually by food-borne bacteria, respiratory infections or surgery.

"The risk of getting GBS after any flu vaccine is about one case for every million doses distributed," the website says. "The benefit of the vaccine outweighs this theoretical risk."

So far, the agency says they haven't had any unusual spike in GBS – there's been 22 cases following the H1N1 vaccination – or .87 per million doses distributed. But Hartlen questions how many GBS patients are actually being reported; she says she was the one who finally called her local public health department because no medical professional seemed interested in the possible connection.

"Not a single doctor we've talked with will even remotely discuss that it's the H1N1 shot," marvels Hartlen. "They almost pretend they don't hear you. They don't want to alarm the public and they don't want you to stir up trouble."

So GBS patients like Hartlen and Gibson are on their own.

Right now, Quebec is the only province with a no-fault vaccine injury compensation program in place.

"It's a horror story of how little Ontario will do to help patients that come down with this after the government promotes it so much," complains her husband, Wayne Burke.

They have two little girls at home, just 4 and 2. He works full-time at Telus; she was a self-employed business systems analyst. With no family in Whitby, they flew in her parents from Nova Scotia, but the elderly couple can't look after the kids indefinitely.

Meanwhile, Hartlen has been told it can take months – and up to a year – before she completely regains all movement. So how is the partially-paralyzed mom supposed to take care of two young children until then?

"If my kids were 10 and 12 it would be different. But a four and two-year-old need 100% attention and I can't give it to them," she worries.

So she's hardly unreasonable in expecting some kind of government support. But after countless phone conversations with every level of bureaucrat, she's learned there will be no such thing.

"They're the ones who push this vaccine. They promote it every five minutes on TV. So I do what they say and I get GBS and they're not going to help me?

"I need help for my kids - I'm not looking for anything extravagant. I'm not an ambulance chaser. I don't want to sue anybody. I just want to get my kids looked after while their father is at work."

Instead, there is only a shameful silence.



Donna Hartlen, a young mother who is now partially paralyzed, has been diagnosed with Guillain-Barre syndrome.
Hartlen, seen in her hospital room with her husband Wayne Burke, blames the H1N1 flu shot. (Stan Behal, Toronto Sun)

THE FLU CASE

Katherine Smith

Open letter on possibly carcinogenic Baxter swine flu jab
Could Baxter's A/H1N1 influenza vaccine ("Celvapan") endanger your health?

The Flu Case, 2 February 2010
https://web.archive.org/web/20100220013339/http://www.theflucase.com/index.php?option=com_content&view=article&id=2680%3Aopen-letter-on-possibly-carcinogenic-baxter-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dear Health Professional,

Please read this letter carefully, regardless of whether or not you support vaccination.

In 2009, the NZ Ministry of Health *decided to purchase 300,000 doses* of an A/H1N1 influenza vaccine manufactured by Baxter International for targeted distribution to health professionals, police, firefighters and other emergency personnel in the event that the A/H1N1 influenza pandemic warranted its use.
=>https://web.archive.org/web/20180413122315/http://www.radionz.co.nz/news/world/7846/distribution-talks-underway-for-swine-flu-vaccine
=> http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-questions#vaccine (28/10/10 - deleted)

As you probably know, fears that the new A/H1N1 strain would turn out to be devastating have proved to be largely groundless with NZ's influenza death rate being comparable to that of seasonal influenza. [Baker M, et al. Pandemic influenza A(H1N1)v in New Zealand: the experience from April to August 2009]
=> https://web.archive.org/web/20090829164130/http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19319

Baxter International's recent *safety record in the production of biological products is very poor.* You may recall the problems with the company's Heparin in 2008 in which at least four people died due to the product's being contaminated, while hundreds more became ill as a result of its use.
See: Baxter Heparin Contaminant Found. – Medical News Today, 6 Mar 2008;
https://web.archive.org/web/20080309032059/http://www.medicalnewstoday.com/articles/99662.php

An investigation into this debacle found that Baxter was sourcing *raw materials from an uncertified Chinese factory* that had never been inspected by the Chinese drug regulators.
See: Heparin Chinese supplier was never checked by Chinese Drug Regulators. – Medical News Today, 6 Feb 2008
https://web.archive.org/web/20080218072441/http://www.medicalnewstoday.com/articles/97598.php

In February 2009, Baxter distributed to sixteen labs in four different countries a bulk seasonal (H3N2) influenza vaccine product that was *contaminated with live bird flu (H5N1) viruses*. This could potentially have sparked a deadly H5N1 influenza pandemic, but fortunately staff in a Czech laboratory discovered the problem in time.
See: Branswell H. Baxter: Product contained live bird flu virus. – Toronto Sun, 27 February 2009;
https://web.archive.org/web/20090302095805/http://www.torontosun.com/news/canada/2009/02/27/8560781.html

The Czech Republic subsequently refused to enter into a contract with Baxter for A/H1N1 influenza vaccine as Baxter *refused to guarantee the vaccine's safety* nor take responsibility for compensating recipients who might suffer side effects from the vaccine's use.
See: Baxter not to provide anti-swine flu vaccine to Czechs. – Ceske Noviny, 3 August 2009;
https://web.archive.org/web/20090822003914/http://www.ceskenoviny.cz/tema/zpravy/baxter-not-to-provide-anti-swine-flu-vaccine-to-czechs/391210

Despite having been informed of Baxter International's recent history of producing *contaminated biological products*, the New Zealand Ministry of Health maintained its supply contract with Baxter. This decision is currently the subject of a complaint to the Solicitor General – as is the decision to

continue a vaccine supply agreement with CSL despite an FDA inspection of its Australian vaccine production factory which *found numerous safety code violations.*

deleted => http://www.entrepreneur.com/tradejournals/article/202644880.html

Baxter's A/H1N1 influenza vaccine ("Celvapan") is produced in "Vero cells" which are derived from green monkey kidney tissue. => http://en.wikipedia.org/wiki/Vero_cell

Cell lines of this type have the potential to be *contaminated with viruses such as Simian Virus* 40 (SV40) a monkey virus of known oncogenic (tumour producing) potential. (For information about SV40 and cancer in humans please see => Horwin M. Simian Virus 40 (SV40): A Cancer Causing Monkey Virus from FDA-Approved Vaccines. Law J Sci & Tech, 2003, 13(3), http://www.sv40foundation.org/Alexander.html

The Minister of Health responded to a request made under the Official Information Act (OIA) by stating that the Vero cell line used by Baxter has been tested and found to be free from SV40. However, he refused to release the documents necessary to prove this assertion. (This refusal is currently the subject of a complaint to the Ombudsman.)

Moreover, the Vero cell line used to culture the A/H1N1 influenza viruses for Baxter's "Celvapan" vaccine, is a *neoplastic cell line*. The FDA is currently investigating whether residual DNA from neoplastic cells (like Vero cells) used in vaccine manufacture can cause cancer in vaccine recipients.

Lewis A. Development of Assays of Defined Sensitivity for the Regulatory Management of Novel Cell Substrates http://www.fda.gov/BiologicsBloodVaccines/ScienceResearch/BiologicsResearchAreas/ucm127304.htm

The NZ Minister of Health *is aware of this risk*. However, he has no plans to cooperate "at this time" with the US FDA on research on this issue. According to the Minister, the Vero cells line used by Baxter in the production of "Celvapan" is one that minimises the possible cancer risk from the vaccine. However, he refused to release any of the documents to prove this assertion.

Moreover, he stated that the NZ Ministry of Health *would not conduct independent testing* of Baxter's A/H1N1 influenza vaccine prior to its use in New Zealand. Such testing could provide vaccine recipients with assurance that the vaccine is not contaminated with H5N1, SV40, any other adventitious microorganisms, oncogenic DNA fragments or any other inadvertent contaminants that could pose a health risk. In other words, The Ministry of Health is relying solely on information supplied by Baxter – which has a massive financial interest in its products – attesting to the safety and efficacy of "Celvapan". Given the recent history of the company, I don't find this reassuring, do you?

The datasheet for "Celvapan" is now available on Medsafe's website. *CELVAPAN: Pandemic influenza vaccine* (whole virion, Vero cell derived, inactivated) suspension for injection; Qualitative and quantitative composition https://web.archive.org/web/20100526012255/http://www.medsafe.govt.nz/profs/Datasheet/c/Celvapaninj.pdf

It is worth reading to get an idea of the possible side effect profile of Baxter's influenza vaccine. (Please note that it appears that there are as yet no Phase III trials Baxter's A/H1N1 influenza vaccine; thus much of the data on the datasheet comes from trials of Baxter's H5N1 vaccine. Moreover, the Phase III trials of Baxter's H5N1 vaccine have yet to be completed.)

deleted: http://clinicaltrials.gov/ct2/show/NCT00711295?term=H5N1+influenza+vaccine+%2B+Baxter&rank=2 => https://clinicaltrials.gov/study/NCT00711295

Using data from an H5N1 influenza vaccine to justify the use of an H1N1 influenza vaccine was considered acceptable for the registration process, due to the "pandemic". Potential side effects of concern for Celvapan include sudden *hearing loss, paresthesia, arthralgia* (from H5N1 influenza vaccine trials) while post marketing surveillance of H1N1 influenza vaccine recipients include *convulsions, anaphylaxis and influenza-like illness*, among others.

It is also important if you are pregnant (or treat pregnant patients) to realise that according to Baxter's datasheet there have been clinical trials on the use of its A/H1N1 influenza vaccine "Celvapan" during pregnancy (or while breastfeeding). This is of concern because pregnant women vaccinated with A/H1N1 influenza vaccines in North America have reported *foetal death* and *miscarriages*.

Reports of H1N1 Vaccine Causing Miscarriages. – Prevent Disease, 7 November 2009; https://web.archive.org/web/20091112143056/http://preventdisease.com/news/09/110709_H1N1_vaccine_miscarriage_reports.shtml

9 New stories of Pain and Loss from Pregnant Women who lost their Babies after receiving the H1N1 Vaccine. – The Flu Case, 18 January 2010.
https://web.archive.org/web/20100413024019/http://www.theflucase.com/index.php?option=com_content&view=article&id=2593%3Ais-the-h1n1-swine-flu-vaccine-causing-miscarriages&catid=1%3Alatest-news&Itemid=64&lang=en

Another factor to take into account when considering whether or not to be vaccinated with "Celvapan" is that influenza vaccines have a long history of producing disappointing results in terms of preventing influenza or influenza like illness. A recent article published in the British Journal of Medicine stated that:

"In children under 2 years inactivated vaccines had the same field efficacy as placebo,8 and in healthy people under 65 vaccination did not affect hospital stay, time off work, or death from influenza and its complications." => Demicheli V et al. Vaccines for preventing influenza in healthy adults. Cochrane Database Syst Rev 2004; (3); CD001269; https://pubmed.ncbi.nlm.nih.gov/15266445/

The author also expressed surpise at the lack of safety studies:

"A Cochrane Database Systematic Review found only one old trial with data from 35 participants aged 12-28 months.8 In the general population of elderly people, despite a dataset of several million observations, safety was only reported in five randomised controlled trials (2963 observations in total) on local and systemic adverse events seen within a week of giving parenteral inactivated vaccine."

Rivetti D et al. Vaccines for preventing influenza in the elderly. Cochrane Database Syst Rev 2006;(3):CD004876.

He recommended that in light of the evidence poor effectiveness of inactivated influenza vaccine, poor methodology of some studies and the surprisingly small amount of information relating to vaccine safety, that a "a re-evaluation [of influenza vaccination programmes] should be urgently undertaken."

Jefferson T. Influenza vaccination: policy versus evidence. BMJ. 2006 Oct 28;333(7574):912-5. doi: 10.1136/bmj.38995.531701.80. http://www.bmj.com/cgi/content/full/333/7574/912

I hope that this letter gives you some starting points for investigating the A/H1N1 influenza vaccine programme for yourself – or at least gives you some information to help you make a more informed decision about its use.

As someone who is grateful for the excellent care I have received in the NZ public health system (most recently following an accident in which I suffered three fractures) I have the utmost respect for the good work done by health professionals. My aim in writing this letter is to bring your attention to an issue that could be of vital importance to your own health.

Yours sincerely,
Katherine Smith

TORONTO SUN

Michele Mandel

Flu shot blamed for paralysis
Kingston woman on mend, hoping to walk again

Toronto Sun, 6 February 2010, 8:07
https://web.archive.org/web/20100210015930/http://www.torontosun.com/news/columnists/michele_mandel/2010/02/06/12774076.html

(TORONTO SUN) Just before Christmas, Stephanie Willette went from being a healthy nursing student to suddenly being a helpless patient paralyzed from the neck down with a tracheotomy so she could breathe.

Today the 20-year-old is slowly recovering in a Kingston rehab hospital, still unable to sit up, but hoping that she'll eventually walk again.

The Lindsay woman is yet another person stricken with Guillain Barre Syndrome, yet another whose family blames her H1N1 flu shot for triggering the rare neurological condition.

"They can't prove it, but they can't disprove it. She was perfectly fine until two weeks after her shot," says her angry mom Karen. "I think there's a lot more cases out there than the government's letting on. It's a big secret."

According to the ministry of health, they are investigating just four reported cases of GBS in Ontario following the province's mass inoculation of five million people.

But we've already told the harrowing stories of two patients who blame their debilitating onset of GBS on the swine flu shot – which they received within days of each other at the same Markham doctors' clinic.

Since then, four more GBS victims have come forward to the Sunday Sun. With the addition of a Hamilton case reported last November, that's seven Ontario cases by our count alone.

So exactly how many have really been devastated by this highly touted vaccine? And why is Quebec the only province that has a no-fault compensation program for the unlucky few who suffer such a crippling side effect?

GBS can cause mild muscle weakness or severe paralysis and is diagnosed in about 600 Canadians every year after a bout with food-borne bacteria, viral infection or surgery.

Far more rarely, it can develop up to six weeks after a flu shot. It's there in the waiver's fine print: The risk of getting GBS after any flu vaccine is about one for every million doses.

While increased cases of GBS were found after the 1976 swine flu vaccine, there's been no similar upsurge reported with this season's shot. But how many cases are not being properly reported?

As of Jan. 23, the Public Health Agency of Canada was tracking 24 cases following vaccination, or .95 per million as expected. "Concerns about GBS have not emerged in connection with H1N1 vaccines," the agency says.

That's hardly comforting to another mother who almost lost her son last month. "These numbers mean absolutely nothing when your child is lying in intensive care fighting for his life," says Cathy, whose son asked that their last name not be used.

"These numbers mean absolutely nothing when your child is lying in intensive care fighting for his life," says Cathy, whose son asked that their last name not be used. "Then the odds are more like one in one."

Her son Michael was a strapping, fit 26-year-old hospital worker who began complaining of tingling in his feet four weeks after his H1N1 shot. On Dec. 5, as he was losing feeling in his legs, his mom rushed him to St. Joseph's hospital. A spinal tap confirmed GBS.

And then he deteriorated so quickly that he spent four days in intensive care, completely paralyzed.

"It was brutal," Michael recalls, back at his Etobicoke home. "You're trapped inside your brain. I couldn't move. I couldn't even swallow my own spit. It was hell and there was a time I just wanted to die."

He's one of the lucky ones. His recovery has been almost as stunningly quick as his descent into paralysis. After a month in hospital and two weeks at West Park rehab, he's weak, but walking again. "It feels like a bad dream," he says.

But not for his mother. She wrote a scathing letter to several health officials, including Dr. David Butler-Jones, Canada's chief medical officer of health who has spent months urging everyone to get their H1N1 shot.

"I look forward to your replies as to how you can compensate Michael for his pain and suffering since all health officials promise over and over again that the H1N1 vaccine is safe," she wrote. "What will you do for unlucky people such as Michael?"

A month later, and no one has even had the decency to reply.

CBC

H1N1 shot blamed for Calgary woman's rare disorder

CBC News, 23 February 2010, 1:53
https://www.cbc.ca/news/canada/calgary/h1n1-shot-blamed-for-calgary-woman-s-rare-disorder-1.954684

A Calgary woman regrets getting the H1N1 shot after her doctor told her it likely caused a rare and painful disorder.

Norma Goldring said she felt compelled to get an H1N1 vaccine because she is diabetic and has had a heart attack, two factors that Alberta Health noted as putting people at higher risk for serious complications from swine flu.

But soon after getting the shot last winter, Goldring felt ill. "My body was aching and I was throwing up. Then I developed a spot on my leg," she said.

The rash spread quickly and Goldring ended up in hospital on Christmas Day. "By the time I got to emergency, it spread pretty bad and turned to blisters."

Her kidneys were shutting down. Doctors eventually diagnosed it as vasculitis, an inflammation that destroys blood vessels.

Her doctor, who asked not to be named, concluded it was probably connected to the H1N1 shot. Goldring, according to her doctor, is one of only 31 people since 1974 to have had this type of reaction to a flu shot.

Won't get shot again, says Goldring

Now, even using a walker to get from her living room to her kitchen causes her excruciating pain. She is on pain killers and steroids.

"It was like I was put through a fire. It was like someone lit me on fire," she said.

Goldring said she won't get a flu shot again. Desmond Fordyce, her partner, said he is worried the vaccine wasn't tested properly before widespread public vaccinations began.

"I think they're killing you more than giving you something for making you better," he said.

Dr. Glen Armstrong, head of the microbiology and infectious diseases department at the University of Calgary, said the H1N1 vaccine is safe. "It's very clear that the benefits of having people get vaccinated, far, far outweigh the risks of the very small number of adverse reactions to the vaccine."

So far, 25 million doses of the vaccine have been distributed across Canada. Nearly 6,000 H1N1 shots resulted in an adverse reaction, of which more than 200 were considered serious. Health officials are investigating 13 post-shot deaths. (Note: "distributed" does not mean "administered". The numbers do NOT match the information we were given indicating only about a third of Canada's population actually took the shot, which would mean the 25 million doses is a misleading figure. And we are also pretty sure that the 6000 events they are talking about do NOT include a lot of people whose conditions post-shot were NOT linked to the shot. Boldfacing and comment are mined)

Alberta health officials told CBC News they have talked to Goldring's doctor and will continue to investigate what happened in her case.

The province has seen 1,276 people hospitalized with H1N1 since April 2009 and 71 deaths have been connected to the virus.

THE FLU CASE

Carl O'brien

Irish Times finally looks at reported adverse reactions to swine flu jab, believed to be just tip of iceberg

The Flu Case, 2 March 2010, 10:28

https://web.archive.org/web/20100508003237/http://www.theflucase.com/index.php?option=com_content&view=article&id=2882%3Airish-times-finally-looks-at-reported-adverse-reactions-to-swine-flu-jab-believed-to-be-just-tip-of-iceberg&catid=1%3Alatest-news&Itemid=64&lang=en

Almost 1,000 reported cases included vomiting or diarrhoea, fever, swollen glands and injection-site swelling

The Swine flu vaccine caused almost 1,000 suspected adverse reactions last year, more than any other vaccine or medicine over the past five years.

However, health authorities insist the vaccine is safe and that the balance of risk and benefits for the vaccine remains positive.

The Irish Medicines Board (IMB) says the most frequently reported reactions for the vaccine have been relatively mild injection-site reactions (such as swelling), gastrointestinal problems (such as vomiting or diarrhoea) and flu-like symptoms (such as fever and swollen glands).

The Irish Times requested a breakdown of the drugs or vaccines responsible for the highest number of adverse reactions from the IMB under the Freedom of Information Act over the past five years.

The data shows there were about 11,500 adverse reaction reports for drugs or vaccines submitted to health authorities between 2005 and the end of 2009.

The number of adverse reactions does not necessarily represent the risk profile of each drug or vaccine, as figures for the number of people using each drug are not available. Also, it does not provide a breakdown of the number of serious or mild adverse reactions.

The figures show that the anti-psychotic drug Clozapine, also known as Clozaril, ranks second-highest in the number of adverse reactions (883).

Common adverse effects of the drug include dizziness, rapid heartbeat, constipation, excess saliva production and weight gain.

Another drug used to treat psychosis, which has attracted a relatively high number of adverse reactions, is Risperidone (154), which is more commonly known as Risperdal.

The childhood combination vaccines, which includes jabs for whooping cough, measles, mumps and rubella, ranked third highest (722) in the number of adverse reactions.

Again, health authorities insist the vaccine is safe and that most adverse reactions are mild, such as swelling, redness or fever.

Paracetamol (715), one of the most commonly used pain killers, is sometimes associated with minor issues such as hives, rashes or – if taken at high levels over a prolonged period of time – kidney damage.

Lipitor, also known as Atorvastatin, was linked to 225 adverse reactions. Studies show these typically range from joint pain and stomach upset to more serious issues such as severe muscle problems.

A spokesperson for the IMB said adverse reaction reporting rates were influenced by the seriousness of the reactions, their ease of recognition and the extent of use of a particular medicine.

In addition, reporting rates are also influenced by campaigns aimed at healthcare professionals to submit reports on specific drugs or vaccines, often as part of ongoing post-marketing surveillance.

Publicity about a particular medicine or its safety may also lead to increased reporting.

The two swine flu vaccines available in Ireland since November – GlaxoSmithKline's Pandemrix and Baxter's Celvapan – have been subjected to a particular vigilance.

In the first two months of 2010, more than 400 additional adverse reactions had been recorded, meaning that the overall total tops 1,400.

Adverse Reactions

Drugs or vaccines with the most adverse reactions between 2005 and 2009:

1. H1N1 vaccine: 934 (Swine flu vaccine.)
2. Clozapine: 883 (Anti-psychotic drug, also known as Clozaril.)
3. Childhood combination vaccines: 722 (Typically the six-in-one to prevent diseases such as diphtheria, tetanus, etc.)
4. Paracetamol: 715 (Pain killer.)
5. Atorvastatin: 225 (Lowers blood cholesterol, also known as Lipitor.)
6. BCG vaccine: 207 (A vaccine to protect against tuberculosis.)
7. Adalimumab: 170 (A medication for the treatment of rheumatoid arthritis, also known as Humira)
8. Varenicline: 155 (Anti-smoking drug, also known as Champix.)
9. Venlafaxine: 155 (Anti-depressant, also known as Efexor.)
10. Risperidone : 154 (Anti-psychotic medicine, also known as Risperdal.)

FOCUS online

Nach Schweinegrippe-Impfung fordern Erkrankte Entschädigung

Focus, 3 March 2010, 13:01

https://web.archive.org/web/20120830041249/http://www.focus.de/gesundheit/gesundheits-news/schweinegrippe-nach-schweinegrippe-impfung-fordern-erkrankte-entschaedigung_aid_486212.html

Betroffene von Folgeerkrankungen nach der Schweinegrippe-Impfung fordern vom Land Nordrhein-Westfalen Entschädigung. Insgesamt seien vier Anträge eingereicht worden, weitere würden erwartet, sagte ein Sprecher des Düsseldorfer Gesundheitsministeriums. Sollte nachgewiesen werden, dass die Schweinegrippe-Impfung Ursache für die Erkrankungen sei, könnte das Land in Regress genommen werden.

Wegen Folgeerkrankungen nach der Schweinegrippe-Impfung fordern erste Betroffene in Nordrhein-Westfalen Entschädigungszahlungen vom Land. Insgesamt lägen derzeit vier Anträge vor, ein weiterer werde erwartet, erklärte ein Sprecher des Düsseldorfer Gesundheitsministeriums am Mittwoch auf DAPD-Nachfrage und bestätigte damit einen Bericht des „Westfalen-Blatts“. Die Anträge werden derzeit von den Landschaftsverbänden Westfalen-Lippe (LWL) und Rheinland bearbeitet.

Sie entscheiden darüber, ob das Land wegen möglicher Impfschäden tatsächlich in Regress zu nehmen ist. Wenn klar belegbar sei, dass Erkrankungen tatsächlich auf die öffentlich empfohlenen Schweinegrippe-Impfung zurückgingen, müsse das Land zum Beispiel für die Kosten der Krankenbehandlung oder für Rentenansprüche aufkommen, erklärte ein LWL-Sprecher. Dem Landschaftsverband in Münster liegt den Angaben zufolge derzeit der Antrag einer 51-jährigen Frau aus dem Kreis Warendorf vor, die nach der Impfung im Krankenhaus behandelt werden musste. Nähere Details nannte der Sprecher nicht.

Kopfschmerzen und Übelkeit

Beim Landschaftsverband Rheinland sind laut „Westfalen-Blatt“ die Anträge eines 30 Jahre alten Mannes aus Düsseldorf, eines 60-jährigen Mannes aus Kleve und eines 71-jährigen aus Fürstenau (Kreis Höxter) eingegangen. Die Betroffenen aus Düsseldorf und Kleve sollen an einer Hauterkrankung leiden. Bei dem 71-Jährigen sollen sich nach der Impfung die Nerven im Schädelbereich entzündet haben und die Augenmuskeln geschwächt worden sein. Zudem plagen den Mann dem Bericht zufolge Kopfschmerzen und Übelkeit. Der Landschaftsverband Rheinland war für eine Stellungnahme zunächst nicht zu erreichen.

Insgesamt wurden nach Angaben des Paul-Ehrlich-Instituts bis zum 30. Dezember bei rund 1.380 Menschen Verdachtsfälle von unerwünschten Reaktionen nach der Impfung gegen die Schweinegrippe gemeldet. Am häufigsten sei über Fieber, Schmerzen der Impfstelle, Kopfschmerz, Schüttelfrost, Übelkeit, Ermüdung, Schwindelgefühl sowie Kreislaufkollaps berichtet worden.

Eine Million Menschen in NRW geimpft

In Nordrhein-Westfalen haben sich laut Gesundheitsministerium bislang rund eine Million Menschen impfen lassen. Da das Land verpflichtet sei, vom Hersteller Glaxo-Smith-Kline 7,4 Millionen Impfdosen des Serums Pandemrix abzunehmen, versuche NRW 6,4 Millionen überzähliger Dosen an andere Staaten zu verkaufen, sagte ein Sprecher des Gesundheitsministeriums dem „Westfalen-Blatt“.

Die Zahl der überzähligen Impfdosen in allen Bundesländern wird von den Gesundheitsbehörden dem Bericht zufolge auf 27,6 Millionen geschätzt. Die Impfquote ist demnach mit 3,5 Prozent in Baden-Württemberg am niedrigsten und mit jeweils zehn Prozent in Sachsen und Sachsen-Anhalt am höchsten.

THE FLU CASE

First claims for compensation for swine flu jab injuries are filed in Germany

The Flu Case, 3 March 2010 13:25
https://web.archive.org/web/20100504185039/http://www.theflucase.com/index.php?option=com_content&view=article&id=2891%3Afirst-claims-for-compensation-for-swine-flu-jab-injuries-are-filed-in-germany&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Four people in the German state of Nordrhein Westfalen (NRW) have filed financial compensation claims for injury they have suffered as a result of taking the Pandemrix swine flu jab, the state's health ministry reported Wednesday, according to „Focus".

A fifth person is expected to file for compensation soon.

A spokesperson confirmed the state government carries liabilty for injury caused by the swine flu vaccine, which was recommended by them. In addition, the federal government in Berlin issued a special recommendation.

Adverse reactions reported by injured patients include respiratory problems, nausea, vomiting, among others.

About one million people in the state of NRW and about 7.5 million people in Germany altogether took the swine flu vaccin.

The compensation claims could be the first of a flood.

They are sure to focus attention on the issue of why GlaxoSmithKline, the manufacturer of Pandemrix, was given blanket immunity from compensation claims when the untested jab was so evidently risky, so leaving the cost of compensating injured patients to tax payers.

PR Newswire

Little Women With Big Voices Expose HPV Vaccine Dangers

PR Newswire, 8 March 2010, 09:07 ET
https://www.prnewswire.com/news-releases/little-women-with-big-voices-expose-hpv-vaccine-dangers-86857987.html
https://www.infonews.co.nz/news.cfm?l=1&t=145&id=49116

Denver, March 8, 2010 /PRNewswire via COMTEX/ - Called the "Little Women," six women who have spent the past three years listening, documenting and researching parental concerns about Gardasil have been invited to formally present their information to the FDA on March 12. FDA participants include the Office of Communication, Outreach and Development/Center of Biologics (CBER), Office of Biostatistics and Epidemiology, and Office of Vaccines Research and Review.

The women making the presentation on behalf of the parents whose daughters have died or have been injured by the HPV vaccines are: Karen Maynor, mother of the late Megan Hild, New Mexico; Rosemary Mathis, whose daughter Lauren was adversely injured, North Carolina; Freda Birrell, political activist and lobbyist, Scotland and the United Kingdom; Leslie Carol Botha, broadcast journalist, Colorado; Cynthia Janak, research analyst, Illinois; and Janny Stokvis, research analyst, Netherlands.

Over 17,500 adverse reactions and 61 deaths have been reported to VAERS (estimated 1 to 10% of the population reporting). The National Vaccine Information Center (NVIC) has posted 272 VAERS reports of abnormal pap tests post-vaccination. Reports of deaths and injuries are now coming in from the United States, New Zealand, Australia, United Kingdom, France, Germany, Spain and India.

Birrell has compiled 40 pages of reports of deaths and injuries from the above countries for the FDA. Stokvis and Mathis have compiled data of vaccine injuries and deaths from VAERS. Botha is presenting studies on menstrual cycle evaluation to prevent vaccine injury - and the impact of aluminum on the endocrine system. Janak has researched vaccine ingredients and believes that she has found the reason as to why "healthy" girls have been injured or have died suddenly and unexpectedly within days weeks, months or potentially years after vaccination.

The group has prepared a power point presentation for the FDA "listening session." Each participant will receive a file with over 236 pages of research, data and parental concerns. As soon as the Webinar is over, the group will be releasing their data and research to the public and to the media.

The group was dubbed "Little Women" by the FDA who is impressed with the women's research and how quickly they mobilized a global movement of parents concerned about the safety and efficacy of the HPV vaccines.

FDA invites six women to present evidence of HPV vaccine damage

The Flu Case, 9 March 2010, 14:27
https://web.archive.org/web/20100325183558/http://www.theflucase.com/index.php?option=com_content&view=article&id=2957%3Afda-invites-six-women-to-present-evidence-of-hpv-vaccine-damage&catid=1%3Alatest-news&Itemid=64&lang=en

Seasonal flu shot may increase A/H1N1 risk: studies

Xinhuanet English News, 7 April 2010, 10:55:20.
https://web.archive.org/web/20100409112903/http://news.xinhuanet.com/english2010/health/2010-04/07/c_13240453.htm

BEIJING, April 7 (Xinhuanet) – Regular seasonal flu vaccine may have increased the risk of A/H1N1 flu infection, suggested an article published in Public Library of Science Medicine Tuesday.

The article said four studies, by the Canadian researchers, were carried out in some 2,700 people after an outbreak in April 2009 first signaled a possible connection between seasonal flu vaccine and pandemic flu illness.

Results show that the likelihood of needing medical attention for pandemic flu was 1.4 to 2.5 times greater among people who were vaccinated the previous fall.

In one study, an ongoing sentinel monitoring system was used to assess the frequency of prior vaccination with the seasonal flu vaccine in people diagnosed with A/H1N1 flu in 2009 compared to people without the pandemic flu.

Findings show that seasonal flu vaccination was linked to 68 percent increased risk of getting A/H1N1 flu.

The other studies, including additional case-control investigations and transmission study, reveal that seasonal flu vaccination was associated with a 1.4- to 5.0-times greater risk of having A/H1N1 flu.

However, the authors warn that since all four studies were observational, even careful design cannot rule out the possibility that some undetected methodologic bias affected the results.

Principal investigator Danuta Skowronski, of the British Columbia Center for Disease Control in Vancouver, pointed out that the studies don't show whether there was a true cause-and-effect relationship between seasonal flu vaccination and subsequent swine flu illness, or whether the association was possibly due to a common factor among the people in the studies.

ScienceBlogs™

Prakash Sharma

H1N1 Spread Linked to Seasonal Flu Shots - four new studies show

Science Blogs, 8 April 2010, 20:47
https://scienceblogs.com/insolence/2010/04/06/someone-didnt-nail-the-coffin-shut-andre
https://web.archive.org/web/20100613224823/http://www.theflucase.com/index.php?option=com_content&view=article&id=3244%3Ah1n1-spread-linked-to-seasonal-flu-shots-four-new-studies-show&catid=1%3Alatest-news&Itemid=64&lang=en

The four new studies conducted by Canadian researchers conclude that the traditional seasonal flu vaccine seems to have boosted the risk of infection with pandemic H1N1 swine flu by almost double.

In one study, the researchers revealed to use ongoing sentinel monitoring system in order to assess the frequency of prior vaccination with the seasonal flu vaccine in people suffering from H1N1 swine flu in 2009 compared to people without swine flu.

The study discovered that seasonal flu vaccination was linked with a 68 percent boosted risk of falling in prey to swine flu.

"I do think that they did the best they could with the data they had", said Dr. Mark Loeb, an infectious diseases expert at McMaster University in Hamilton who was not part of the study and who seems to be sceptical about the study's conclusion.

The studies, published April 6 in the online journal PLoS Medicine, attributed to the combined of over 40 researchers including many of Canada's top influenza experts. The data is reported to be fetched from four studies that draw cases from British Columbia, Alberta, Ontario and Quebec.

However, the studies *failed to show the presence of a true cause-and-effect link between seasonal flu vaccination and subsequent swine flu illness*, or it is due to presence of a common factor among the people in the study.

=> See above:
D. M. Skowronski, etc. Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada. - PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.10002
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

Conclusions: Prior receipt of 2008–09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring–summer 2009 in Canada. The occurrence of bias (selection, information) or confounding cannot be ruled out. Further experimental and epidemiological assessment is warranted. Possible biological mechanisms and immunoepidemiologic implications are considered.

NATURAL NEWS
Defending Health, Life and Liberty

Mike Adams

Seasonal flu vaccines increase risk of pandemic H1N1 flu, stunned scientists discover

Natural News, 8 April 2010, 11:42
https://www.naturalnews.com/028538_seasonal_flu_shot_vaccines.html

I remember the H1N1 "swine flu" season of 2009 very well. People were rushing out to get vaccinated, scared half to death by the mainstream media which was pushing false reports that the swine flu would kill tens of millions of people and that only a vaccine could save you. The CDC and health authorities were pushing a double-barreled vaccine strategy that demanded people get both a seasonal flu shot as well as an H1N1 pandemic flu shot. Those who questioned the sensibility of vaccines for fighting the flu were attacked as "baby killers" for not kow-towing to the vaccine mythology that drives Big Pharma's profits to record profits nearly every flu season.

I specifically remember writing an article here on NaturalNews, warning people that taking a seasonal flu shot actually weakened your immune system and made you more susceptible to H1N1 swine flu. => https://web.archive.org/web/20101015053934/http://www.naturalnews.com/027102_vaccines_H1N1_flu_shot.html

This suggestion earned me a highly accusatory email from a CDC employee who suggested that warning people to avoid the swine flu vaccine shot was equivalent to "an act of terrorism" and that all those who questioned vaccines should be arrested and stopped from writing anything on the internet ever again.

(Hilarious, isn't it, how deeply the vaccine mythology drives these vaccine-pushing nut jobs?)

Fast forward six months (or so) and now we have a new scientific paper published in one of the few remaining honest, independent medical journals out there: BLoS Medicine. The title of this study? Check it out:

Does Seasonal Influenza Vaccination Increase the Risk of Illness with the 2009 A/H1N1 Pandemic Virus?

Viboud C, Simonsen L (2010) Does Seasonal Influenza Vaccination Increase the Risk of Illness with the 2009 A/H1N1 Pandemic Virus? PLoS Med 7(4): e1000259. doi:10.1371/journal.pmed.1000259

Care to guess what the study found? In short, it found that people who received the seasonal flu vaccine shot in 2008 were up to 274% more likely to be infected by H1N1 swine flu than those who skipped the season flu shots.

Season flu vaccines have a "counterproductive effect"

This result, which virtually all the top natural health writers openly predicted last year, apparently stunned the researchers. As explained in the published study, "Danuta Skowronski and colleagues report the unexpected results of a series of Canadian epidemiological studies suggesting a counterproductive effect of the vaccine."

In this case, "counterproductive effect" of the vaccine means that it works *against you*. Getting the vaccine shot appears to actually make you MORE susceptible to being infected with (and potentially killed by) a future pandemic.

If this sounds familiar, it's because we've been saying this over and over again to anyone who will listen: Flu vaccines are a medical scam, folks! A Big Pharma hoax. Getting a vaccine shot could actually result in you being killed by the next seasonal flu or pandemic outbreak that comes along. I even wrote this into the lyrics of my hip-hop song *Don't Inject Me*:

=> https://www.naturalnews.com/Dont_Inject_Me_The_Swine_Flu_Vaccine_Song.html

Lyrics:
The swine flu's comin' back
like a viral attack
It's like '76, you gotta cover ya back
But not with a vaccine don't give in to that
Because those medical quacks
are makin money off that, etc...

Criminal neglect at the CDC and WHO?

So it turns out the CDC, WHO and FDA officials who all pushed these vaccines so hard were actually sending people to their graves. Meanwhile, they all engaged in what I consider to be blatant criminal neglect for not mentioning the simple, free solution for preventing virtually any widespread pandemic: Vitamin D and sunlight therapy. Vitamin D, we now know, works *better* than vaccines at preventing a flu infection, and the best part is that it makes your immune system *stronger* for the future, not weaker.

According to the CDC's official figures, well over ten thousand Americans died from swine flu infections. How many of those people could have been saved if they had taken vitamin D supplements instead of a seasonal flu shot? That is the question that now hangs over the heads of all the vaccine pushers at the FDA, WHO and CDC who have yet to admit in a single public story that vitamin D could have saved lives (or that the vaccine might be harmful to anyone).

To hear these agents of Big Pharma say it, vaccines are *always* good for you; they *always* work; and they *never* cause harm. Those are the beliefs of their vaccine cult, and they cannot be swayed by scientific evidence or actual reality.

What the new study actually says

The preamble to the study's findings:

The spring 2009 pandemic wave was the perfect opportunity to address the association between seasonal trivalent inactivated influenza vaccine (TIV) and risk of pandemic illness. In this issue of PLoS Medicine, Danuta Skowronski and colleagues report the unexpected results of a series of Canadian epidemiological studies suggesting a counterproductive effect of the vaccine [4]. The findings are based on Canada's unique near-real-time sentinel system for monitoring influenza vaccine effectiveness.

And here's the real kicker of what they found:

"...receipt of TIV [vaccine] in the previous season (autumn 2008) appeared to increase the risk of pH1N1 illness by 1.03- to 2.74-fold, even after adjustment for comorbidities, age, and geography."

In other words, those who were vaccinated with the previous seasonal flu were 103% to 274% more likely to be infected with H1N1 than those who skipped the vaccine.

And this analysis only measured the effects from one year of seasonal flu vaccines. What might the results show if they tracked consumers' vaccination patterns over the last decade?

I have no doubt that those who rejected vaccines for the greatest number of years would have the lowest rates of H1N1 infections. At the same time, those who received the greatest number of vaccine shots over the last decade would be far more likely to be infected with the H1N1 pandemic flu – perhaps as much as 500% more likely (my guess).

It's all about repeat business

Let me explain the dirty little secret of the vaccine business, because it's exactly the same dirty little secret as the pharmaceutical business: They actually WANT you to get sick so that you keep coming back for more drugs (which make you even sicker).

See, a vaccine actually weakens your immune system from future infections. So the more vaccines you get, the more likely you are to catch the flu in subsequent years. The more you catch the flu, the more you automatically think, "Gee, I must need a flu shot" and you therefore go back to get another shot.

(Ka-Ching $!) Big Pharma scores revenue from you and sends you back out into the world with a weakened immune system yet again, perfectly positioned for endlessly repeating this cycle.

Big Pharma's high-profit medications follow the same strategy: Osteoporosis drugs, for example, actually cause bone fractures. Psychiatric drugs cause psychiatric disorders. Chemotherapy drugs cause cancer, and so on.

What the drug companies have figured out is that a patient cured is a patient lost. But a patient in which *sickness can be induced by the medicine* is a repeat customer! So vaccines, medications and cancer treatments actually become profit centers as they harm hundreds of millions of people who then seek out yet more medical care where they will be prescribed yet more drugs.

The whole medical cycle is absurdly sick, and yet this is the system upon which the entire system of western health care is currently based. The recent health care "reforms," in fact, are nothing more than an expansion of this system to make sure everybody gets sick rather than just those who can afford to buy health insurance.

How to escape the dark agenda of the vaccine pushers

The vaccine pushers have a clear agenda: They want to inject *everyone* -- pregnant mothers, infants, teenage girls and boys, senior citizens and even healthy adults -- with vaccines. In doing so, they can absolutely guarantee a windfall of future business (and profits) from all the people whose immune systems are compromised.

A vaccine is a repeat business generator for the drug companies. It has absolutely nothing to do with your health, or saving the people, or halting any pandemic. It has *everything* to do with trapping the public in a cycle of medical dependence from which they can never escape.

But YOU can escape. It's easy: Just say NO to vaccines and say YES to Vitamin D and sunlight. It's really that simple, and the same goes for your children, too. When you have vitamin D and good nutrition, you don't need vaccines and you're extremely unlikely to catch any seasonal flu.

Don't expect the CDC or WHO to leap right out and admit this, however: These people are still living in the Dark Ages of medicine. They have yet to see the (sun) light. They remain shackled to their distorted, dark beliefs in dangerous chemicals and needles, much like the Orcs were beholden to the Dark Lord Sauron in *The Lord of the Rings*. They are, in a very real way, creatures of deception and darkness who only seek to gain power by depriving the People access to information that could save their lives – information about nutrients, sunlight, antioxidants, anti-viral herbs and many other remedies that make flu vaccines obsolete.

The Dark Lord Sauron, however, is very powerful, as is the CDC, WHO and FDA. They rule with intolerance for opposing views and without any regard for the value of human life. They censor scientific findings and conspire with the enemy drug companies to medicate everyone whether they need it or not. They invoke power through the spread of fear, and they take great solace in their power to dominate innocents. And yet they insist their vaccine cult is the one true belief – their God – and that anyone who dares step forward and question their vaccine mythology is a heretic who should be arrested or destroyed.

We are actually living out *The Lord of the Rings* right now in western medicine and the modern vaccine agenda. The clouds are roiling over the horizon, threatening to shadow us all in censorship

and health ignorance. Meanwhile, we are being stripped of our healthy minds and immune systems through these highly neurotoxic medications and vaccines that make us less and less human with each passing day. It's almost as if the Dark Lord were expanding his own army of dark creatures by destroying the minds of innocents and reshaping them to fit his own medical domination agenda. Coincidentally, it is quite true that those are have already been vaccinated are the most likely to be vaccinated again... perhaps because the vaccine-induced brain damage has kicked in and destroyed their ability to think for themselves.

What the Dark Lords of western medicine fear the most is the truth:
The truth about sunlight. The truth about vitamin D. The truth about nutrition and how natural medicine makes virtually everything in conventional medicine obsolete. The truth, in fact, is what will ultimately destroy this conspiracy of medical darkness that has blanketed our world in darkness for the last century. But there is light at the end of this tunnel, and it's *sunlight!*

Because as long as there are people who are willing to say NO to vaccines and medications, there will always be hope for a revolution in healing that sees the crumbling of the pharmaceutical empire and the rise of a new era of healing freedom.

Teach your children well, friends, because they will need their minds sharp and their bodies fit to rise up against the medical tyranny that now enslaves our fellow brothers and sisters. Teach your children the meaning of freedom and the skills of discernment so that they may tell the difference between tyranny versus freedom. And most of all, teach them the truth about their miraculous innate healing potential so that they will not be cowed into submitting to the tyrants of conventional medicine who prey upon weak minds.

Most importantly, feed your children well so that they will survive the next great pandemic that quietly steals the lives of those who foolishly believed in vaccines. In this way, your healthy children will inherit the earth while those who misplaced their faith by worshipping the Gods of vaccines and pharmaceuticals will quite literally perish.

We live and die by our beliefs, and those who believe in vaccines may very well die by them.

P.S. For the record, I have not been vaccinated for nearly 20 years and I take no pharmaceuticals whatsoever. I travel around the world frequently, and I'm on airplanes and in crowded public places on a regular basis. I can't even remember the last time I lost a single day sick in bed from any flu, pandemic or infection of any kind. I am not afraid of the swine flu and have almost certainly already been exposed to it, although I would never know because I never showed any symptoms. I truly and honestly believe that the next great pandemic, whenever it comes, will demonstrate a devastating mortality rate for those who depend on western medicine's vaccines and pharmaceuticals. Mark my words: The survivors will be those who rejected the vaccines. Will you be one of them?

news.
gov.hk
政府新聞網

Vaccinated senior in critical condition

News Gov.HK, 8 April 2010

http://www.whale.to/vaccine/vaccinated.html

http://www.news.gov.hk/en/category/healthandcommunity/html/6c6812e3-49ef-479e-b981-05074b68125b.htm - deleted

A 73-year-old woman who had a human swine flu vaccination is in critical condition after being hospitalised for weakness in her hands and feet, the Centre for Health Protection says.

She developed numbness in her hands and feet on March 4. She was admitted to Kwong Wah Hospital on March 11.

She was inoculated at a public out-patient clinic on December 31. Investigations are underway to ascertain whether she has Guillain Barre Syndrome or other neurological conditions.

THE FLU CASE

Andrea Satander

Chile's TV reports second case of GSB after swine flu jab

The Flu Case, 16 May 2010, 13:58

https://web.archive.org/web/20100523171412/http://www.theflucase.com/index.php?option=com_content&view=article&id=3507%3Achiles-tv-reports-second-case-of-gsb-after-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Chile's TV news has reported a second case of GBS in Chile following vaccination. This case involved an 80 years old man, in Temuco (southern Chile), who went to a vaccination center in the morning and around 7 pm had neurological problem and is now breathing with the help of a ventilator. Max, a 7 year old child, also developed neurological problems after the swine flu jab.

I am getting more info (through the mail and blog) about more VAERS. All ages, babies and adults with convulsions, palsy, etc. 1 baby is on UTI (Intensive treatment unit)...but this case is not reported yet by media..."

theForeigner Norwegian News in English

Ten people in Norway died as a result of swine flu jab, official numbers just tip of iceberg

The Foreigner // The Flu Case, 18 May 2010, 11:10
http://theforeigner.no/pages/news/swine-flu-vaccine-caused-deaths/ [deleted]
https://web.archive.org/web/20100523172237/http://www.theflucase.com/index.php?option=com_content&view=article&id=3527%3Aten-people-in-norway-died-as-a-result-of-swine-flu-jab-official-numbers-just-tip-of-iceberg&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Ten people in Norway have died as a result of last year's mass vaccination programme against the swine flu (Influenza A H1N1).

According to figures released by the Norwegian Medicines Agency (Statens legemiddelverk), the Pandemrix vaccine also accounted for 801 reported incidents of side-effects. Health authorities considered 201 of these cases to be severe.
=> https://web.archive.org/web/20101003133352/http://theforeigner.no/pages/news/information-about-the-h1n1-flu-vaccine/

Amongst other symptoms, patients experienced severe allergic reactions and cramps. But perhaps the most serious were those who suffered from Guillain-Barré syndrome, causing gradual ascending paralysis up the legs. It can also affect the arms and upper body, and at worst can paralyze the breathing muscles.

The vaccine also affected *pregnant women* and *children*. There were 16 reported cases of abortions, fetal death, or stillbirth. And 58 children were hospitalized for observation due to fainting, fever, fatigue, loss of appetite, and dehydration.
=> https://web.archive.org/web/20101003133437/http:/theforeigner.no/pages/news/pregnant-women-advised-to-take-precautions-against-influenza-a/
=> https://web.archive.org/web/20101003035534/http:/theforeigner.no/pages/news/parents-ignore-swine-flu-vaccination-programme/

Approximately two million people were vaccinated against swine flu last year, and the agency says it's investigating every incident.

Clinical Infectious Diseases

Naveed Z Janjua, Danuta M Skowronski, Travis S Hottes,
William Osei, Evan Adams, Martin Petric, et al.

Seasonal influenza vaccine and increased risk of pandemic A/H1N1 - related illness: first detection of the association in British Columbia, Canada

Clin Infect Diseases, 1 November 2010; 51(9):1017-27.
doi: 10.1086/656586. PMID: 20887210; PMCID: PMC7107856.
https://pubmed.ncbi.nlm.nih.gov/20887210/

Abstract

Background: In April 2009, an elementary school outbreak of pandemic H1N1 (pH1N1) influenza was reported in a community in northern British Columbia, Canada – an area that includes both non-Aboriginal and Aboriginal residents living on or off a reserve. During the outbreak investigation, we explored the relationship between prior receipt of trivalent inactivated influenza vaccine (TIV) and pH1N1-related illness.

Methods: A telephone survey was conducted from 15 May through 5 June 2009 among households of children attending any school in the affected community. Members of participating households where influenza-like illness (ILI) was described were then invited to submit blood samples for confirmation of pH1N1 infection by hemagglutination inhibition and microneutralization assays. Circulation of pH1N1 was concentrated among households of the elementary school and elsewhere-reserve to which analyses of TIV effect were thus restricted. Odds ratios (ORs) for the TIV effect on ILI were computed through logistic regression, with adjustment for age, comorbidity, household density, and Aboriginal status. The influence of within-household clustering was assessed through generalized-linear-mixed models.

Results: Of 408 participants, 92 (23%) met ILI criteria: 29 (32%) of 92 persons with ILI, compared with 61 (19%) 316 persons without ILI, had received the 2008-2009 formulation of TIV. Fully adjusted ORs for 2008-2009 TIV effect on ILI were 2.45 (95% confidence interval, 1.34-4.48) by logistic regression and 2.68 [95% confidence interval, 1.37-5.25) by generalized-linear-mixed model.

Conclusions: An outbreak investigation in British Columbia during the late spring of 2009 provided the first indication of an unexpected association between receipt of TIV and pH1N1 illness. This led to 5 additional studies through the summer 2009 in Canada, each of which corroborated these initial findings.

International Business Times

Tom Porter

Brain-Damaged UK Victims of Swine Flu Vaccine to Get £60 Million Compensation

IBT, 2 March 2014, 2:40 PM GMT
https://www.ibtimes.co.uk/brain-damaged-uk-victims-swine-flu-vaccine-get-60-million-compensation-1438572

Patients who suffered brain damage as a result of taking a swine flu vaccine are to receive multi-million-pound payouts from the UK government.

The government is expected to receive a bill of approximately £60 million, with each of the 60 victims expected to receive about £1 million each.

Peter Todd, a lawyer who represented many of the claimants, told the Sunday Times: "There has never been a case like this before. The victims of this vaccine have an incurable and lifelong condition and will require extensive medication."

Following the swine flu outbreak of 2009, about 60 million people, most of them children, received the vaccine.

It was subsequently revealed that the vaccine, Pandemrix, can cause narcolepsy and cataplexy in about one in 16,000 people, and many more are expected to come forward with the symptoms.

Across Europe, more than 800 children are so far known to have been made ill by the vaccine.

Narcolepsy affects a person's sleeping cycle, leaving them unable to sleep for more than 90 minutes at a time, and causing them to fall unconscious during the day. The condition damages mental function and memory, and can lead to hallucinations and mental illness.

Cataplexy causes a person to lose consciousness when they are experiencing heightened emotion, including when they are laughing.

The Pandemrix vaccine was manufactured by pharmaceuticals giant Glaxo Smith Kline, which refused to supply governments unless it was indemnified against any claim for damage caused. The company will pay the bill, and claim the money back from the government.

"There's no doubt in my mind whatsoever that Pandemrix increased the occurrence of narcolepsy onset in children in some countries - and probably in most countries," Emmanuelle Mignot, a specialist in sleep disorder at Stanford University in the United States told Reuters.

Mignot has been paid by GSK to research the effects of the drug.

Among those affected are NHS medical staff, many of whom are now unable to do their jobs because of the symptoms brought on by the vaccine. They will be suing the government for millions in lost earnings.

However, the vast majority of patients affected - around 80% - are children.

Among them is Josh Hadfield, 8, from Somerset, who is on anti-narcolepsy drugs costing £15,000 a year to help him stay awake during the school day.

"If you make him laugh, he collapses. His memory is shot. There is no cure. He says he wishes he hadn't been born. I feel incredibly guilty about letting him have the vaccine," said his mother Caroline Hadfield, 43.

Despite a 2011 warning from the European Medicines Agency against using the vaccine on those under 20 and a study indicating a 13-fold heightened risk of narcolepsy in vaccinated children, GSK has refused to acknowledge a link.

"Further research is needed to confirm what role the vaccine may have played in the development of narcolepsy in those affected," the company said in a statement.

BuzzFeed News

Shaun Lintern

These NHS Staff were Told the Swine Flu Vaccine was Safe, and Now They're Suffering the Consequences

Buzz Feed News, 23 February 2018.
https://www.buzzfeed.com/shaunlintern/these-nhs-staff-were-told-the-swine-flu-vaccine-was-safe

Dozens of NHS workers are fighting for compensation after developing narcolepsy from a swine flu vaccine that was rushed into service without the usual testing when the disease spread across the globe in 2009. They say it has destroyed their careers and their health.

When nurse Meleney Gallagher was told to line up with her colleagues on the renal ward at Sunderland Royal Hospital, for her swine flu vaccination, she had no idea the injection she was about to have had not gone through the usual testing process.

It had been rushed into circulation after the swine flu virus had swept across the globe in 2009, prompting fears thousands of people could die. From the moment the needle broke Gallagher's skin, her life would never be the same.

"I remember vividly we were all lined up in the corridor and we were told we had to have it. It wasn't a choice," she claimed. "I was pressured into it. We were given no information."

The date was 23 November 2009 and Gallagher was one of thousands of NHS staff vaccinated with Pandemrix, a vaccine made by pharmaceutical giant GlaxoSmithKline (GSK).

Eight years later, her career in the NHS is a memory and she's living with incurable, debilitating narcolepsy and suffers from cataplexy, a sudden, uncontrollable loss of muscle tone that can cause her to collapse without warning. Because of her condition, she can no longer work or drive. People with narcolepsy experience chronic fatigue and difficulty sleeping at night. They can have night terrors, hallucinations, and a range of mental health problems.

Gallagher is not alone. More than a dozen frontline NHS staff are among around 1,000 adults and children across Europe who are believed to have developed narcolepsy after being given Pandemrix. Today BuzzFeed News can reveal for the first time their battle to gain acknowledgement for a government decision that they say ruined their careers and has dominated their lives since.

Gallagher and four other NHS professionals – two nurses, a community midwife, and a junior doctor – have told how they felt pressured into receiving the vaccine, were given misleading information, and ultimately lost their careers. They are all suing GlaxoSmithKline seeking compensation for what they believe was a faulty drug that has left them with lifelong consequences and means they will require medication and support for the rest of their lives.

They have been forced to take legal action, along with almost a hundred other sufferers, to force the company and the government to accept the consequences of the rushed vaccination programme eight years ago. In contrast to the UK, European countries have already compensated people whose narcolepsy was linked to the swine flu vaccine.

The revelations come the same day that health secretary Jeremy Hunt launched new measures to improve patient safety in the NHS, in response to research conducted by experts at the Universities

of Sheffield, Manchester, and York that showed prescription errors cause 1,700 deaths each year, could contribute to as many as 22,000 deaths, and cost the NHS £1.6 billion.

The BuzzFeed News investigation raises serious questions over the advice that was given to NHS staff at the time by the government's chief medical officer, the chief nurse, and the national flu director that the vaccine had been "thoroughly tested" and was safe to use. That advice was shared in a joint statement by the Department of Health (DH), medical royal colleges, and trade unions, including the British Medical Association and Unison.

Normally vaccines undergo testing to make sure they are safe, and vaccination has been proven to save millions of lives across the globe. But Pandemrix was different. It had not gone through the normal process and was fast-tracked without the usual clinical trials.

Staff were also not told that the government had agreed a unique deal with GSK to indemnify the company for any problems with the vaccine.

The investigation also turns the spotlight on decisions by the UK government to continue using the vaccine even after other European countries suspended its use once evidence of a problem emerged.

Peter Carter, then chief executive of the Royal College of Nursing, told BuzzFeed News it was "a matter of huge concern" that the vaccine had not been properly tested, contrary to what he was told at the time.

Meleney Gallagher was diagnosed in 2013 but only after years of being unable to stay awake and having cataplexy attacks several times a day, sometimes caused simply by laughing.

She switched jobs to be a district nurse, but the problems got worse. She said: "I was falling asleep in the clinic and driving home. I had cataplexy attacks when I was in the room with patients. I knew I wasn't safe to practise."

Although she sought help from occupational health services, her GP employer reported her to the Nursing and Midwifery Council and she was medically retired in April 2017. She received just 12 weeks' pay for 20 years' service in the NHS.

She said she had been denied an informed choice over the jab. "They can't just do what they want with vaccines, otherwise it's like Russian roulette and you can't do that. I just want someone to stand up and to say they were wrong and apologise. Someone to be sorry for what they have done. I feel really angry."

Gallagher's vaccination was part of a concerted effort by the Department of Health to immunise as many workers as possible. At the time, there was widespread global concern about the spread of the swine flu virus and fears it could replicate the Spanish flu of 1918.

While the concern was to save lives, it is alleged that senior figures in the department, including the chief nurse, chief medical officer, and national flu director, did not give a full picture of the vaccine.

A swine flu leaflet produced by the DH for staff and patients ahead of the nationwide vaccination said: "The European Commission carefully considered all the evidence and recommended that [the vaccine] could be used."

But it made no mention of the fact the European Medicines Agency had licensed Pandemrix under "exceptional circumstances" based on "mock vaccines" that did not include the actual ingredients that would eventually be injected into people. The EMA confirmed this approach was "unique to pandemic preparedness vaccines".

The DH leaflet also made no mention of the government's agreement to indemnify GSK for any problems with the vaccine. This was not widely known at the time, and the indemnity deal has never been published. In the summer of 2009, Wolf-Dieter Ludwig, chair of the German Medical Association's drug commission, had warned EU governments not to bear the risk for pharmaceutical companies.

Nationwide vaccinations started in the UK on 21 October 2009, despite the fact that experts at the DH had known since May the flu was milder than first thought. On 22 October, ministers agreed to revise down the worst-case scenario from 19,000 deaths to 1,000.

Ahead of the vaccinations starting, Dame Christine Beasley, then chief nursing officer for England, told Nursing Times: "We've gone through exactly the same procedures as we do with seasonal flu vaccine and it's as safe as a vaccine can be."

On the day immunisations began, the RCN's Peter Carter was quoted saying he was "entirely satisfied" the vaccine was safe because it had undergone "rigorous testing".

Carter told Buzz,Feed News: "At the time, Liam Donaldson, the chief medical officer, and Professor David Salisbury, the DH's director of immunisation, were assuring people this vaccine had been thoroughly and properly tested, so people like me, in good faith, had no reason to disbelieve that and were happy to encourage people to have the swine flu vaccine.

"It is a matter of huge concern that several years later it's now apparent this was not properly tested, and this will obviously shake the confidence of people for any future pandemic flu immunisation programmes. People have a reasonable expectation that what they are being told is accurate and it is a matter of regret that it clearly wasn't."

Salisbury told BuzzFeed News he believed a normal clinical trial would have been too small to pick up the problems with Pandemrix. "Given its rarity, any excess risk could only be detected after huge population exposure done through post-marketing surveillance," he said.

He declined to comment on staff saying they felt pressured or on issues around informed consent.

Sir Liam Donaldson did not respond to a request for comment.

NHS trusts received six letters between September and October alone urging them to vaccinate staff.

In November 2009, Ian Dalton, then national director for NHS flu resilience and now chief executive of NHS Improvement, wrote for the Health Service Journal that vaccinating staff was the "highest clinical priority". He stressed the need for staff to have information about "how it has been tested to ensure safety".

By 4 February 2010, it was clear swine flu was not going to be the catastrophe many had feared and ministers agreed not to extend vaccinations to the public. The NHS vaccination campaign went on because staff were considered a priority group.

Dalton wrote to trusts again saying he expected improvement in the uptake rate despite the "pre-dominantly mild illness". In an update for the Health Service Journal, he warned against complacency and said the programme was a "key governance responsibility" for NHS boards.

By April 2010, around 40% of the NHS frontline staff had been vaccinated with Pandemrix, which was more than double the seasonal flu vaccine uptake of 17% in 2008.

Among them were Hayley Best, an intensive care nurse working in Craigavon, Northern Ireland, and Shane Keenan, a senior emergency nurse practitioner in Oxford, who worked for 35 years in the NHS.

Both said they felt pressured to have the vaccine. Keenan said he felt it was "emotional blackmail", adding: "We weren't informed it wasn't properly trialled." Best agreed: "It wasn't that you were asked if you wanted it; you were told this was your appointment."

Keenan told BuzzFeed News that after he got the Pandemrix jab his life "started to fall apart… By early February [2010], I was having nightmares like you wouldn't believe and visual hallucinations."

Best said the effect on her was similarly dramatic, with severe suicidal thoughts within weeks.

Both said their symptoms were initially dismissed as depression and fatigue. Keenan was referred to specialists in December 2010. He struggled with work and was put through a capability assessment by his trust and moved down a pay band, decreasing his salary by £500 a month.

Eventually he realised he couldn't continue. "I was a potential danger to patients. I went to occupational health and suggested ill health retirement."

He said narcolepsy had "completely destroyed my life and my career. I worked damned hard to get to the pinnacle of my career. I lectured at Oxford University; now I can't even stack shelves. I was injured in the line of duty. NHS staff are collateral damage."

Best wasn't diagnosed until October 2014. She switched jobs to become a district nurse but still struggled. "It really came to a head in 2014 when I started falling asleep behind the wheel of my car. I just got to the point where I would have driven to somebody's house and not be able to remember doing it." She was medically retired in October 2016, just before her 40th birthday.

She said: "I was given a vaccine that wasn't properly tested. I am a big advocate for vaccination; my children have every vaccine that is offered.

"I was a good nurse, I know I was a good nurse. So where are my employers now? Where is my NHS? Where is my government? If you are going to encourage your frontline staff to have vaccines then the least you can do is have facilities in place if they happen to react to it. I feel completely betrayed. I have been abandoned. The NHS should have something in place if and when it goes wrong."

Not everyone had been convinced the vaccine was safe for use. Switzerland's medicine regulator Swissmedic refused to license it for use on under-18s in October 2009, and Michael Kochen, president of the German College of General Practitioners and Family Physicians, told the BMJ that same year that it had not been sufficiently tested to be declared safe.

The first hard evidence of a problem with Pandemrix emerged in 2010 when doctors in Finland noticed a dramatic increase in children with narcolepsy. Since then a number of studies in Europe and the UK have shown the vaccine is linked to an increased risk of narcolepsy in children and adults.

But even then, the Department of Health was not finished with the vaccine. While other European countries suspended its use in August 2010 due to the concerns, the UK used it to fill gaps in the seasonal flu jab supply in January 2011.

Professor Salisbury said at the time it was not a "second-class vaccine" and patients were "getting an effective vaccine and a safe vaccine".

According to the EMA, more than 980 people across Europe have been reported as developing narcolepsy because of Pandemrix, with 872 people reported as developing cataplexy, including more than 500 children.

More than 120 children and adults are believed to have been affected in the UK – some because of vaccinations that took place in winter 2010-11, after the first studies showing the side-effects had emerged and a year after the swine flu scare.

Around 100 UK families are suing GSK claiming the vaccine was a faulty product. Their law firm, Hodge Jones & Allen, declined to comment but the case has been ongoing since October 2013. It could result in a compensation bill as high as £100 million.

In 2016, judges ruled in favour of Josh Hadfield, who received a maximum £120,000 via the Vaccine Damage Payments Act after the Department of Work and Pensions (DWP), which administers the scheme, admitted Pandemrix caused Josh's narcolepsy when he was vaccinated aged 4.

His mother, Caroline, described the effect of the vaccine to BuzzFeed News: "He would like to have a bath on his own but he can't because there is a risk that he is going to fall asleep and drown. He is very introverted and doesn't like going out on his own because he is scared of what might happen.

"He sleeps two to four hours a day at school and that is when he is fully medicated. He has his own small bedroom at school. He doesn't have a normal childhood."

She added: "I am not saying all vaccines are bad and people shouldn't have them. It's the fact the government won't help people after something goes wrong."

During a parliamentary debate in March last year, Tracy Brabin MP accused the government of "foot dragging", which was "causing unacceptable and upsetting suffering and distress for the families involved".

She said in Sweden, Finland, Norway, Iceland, and France people who developed narcolepsy due to Pandemrix have already been compensated.

In 2014, 23-year-old nursery assistant Katie Clack died after jumping from a multi-storey car park. In a note to her family written on the day she died, she described the effects of narcolepsy as unbearable and urged her family to continue her legal action against GSK.

For the NHS staff who have developed narcolepsy, their ordeal has been compounded by being forced to battle with the health service and the government for recognition.

Junior doctor Ruth Tunney was in her third year of medical school on placement at Salford Royal Hospital when she volunteered for the vaccine.

"It was bundled in with the seasonal flu," she told BuzzFeed News. "I don't remember reading anywhere that it hadn't been tested. I didn't see anything that told me it was a different vaccine. It was a generic consent form."

She added: "I appreciate at the time they thought people were going to die and they had to act. I am completely pro-vaccination but they should acknowledge what has happened and do something about it rather than just denying it, which it feels is what is happening. It's changed my life for the worse forever."

Community midwife Susan Hamilton was formally diagnosed in 2012 after falling asleep while driving with her son. Her career was over, and six years on she faces having to sell her family home.

Hamilton said she tried reaching a compromise with her NHS trust but "was told categorically that they could not make a job for me and didn't have any obligation to make a job for me".

She said: "I have been forced out of my job because of a faulty drug and a trust who would not help me work around my condition or wait until I was stabilised on my medication. The NHS has abandoned us. We are damaged goods."

Like other staff, she said was not given information about the vaccine: "We weren't given a choice. It wasn't informed consent."

In response to this winter's severe seasonal flu there are increasing calls for NHS staff to face mandatory vaccinations. On Twitter, former NHS England and Department of Health medical director Sir Bruce Keogh responded to such calls by saying: "I think a serious debate around mandatory flu vaccination is inevitable before next winter."

Speaking to Buzzfeed News, Keogh said: "Every winter flu puts a significant strain on the NHS and a lot of people die. Both can be reduced with sensible vaccination programmes. A debate is emerging on how best to protect both vulnerable patients and staff in the NHS, particularly since there is such a big difference in vaccination rates between NHS organisations and over a third of flu is transmitted by asymptomatic people, meaning staff could unwittingly be spreading flu to their patients. No one wants that.

"Some people are in favour of mandatory vaccination, which could be across the board or only as a prerequisite for working in certain areas. Others are opposed on the basis of freedom of choice.

My sense is that staff should have their choice informed by evidence of benefit to themselves, their patients, and their organisation along with any potential personal risks or preferences.

"My view is that the focus on increasing staff vaccination rates should be on ensuring that organisations can demonstrate they have offered every single member of staff the chance to have a vaccine and made it easy for them to do so. This is what organisations with high vaccination rates do."

On the specific issues around Pandemrix and the lack of support for the staff affected by the vaccine, Keogh said: "It would seem both fair and reasonable and in keeping with the values of the NHS that if somebody suffers as a result of trying to do the right thing for others that they would be looked after appropriately."

Matt O'Neill, chair of Narcolepsy UK, a charity supporting some of the families affected, believes there should be a public inquiry into the use of the vaccines, what was known at the time, and how staff have been treated since.

He said: "NHS staff vaccinated with Pandemrix have been treated pretty disgustingly. Having a vaccination is an act you take on behalf of the community, for the benefit of the herd. When it goes wrong it makes sense that the herd should look after you."

"More staff would sign up for vaccines if they saw the NHS admit when it went wrong and that it supported staff. At some point, there will be another pandemic and we will need staff to have confidence they will be looked after if something goes wrong."

In 2010, Andy Burnham, the Labour health secretary at the time, and other ministers contributed to a review of the handling of the pandemic. It said: "[Management] personally would prefer to be criticised for doing too much rather than the alternative, where there could have been unnecessary deaths from doing too little."

Guy Leschziner, a consultant neurologist at Guy's and St Thomas' Foundation Trust, has treated a number of people who developed narcolepsy after having the swine flu vaccine.

On the use of Pandemrix, he told BuzzFeed News: "It's always easy with the benefit of hindsight. What we have to remember was what was going on at the time, which was that we thought we were going to have an epidemic of a very severe flu. Now today, knowing we didn't have quite the epidemic we thought we were going to have, you might come to a different conclusion, but at the time we didn't know that Pandemrix was associated with narcolepsy in comparison to the other vaccine."

GSK refused to answer questions from BuzzFeed News but issued a statement saying further research was needed to understand what role Pandemrix played in the development of narcolepsy. The company did not renew its licence and the vaccine is no longer authorised by the EMA.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Vaccine Safety

Narcolepsy Following 2009 Pandemrix Influenza Vaccination in Europe

CDC, 14 December 2022
https://www.cdc.gov/vaccinesafety/concerns/history/narcolepsy-flu.html

An increased risk of narcolepsy was found following vaccination with Pandemrix, a monovalent 2009 H1N1 influenza vaccine that was used in several European countries during the H1N1 influenza pandemic. This risk was initially found in Finland, and then other European countries also detected an association.

Background

Narcolepsy is a central nervous system disorder characterized by excessive daytime sleepiness (EDS) and abnormal manifestations of rapid eye movement (REM) sleep. This disorder is caused by the brain's inability to regulate sleep-wake cycles normally, but it can be treated with medication and behavior modification. About narcolepsy and other sleep disorders.
https://www.cdc.gov/sleep/about_sleep/key_disorders.html

Pandemrix is manufactured by GlaxoSmithKline in Europe and was specifically produced for pandemic 2009 H1N1 influenza. It was not used before 2009, and has not been used since the influenza pandemic season (2009-2010). It contains an oil-in-water emulsion adjuvant called ASO3. Adjuvants are substances added to a vaccine to increase the body's immune response to that vaccine. More about adjuvants. - https://www.cdc.gov/vaccinesafety/concerns/adjuvants.html

Pandemrix was not licensed for use in the United States

CDC Vaccine Safety Efforts and Research

In response to the events in Europe, CDC reviewed data from the U.S. Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) and found no indication of any association between U.S.-licensed H1N1 or seasonal influenza vaccine and narcolepsy.

In 2014, CDC published a study to assess the occurrence of narcolepsy following vaccination with 2009 H1N1 influenza vaccine or 2010-2011 seasonal influenza vaccine, both of which contained the 2009 H1N1 virus strain (more about types of influenza viruses). The analysis included more than 650,000 people who received the 2009 pandemic flu vaccine and over 870,000 people who received the 2010-2011 seasonal flu vaccine. The study found that vaccination with influenza vaccines containing the 2009 H1N1 virus strain used in the United States was not associated with an increased risk for narcolepsy.

Source: Narcolepsy and influenza A (H1N1) pandemic 2009 vaccination in the United States
https://pubmed.ncbi.nlm.nih.gov/25320099/

In 2018, a study team including CDC scientists analyzed and published vaccine safety data on adjuvanted pH1N1 vaccines (arenaprix-AS03, Focetria-MF59, and Pandemrix-AS03) from 10 global study sites. Researchers did not detect any associations between the vaccines and narcolepsy.

- Incidence rate study data did not show a rise in the rate of narcolepsy following vaccination except in the one signaling country included (Sweden, which used Pandemrix).

- Case-control analyses for Arepanrix-AS03 did not show evidence of an increased risk of narcolepsy.
- Case-coverage analysis for Pandemrix-ASO3 in children in the Netherlands did not show evidence of an increased risk of narcolepsy, but the number of exposed cases was small (N=7).
- Cases-control analysis for Focetria-MF59 did not show evidence of an increased risk of narcolepsy.

Source: Narcolepsy and adjuvanted pandemic influenza A (H1N1) 2009 vaccines – Multi-country assessment (2018) https://pubmed.ncbi.nlm.nih.gov/30122647/

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BROADCASTING FROM
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Dadly Vaccines: A Collection of Articles

Progressive Radio Voices, 2009-2011
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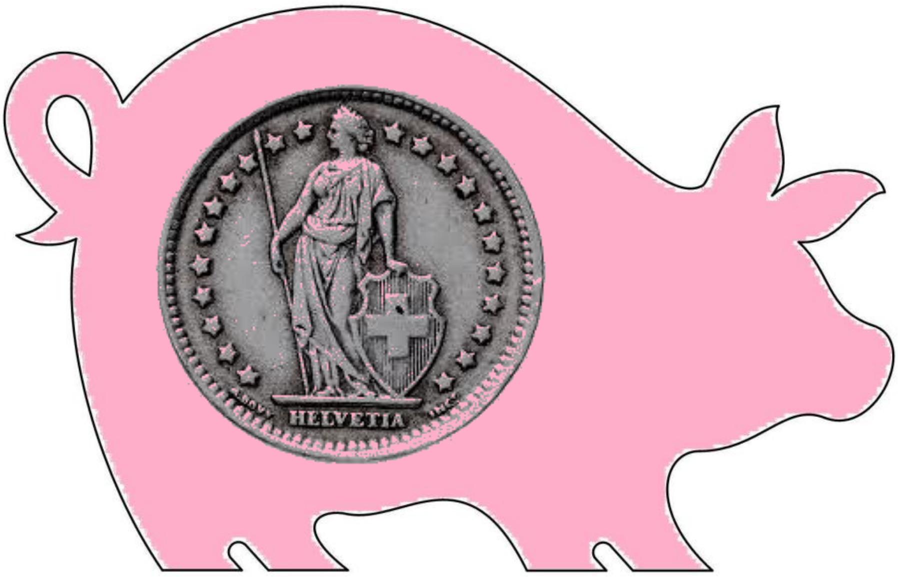
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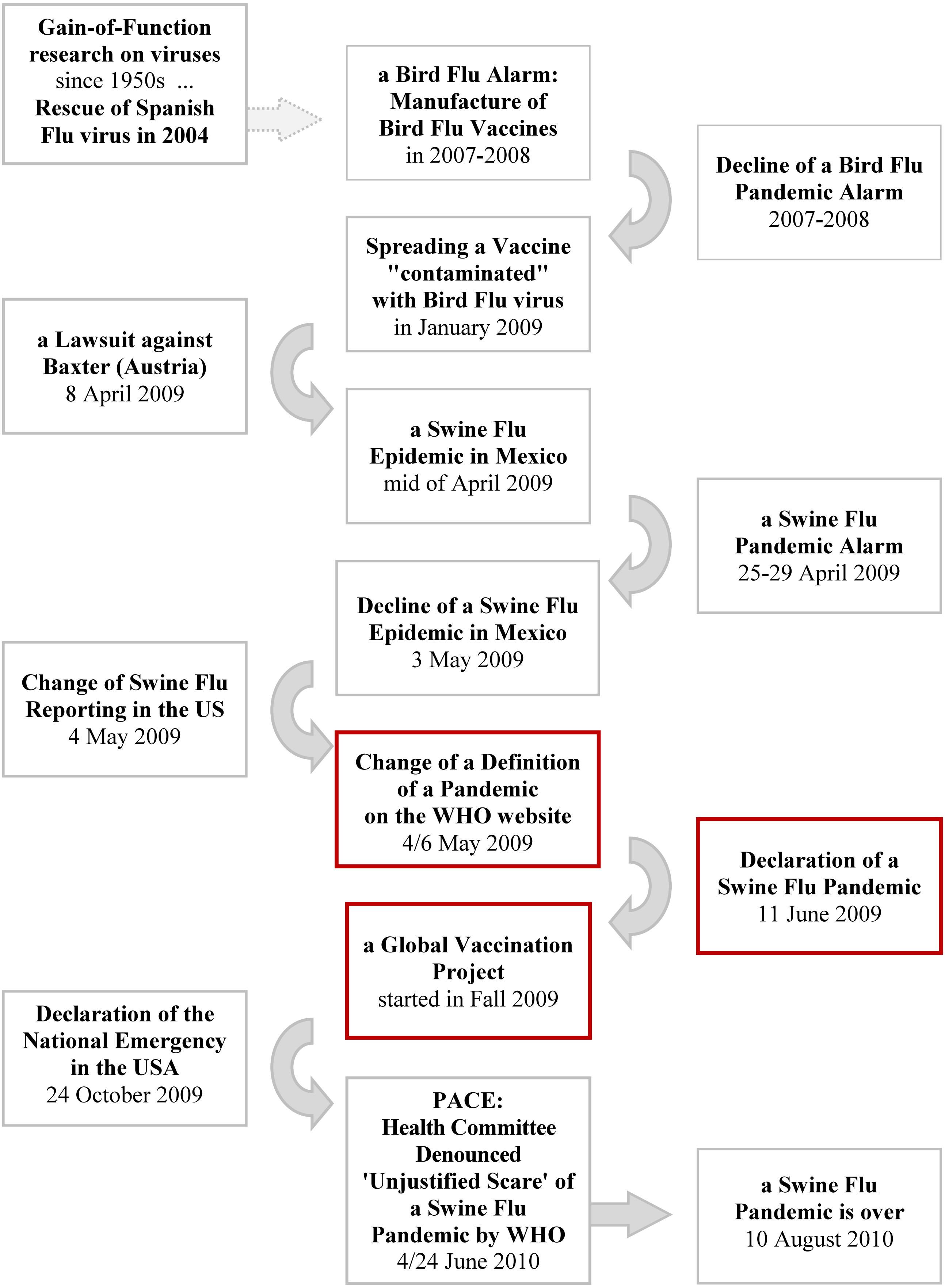
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Chapter 8

Corruption Scandal around Experts and Advisors of WHO



Roadmap
of the Swine Flu Pandemic



Age of Autism

Dan Olmsted and Mark Blaxill

Voting Himself Rich:
CDC vaccine adviser made $29 million or more after using role to create market

Age of Autism, 16 February 2009, 05:45 AM
https://www.ageofautism.com/2009/02/voting-himself-rich-cdc-vaccine-adviser-made-29-million-or-more-after-using-role-to-create-market.html

Dr. Paul Offit of the Children's Hospital of Philadelphia (CHOP) took home a fortune of at least $29 million as part of a $182 million sale by CHOP of its worldwide royalty interest in the Merck Rotateq vaccine to Royalty Pharma in April of last year, according to an investigation by Age of Autism. Based on an analysis of current CHOP administrative policies, the amount of income distributed to Offit could be as high as $46 million.

There is nothing improper about receiving compensation for a patented innovation; but the extraordinary valuation placed on CHOP's patents raises concerns over Offit's use of his former position on the CDC's Advisory Committee on Immunization Practices to help create the market for rotavirus vaccine – to effectively vote himself rich.

Offit has steadfastly refused to say how much he made from the vaccine. Based on the income distribution guidelines set forth in CHOP's current administrative policy manual entitled "Patent and Intellectual Property Policy," Offit's share of this transaction - the "inventor's share of net income" - would have earned him a personal distribution of 30%. In a Moody's report dated June 2008, CHOP reported net proceeds from the Rotateq transaction of $153 million, a deal basis that would put the value of Offit's 30% share at $45.9 million. (manual) => www.rescuepost.com/files/chop-contract.pdf

Although the royalty transaction amounts and current CHOP inventor shares are publicly known, several factors complicate a precise calculation of Offit's income. Royalty Pharma paid $182 million for the Rotateq royalty stream, but CHOP reported proceeds of only $153 million. Since most universities calculate income based on net royalties, the lower number might more closely reflect the basis for calculating Offit's income. If CHOP applied an inventor share of 30% to a transaction value of $153 million they would have then been required to distribute $45.9 million to Offit.

CHOP's 30% policy for inventor share is consistent with the current practices of other children's hospitals. But depending on what standard was in effect when the patents were filed and how it was applied to Offit's proceeds, the amount could be lower. For example, the $29 million difference between the payment made by Royalty Pharma and the proceeds received by CHOP comprises 15.9% of the Royalty Pharma payment (15% is the lowest inventor share percentage we uncovered in our investigation) and could reflect the distribution to Offit,

So although it is clear that Offit's personal share of CHOP's royalty transaction was large, the exact amount could range from as little as $29 million to as much as $55 million. Age of Autism chose to feature the smaller amounts in this report.

CHOP spokeswoman Rachel Salis-Silverman, contacted by Age of Autism about Offit's income from the vaccine, first said, "I don't even know. That's not public information." She initially refused to provide an e-mail to which Age of Autism could send a detailed account of how it determined Offit's income, but subsequently sent an e-mail saying she was expecting the information.

"We are declining comment to your questions," she then replied after receiving our inquiry. Offit did not respond to an e-mail sent to his Children's Hospital address.

While refusing to disclose his personal profit from this transaction, Offit told Newsweek reporter Claudia Kalb last year that he got a "small percentage" of the payment and confessed that "it's like winning the lottery."

The $29 million-$55 million range is consistent not only with CHOP's published royalty arrangements but with typical medical patent standards:

- At Boston Children's Hospital, inventors get 25% of "net lifetime revenues" for all income over $500,000. For royalty amounts smaller than $500,000 inventors receive 45-100% of revenues.
- At Arkansas Children's Hospital, inventors get 35% of "net royalties" after the first $200K and 50% before that.
- At the University of Virginia, inventors get 15% of "total royalty income" over $1 million and a sliding scale of 25-50%for amounts smaller than that.
- At the University of California, inventors get 35% of "net royalties."

Offit's claim to a share of the profits from Merck's Rotateq revenues is based on his role as a listed inventor on the cluster of patents that protect Merck's vaccine. These patents share the title "Rotavirus Reassortant Vaccine" and include four granted US patents – US5626851, US5750109, US6113910 and US6290968 – and two granted European patents – EP323708 and EP493575.

All of the patents are jointly owned by CHOP and the Wistar Institute. Offit is one of the three listed inventors on the vaccine patents but holds 100% of CHOP's inventor rights. The other two inventors, Fred Clark and Stanley Plotkin, are both affiliated with the Wistar Institute (in a December 2005 transaction that was similar to CHOP's deal with Royalty Pharma, the Wistar Institute sold its royalty interest in Rotateq to Paul Capital for $45 million).

The CHOP policy manual that delineates the distribution of income for inventions owned by CHOP can be found (see section III B). Clearly, based on the distribution of income rights outlined in this manual, Paul Offit had a greater personal interest in Rotateq's commercial success than any other single individual in the world. And more than other individual in the world, he found himself in a position to directly influence that success.

Unlike most other patented products, the market for mandated childhood vaccines is created not by consumer demand, but by the recommendation of an appointed body called the Advisory Committee on Immunization Practices (ACIP). In a single vote, ACIP can create a commercial market for a new vaccine that is worth hundreds of millions of dollars in a matter of months. For example, after ACIP approved the addition of Merck's (and Offit's) Rotateq vaccine to the childhood vaccination schedule, Merck's Rotateq revenue rose from zero in the beginning of 2006 to $655 million in fiscal year 2008. When one multiplies a price of close to $200 per three dose series of Rotateq by a mandated market of four million children per year, it's not hard to see the commercial value to Merck of favorable ACIP votes.

From 1998 to 2003, Offit served as a member of ACIP. Before and during his ACIP term, Offit was involved in rotavirus vaccine development activities, the value of which ACIP influenced. Shortly before his term began in October 1998, Offit's first two rotavirus patents were granted by the U.S. Patent and Trademark Office, the first on May 6, 1997 and the second on May 12, 1998. During his ACIP term, Offit received two additional patents in 2000 and 2001.

Receiving a patent provides the potential but not the certainty of financial reward. In most cases, when an inventor's employer receives a patent, the commercial value of the patent award is highly uncertain. In the case of Rotateq, the business uncertainty revolved around three factors: 1) the creation and eventual size of the rotavirus vaccine market, 2) the market share of competing products such as Wyeth's RotaShield vaccine and 3) the success of Merck's clinical trial for Rotateq and subsequent FDA approval. For the first two of these three factors, Offit's ACIP membership gave him a direct opportunity to favorably influence his personal financial stake in Rotateq.

Four months before Offit was appointed to ACIP in October 1998, the committee had voted to give the rotavirus category a "Routine Vaccination" status, in anticipation of an FDA approval of RotaShield (oddly, ACIP made this vote before the FDA approved Wyeth's RotaShield vaccine on October 1, 1998). Shortly after Offit's term began, there were several additional votes involved in establishing the rotavirus vaccine market and Offit voted yes in every case. In May of 1999, the CDC published its revised childhood vaccination schedule and rotavirus vaccine was included. This series of favorable votes clearly enhanced the monetary value of Offit's stake in Merck's rotavirus vaccine, which was five years into clinical trials.

Nevertheless, Merck's Rotateq vaccine was several years behind Wyeth's RotaShield, which stood to be the market leader based on its lead in making its way through clinical trials. But when the widespread administration of RotaShield to infants started producing a high incidence of intussusception reports, including numerous fatalities, ACIP was forced to reverse itself. On October 22, 1999, ACIP voted to rescind its recommendation of the RotaShield vaccine.

Offit recused himself from this vote, although he participated in the discussion. In the meeting in which ACIP discussed RotaShield, Offit remarked, "I'm not conflicted with Wyeth, but because I consult with Merck on the development of rotavirus vaccine, I would still prefer to abstain because it creates a perception of conflict." CDC records make it clear that Offit was not silent on RotaShield. By 2001, he was actively advancing a "unique strain" hypothesis, an argument that RotaShield was formulated in a way that did increase intussusception risk whereas other formulations (e.g. Rotateq) would not.

In commercial terms, Offit had a clear stake in the earlier RotaShield decision. As a competitor to Rotateq, RotaShield's withdrawal provided a financial opportunity for Offit's partner, Merck. Not only did RotaShield's withdrawal give Rotateq an opportunity to gain 100% of the rotavirus vaccine market Offit had voted to create (until April 2008, when GlaxoSmithKline's Rotarix vaccine was approved, Merck held a monopoly on the rotavirus vaccine market), but the absence of competition enabled Merck to charge a premium price for its vaccine, significantly more than Wyeth had charged for RotaShield.

With RotaShield out of the market and the favorable rotavirus policy precedent established, when the FDA approved Rotateq on February 3, 2006, the path to profitability for Merck was set. And for CHOP, which had licensed its patent rights to Merck, the valuation of its patent portfolio soared. Faced with this newly valuable asset, CHOP chose not to take their profits in the form of a series of smaller royalty checks. Instead, they opted to sell off their rights to the income stream and receive a lump sum payment in its place. Royalty Pharma – an intellectual property investment firm that "provides liquidity to royalty owners and assumes the future risks and rewards of ownership" – stepped in to pay CHOP for the rights to its Merck royalties. CHOP, in turn, paid Offit his inventor share. Although neither CHOP nor Merck has disclosed Merck's royalty obligation around CHOP's patents, the fact that Royalty Pharma was motivated to pay CHOP $182 million for the right to receive the Rotateq royalty stream suggests that obligation was significant.

Other news organizations, most notably CBS News, have asked Offit to disclose the financial details of his Merck relationship. CBS New reporter Sharyl Attkisson wrote last July that, "future royalties for the [Rotateq] vaccine were just sold for $182 million cash. Dr. Offit's share of vaccine profits? Unknown." => https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

Offit protested loudly over the CBS News report and went so far as accusing Attkisson of unethical conduct. "Did [Attkisson] lie about whether or not we provided materials? Of course," Offit claimed in an August interview with the Orange County Register. He argued that in responding to a CBS News investigation of his financial ties to Merck, he readily provided full details of the payments that CBS asked for including: "the sources and amounts of every grant he has received since 1980"; "the details of his relationship, and Children's Hospital of Philadelphia's relationship, with pharmaceutical company Merck"; and "the details of every talk he has given for the past three years."

A personal profit of at least $29 million seems like more than a small detail to leave out.

Геннадия Онищенко:
«ВОЗ выступает в роли маркетингового отдела фирмы *Ля Роше*»

Интервью Руководителя Роспотребнадзора
Геннадия Григорьевича Онищенко

«Грипп А, H1N1, Калифорния/04/2009»

«Эхо Москвы», программа «В круге СВЕТА», 5 мая 2009
(стенограмма – https://46cge.rospotrebnadzor.ru/txt/4588)
Интервью целиком см. в разделе ' Criticism of WHO '

Гость: Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Геннадий Григорьевич Онищенко

Ведущая: *Светлана Сорокина*

С. Сорокина: Здравствуйте, здравствуйте. Это программа «В круге СВЕТА». Сегодня в студии работаю я, Светлана Сорокина. И я сразу представлю вам моего собеседника. Это Геннадий Онищенко. Здравствуйте, Геннадий Григорьевич.

Г. Онищенко: Здравствуйте.
...

Г. Онищенко: Ну, на самом деле, его истинное название изначальное было – грипп А, H1N1, Калифорния, 04 2009. Это самое исконное, самое правильное его название. Потому что гриппов H1N1 по меньшей мере несколько тысяч уже было. За всю нашу совместную и неоднозначную историю сосуществования гриппа H1N1…
...

Г. Онищенко: Это была хорошо спланированная тогда информационная диверсия.

...
И наша *любимая ВОЗ*, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, *выступает в роли маркетингового отдела фирмы «Ля Роше»*, которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?
...

С. Сорокина: Но близко к нему. Вопросы. Вот пишут о том, что где взять этот самый тамифлю, и еще реленса какой-то упоминают. Где это взять в аптеках?

Г. Онищенко: Так, первое – брать нигде не надо. Я вам просто настоятельно рекомендую – *не обогащайте на этом этапе наш фармацевтический бизнес*.

НОВАЯ ГАЗЕТА

Елена Рачева

Пандемия лоббизма: На чем основаны обвинения Геннадия Онищенко в адрес Всемирной ассоциации здравоохранения и при чем тут бывший министр обороны США

Новая Газета, 8 мая 2009, 08:00
https://novayagazeta.ru/articles/2009/05/08/42921-pandemiya-lobbizma

Глобальный кризис забыт, рост цены на нефть не замечен: новости о распространении «свиного гриппа», для реабилитации свинины срочно переименованном в вирус H1N1, вышли на первые полосы газет. Всемирная ассоциация здравоохранения (ВОЗ) присвоила ему пятую (из шести) стадию угрозы, следующая – признание пандемии. Первой на угрозу пандемии откликнулась швейцарская компания F.Hoffman-La Roche.

Фирма передала Всемирной организации здравоохранения (ВОЗ) три миллиона упаковок антивирусного препарата «Тамифлю», который ВОЗ называет основным (а производитель – единственным) средством лечения «свиного гриппа». По сообщению компании La Roche, запасы препарата сделаны правительствами уже 85 стран мира и рассчитаны на 25–50% населения. Мир вздохнул облегченно, а котировки акций компании La Roche начали расти, явно опережая распространение самого гриппа.

И тут свое слово сказал главный санитарный врач России Геннадий Онищенко. Он заявил, что официальные представители ВОЗ не предоставили медицинским властям мира информацию о свойствах вируса H1N1, без которой нельзя создать вакцину против него, а вместо этого порекомендовали использовать препарат «Тамифлю», что, по словам Онищенко, «некорректно и противоречит уставу ВОЗ».

«Наша любимая Всемирная организация здравоохранения, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы La Roche, которая совершенно случайно оказалась в той же стране – Швейцарии, в том же городе – Женеве. Разве так можно?» – заявил он в прямом эфире радио «Эхо Москвы» и добавил, что «Тамифлю», конечно, помогает, но кроме него существует «международная панель применяемых антиретровирусных препаратов».

Нельзя сказать, что мнению непримиримого борца с соседскими шпротами, боржоми и вином можно слепо доверять. Но, к сожалению, Онищенко не единственный, выдвигающий подобные упреки. Он просто пошел дальше, связав лоббистские усилия La Roche с деятельностью Всемирной ассоциации здравоохранения.

Вспомним историю препарата «Тамифлю». Это название стало широко известно в 2004 году, когда лекарство объявили эффективным против «птичьего гриппа». Заказы на него пришли из шестидесяти стран, в 2004-м доходы от продажи препарата увеличились почти в четыре раза и составили 44,6 млн долларов, а в 2005-м – 161,6 млн долларов. При этом информация, что вызвавший эпидемию неизвестный вирус аналогичен вирусу птиц, впервые прозвучала на пресс-конференции La Roche. Китайское «Бюро по контролю за оборотом

лекарственных средств» даже начало расследование ситуации, но ничего не добилось. Врачи подвергали сомнению действенность препарата, утверждая, что его принимали 70% умерших от «птичьего гриппа». Зато стоимость акций компании La Roche, продающей препарат, и его разработчика Gilead Sciences (получающего пятую часть средств от каждой проданной таблетки) резко выросла. А вот ценная информация для патриотов-сторонников теории заговоров: одним из акционеров Gilead Sciences был Дональд Рамсфелд, бывший министр обороны США. На пике угрозы эпидемии «птичьего гриппа» он, по данным налоговой декларации Рамсфелда за 2004 год, продал часть своих акций за 5 млн долларов и остался владельцем пакета еще на 25 млн.

Конечно, лоббизм «Тамифлю» – это скандальная версия. Понятно, ВОЗ важнее справиться с болезнью, чем оглядываться на предсказуемые обвинения в ангажированности, а фармацевтическая компания не может не воспользоваться угрозой пандемии для продвижения своего лекарства. И сделает это успешно: как сообщили «Новой» в сети аптек «36,6», препарат «Тамифлю» до недавнего времени не пользовался популярностью у покупателей, но за последние дни был полностью раскуплен.

В компании «Протек» (дистрибьюторе «Тамифлю») говорят об увеличении спроса на препарат со стороны аптек. Несмотря на цену в две тысячи рублей за 10 капсул, практически все запасы «Тамифлю» раскуплены. Как рассказывают в администрации сети аптек «Итек», паникующие люди скупают и другие противовирусные и профилактические средства, к примеру, арбидол и амиксин, а также марлевые маски для лица и дезинфицирующие средства для рук.

По словам Давида Мелик-Гусейнова, директора по маркетинговым исследованиям отраслевого агентства «Фармэксперт», до сих пор «Тамифлю» не считался ключевым продуктом компании, специализирующейся на дорогостоящих онкологических лекарствах. Но продажи антивирусного препарата выросли настолько, что он скоро может войти в пятерку самых продаваемых препаратов La Roche. «Проблема лоббизма фармацевтических средств встречается. Доказать его в случае La Roche сложно, но предсказать повышение прибыли компании можно уже сейчас», – говорит Давид Мелик-Гусейнов.

The Washington Times

Jim McElhatton

Obama nominee omitted ties to biotech

The Washington Times, 9 September 2009
https://www.washingtontimes.com/news/2009/sep/08/obama-nominee-omitted-ties-to-biotech/

President Obama's nominee at the Department of Homeland Security overseeing bioterrorism defense has served as a key adviser for a lobbying group funded by the pharmaceutical industry that has asked the government to spend more money for anthrax vaccines and biodefense research.

But Dr. Tara O'Toole, whose confirmation as undersecretary of science and technology is pending, never reported her involvement with the lobbying group called the Alliance for Biosecurity in a recent government ethics filing.

THE FLU CASE

Obama bioterrorism nominee hides work for big pharma biodefense black op programmes

The Flu Case, 9 September 2009
https://web.archive.org/web/20090917152337/http://www.theflucase.com/index.php?option=com_content&view=article&id=532%3Aobama-bioterrorism-nominee-hide-involvement-with-big-pharma-and-black-op-programmes&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dr Tara O'Toole, who has been nominated by President Obama to take charge of bioterrorism in the Department of Homeland Security, worked as a key advisor to a group of pharmaceutical companies that lobbied the government for more money to develop bioweapons but omitted to report her work for the group in a recent government ethics filing.

The programme to channel money to pharmaceutical companeis to develop bioweapons was steered through the senate by Jay Rockefeller in 2003.

THE FLU CASE

Conflicts of interest at WHO's Global Advisory Committee on Vaccine Safety
Report in Chinese on the "swine flu" jab risks

The Flu Case, 9 September 2009
https://web.archive.org/web/20090917131846/http://www.theflucase.com/index.php?option=com_content&view=article&id=535%3Areport-in-chinese-on-the-qswine-fluq-jab-risks&catid=1%3Alatest-news&Itemid=64&lang=en

8. Conflicts of interest at WHO's Global Advisory Committee on Vaccine Safety (**GACVS**). The GACVS is touted by WHO as being an independent body with the members having "...impartiality and a high level of expertise..." => See:
https://web.archive.org/web/20040718005057/http://www.who.int/vaccine_safety/about/indepth/en/index.html

However, a quick check into the background of just one of the committee members (who was on the committee when GACVS largely dismissed the legitimate concerns about squalene's safety) reveals a different story.

Dr Kenneth Hartigan-Go is is listed as being the Executive Director of the The Zuellig Foundation in the Philippines. He was on the committee from June 2006 until June 1009. => See:
https://web.archive.org/web/20211112025612/http://www.who.int/vaccine_safety/about/current_members_june_2009.pdf

Also known as The Zuellig Family Foundation, this Foundation's logo is a modified version of that of Zuellig Pharma, a major supplier of pharmaceutical and vaccines in the Asia/Pacific region.
=> See: http://www.zuelligpharma.com/offices_china_pro&ser.html

What's more the Zuellig (Family) Foundation's website lists the League of Corporate Foundations (LFC) as a supporter of its work. http://www.zuelligfoundation.org/organizationalaffiliations_.htm A browse through the website of the LCF reveals that vaccine manufacturers Pfizer and Merck are LCF members. See: http://www.lcf.org.ph/content/directory-members

Thus it appears that far from being "impartial" when it comes to making decisions about vaccine safety, Dr Hartigan-Go is the Executive Director of a Foundation which has substantial links to the vaccine industry. I have not had time to look into the background of other members, but I would not be surprised if they had similar pharmaceutical industry links.

WHO makes the following claims for the **funding of GACVS**: "The work of the Committee is funded from multiple sources including WHO regular budget, UNICEF, the Bill & Melinda Gates Foundation, the GAVI Alliance and its Vaccine Initiatives. No funding is received from commercial organizations." =>
https://web.archive.org/web/20040704005030/http://www.who.int/vaccine_safety/about/indepth/en/index2.html

On the surface this funding sounds appropriately impartial, especially as WHO makes the claim that "commercial organisations" do not contribute funding to the committee. However, scratch the surface of this bland pronouncement and you will see it's actually quite deceitful. The Wikipedia entry on the GAVI [Global Alliance for Vaccines and Immunisation] Alliance, for example states:

"Launched in 2000 at the annual meeting of the World Economic Forum in Davos, the GAVI Alliance includes among its partners developing country and donor governments, the World Health Organization (WHO), UNICEF, the World Bank, the vaccine industry in both industrialised and developing countries, research and technical agencies, NGOs, and the Bill & Melinda Gates Foundation." http://en.wikipedia.org/wiki/GAVI_Alliance

Merck's website gives more detail on the GAVI Alliance and moreover states:
"Merck is a founding partner in the GAVI Alliance. Formed in 1999, GAVI is an unprecedented public/private partnership whose mission is to mobilize resources that support the widespread use of vaccines..." => https://web.archive.org/web/20100106235742/http://www.merck.com/corporate-responsibility/access/access-vaccines-immunization/initiatives.html

So, there we have it; the GAVI Alliance, one of the funders of WHO's Global Advisory Committee on Vaccine Safety (GACVS) is a "public-private partnership" (and an unprecedented one at that!) which states its "mission" as being "to support the widespread use of vaccines". Obviously, the widespread use of vaccines would benefit the vaccine manufacturers in this "public-private" partnership – and the widespread use of vaccines is not encouraged by candid disclosure of vaccine risks to the public. Even if none of the members of WHO's GACVS had links to the vaccine industry, the funding of GACVS by the GAVI Alliance could be sufficient compromise the committee's integrity.

While WHO states that GACVS committee members "must declare any conflict of interest" they also "sign a confidentiality agreement", presumably because they have access to unpublished data, which could damage vaccine company profits if unfavourable data were made public. This confidentiality agreement also means that there is no way for any honest doctor or scientist who may be on the committee to bring to the public's attention information that may be of vital interest to public health that may have been discussed – and whitewashed – in GACVS meetings. => See:
https://web.archive.org/web/20040718005057/http://www.who.int/vaccine_safety/about/indepth/en/index.html
https://web.archive.org/web/20040704005030/http://www.who.int/vaccine_safety/about/indepth/en/index2.html

abcNEWS

Dalia Fahmy

Drugmakers, Doctors Rake in Billions Battling H1N1 Flu

ABC News, 14 October 2009, 4:27 AM
https://abcnews.go.com/Business/big-business-swine-flu/story?id=8820642

Oct. 14, 2009. – Americans are still debating whether to roll up their sleeves for a swine flu shot, but companies have already figured it out: vaccines are good for business.

Drug companies have sold $1.5 billion worth of swine flu shots, in addition to the $1 billion for seasonal flu they booked earlier this year. These inoculations are part of a much wider and rapidly growing $20 billion global vaccine market.

"The vaccine market is booming," says Bruce Carlson, spokesperson at market research firm Kalorama, which publishes an annual survey of the vaccine industry. "It's an enormous growth area for pharmaceuticals at a time when other areas are not doing so well," he says, noting that the pipeline for more traditional blockbuster drugs such as Lipitor and Nexium has thinned.

As always with pandemic flus, taxpayers are footing the $1.5 billion check for the 250 million swine flu vaccines that the government has ordered so far and will be distributing free to doctors, pharmacies and schools. In addition, Congress has set aside more than $10 billion this year to research flu viruses, monitor H1N1's progress and educate the public about prevention.

Drugmakers pocket most of the revenues from flu sales, with Sanofi-Pasteur, Glaxo Smith Kline and Novartis cornering most of the market.

But some say it's not just drugmakers who stand to benefit. Doctors collect copayments for special office visits to inject shots, and there have been assertions that these doctors actually profit handsomely from these vaccinations.

It is a notion that Dr. Lori Heim, president of the American Academy of Family Practitioners, says is simply not true.

"According to most of the physicians I have talked to, the administration of these vaccines is done for the community's benefit as opposed to anything that helps profit," she says. Heim adds that even though doctors will not have to shell out for the H1N1 vaccine, they will bear the usual costs associated with storage and administering the shots.

"There is an administration fee, for the costs that you can't get reimbursed through Medicare or Medicaid," she says. "This is usually less than, or right at the break-even point."

Still, pharmacies also charge co-payments or full price of about $25 to those without insurance and often make more money if patients end up shopping for other goods.

"Flu shots present a good opportunity to bring new customers into our stores," says Cassie Richardson, spokesperson for *Supervalu*, one of the country's largest supermarket chains. Drawing customers to the back of a store, where pharmacies are often located, offers retailers a chance to pitch products that might otherwise go unnoticed.

Even companies outside of the medical industry are benefiting: the UPS division that delivers vaccines in specially designed containers, for example, has seen a bump in business.

New Entrants in Flu Shot Business

The intensifying competition has irked some doctors.

"Retailers and other non-medical professionals have siphoned off the passive income that once helped to cover medical overhead," says Dr. Caroline Abruzese, an internist in Atlanta. "The larger retail chains can invest up front in large volumes of vaccine at low prices, and market to customers already in their stores."

The promise of profits has attracted new players into the business. Some of the world's largest drugmakers, who in the past avoided the vaccine market because of its limited scope – its not easy to convince healthy adults to get a shot for measles – are now jumping into the fray.

Last month alone saw three large vaccine deals. Abbott Labs bought a Belgian drug business, along with its flu vaccine facilities, for $6.6 billion. Johnson & Johnson invested $444 million in a Dutch biotech firm that makes and develops flu vaccines. Merck, which already makes vaccines for shingles and other diseases, struck a deal to distribute flu shots made by Australian CSL.

Smaller biotechs are also angling for a slice of the action, making vaccines one of the fastest - growing areas of research in the biotech industry.

Large and small drugmakers are drawn to the business largely because of scientific advances that promise to radically expand the range of health problems that vaccines can address. In addition to preventing childhood diseases such as measles and polio, vaccines can now also ward off cervical cancer, and researchers are working on vaccines for HIV and tuberculosis.

Scientists believe they can create therapeutic vaccines than treat diseases such as Alzheimers and diabetes after they have set in. (At least one company is betting on a vaccine that helps cigarette smokers quit.)

"These innovations broaden the market potential for vaccine makers and partly explained the renewed interest by drugmakers," says Anthony Cox, a professor at Indiana University's Kelley School of Business who specializes in the marketing of medical products.

But Mark Grayson, a spokesperson for the Pharmaceutical Research and Manufacturers of America, which represents the country's leading pharmaceutical research and biotechnology companies, says that drugmakers are also compelled by the government to join efforts to ensure that there is enough vaccine to go around.

"Because of national security implications, the government felt that they needed to encourage and ask [vaccine manufacturers] to move much quicker," he says. Grayson adds that vaccine manufacturers also face significant costs; aside from the expense of fitting a new vaccine into a tight production schedule, drugmakers GlaxoSmithKline and Sanofi Pasteur were forced to acquire new vaccine production facilities in recent years to keep up with demand.

Alternatives to Vaccines Are Few

While this promise of new treatments for painful diseases brings hope to many, vaccines continue to attract critics. The National Vaccine Information Center, a non-profit advocacy group, is at the forefront of a movement demanding that vaccines be tested more thoroughly before hitting the market. Although there has been little evidence to support their claim, detractors -- including the comedian Jim Carrey – believe that vaccines are at least partly to blame for the sharp rise in autism in recent decades.

The swine flu vaccine has also attracted its share of critics. Frank Lipman, a New York-based doctor who specializes in a mix of Western and alternative medicine, points out that the swine flu is rarely fatal and that it's too early to tell if it's safe because it hasn't been widely tested.

Others argue that Americans have little choice. The cost of a widespread pandemic, similar to Spanish Flu outbreak in 1918, which killed 675,000 Americans (and 50 million worldwide), would be devastating. The Trust for America's Health, a Washington-based non-profit organization, estimates that a severe pandemic could push down GDP by more than 5 percent and cost Americans $683 billion.

"We're not seeing a pandemic that's this severe," says Jeff Levi, director of Trust for Americas Health. "We've dodged a lot of bullets."

Evelyn Pringle

Profit Driven Swine Flu Propaganda - Pump Up
Part I

Natural News, 21 October 2009
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html

The pharmaceutical industry, with public health officials and the mainstream media acting as a mass marketing team, is about to pull off the biggest profiteering scheme in the history of the world. The swine flu hoax, perpetrated on a global level, will generate unheard of profits from a non-existent pandemic.

The Obama administration declared the spread of swine flu a public health emergency on April 26, 2009. The Associated Press reported that "Swine flu is now formally a pandemic, a declaration by U.N. health officials that will speed vaccine production and spur government spending to combat the first global flu epidemic in 41 years," on June 11, 2009.

"WHO chief Dr. Margaret Chan made the long-awaited declaration after the U.N. agency held an emergency meeting with flu experts and said she was moving to phase 6 – the agency's highest alert level – which means a pandemic is under way," the AP advised.

Since the "highest alert" warning was issued, the only estimation that has turned out to be true is that the drug companies are experiencing a windfall of tax dollars pouring into their coffers.

The US government "has committed $1.8 billion to companies to make a swine flu vaccine," Reuters reported on September 30, 2009, in an article with the headline, "Big pharma jumps back into flu business." => https://www.reuters.com/article/us-flu-vaccines-analysis-idUSTRE58S6AP20090930

"Three big U.S. pharmaceutical companies announced vaccine deals this week," Reuters noted, for companies that included Johnson & Johnson, Abbott Laboratories and Merck.

"Abbott Labs bought a Belgian drug business, along with its flu vaccine facilities, for $6.6 billion. Johnson & Johnson invested $444 million in a Dutch biotech firm (Crucell) that makes and develops flu vaccines. Merck which already makes vaccines for shingles and other diseases, struck a deal to distribute flu shots made by Australian CSL," ABC News reported on October 14, 2009

"Smaller biotechs are also angling for a slice of the action, making vaccines one of the fastest-growing areas of research in the biotech industry," ABC noted.

Dr Robert Belshe, director of Saint Louis University's Center for Vaccine Development, told Reuters that the US is on the verge of recommending that all citizens get a flu shot. "We're at 270 million people who should get vaccinated. It's a big market. I think manufacturers are just now catching up," he said.

"The vaccine market is booming. It's an enormous growth area for pharmaceuticals at a time when other areas are not doing so well," Bruce Carlson, a spokesperson for the market research firm Kalorama, told ABC News.

On October 1, 2009, under the headline, "Vical shares soar on Navy's H1N1 contract," Fierce Vaccines advised that: "Anyone doubting just how hot H1N1 news is right now should check out Vical's stock price this morning."

"The developer announced a modest $1.3 million contract with the Navy to fund the manufacturing and testing of its swine flu vaccine and the company's stock shot up 22 percent," the report said.

On September 29, 2009, Reuters noted that the H1N1 flu pandemic is not "the first flu outbreak to have lifted the shares of small vaccine makers."

"The H5N1 bird flu scare that began in 2005 fueled a similar rise," the reports said. "And the media statements issued by companies then are similar to many of those issued today."

"In May 2006, Vical, for example, announced that its bird flu vaccine protected mice and ferrets against H5N1," Reuters recalled. "This year, it said its H1N1 pandemic flu vaccine protected rabbits and mice. The news sent its shares soaring," the report noted.

Vaccine Makers Fund Studies

On September 10, 2009, MedPage Today ran the headline: "H1N1 Vaccines Safe, Immunogenic in Single Dose".

"Two investigational vaccines against the pandemic H1N1 flu appear to be safe and to yield a robust immune response with a single dose," MedPage reported.

"Those findings," it said, "contained in two preliminary reports published online today in the *New England Journal of Medicine* -- are reassuring, experts said."

The first report is from an Australian study supported by CSL and the Department of Health and Aging of the Australian government. "All authors report being employees of CSL and several report having an equity interest in the company," according to MedPage.

The second report is from a British study supported by University Hospitals Leicester and Novartis. Study leader, Dr Iain Stephenson, "reported financial links with Novartis Vaccines, Sanofi Pasteur, Baxter Vaccines, Hoffmann–La Roche, and GlaxoSmithKline," MedPage noted.

Profits Galore

On September 21, 2009, Reuters reported that the United States had ordered 222 million doses of H1N1 vaccine from five drug makers that include GlaxoSmithKline, Sanofi-Pasteur, Australia's CSL, AstraZeneca's MedImmune division and Novartis.

CSL has contracts to supply $180 million worth of bulk antigen to the US. Sanofi-Pasteur is providing more than 100 million doses to the US, in a $690 million order.

On September 25, 2009, MedImmune said it has "received a federal order for 29 million more doses of its nasal H1N1 flu vaccine, bringing its total order to more than 40 million doses, with a value of about $453 million," according to Gazette.net.

Seeking Alpha reported on August 24, 2009, that the "Swiss company Novartis received an order for $346 million for antigen and $343.8 million for adjuvant totalling $690 million in July."

The most recent estimates have GlaxoSmithKline "reaping some $4.8 billion from the pandemic, between its Pandemrix vaccine, its Relenza antiviral drug, and other products such as antiviral face masks and flu diagnostics," Fierce Pharma reported on October 9, 2009.

On June 11, 2009, Kalorama Information issued a press release with the headline, "New Report Forecasts More Than Doubling of Vaccine Sales by 2013."

The new report titled, "Vaccines 2009: World Market Analysis, Key Players, and Critical Trends in a Fast-Changing Industry," forecasts the market "to more than double by 2013 due to a strong pipeline of new products and rising usage of current products around the world," Kalorama wrote.

In the press release, Kalorama described 2008 as another "stellar year for the world vaccine market," in which sales "grew 21.5% since 2007 to reach $19.2 billion."

"Few areas of pharmaceuticals have seen the fast-moving developments in the marketplace that the vaccine market has," Kalorama noted.

Antiviral Drug Hype

On October 15, 2009, the Financial Times ran the headline: "Tamiflu boosts Roche sales figures," and reported that sales figures "were boosted by bumper demand for Tamiflu amid persistent fears about a global flu pandemic."

Tamiflu sales of $1.9 billion in the first nine months were more than four times ahead of the same period last year and third quarter sales figures were "nearly 10 times more than in the same period last year."

On July 22, 2009, Business Week reported that GlaxoSmithKline "expects to increase annual production of its inhalable anti-viral flu treatment Relenza threefold, to 190 million doses, by year end."

"Relenza sales for the three months ended June 30 were $99 million, up from just $5 million in the second quarter of 2008," the report noted.

The price of Tamiflu at a middle dose at DrugStore.com on August 26, 2009, was $93 for a packet of ten 75mg capsules. One inhaler of Relenza costs $64 at DrugStore.com.

Any good that will come from the swine flu propaganda campaign will accumulate solely with the profits of pharmaceutical industry.

Natural News.com
Natural Health, Natural Living, Natural News

Evelyn Pringle

Profit Driven Swine Flu Propaganda - Pump Up
Part II

Natural News, 22 October 2009
https://web.archive.org/web/20091024213605/http://www.naturalnews.com/027301_swine_flu_influenza_pandemic.html

This article is part two in a six-part series. Be sure to read part one at
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html

Back on May 9, 2009, Robin Robinson, a director at the Department of Health and Human Services who oversees pandemic responses, told the Washington Post that even as officials take steps to develop a swine flu vaccine with sufficient doses for every "man, woman and child," those plans would be dialed back if the pandemic "fizzles out."

The pandemic has fizzled out but the gravy train toward vaccine profits is still rolling. On September 16, 2009, Reuters reported that the death rate from the pandemic H1N1 swine flu was likely lower than earlier estimates.

"Barring any changes in the virus, I think we can say we are in a category 1 pandemic. This has not become clear until fairly recently," said Dr Marc Lipsitch of Harvard, an expert in infectious diseases, told a meeting of flu experts convened by the US Institute of Medicine.

"The news is certainly better than it was in May and even better than it was at the beginning of August," he noted.

The US government's Pandemic Severity Index has five categories, with a category 1 comparable to a seasonal flu epidemic. Seasonal flu has a death rate of less than 0.1 percent, Reuters reports. A category 5 would compare to the 1918 flu pandemic, which had an estimated death rate of 2% or more.

Lipsitch gathered information on how many people had reported influenza-like illness around the world, which may or may not actually be influenza; government reports of actual hospitalizations and confirmed deaths, and "came up with a range of mortality from swine flu from 0.007 percent to 0.045 percent," Reuters advises. Having new information about how many people were infected and did not become severely ill or die makes the pandemic look very mild, Lipsitch said.

Minimal Swine Flu Deaths

The CIA World Factbook estimates the world population to be close to 6.8 billion and the US population a little over 307 million. At the beginning of the swine flu propaganda campaign, it was predicted that the strength of the pandemic could be measured by watching statistics from the Southern Hemisphere, where flu season runs from May to September, the southern autumn and winter months.

The Southern Hemisphere holds between 10 and 12% of the world's population, meaning the Southern Hemisphere population would be roughly 760 million people, at 11% of the world's total.

According to population numbers for 2008 from Nation Master.com, and statistics from the FluCount.org website, the total number of swine flu deaths, as of September 30, 2009, was only 2,386, for thirteen countries in the Southern Hemisphere, and three countries that are mostly in the Southern Hemisphere, with a total population of 628.3 million people who would have received no vaccine against the swine flu.

India's population of approximately 1.17 billion people amounts to about one-sixth of the world's population, according to the World Factbook. As of October 11, 2009, India's swine flu death toll was a mere 385, according to the Times of India.

On October 6, 2009, the Associated Press reported that the "CDC doesn't have an exact count of swine flu deaths and hospitalizations, but existing reports suggest the infection has caused more than 600 deaths and more than 9,000 hospitalizations since the virus was first identified in April."

=> https://www.nbcnews.com/id/wbna33196660

But yet the article further notes that "U.S. health authorities hope to give swine flu vaccinations to more than half the 300 million-plus population in just a few months."

=> https://www.nbcnews.com/id/wbna33190473

The first swine death in the army, the largest military branch with 552,425 soldiers, did not occur until September 10, 2009, according to the Associated Press on October 1, 2009. It was reported to be the only death among the 1.4 million men and women in uniform at that time.

=> https://www.sandiegouniontribune.com/sdut-us-army-swine-flu-100109-2009oct01-story.html

Yet all military personnel are required to receive the new swine flu vaccine. "The Pentagon has bought 2.7 million doses of vaccine, and 1.4 million of those will go to active-duty military personnel," the AP reported on September 29, 2009.

"National Guard troops on active duty are also required to receive the vaccine, as are civilian Defense Department employees who are in critical jobs," the article noted.

=> https://www.nbcnews.com/id/wbna33079725

In 2007, people under 20 years of age made up 27.6% of the US population, according to the US Census Bureau, meaning roughly 82.8 million people were under 20. At the end of September, the CDC was reporting only 76 deaths from swine flu among children in the US.

Dr Anne Schuchat, director of the agency's National Center for Immunization and Respiratory Diseases, told reporters that the number of pediatric deaths ranged from 46 to 88 during the past three flu seasons, which is hard to reckon with the fact that the CDC is always claiming that 36,000 people die of the seasonal flu each year in the US.

But then experts say the CDC's 36,000 flu death statistic, echoed by the media each year, is greatly distorted. In a 2006 paper in the "Journal of American Physicians and Surgeons," Dr David

Ayoub and Dr F Edward Yazbak report that a review of the mortality data from the CDC's National Vital Statistics System (NVSS) reveals "*these estimates are grossly exaggerated*."

(p. 43) => https://www.jpands.org/vol11no2/ayoub.pdf

The National Vitality Statistic System (NVSS) reports *preliminary mortality statistics* and distinguishes between influenza-related deaths and pneumonia-related mortality, they explain.

"When the final report is issued, influenza mortalities are combined with the far more frequent pneumonia deaths, yielding an exaggerated representation of "influenza" deaths," they report.

(p. 43) => https://www.jpands.org/vol11no2/ayoub.pdf

"Pneumonia related mortality due to immunosuppression, AIDS, malnutrition, and a variety of other predisposing medical conditions is therefore combined with seasonal influenza deaths," the doctors point out. "The actual influenza related deaths for the years 1997 to 2002 ranged from 257 to 1,765 annually," they advise. "These values are further overestimated by combining deaths from laboratory-confirmed influenza infections with cases lacking laboratory confirmation," they say. "There were fewer than 100 annual cases of viral-confirmed deaths during this same period. Deaths occurring in women of reproductive ages were rare, approximately one per year," they note.

(p. 43) => https://www.jpands.org/vol11no2/ayoub.pdf

On the CDC's main flu page they state that about 36,000 people die from the flu in the US each year. But if you search a little harder, he says, you find the actual number of people who died from the flu in 2005 was 1,805, the most recent data available.

"In 2004, there were just 1,100 actual flu deaths," Dr Mercola reports on his website. "The statistics the CDC gives are skewed partly because they classify those dying from pneumonia as dying from the flu, which is inaccurate," he says. See: https://www.omeonet.info/articles/flu_vaccine.htm

As of October 2, 2009, the World Health Organization was reporting only 4,108 swine flue deaths globally, five months into the pandemic, without any vaccines.

To put these numbers in perspective, consider that in 2005, more than 43,000 people died in motor vehicle accidents in the US, according to the Department of Transportation's National Highway Traffic Safety Administration.

Risks Outweigh Benefits

Studies also show flu vaccines do not work, and especially with children. On May 19, 2009, researchers at the International Conference of the American Thoracic Society in San Diego, presented a study that found children who received the trivalent inactivated influenza vaccine [TIV] had a three times greater risk of hospitalization for the flu than kids who were not vaccinated. See =>

=> https://www.sciencedaily.com/releases/2009/05/090519172045.htm

To determine whether the flu vaccine was effective in reducing the number of hospitalizations over consecutive flu seasons for 8 years, the researchers conducted a study of 263 children between the ages of 6 months and 18, evaluated at the Mayo Clinic between 1996 and 2006, with laboratory-confirmed influenza and reviewed records to determine which kids had received a flu shot before the illness and hospitalization.

According to the study, not only did the vaccine not prevent the flu, the children who received it got sicker than those who did not. Which means that for the 8 year period studied, health insurance companies, government programs and parents paid the cost of useless vaccines, doctors office calls and three times more flu-related hospitalizations, with the children suffering the harshest consequences.

On the "Healthy Skepticism" website, in a September 21, 2009 paper titled, "In the Face of Swine Flu, Common Sense and Science," Juan Gérvas, Honorary Professor, Public Health, School of Medicine, Autonomous University, in Madrid, Spain, reports that the "seasonal flu vaccine is relatively ineffective in children and adolescents, with a success rate of 33%, and is absolutely useless for children under 2 years." "There are doubts about how effective it is in preventing flu in adults and the elderly," he added. "We don't know anything about the effectiveness and safety of the swine flu vaccine which is ready to be marketed," Professor Gervas points out.

=> http://www.healthyskepticism.org/global/news/int/hsin2009-10

On April 29, 2008, Psychorg.com ran the headline, "Flu shot does not reduce risk of death," and reported that the "widely-held perception that the influenza vaccination reduces overall mortality risk in the elderly does not withstand careful scrutiny," according to researchers in Alberta, Canada.

=> https://www.sciencedaily.com/releases/2008/08/080829091323.htm

The study, published in the September, 2008, *American Journal of Respiratory and Critical Care Medicine*, a publication of the American Thoracic Society, included more than 700 matched elderly subjects, half of whom had taken the vaccine and half of whom had not.

"After controlling for a wealth of variables that were largely not considered or simply not available in previous studies that reported the mortality benefit, the researchers concluded that any such benefit 'if present at all, was very small and statistically non-significant and may simply be a healthy-user artifact that they were unable to identify.'," the report said. => doi: 10.1164/rccm.200802-282OC.

"Over the last two decades in the United Sates, even while vaccination rates among the elderly have increased from 15 to 65 percent, there has been no commensurate decrease in hospital admissions or all-cause mortality," said Dean Eurich, PhD, clinical epidemiologist and assistant professor at the School of Public Health at the University of Alberta.

"Further, only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest that the vaccine can reduce 50 percent of deaths from all causes is implausible in our opinion," he advised.

=> https://www.reuters.com/article/us-flu-elderly-idUSHAR96014920080829

On May 2, 2006, the National Post reported that, "Canada's first experiment in universal, free flu vaccine has cost Ontario taxpayers more than $200-million, but appears to have done nothing to cut the spread of influenza," a new study suggests.

"The Ontario initiative, the world's first universal flu campaign, distributes about five million vaccine doses a year at a current cost of $50- to $55-million, including promotion," the Post said, citing the Health Ministry.

The highly publicized offer of free flu shots to all 12 million Ontarians was launched in 2000 to try to ease pressure on emergency wards from flu patients, and cut the incidence and severity of the illness, the Post noted.

"Per-capita flu rates in the province have not fallen at all since the program was introduced in 2000, concluded the University of Ottawa research, published in the journal Vaccine," the Post reported.

"In fact," the Post said, "the average monthly incidence of the virus jumped over the first five years of the program, though researchers say it is too early to say that numbers are really on the rise."

"All we do know is rates haven't decreased, and there has been a lot of money spent," said Dianne Groll, the University of Ottawa professor who led the study. "The program was designed to reduce the incidence of flu, and this hasn't yet happened."

Dr Groll looked at the number of cases of laboratory-diagnosed flu reported to Health Canada between 1990 and 2005, and found that the rate between 1990 and 2000, when the program started, was 109 per 100,000 Ontarians. Since the launch of the campaign, "it jumped to 164." the Post said.

It's worth noting that the study also found the Ontario flu rates did not change relative to other provinces.

Evelyn Pringle

Profit Driven Swine Flu Propaganda - Pump Up
Part III

Natural News, 23 October 2009
https://web.archive.org/web/20091024224849/https://www.naturalnews.com/027310_swine_flu_health_Tamiflu.html

This article is part three in a six-part series. Be sure to read part one and two at
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html
https://web.archive.org/web/20091024213605/http://www.naturalnews.com/027301_swine_flu_influenza_pandemic.html

Public health officials now say they have quit keeping tabs on swine flu deaths because it is too difficult. A more likely explanation is that fear mongering would be impossible if they continued to announce the low rates of swine flu deaths and vaccine profits would take a nose dive.

"It's absurd to panic about swine flu, especially since it won't cause severe disease in many people," says Juan Gérvas, Honorary Professor, Public Health, School of Medicine, Autonomous University in Madrid, Spain, in the September 21, 2009 paper titled, "In the Face of Swine Flu, Common Sense and Science," on the Healthy Skepticism website. "The current WHO messages, which are increasing fear of swine flu is a form of disease mongering," he warns. "We need a health policy of common sense and self-control," Professor Gérvas advises. "The present messages by Governments, the WHO and the media focusing on the worst case scenario and the detailed description of each death is the completely wrong approach," he says.
=> http://www.healthyskepticism.org/global/news/int/hsin2009-10

On July 21, 2009, Spiegel Online interviewed epidemiologist, Dr Tom Jefferson, who has worked for the Cochrane Collaboration, an international team of scientists, for 15 years. "Sometimes you get the feeling that there is whole industry almost waiting for a pandemic to occur," Jefferson said.
He then listed the WHO, public health officials, virologists and the pharmaceutical companies. "They've built this machine around the impending pandemic," he said. "And there's a lot of money involved, and influence, and careers, and entire institutions!" "And all it took was one of these influenza viruses to mutate to start the machine grinding," Jefferson pointed out.
"It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution," he advised. "But one of the extraordinary features of this influenza -- and the whole influenza saga," he said, "is that there are some people who make predictions year after year, and they get worse and worse." "None of them so far have come about, and these people are still there making these predictions," he pointed out. => http://www.spiegel.de/international/world/0,1518,637119,00.html
"For example," he asked, "what happened with the bird flu, which was supposed to kill us all?"
"Nothing," he said. "But that doesn't stop these people from always making their predictions."

Big Pharma Bonanza
On August 13, 2009, Dr Joseph Mercola, author of "The Great Bird Flu Hoax," explained how swine flu vaccine makers were set to profit by $50 billion. "According to Margaret Chan, Director-General of the World Health Organization (WHO), vaccine makers could produce nearly *five billion* pandemic flu shots per year in the best-case scenario," he wrote.

"And according to Business Week, wealthier countries like the U.S. and the U.K. will pay just under $10 per dose, while developing countries would pay less," he said. "If these facts hold true, Big Pharma stands to gain up to $49 billion a year on the swine flu vaccine alone."

=> https://web.archive.org/web/20090725053244/http:/www.businessweek.com/globalbiz/content/jul2009/gb20090722_800367.htm

As of 2009, "there has been no funding of a compensation program for children or adults injured or killed by vaccines or drugs used under an EUA (Emergency Use Authorization)," according to the National Vaccine Information Center.

In March 2008, Roche and Glaxo added new labels to Tamiflu and Relenza to warn of abnormal psychiatric behavior in some patients.

The drug makers said the revisions reflected recommendations made in November 2007 by an FDA advisory panel that reviewed the cases, which have been seen mostly in Japan. "At that meeting, FDA staff described reports of about 700 cases of psychiatric adverse events for both drugs and 25 pediatric deaths from various causes in patients taking Tamiflu, reported to the agency through May 2007. No fatalities were reported for Relenza," the Guardian reported on March 4, 2008.

=> https://jp.reuters.com/article/us-roche-fda/flu-drug-makers-change-labels-over-behavior-issue-idUSWBT00851720080304

On August 10, 2009, the Financial Times reported that the "medicine now being widely handed out by the government for treating pandemic flu offers only modest benefit in children and adults in seasonal outbreaks of the virus," according to British researchers.

=> https://www.ft.com/content/697f5f68-85c6-11de-98de-00144feabdc0

In an article in the British Medical Journal, a group led by Matthew Thompson at Oxford University said use in children under 13 of Tamiflu or Relenza reduced the duration of flu symptoms by an average of 12 to 36 hours with no decline in asthma or the need for antibiotics. The authors concluded that the drugs "provide a small benefit by shortening the duration of illness in children with seasonal influenza and reducing household transmission".

=> https://pubmed.ncbi.nlm.nih.gov/19666987/

"The findings came after a separate article published last week in Lancet Infectious Diseases, by researchers led by Jane Burch at the University of York, concluded that otherwise healthy adults showed a reduction in symptoms of just over half a day earlier when taking the drugs," the Gardian pointed out. => https://pubmed.ncbi.nlm.nih.gov/19665930/

On August 20, 2009, The Indepedent reported that the Oxford researchers said children should not be given Tamiflu or Releza to combat swine flu. They warned that Tamiflu could cause vomiting in some children, which could lead to dehydration and the need for hospital treatment.

Overall, "the researchers said, children who were otherwise healthy could suffer more harm than benefit from taking Tamiflu or another anti-viral, Relenza," the Independent advised.

=> https://www.independent.co.uk/life-style/health-and-families/health-news/don-t-give-tamiflu-to-children-1770154.html

Study co-author, Dr Carl Heneghan, a clinical lecturer at Oxford, said the current policy of giving Tamiflu for mild illness was an "inappropriate strategy". Dr Heneghan said the only benefit found in the study was that children were back to normal half a day to one day earlier if taking Tamiflu or Relenza. "The downside of the harms outweigh the one-day reduction in symptomatic benefits," he advised. "And he warned that widespread use of Tamiflu could result in the flu becoming resistant to the drug," the Independent reported.

Although the children in the studies analyzed were being treated for normal seasonal flu, Dr Thompson said the findings would extend to the current swine flu pandemic. "I don't think we have got any reason to think our results would be any different," he told the Independent. "The current swine flu is generally a mild flu illness...it does not seem that different from current seasonal flu," he said. "We would be happy to say our results apply to the current swine flu strain."

The research published in the BMJ "follows two recent studies which found that more than half of children taking Tamiflu suffered side-effects such as nausea, insomnia and nightmares," the Independent reported. Tamiflu was banned by the Japanese ministry in 2007 for use with 10- to 19-year-olds.

1976 Swine Flu Replay

As a kick-off to the 1976 swine flu propaganda campaign, Salon Magazine reports that in February 1976, F David Mathews, Secretary of Health, Education, and Welfare told Americans:

"There is evidence there will be a major flu epidemic this coming fall. The indication is that we will see a return of the 1918 flu virus that is the most virulent form of the flu. In 1918 a half million Americans died. The projections are that this virus will kill one million Americans in 1976."

On March 24, 1976, President Gerald Ford asked Congress to appropriate $135 million "for the production of sufficient vaccine to inoculate every man, woman, and child in the United States."

"I am directing the Secretary of HEW David Mathews, and Assistant Secretary, Dr. Cooper, to develop plans that would make this vaccine available to all Americans during the 3-month period from September to November of this year," he said. "I am asking each and every American to make certain he or she receives an inoculation this fall," Ford added."The reaction to the shot, I am told, may mean a few sore arms for a day or two--a very small price to pay for this vital protection," he advised.

The swine flu vaccination program began on October 1, 1976. Ten weeks later, after more than 40 million people were vaccinated, the government halted the program on December 16, 1976, due to the high number of severe adverse events occurring with the vaccine.

"The federal government ultimately reached court settlements and paid more than $90 million to hundreds of victims who said the 1976 vaccine caused neurological problems," according to a May 9, 2009 report in the Washington Post.

This time around, the Department of Health and Human Services "plans to eventually vaccinate at least 160 million people by December, with pregnant women, healthcare workers, children and young adults at the front of the line," Reuters reported on August 24, 2009.

Evelyn Pringle Profit Driven Swine Flu Propaganda - Pump Up
Part IV

Natural News, 27 October 2009
https://www.naturalnews.com/027336_swine_flu_health_propaganda.html

This article is part four in a six-part series. Be sure to read part one to tree at
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html
https://web.archive.org/web/20091024213605/http://www.naturalnews.com/027301_swine_flu_influenza_pandemic.html
https://web.archive.org/web/20091024224849/https://www.naturalnews.com/027310_swine_flu_health_Tamiflu.html

Those in control of the mainstream media have joined together with public health officials to provide the pharmaceutical industry with the best swine flu promotional campaign that money can buy.

In an October 7, 2009, OpEd News article titled, "*The Centers for Disease Control*: The Best Vaccination PR Firm Taxes Can Buy," the makers of the documentaries, "Vaccine Nation," and "Autism: Made in the USA," Richard Gale and Dr Gary Null wrote: "If the flu season goes according to schedule, the vaccine industrial complex will be poised to join Wall Street for record year rip-off profits. We will also likely witness huge Pharma executive bonuses and perhaps gold-plated toilets.

"Even if the CDC statisticians' crystal ball used to forecast rampant swine flu infections turns into a complete bust – which would only be one more added to many other failed flu predictions back to 1976 – it will nevertheless be a very profitable failure as was the economic collapse for the banking cartel."

"In the US, such profits could never be accomplished without a dynamic, marketing initiative to convince Americans that vaccines will keep them protected and alive," they point out.

"And what better public relations machine for the vaccine complex, and all its supporters in health insurance and professional medical institutions, than our very own Centers for Disease Control and the Department of Health and Human Services?" they wrote.
=> https://prn.live/wp-content/uploads/2017/01/1-CDCBestPRFirmTaxes.pdf

The CDC is "formulating a $4.8 million multimedia campaign to encourage people to get vaccinated and help alleviate concerns and confusion, including radio and television public service announcements, print ads, and messages delivered via Twitter, RSS feeds and video podcasts on YouTube," according to the August 22, 2009 Washington Post. =>
https://www.washingtonpost.com/wp-dyn/content/article/2009/08/22/AR2009082202337.html?hpid=topnews&sid=ST2009082300274

Government health officials "are mobilizing to launch a massive swine flu vaccination campaign this fall that is unprecedented in its scope - and in the potential for complications," the Post reported. "The campaign aims to vaccinate at least half the country's population within months."

The federal government "has spent close to $2 billion to buy up to 195 million doses of vaccine and adjuvant," according to the Post.

"The government is prepared to buy enough to vaccinate every person – 600 million doses all together – if the pandemic or demand warrants it," the report said. "That could increase the cost to $5 billion for the vaccine alone."

"It would cost at least $9 billion to administer the vaccine to the entire population, according to the Association of State and Territorial Health Officials," the Post advised.

There is *nothing free about the flu vaccination* campaigns in the US. Americans will end up footing the bill in one way or another, along with the medical care for persons injured by the vaccine.

=> https://abcnews.go.com/Business/big-business-swine-flu/story?id=8820642

"As always with pandemic flus, taxpayers are footing the $1.5 billion check for the 250 million swine flu vaccines that the government has ordered so far and will be distributing free to doctors, pharmacies and schools," ABC News pointed out on October 14, 2009.

"In addition," the report said, "Congress has set aside more than $10 billion this year to research flu viruses, monitor H1N1's progress and educate the public about prevention."

On October 5, 2009, the Associated Press advised that the H1N1 vaccine itself is free because the government bought it with your tax dollars. "But providers can charge a small fee for administering it, usually about $20. Regular flu shots tend to cost up to $35," the AP said.

=> https://www.nbcnews.com/id/wbna33175413

Doctors are also set to profit greatly from administering the vaccines. The American Medical Association, which publishes Current Procedural Terminology (CPT), has even revised one CPT code and issued another for use in billing for H1N1 vaccines.

The changes "will streamline the reporting and reimbursement procedure for physicians and healthcare providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the U.S.," the AMA said in a statement.

=> https://www.infectioncontroltoday.com/view/ama-creates-new-cpt-codes-h1n1-flu-immunizations

Media as a PR Firm

"In too many ways, the mainstream media has become little more than a corporate mouthpiece, whoring itself out to the highest bidder / advertiser," warns Mike Adams, in the September 18, 2009, Natural News report titled, "Ten Swine Flu Lies Told by the Mainstream Media."

=> https://www.naturalnews.com/027055_vaccine_flu_swine.html

The "distorted reporting on the swine flu vaccine has been one of the greatest media frauds ever perpetrated," he says. "The media has in every way contributed to the widespread ignorance of the American people on the subject of vitamin D and natural immune-boosting defenses that could reduce swine flu fatalities," Adams points out.

"Rather than informing readers," he says, "the MSM has made it a point to keep the people stupid, and in doing so, the media has failed its only mission and betrayed the very audience it claims to serve."

Vested Interest in Spreading Swine Flu Propaganda

The media moguls controlling the MSM world-wide have a vested interest in hyping the swine flu epidemic to boost sales of vaccines and funding for the vaccine research industry.

Rupert Murdoch is a major shareholder, chairman and managing director of News Corporation. News Corp was the world's second largest media conglomerate, behind Walt Disney Company, as of 2008, and the world's third largest in entertainment as of 2009, according to Wikipedia, the online encyclopedia.

In late 2003, Murdoch acquired a 34 percent stake in Hughes Electronics, the operator of Direct TV, the largest American satellite TV system. In 2004, Murdoch announced that he was moving News Corp's headquarters from Australia to the US.

According to the Columbia Journalism Review, News Corp owns Fox Broadcasting Company and 27 Fox Television Stations in major cities all over the country, in addition to many cable channels, including the Fox News channel, and 20th Century Fox film companies and studios. News Corp also owns the New York Post, the Wall Street Journal and Dow Jones.

On February 2, 2009, GlaxoSmithKline announced the appointment of James Murdoch, son of media mogul Rupert Murdoch, as a non-executive director. Murdoch joined the company on May 20, 2009 and will also be a member of Glaxo's Corporate Responsibility Committee.

=> https://www.theguardian.com/media/2009/feb/02/james-murdoch-in-glaxosmithcline-role

Murdoch is Chairman and Chief Executive of News Corporation, Europe and Asia, and "has direct responsibility for the strategic and operational development of News Corporation's television, newspaper and related digital assets in Europe, Asia and the Middle East," Glaxo noted.

Murdoch is in charge of "News International, owner of four British newspapers – the Times, Sunday Times, Sun and News of the World," according to an article titled, "The Invisible Mogul: Meeting James Murdoch," by Sophie Barker, in the spring 2009 issue of "Intelligent Life Magazine." "His TV channels reach 200m people across 60-odd countries," Barker reports.

=> https://web.archive.org/web/20090225221711/http://www.moreintelligentlife.com/story/invisible-mogul

The Murdoch Children's Research Institute (MCRI) is the largest research Institute in Australia specialising in child and adolescent health. "Located on the campus of the Royal Children's Hospital, Melbourne, it is affiliated with the University of Melbourne," its website states.

Rupert Murdoch's mother, Dame Elisabeth Murdoch, is the widow of Australian newspaper publisher, Sir Keith Murdoch. She married Keith Murdoch, 23 years her senior, in 1928 and inherited the bulk of his fortune when he died in 1952. She was appointed a Dame Commander of the Order of the British Empire in 1963.

"It was through seed funding provided by Dame Elisabeth" in 1984, that the MCRI went on "to become the largest and most prestigious child health research centre in Australia," according to the February 7, 2009, Frankston Standard Leader. Elisabeth is a life-governor of the Royal Women's Hospital and a Patron of the Murdoch Children's Research Institute, according to the Australian Women's Register.

In 2009, MCRI has "over 1100 researchers," the Leader reports. Rupert Murdoch's daughter-in-law, Sarah Murdoch, has been the ambassador for the MCRI and a member of the development board since 2000.

The MCRI has six research themes, including one for "Infection, immunity and environment," with research conducted at the "Centre for Clinical Research Excellence in Child and Adolescent Immunisation."

The CCRE is a joint MCRI, Melbourne University, and Menzies School of Health Research collaboration whose secretariat is located in the Department of General Medicine at the Royal Children's Hospital campus.

"Research focuses on clinical trials of new vaccines in healthy infants, children and adolescents, the epidemiology of vaccine preventable diseases (VPDs) and evaluation of the impact of population-delivered vaccine programs, and mathematical modelling of vaccine-preventable diseases," the MCRI website advises.

Under "Collaborations," the site lists: "Promotion of collaborations with Australian and overseas immunisation researchers, policy-makers, service providers and the vaccine industry." Under a heading titled, "Commercialisation," the website states: "The Murdoch Children's Research Institute invites interested parties to take up the opportunity to invest in its wide portfolio of commercial biotechnologies."

In a July 27, 2009 press release, MCRI announced that children "are being recruited for a pandemic H1N1 swine flu vaccine trial set to begin in Melbourne next week." "About 100 Victorian children aged between 6 months to eight years are needed for the study, which will be run by the Murdoch Childrens Research Institute and the University of Melbourne from as early as next week," the press release stated.

"They will be among 400 children recruited across five states for the Federal Government required trials of the vaccine, produced by Australian biopharmaceutical company CSL," it advised. Four years ago, on October 4, 2005, the Murdoch Childrens Research Institute issued a similar press release

stating: "Bird flu vaccine trial to begin." "*Trials* of a bird flu vaccine are set to begin in Melbourne this week as researchers prepare against the threat of an influenza pandemic," MCRI advised.

"The study, a collaborative project between the Murdoch Childrens Research Institute and University of Melbourne, is being sponsored by Australian pharmaceutical company CSL Limited," the press release stated.

Media mogul, Mortimer Zuckerman, also has a research center named after him. On May 10, 2009, the New York Times reported that Zuckerman had "pledged $100 million to Memorial Sloan-Kettering Cancer Center, the largest donation in the hospital's history and one of the largest ever given to an American medical center."

=> https://www.huffpost.com/entry/ny-daily-news-owner-mort_n_20730

"Sloan-Kettering will name its new research center on the Upper East Side for Mr. Zuckerman, the real estate developer and owner of The Daily News and U.S. News & World Report," the Times noted.

=> https://www.nytimes.com/2006/05/10/nyregion/10gift.html

"Zuckerman advances vaccine research and development at the Mortimer B. Zuckerman Research Center in association with the Memorial Sloan-Kettering Cancer Center and Rockefeller University," according to Dr Leonard Horowitz, a Harvard-trained authority in vaccinations and emerging diseases with a masters degree in public health, in a September 30, 2009, report by Sherri Kane.

Zuckerman is also a leading financier of the American Lyme Disease Foundation that heavily promoted GlaxoSmithKline's disastrous Lymerix vaccine, Horowitz says.

"This vaccine was pulled from the market following hundreds-of-thousands of reported cases of recipients suffering post-vaccination symptoms of Lyme disease," he reports.

The great bird flu hoax serves as an excellent example of use of the MSM to pump out fear mongering propaganda. On June 20, 2005, Zuckerman wrote a commentary in US News and World Report titled, "A Nightmare Scenario – H5N1 Pandemic," and stated:

=> https://web.archive.org/web/20050622022123/http://www.nydailynews.com/news/ideas_opinions/story/320544p-274148c.html

"Should it develop certain genetic changes, international health experts warn, bird flu could spark a global pandemic, infecting as much of a quarter of the world's population and killing as many as 180 million to 360 million people – at least seven times the number of AIDS deaths, all within a matter of weeks."

"In the worst previous catastrophic pandemic, in 1918, more than 20 million died from the Spanish flu," Zuckerman wrote.

"We must prioritize research money to develop a vaccine, expand the production of flu vaccine, and stockpile antiviral medications," he advised.

On December 8, 2005, Bloomberg ran an article with the headline, "Bird Flu Pandemic May Cost U.S. Economy $675 Billion," in which Senate Majority Leader Bill Frist was quoted as saying, "A pandemic of bird flu in humans may cost the U.S. economy $675 billion, including lost work time and disruptions in supply chains."

This time around, on October 14, 2009, ABC News reported that "the Trust for America's Health, a Washington-based non-profit organization, estimates that a severe pandemic could push down GDP by more than 5 percent and cost Americans $683 billion."

=> https://abcnews.go.com/Business/big-business-swine-flu/story?id=8820642

"We're not seeing a pandemic that's this severe," says Jeff Levi, director of the group. "We've dodged a lot of bullets."

Last but not least, Thomas H Glocer is the Chief Executive Officer of the Thomson Reuters Corporation. On November 26, 2007, Merck announced that Thomas Glocer, Chief Executive Officer, Reuters Group PLC, "will join the Company's Board of Directors effective Nov. 27."

=> https://www.reuters.com/article/idUSWNAS3116/

"Merck currently discovers, develops, manufactures and markets vaccines and medicines to address unmet medical needs," the press release stated.

As shown above, the mainstream media cannot be objective when reporting on the swine flu because it is riddled with conflicts of interest involving the vaccine industry.

Natural News.com
Natural Health, Natural Living, Natural News

Evelyn Pringle Profit Driven Swine Flu Propaganda - Pump Up
Part V

Natural News, 30 October 2009
https://www.naturalnews.com/027363_autism_vaccines_swine_flu.html

This article is part five in a six-part series. Be sure to read part one to four at
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html
https://web.archive.org/web/20091024213605/http://www.naturalnews.com/027301_swine_flu_influenza_pandemic.html
https://web.archive.org/web/20091024224849/https://www.naturalnews.com/027310_swine_flu_health_Tamiflu.html
https://www.naturalnews.com/027336_swine_flu_health_propaganda.html

In the video commentary titled, *Mild Swine Flu & Over-Hyped Vaccine*, on the website for the National Vaccine Information Center, the group's co-founder and president, Barbara Loe Fisher, reports:

"We are witnessing a roll-out of the largest, most expensive mass vaccination campaign in the history of our nation. A rollout that is bigger than even the polio vaccine campaigns of the 1950's."

"If you or your child are injured from getting a flu swine flu shot, you are on your own," Fisher warns. "Because Congress shielded the vaccine manufacturers and any person giving swine flu shots from lawsuits if people get hurt," she says. "There is *no funded government vaccine injury compensation program* for swine flu vaccine."

"Doctors are telling some children under 10 years old to get 3 to 4 flu shots this year - 2 shots for seasonal flu and one or two more for swine flu," Fisher points out. "We have never given young children 3 to 4 flu shots in a single year and there is no information about how safe it is to do that," she advises.

On October 18, 2009, the Wall Street Journal advised that: "Children ages six months to nine years who have never received a flu vaccine before are recommended to receive two doses of both the H1N1 and seasonal-flu vaccine about a month apart," citing Paul Offit, chief of infectious disease at the Children's Hospital of Philadelphia, as the source, without letting readers know how rich he has become profiting off the vaccine industry.
=> https://www.wsj.com/articles/SB125582035965192331

Eight months ago, on February 16, 2009, "Age of Autism" published a report titled, "Voting Himself Rich: CDC vaccine adviser made $29 million or more after using role to create market," by Dan Olmsted and Mark Blaxil, for an investigation that found:
https://www.ageofautism.com/2009/02/voting-himself-rich-cdc-vaccine-adviser-made-29-million-or-more-after-using-role-to-create-market.html

"Dr. Paul Offit of the Children's Hospital of Philadelphia (CHOP) took home a fortune of at least $29 million as part of a $182 million sale by CHOP of its worldwide royalty interest in the Merck Rotateq vaccine to Royalty Pharma in April of last year."

"Based on an analysis of current CHOP administrative policies, the amount of income distributed to Offit could be as high as $46 million," the report noted.

"In a Moody's report dated June 2008, CHOP reported net proceeds from the Rotateq transaction of $153 million, a deal basis that would put the value of Offit's 30% share at $45.9 million," the authors wrote.

"Unlike most other patented products, the market for mandated childhood vaccines is created not by consumer demand, but by the recommendation of an appointed body called the Advisory Committee on Immunization Practices (ACIP)," the AoA report states. "In a single vote, ACIP can create a commercial market for a new vaccine that is worth hundreds of millions of dollars in a matter of months.

"For example, after ACIP approved the addition of Merck's (and Offit's) Rotateq vaccine to the childhood vaccination schedule, Merck's Rotateq revenue rose from zero in the beginning of 2006 to $655 million in fiscal year 2008," the authors explain.

"When one multiplies a price of close to $200 per three dose series of Rotateq by a mandated market of four million children per year, it's not hard to see the commercial value to Merck of favorable ACIP votes," the authors point out.

From 1998 to 2003, Offit served as a member of ACIP. As a member of the ACIP, Offit "voted to include the rotavirus vaccine in the Vaccines for Children program, which ultimately made his Rotateq product worth hundreds of millions of dollars to Merck," the National Autism Association reports.

Offit also holds a "$1.5 million dollar research chair at Children's Hospital, funded by Merck," according to a July 25, 2008 report by CBS News titled, "How Independent Are Vaccine Defenders?"

=> https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

Calling them "the most trusted voices in the defense of vaccine safety," CBS reports that the American Academy of Pediatrics, Every Child By Two, and pediatrician Dr Paul Offit, have something else in common - "strong financial ties to the industry whose products they promote and defend."

"The vaccine industry gives millions to the Academy of Pediatrics for conferences, grants, medical education classes and even helped build their headquarters," CBS found. Totals were secret, but documents cited by CBS reveal the following:

A $342,000 payment from Wyeth, maker of the pneumococcal vaccine - which makes $2 billion a year in sales. $433,000 from Merck, the same year the academy endorsed Merck's Gardasil vaccine - which made $1.5 billion a year in sales.

Another top donor was Sanofi Aventis, maker of 17 vaccines and a new five-in-one combo shot added to the childhood vaccine schedule in June 2008, CBS said.

"Every Child By Two, a group that promotes early immunization for all children, admits the group takes money from the vaccine industry, too - but wouldn't tell us how much," CBS investigative correspondent Sharyl Attkisson reports.

In April 2009, the AAP even filed a friend of the court brief (amicus) with the US Supreme Court in support of a petition for a writ of certiorari from vaccine makers Wyeth and GlaxoSmithKline to overturn a unanimous ruling by the Georgia Supreme Court that decided a civil lawsuit filed by Marcelo and Carolyn Ferrari on behalf of their autistic son was not barred by the National Childhood Vaccine Injury Compensation Act.

The Georgia decision noted that recognizing presumptive preemption would "have the perverse effect of granting complete tort immunity from design defect liability to an entire industry."

The Farrari family alleges that the vaccine makers could have manufactured safer childhood vaccines without the mercury-based, thimerosal, that caused their son's autism. The Georgia court's ruling would allow a jury to decide the case.

On September 9, 2009, the National Autism Association issued a press release with a headline: "Offit's Failure to Disclose Jeopardizes Swine Flu Vaccine Program," referring to his recent appearance on a segment of NBC's Dateline.

"As autumn approaches and millions of Americans consider taking an H1N1 Swine Flu vaccination, the integrity of all vaccine developers has been called into question by the financial relationship of a leading vaccine advocate and a pharmaceutical manufacturer," NAA advised.

"If people are to have confidence in the integrity of the Swine Flu vaccination program this fall then we need full disclosure of all financial relationships between proponents and manufacturers on every vaccine on the market," said Jim Moody, attorney for the NAA, in the press release.

"Who has an objective opinion about a company that has made them rich?" he said.

"Offit has zero credibility in matters of vaccine safety," says Wendy Fournier, president of the NAA. "Not only does he advance the absurd suggestion that children could safety get 100,000 vaccines at a time, he opposes any studies of the comparative health of unvaccinated children that could shed light on the extent and nature of vaccine-caused injuries, leading to their prevention."

Beyond Offit's financial conflicts, autism advocates are also dismayed about his credibility on speaking about autism in general, as he does not treat patients with autism.

"It's a mystery how such an inexperienced and financially conflicted man has become the go-to guy for information on autism," Ms Fournier says. "Here's a man with no real knowledge about autism that again and again appears in media coverage."

"Not only is he completely unqualified to address autism from a medical standpoint, his financial conflicts of interest disqualify him as a credible source for vaccine safety commentary as well," she points out.

Too many shots

"Today's immunization schedule now calls for kids to get 55 doses of vaccines by age 6," according to the CBS News report. => https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

The four flu shots recommended this year will be in addition to all the other vaccines children receive in complying with the mandatory childhood vaccine schedule.

On the "Age of Autism" website, Mary Podlesak warns that the flu vaccines still contain mercury. "I was reading the package inserts for the H1N1 vaccines from Novartis, Sanofi Pasteur and CSL last night," she said. "All three state the vaccine contains 25mcg of mercury – not 25mcg of thimerosal - 25mcg of mercury."

"When I checked the package inserts for the seasonal flu vaccine, they read the same as the H1N1 description," Podlesak wrote.

The package insert states: "The 5-mL multidose vial formulation contains thimerosal, a mercury derivative, added as a preservative. Each 0.5-mL dose from the multidose vial contains 25 mcg mercury."

Smaller amounts of thimerosal also remain in some other vaccines, even those marketed as "preservative-free," according to Age of Autism.

The H1N1 vaccine insert also states: "Pregnancy Category C: Animal reproduction studies have not been conducted with Influenza A"

"(H1N1) 2009 Monovalent Vaccine or AFLURIA. It is also not known whether these vaccines can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza A (H1N1) 2009 Monovalent Vaccine should be given to a pregnant woman only if clearly needed."

Back on May 20, 2003, after a three year investigation of pediatric vaccine safety, initiated in the US House Committee on Government Reform, the "Mercury in Medicine Report," was placed in the Congressional record.

"Thimerosal used as a preservative in vaccines in likely related to the autism epidemic," the report concluded.

"This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin," the Committee advised.

"The FDA and the CDC failed in their duty to be vigilant as new vaccines containing thimerosal were approved and added to the immunization schedule," the report pointed out.

"At the same time that the incidence of autism was growing," the Committee said, "the number of childhood vaccines containing thimerosal was growing, increasing the amount of ethylmercury to which infants were exposed threefold."

Vaccine makers and conflicted public health officials are always claiming that studies show vaccines did not cause the autism epidemic. In a February 24, 2009 Huffington Post article, Robert F Kennedy, Jr, pointed out "that for sixty years the tobacco industry successfully defended a product that was killing one out of every five of its customers against thousands of legal actions brought by its victims and their families."

"Big tobacco prevailed for six decades," he said, "even without the help of supportive government agencies deliberately suppressing real science and research."

"In that sense vaccine victims must leap a much higher hurdle," he added.

Natural News.com
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Evelyn Pringle Profit Driven Swine Flu Propaganda - Pump Up
Part VI

Natural News, 31 October 2009
https://www.naturalnews.com/027372_mercury_flu_shot_vaccines.html

This article is part six in a six-part series. Be sure to read part one to five at
https://web.archive.org/web/20091024031833/http://www.naturalnews.com/027294_swine_flu_vaccines_H1N1.html
https://web.archive.org/web/20091024213605/http://www.naturalnews.com/027301_swine_flu_influenza_pandemic.html
https://web.archive.org/web/20091024224849/https://www.naturalnews.com/027310_swine_flu_health_Tamiflu.html
https://www.naturalnews.com/027336_swine_flu_health_propaganda.html
https://www.naturalnews.com/027363_autism_vaccines_swine_flu.html

Most American are unaware that flu vaccines still contain thimerosal and that to avoid mercury, they have to ask for mercury-free shots. On November 13, 2007, the Milwaukee Journal Sentinel ran the headline: "*Most flu shots contain mercury*, but few know it."
=> https://www.dailycamera.com/2009/08/14/most-flu-shots-contain-mercury-but-few-know-it/
=> https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/DCP/PDFs/grsThimVacc/JSArticleMostflushotscontainmercury.pdf

Thimerosal consists of 49.6% ethyl mercury. The Environmental Protection Agency and Food and Drug Administration have not set an exposure limit for ethyl mercury.

"The federal agencies have, however, set exposure limits for another organic and closely related form of mercury, methyl mercury - the type that comes from coal-fired power plants and is found in fish," the Journal said. "They use that standard when estimating the safety of ethyl mercury."
"A typical 0.5 milliliter flu shot contains 25 micrograms - or 50,000 parts per billion - of mercury," the Journal reported. "The EPA classifies a liquid with 200 parts per billion of mercury as hazardous waste," it advised. "The limit for drinking water is 2 parts per billion."

Using the standards set for methyl mercury consumption, "an average 130-pound person getting the flu shot would exceed the daily limit by more than four times," the Journal reported.
"A 22-pound baby would get more than 25 times the amount of mercury considered safe," it said.
"Mercury is among the most toxic heavy metals and is known to poison the central nervous system, liver, gastrointestinal tract and other systems in the body," the Journal reported.

When the influenza vaccines "are injected into pregnant woman and infants as young as six months, those vaccines contain 50,000 ppb mercury," warns Deirdre Imus in a November 19, 2007, Huffington Post article titled, "Over medicated and Over-Vaccinated: The Unintended Consequence of Medicines Meant to Protect."

This amount of mercury is 250 times higher than hazardous waste, she notes, and, according to EPA guidelines, this amount can only be considered safe if a person weighs 550 pounds. "Even trace amounts of mercury in vaccines can be anywhere from 600 to 2000 ppb," she advises.

People need to ask for a thimerosal-free vaccine if they want it, health officials told the Journal. "But many people aren't aware that mercury is in the flu shot," the Journal found.
"I didn't know," said Kate Strzok, a 23-year-old Oak Creek woman, as she walked out of the Piggly Wiggly where she had just gotten the flu shot. "Interesting that they don't tell you."

PutChildrenFirst.org, a parent-led organization advocating for vaccine safety, announced the results of a survey on November 13, 2006, conducted during October 27-30, 2006, by Zogby International of over 9,000 Americans, to learn their plans for getting flu shots, their knowledge of its ingredients, and who they held responsible for making sure vaccines are safe.

The survey showed that an overwhelming majority of Americans were unaware that most flu shots contained mercury. After learning that mercury was an ingredient, 74% of those polled said they were less likely to get a flu shot and 86% of parents said they were less likely to allow their children to get a shot.

"The survey reveals that Americans are overwhelmingly in the dark about what is in most flu shots," said Lyn Redwood, RN, MSN, president of SafeMinds, a nonprofit organization committed to ending mercury-induced neurological disorders, in a press release.

"They do not want a known neurotoxin injected into their children, and they believe Congress and medical professionals must be more vigilant about keeping vaccines safe and mercury-free," she advised.

"With everything we know about the dangers of mercury and the havoc it can wreak on young, developing brains," she said, "there is no excuse for any vaccine to contain mercury."

Lisa Handley is a founding parent of PutChildrenFirst whose son had an adverse reaction to a flu shot with mercury in 2003. "I know firsthand how life-changing a flu shot with mercury can be, since our son began his regression into autism after his flu shot," she stated in the press release.

Damning Reports

On October 5, 2009, the Maternal & Child Health Bureau of Health Resources and Services Administration, US Department of Health and Human Services released a study evaluating the number of children in the US who currently have a Autism Spectrum Disorder diagnosis, titled, "The Prevalence of Parent-Reported Diagnosis of Autism Spectrum Disorder among Children in the United States, 2007."

The study evaluated data from a national Survey of Children's Health and found that 1 in 91 children between the ages of 3 and 17 currently carry an ASD diagnosis.

"Even more alarming, for the subset of children between ages 6 and 14 immunized during the 1990's the prevalence is actually 1 in 71 children with an autism diagnosis," Age of Autism reports.

"This age group represents children in the U.S. with the highest exposure to thimerosal, the mercury preservative routinely used until CDC, AAP and industry recommended its removal "as soon as possible" from all childhood vaccines," AoA advises.

"We are especially alarmed by these findings because the seasonal influenza and H1N1 vaccines contain mercury well in excess of EPA safe exposure guidelines," said Theresa Wrangham, president of SafeMinds, in a statement to President Obama calling for a ban on mercury in vaccines given to pregnant women and young children.

Another new study found that giving Hepatitis B vaccine to newborn boys may triple the risk of developing an autism spectrum disorder. An abstract of the study was published in the September, 2009 "Annals of Epidemiology" journal. "Boys who received the hepatitis B vaccine during the first month of life had 2.94 greater odds for ASD compared to later - or unvaccinated boys," wrote Carolyn Gallagher and Melody Goodman of the graduate program in public health at Stony Brook University Medical Center in New York.

On September 30, 2009, Age of Autism Editor-at-Large, Mark Blaxill, reported on a new study in the journal "Neurotoxicology," by a research team led by scientists from the University of Pittsburgh and Thoughtful House, that found exposure to a birth dose of a hepatitis B vaccine that included thimerosal caused significant delays in the development of several survival reflexes in male rhesus macaque monkeys.

"In the first safety study of its kind of the hepatitis vaccine birth dose, the researchers showed that male macaques vaccinated at birth with a hepatitis B vaccine (HBV) took more than twice as long as unexposed macaques to acquire three standardized skills typically used to measure infant brain development," Blaxill wrote.

The study showed vaccinated monkeys learned more slowly to (1) turn their head in response to a brush on the cheek (root reflex); (2) open their mouth in response to a brush on the forehead (snout reflex); and (3) suck on a nipple placed in their mouth (suck reflex). The researchers found the unvaccinated monkeys developed normally.

The study is part of a larger research program looking at the safety of the vaccine schedule in children from birth to age four.

Dr Andrew Wakefield, Executive Director of Thoughtful House, and a co-investigator of the project, told Age of Autism that he found it particularly concerning "that in spite of the recommendation to remove thimerosal from vaccines a decade ago, millions of people, many of them children and pregnant mothers, are about to get mercury in their shots."

A 2006 study in the "Journal of American Physicians and Surgeons," by Dr David Ayoub and Dr F Edward Yazback, titled, Influenza Vaccinations During Pregnancy: A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices (ACIP), states:

"The ACIP policy recommendation of routinely administering influenza vaccine during pregnancy is ill-advised and unsupported by current scientific literature, and it should be withdrawn. Use of thimerosal during pregnancy should be contraindicated."

"Because the benefits of influenza vaccination during pregnancy appear lacking, a safety-benefit analysis should not tolerate any risk to vaccine recipients or their offspring, even at a theoretical level," the doctors conclude.

Back on February 28, 2005, the Associated Press reported that lower "IQ levels linked to mercury exposure in the womb costs the United States $8.7 billion a year in lost earnings potential," citing a study by researchers at New York's Mount Sinai hospital published in the journal, "Environmental Health Perspectives."

The Mount Sinai Center for Children's Health and the Environment combined a number of previous studies to determine hundreds of thousands of babies are born every year with lower IQ associated with mercury exposure.

Lead researcher and pediatician, Leonard Trasande, reported that annually between 316,588 and 637,233 infants are born with umbilical cord blood mercury levels linked to IQ loss.

As an example, Dr Trasande said, each year about 4% of babies are with blood mercury levels between 7.13 and 15 micrograms per liter. That level of mercury causes an IQ loss of 1.6 points, the researchers concluded.

A 1.6 point drop could cost a person more than $31,000 in potential earnings over a lifetime due to missed educational opportunities or jobs, the study calculated. The researchers found the IQ losses linked to mercury ranged from one-fifth of an IQ point to as much as 24 points.

"The Environmental Protection Agency estimates that about 8 percent of American women of childbearing age have enough mercury in their blood to put a fetus at risk," the Associated Press noted.

WELT ONLINE

Transparency International kritisiert Profitdenken

Die Welt, 27 Oktober 2009, 10:56 Uhr
https://web.archive.org/web/20091031230028/http://www.welt.de/wissenschaft/schweinegrippe/article4990600/Transparency-International-kritisiert-Profitdenken.html

Die größte Impfaktion in der Geschichte der Bundesrepublik ist gestartet – und laut Transparency International sind dabei auch Geschäftsinteressen im Spiel: Experten, die über die Impfung entscheiden, hätten weitreichende, auch finanzielle Kontakte zu den Herstellern der Schweinegrippe-Impfstoffe.

Laut Transparency International ist bei der Massenimpfung gegen das H1N1-Virus auch von Geschäftsinteressen geprägt. So pflegten Fachleute enge Kontakte zu den Impfstoff-Produzenten. "Wir beobachten, dass da massive Interessenkonflikte sind", sagte Angela Spelsberg, Epidemiologin und Vorstandsmitglied der Anti-Korruptions-Organisation, dem Sender Deutschlandradio Kultur. Das Robert Koch-Institut (RKI) wies den Vorwurf zurück. Das Institut in Berlin berät die Bundesregierung bei der Impfaktion.

Spelsberg sagte, es gebe keine wissenschaftlichen Belege für eine große Gefahr durch die Schweinegrippe. "Die Impfaktion geht gegen eine Grippe vor, die im Vergleich zur saisonalen Grippe bisher ganz mild verlaufen ist." Die Ärztin kritisierte, dass es im Gesundheitswesen immer weniger unabhängige Experten gebe. Bei der Schweinegrippe gelte für maßgebliche Fachleute, "dass sie zum Teil in die Impfstudien selber involviert sind und dass sie von den Herstellern der Impfstoffe finanzielle Unterstützung erhalten beziehungsweise Honorare bekommen".

RKI-Sprecherin Susanne Glasmacher sagte dazu: "Die Arbeit auf dem Gebiet des Impfens bringt natürlich auch Kontakte zu den Herstellern mit sich." Die Mitglieder der Ständigen Impfkommission beim RKI müssten jedoch vor ihrer Berufung und vor jeder Sitzung Auskunft über mögliche Interessenkonflikte geben. "Das wird auch überprüft. Insofern denken wir, dass da transparent informiert wird." Wer befangen sei, dürfe bei entsprechenden Tagesordnungspunkten nicht mit abstimmen.

Auch das Nachrichtenmagazin "Der Spiegel" hatte bereits über enge Kontakte des RKI-Fachgebietsleiters Walter Haas zu Herstellern der Schweinegrippe-Impfstoffe berichtet. Der Arzt koordiniert die RKI-Pandemiplanung und ist Mitglied im wissenschaftlichen Beirat der European Scientific Working Group on Influenza (ESWI), die von zahlreichen Pharma-Unternehmen unterstützt wird, darunter der Hersteller des in Deutschland eingesetzten Impfstoffs Pandemrix, GlaxoSmithKline.

Glasmacher sagte, die Tätigkeit beinträchtige Haas' Unabhängigkeit als Mediziner nicht. "Er berät die ESWI unentgeltlich und im Auftrag des Robert Koch-Instituts." Der Mediziner bringe lediglich als Berater seine Exerpertise ein, diene aber nicht wirtschaftlichen Interessen.

Indessen läuft die größte Impfaktion in der Geschichte der Bundesrepublik vielerorts nur schleppend an. Vor allem in den bevölkerungsreichsten Bundesländern Nordrhein-Westfalen und Bayern meldeten viele Praxen geringes Interesse für die Immunisierung gegen Schweinegrippe.

Zwar waren zumeist vor allem Berufsgruppen wie Ärzte, Schwestern, Rettungskräfte und Polizisten zu der freiwilligen Aktion aufgerufen. In einigen Ländern konnten sich aber bereits alle Patienten impfen lassen.

Bis Mitte der Woche soll die Impfung im ganzen Bundesgebiet angelaufen sein. Nach dem so genannten Schlüsselpersonal kommen auch chronisch Kranke und dann jeder andere Impfwillige an die Reihe. Experten riefen zur Teilnahme auf und warnten zugleich vor den Folgen von Impfmüdigkeit.

Die geplante bundesweite Immunisierung hatte schon vor Beginn für großen Wirbel gesorgt: Hintergrund sind Wirkstoffverstärker, die die Spritze weniger verträglich machen können als normale Influenza-Impfungen. Außerdem wurde bekannt, dass die Bundesregierung für Spitzenpolitiker, hohe Bundesbeamte und Soldaten einen Impfstoff bestellt hat, der anders als der für die Normalbevölkerung keine Verstärker enthält.

Der Berufsverband Deutscher Internisten warnte vor den Folgen einer generellen Impfmüdigkeit. Verbandspräsident Wolfgang Wesiack warf der Regierung ungeschicktes Vorgehen vor, mit dem sehr viel Vertrauen in der Bevölkerung verspielt worden sei: "Das kann ein Millionen-Flop werden", warnte er.

THE FLU CASE

Transparency International:
"Swine Flu Vaccination Campaign Motivated by Profit!"

The Flu Case, 30 October 2009, 10:11
https://web.archive.org/web/20091103112437/http://www.theflucase.com/index.php?option=com_content&view=article&id=1479%3Atransparency-international-qswine-flu-vaccination-campaign-motivated-by-profitq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Transparency International has criticised the swine flu vaccination campaign, saying that it is motivated by profit, according to a report in Die Welt.

Health experts who had a key role in mandating the swine flu vaccination campaign have financial links to the pharmaceutical companies producing the jab, epidemiologist Angela Spelsberg said.

"We observe that there are massive conflicts of interest," she said.

Spelberg said there was no evidence that the swine flu was dangerous to people.

She said man of the medical experts involved in developing the swine flu vaccine have financial connections to the pharmaceutical companies.

The Spiegel magazine reported that Walter Haas, the doctor who coordinated the country's pandemic plan has close links to GlaxoSmithKline, the company producing the Pandemrix vaccine planned for use in Germany.

leParisien.fr

Marc Payet

Les multiples casquettes du professeur Lina

le Parisien, 29 October 2009, 07:00 h
https://web.archive.org/web/20091101134155/http://www.leparisien.fr/societe/les-multiples-casquettes-du-professeur-lina-29-10-2009-691695.php

C'est l'exemple type des relations ambiguës que peuvent entretenir médecins, pouvoirs publics et laboratoires pharmaceutiques. Le Groupe d'expertise et d'information sur la grippe (Geig), créé en 1979, se présente comme une association régie par la loi de 1901, doté d'un conseil scientifique de quinze membres qui, comme bon nombre d'autres groupes d'influence, distillent ses recommandations au petit monde de la santé.

La menace d'une pandémie de grippe A a placé ces dernières semaines le président de son comité scientifique, Bruno Lina, sous le feu de la rampe. Ainsi, le 20 octobre, à l'occasion du lancement officiel de la campagne de vaccination de la grippe A au ministère de la Santé, le professeur Lina était invité à s'exprimer, assis à la gauche de Roselyne Bachelot. Il a notamment répété qu'il était « très important de se faire vacciner » contre ce virus.

Contrairement à ce qu'il revendique sur son site Internet, le Geig n'est toutefois pas ce qu'on peut appeler une association indépendante. Selon nos informations, ce groupe est en effet financé à 100 % par cinq laboratoires pharmaceutiques qui produisent des vaccins contre la grippe. Son directeur général n'est autre que Bertrand Verwee, le directeur marketing de Sanofi-Pasteur-MSD, le département vaccin du géant pharmaceutique français. «Effectivement, nous finançons le Geig, reconnaît Bertrand Verwee. Sanofi-Pasteur-MSD prend à son compte 50 % du budget annuel du Geig, qui s'élève à 400 000 €. Le reste est réglé par quatre autres laboratoires également producteurs de vaccins contre la grippe: GSK, Novartis, Pierre Fabre et Solvay.»

« Je ne vois pas où est le problème »

Dès lors, le risque de conflit d'intérêts est manifeste lorsque le professeur Lina s'exprime publiquement sur la vaccination contre la grippe saisonnière ou la grippe A, car il multiplie les casquettes. Il est à la fois professeur de médecine au CHU de Lyon et « expert auprès du ministère de la Santé pour le risque pandémique », comme il le revendique sur la jaquette de son récent livre où il promet « la Vérité sur la grippe A ». Il est encore membre du comité de lutte contre la grippe, organisme officiel rattaché au ministère de la Santé, et enfin conseiller de Margaret Chan, la directrice de l'Organisation mondiale de la santé pour le risque pandémique. «C'est vrai que j'ai différentes casquettes, mais je l'assume, se défend Bruno Lina. J'ai des collaborations, que je ne cherche pas à cacher, avec les laboratoires Roche, Sanofi, GSK et BioMérieux. Je ne vois pas où est le problème. Je suis très demandé, car j'ai publié des travaux importants sur la grippe. Les rencontres du Geig me permettent d'échanger avec mes collègues, mais je ne suis pas rémunéré par cette structure. » Et d'asséner: « Lorsque je donne un conseil à la ministre de la Santé en matière de stratégie de vaccination contre la pandémie, je garde toute mon indépendance.»

Le cabinet de Roselyne Bachelot, sollicité hier, se montre, lui, plus embarrassé. «Nous avons sollicité ce professeur, car c'est un des meilleurs experts sur le sujet. Nous savons qu'il est directeur scientifique du Geig. Mais ce n'est pas à ce titre qu'il s'exprime aux côtés de la ministre.» Quant à la question du financement du Geig par les laboratoires, elle ne donne lieu qu'à un silence gêné.

Natural News.com
Natural Health, Natural Living, Natural News

Mike Adams

Conflicts of interest?
Dr. Mehmet Oz owns 150,000 option shares in vaccine technology company

Natural News, 10 November 2009.
https://www.naturalnews.com/027451_vaccine_RealAge_technology.html

Dr. Mehmet Oz is a huge promoter of vaccines. He's been on television reinforcing fear about H1N1 swine flu and telling everyone to get vaccinated. But what he didn't tell his viewing audience is that he holds 150,000 option shares in a vaccine company that could earn him millions of dollars in profits as the stock price rises. It is in Dr. Oz's own financial interest, in other words, to hype up vaccines and get more people taking them so that his own financial investments rise in value.

Evidence describing these facts was delivered to NaturalNews by a private investigator named Joseph Culligan (http://webofdeception.com/oprah.html#oz). That evidence includes an SEC document detailing how Dr. Oz. bought options on stocks for SIGA Technologies in 2005, 2007, 2008 and 2009. SIGA Technologies (stock symbol SIGA) is a vaccine technology company with many advanced developments whose success depends on the widespread adoption of vaccines. According to SEC documents, Dr. Mehmet Oz. currently holds 150,000 option shares on SIGA Technologies, purchased for as little as $1.35 back in 2005.

At the time of this writing, SIGA Technologies is trading at $7.10, making those options bought in 2005 worth $5.75 in profits today. If all the 150,000 options purchased by Dr. Oz. were exercised today, they would be worth roughly $180,000 in profits (they were bought at different prices, not all at $1.35). This is all revealed in what the SEC website calls an "insider transaction" document (link below).

These options won't expire until the years 2015 - 2019, and the higher the stock price of SIGA gets before then, the more profit can be realized when these options are cashed out. You can see the 2019 expiration date in this "insider transaction" form:
https://www.sec.gov/Archives/edgar/data/1010086/000114036109012259/xslF345X03/doc1.xml

If the stock price of SIGA Technologies could be pumped up even more -- say, from someone hyping up vaccines in front of a national audience -- these options could mathematically be worth millions of dollars. Just to clarify, by the way, SIGA Technologies doesn't currently manufacture a vaccine for H1N1 swine flu. It focuses on future vaccine technologies that could be applied to many different vaccines down the road.

Dr. Oz. isn't merely a holder of SIGA stock options, by the way: He's on the Board of Directors! As SIGA's own website explains, Dr. Oz has served on the board since 2001 and continues his role there today. This brings up the obvious question:

Is it right for someone talking about whether vaccines are safe on television to also be carrying stock options and serving on the board of directors of a vaccine company at the same time?

Just to make things a little more interesting, SIGA Technologies recently received a $3 million grant in taxpayer dollars from the National Institutes of Health (NIH). The purpose of the grant money? To fund the study of a chemical adjunct named ST-246 to be used in future vaccines. So taxpayer money is now being used to fund a vaccine technology company whose stock price increases will financially benefit the very celebrity doctor who is hyping up vaccines to a national audience.

Something sounds fishy here...

Conflict of interest?

To my knowledge, Dr. Oz. has never disclosed to his viewing audience the fact that he owns 150,000 option shares of SIGA Technologies. And yet, with an audience of millions, Dr. Oz has continued to beat the drum of the vaccine industry, urging people to get vaccinated while implying that vaccines protect people from swine flu (even though there is absolutely no scientific evidence to back up that claim).

Here's a link to the SEC document detailing Dr. Oz's ownership of these 150,000 option shares:
https://www.sec.gov/cgi-bin/own-disp?action=getowner&CIK=0001139299&sortid=period-of-report-ASC

The current value of SIGA shares can be verified here:
http://finance.yahoo.com/q?s=SIGA

Information about SIGA Technologies and their vaccine technology can be found on their website:
http://www.siga.com/index.php?ID=2

The press release announcing SIGA's receipt of $3 million from the NIH is available here:
http://www.siga.com/?ID=120

The RealAge Big Pharma front group

In addition to holding stock options in a vaccine technology company, Dr. Oz. is also a front man for the RealAge website, a sort of "health front group" for the pharmaceutical industry that uses information provided by RealAge members to solicit consumers with pro-pharma marketing message targeted by age or health condition.

Corporate sponsors of RealAge include most of the major drug companies and their most profitable pharmaceutical products such as Adderall, Ambien and Celebrex. The companies sponsoring RealAge include GlaxoSmithKline, Genentech, Wyeth and many others. RealAge is essentially a marketing platform for Big Pharma, disguised to look like a consumer health information service.

The New York Times calls RealAge "a window for drug makers" and explains, "The test has received widespread publicity because of its affiliation with Dr. Mehmet Oz."
https://www.nytimes.com/2009/03/26/technology/internet/26privacy.html?_r=2&scp=2&sq=dr.%20oz&st=cse

This NY Times article goes on to explain how the RealAge scheme operates:

People come to the site, then provide an e-mail address to take [the RealAge test]. They are asked throughout the test if they would like a free RealAge membership. If people answer yes to any of the prompts, they become RealAge members, and their test results go into a marketing database.

RealAge allows drug companies to send e-mail messages based on those test results. It acts as a clearinghouse for drug companies, including Pfizer, Novartis and GlaxoSmithKline, allowing them to use almost any combination of answers from the test to find people to market to, including whether someone is taking antidepressants, how sexually active they are and even if their marriage is happy.

RealAge sends the selected recipients a series of e-mail messages about a condition they might have, usually sponsored by a drug company that sells a medication for that condition.

The RealAge ads seen all over the internet do not openly disclose that taking the RealAge test gets you signed up to be solicited by Big Pharma for medication advertisements. Dr. Oz's continued promotion of this service has exposed tens of millions of health consumers to this *deceptive marketing* front for Big Pharma.

How much has Dr. Oz earned from his affiliation with RealAge? He isn't saying.

Front man for Big Pharma?

In my view, Dr. Mehmet Oz. is a front man for Big Pharma and the vaccine industry. He's pushing vaccines for his own personal financial gain while championing one of the largest internet Big Pharma marketing scams yet concocted.

Dr. Oz. stands to profit millions of dollars from helping creating demand for vaccines, and yet he does not disclose to his audience this huge, blatant conflict of interest. Sadly, by catapulting his career from her own show, Oprah has inadvertently unleashed a vaccine pusher onto the general public and given him influence over millions of people who may now be corralled into services like RealAge that seek to sell more drugs to unsuspecting consumers.

I respect Oprah. She's an amazing achiever. But I don't respect all the wannabe celebrity leeches who use her to launch their own careers and then exploit their newfound popularity for financial gain at the expense of the public.

Shame on Dr. Oz. for his financial conflicts of interest and his strong affiliation with the deadly pharmaceutical industry. Through his actions, Dr. Oz. has aligned himself with precisely the evil corporations that are destroying health in America today. Does the man have no shame?

He may not have any shame, but he does have 150,000 stock options that could be worth millions in the years ahead.

LE SOIR

Les gynécologues obstétriciens soupçonnés de partialité

LE Soir, 13 novembre 2009, 16:47
http://www.lesoir.be:80/actualite/sciences_sante/2009-11-13/vaccin-a-h1n1-les-gynecologues-obstetriciens-soupconnes-de-partialite-737891.shtmles (deletede)

L'avocat Georges-Henri Beauthier – qui a assigné l'Etat belge en référé au nom de quatre femmes enceintes – soupçonne de partialité le Groupement des gynécologues obstétriciens de langue française de Belgique, en raison du fait que celui-ci est sponsorisé par GlaxoSmithKline, le producteur du vaccin adjuvanté.



Le GGOLFB avait indiqué le 2 novembre qu'il recommandait aux femmes enceintes de se faire vacciner contre le virus A/H1N1.

«L'association, sur son site internet, ne cache absolument pas qu'elle est sponsorisée par Glaxo-SmithKline, le producteur du vaccin adjuvanté», indique Me Beauthier dans la citation adressée au huissier. Le GGOLFB mentionne en effet sur des documents GlaxoSmithKline parmi ses sponsors.

Le GGOLFB n'était pas joignable vendredi après-midi par téléphone.

Les quatre femmes enceintes à l'initiative de la citation demandent à pouvoir bénéficier de vaccins contre le virus A H1N1, ne contenant pas d'adjuvant. Elles estiment être en droit de pouvoir choisir le vaccin qui corresponde le mieux à leur situation.

En France, le Haut Conseil de Santé publique recommande préférentiellement la vaccination des femmes enceintes avec un vaccin sans adjuvant. Au Canada, le gouvernement a commandé des doses de vaccin sans adjuvant destinées aux femmes enceintes. En Suisse, l'agence des médicaments n'a pas avalisé l'usage du vaccin adjuvanté Pandemrix pour les femmes enceintes. L'affaire sera plaidée mercredi matin à Bruxelles.

Le tribunal de première instance de Bruxelles a déclaré irrecevable, lundi, la demande d'un collectif de citoyens de suspendre la campagne de vaccination contre la grippe H1N1. Ce collectif de citoyen a interjeté jeudi appel. L'audience est fixée au 19 novembre. =>

THE FLU CASE

Belgian doctors group that recommended swine flu jab sponsored by GSK

The Flu Case, 13 November 2009, 17:42
https://web.archive.org/web/20100102035211/http://theflucase.com/index.php?option=com_content&view=article&id=1781%3Abelgian-doctors-group-that-recommended-swine-flu-jab-sponsored-by-gsk&catid=1%3Alatest-news&Itemid=64&lang=en

A Belgian lawyer who has helped launch legal action against the government's mass vaccination campaign has accused the Grouping of French-speaking gynaecological obsetricians in Belgian (GGOLFB) of being influenced by their financial links with GlaxoSmithKline when they recommended that pregnant women get the swine flu jab on November 2nd.

GGOLFB says in its own documents that it is sponsored by GSK among other companies.

7 SUR 7

Vaccination: une effroyable imposture?

7 sur 7, 13 Novembre 2009, 21:26
https://www.7sur7.be/home/vaccination-une-effroyable-imposture~a758660f/?referrer=https%3A%2F%2Fwww.google.com%2F

Dans ce montage d'extraits télévisés d'interviews de spécialistes renommés, la campagne de vaccination contre la grippe A/H1N1 est dénoncée comme une vaste manipulation qui risque de mener à une véritable pandémie plus dangereuse que la grippe en elle-même.

À en croire les témoignages, les politiques sont complices des laboratoires pharmaceutiques pour créer un état de panique et une pandémie désastreuse tant pour la santé publique que pour la démocratie... Allergiques des théories du complot s'abstenir.

Information

Louise Voller, Kristian Villesen

Stærk lobbyisme bag WHO-beslutning om massevaccination

Information, 16 November 2009
https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

Flere af WHO's influenzarådgivere er betalt af medicinalindustrien. Dermed var industrien med til at påvirke beslutningen om, at influenza A er en pandemi - og at vaccine er nødvendig. Siden har de samme virksomheder fået vaccineordrer for op mod 55 milliarder kroner.

Den 11. juni 2009 erklærede WHO's generaldirektør, Margaret Chan, svineinfluenza for en pandemi. Det betød en kæmpe økonomisk gevinst for medicinalindustrien. Mange medlemslande - herunder Danmark - har nemlig kontrakter med de store medicinalvirksomheder og er derfor forpligtet til at købe vacciner i tilfælde af en pandemi.

Investeringsbanken JP Morgan vurderer, at medicinalindustrien i år vil modtage vaccineordrer for op imod 55 milliarder kroner. En stor del af den omsætning skyldes WHO's beslutning.

Mange af de tilsyneladende uvildige forskere, som WHO benytter sig af, er imidlertid betalt af de firmaer, der producerer vaccinerne.

De mange dobbeltroller er problematiske, mener professor Tom Jefferson, der er epidemiolog ved Cochrane Center i Rom:

»Det er bekymrende, at mange af medlemmerne i WHO's komitéer, underskriver sig selv med andre titler, selv om de rent faktisk repræsenterer medicinalindustrien,« siger han til Information.

En af eksperterne i WHO's særlige H1N1-rådgivningsgruppe, Dr. Albert Ostenhaus, er netop blevet et punkt på den hollandske regerings dagsorden. Regeringen har indkaldte til et krisemøde, fordi det i en artikel i Science er kommet frem, at Albert Ostenhaus har økonomiske interesser i flere medicinalvirksomheder.

Samtidig er Dr. Albert Ostenhaus i Holland kendt som 'Dr. Flu' fordi han promoverer vaccine som løsningen på epidemier.

Dr. Frederick Hayden er ekstern ekspert i WHO's råd SAGE (Strategiz Advisory Group of Experts), som rådgiver WHO om vacciner. Han fremstår i de officielle papirer som influenza-forskningskoordinator fra den anonymt-lydende 'The Welcome Trust' i London.

Men i en Google-søgning fremgår det, at Dr. Hayden har mange andre arbejdsgivere. Han er bl.a. 'betalt rådgiver' for medicinalvirksomhederne Roche, RW Johnson, SmithKline Beecham og Glaxo Wellcome.

Dr. Arnold Monto, der også fremstår som inviteret ekspert på SAGE's medlemsliste er betalt konsulent i virksomhederne MedImmune, der producerer inhalerbar influenzavaccine, Glaxo Wellcome og ViroPharma. På SAGE's liste står han kun opført som leder af en afdeling på University of Michigan.

Udover eksperterne i SAGE sidder også flere af de store vaccineproducenter som GlaxoSmithKline, Novartis og Baxter med som 'observatører' når SAGE holder møde i WHO:

»Det er en herrens samling mennesker,« siger speciallæge i samfundsmedicin, og tidligere ansat på Aarhus Universitet Mauri Johansson.

»Der er jo flere medicinalindustrifolk i lokalet, end der er beslutningstagere. Den viser alt om den sammenblanding, der foregår. De kaldes 'observatører'. Men man kan undre sig over, at de overhovedet skal være til stede,« siger Mauri Johansson.

Han mener, at det gør det svært at gennemskue, hvad der er op og ned:

»Der sidder en dyne af medicinallobby i WHO, og det har kørt sådan længe. Det er svært at gennemskue, hvad der er industriens interesse, og hvad der er saglig information, siger han.

I referatet fra et SAGE-møde, som blev afholdt den 7. juli, står der blandt andet, at: »Det vil formentlig være nødvendigt, at give to doser vaccine for at sikre beskyttelse,« selv om flere forskere har påpeget, at en enkelt vaccine bør være nok. I mødereferatet anbefaler man også, at alle ansatte i sundhedssektoren samt alle gravide skal vaccineres. Desuden noterer man, at der er brug for »en bedre forståelse af den globale vaccineefterspørgsel« og medlemslandene »opfordres til at overveje brug af vaccine som en del af deres pandemiberedskab.«

Mystiske anbefalinger

Også Tom Jefferson fra Cochrane er stødt på mystiske anbefalinger fra WHO:

»I WHO's seneste anbefalinger om kontrol af pandemisk influenza er masker og hyppig vask af hænderne nævnt to gange. Vacciner og antiviraler er derimod nævnt 24 og 18 gange. Hvorfor vil et internationalt folkesundhedsorgan lægge vægt på en langt dyrere indgreb som vacciner og medicin, når det ikke er bevist, at de virker?« siger han og understreger, at håndvask er det eneste, der med sikkerhed har en effekt.

Wolf Dieter Ludwig, der er leder af lægemiddelkommissionen i den tyske lægeforening er ikke i tvivl om, hvad der er sket:

»Myndighederne er faldet for en kampagne fra medicinalvirksomhederne, som går ud på at tjene penge på en ikke-eksisterende trussel,« siger han til Der Spiegel.

Ifølge Tom Jefferson bør resultatet være, at WHO-komitéen splittes op:

»Rådgiverne skal adskilles fra WHO-beslutningstagere og fra dem, der evaluerer WHO-anbefalinger. Det skal være to adskilte processer. Og så må vi sikre, at ingen kan slippe af sted med at undlade offentliggørelse af deres interessekonflikter,«siger han.

Noget at bidrage med

Talsmand i WHO, Gregory Härtl, mener, at det er helt naturligt, at medicinalindustrien deltager i WHO's møder.

»Alle har noget at bidrage med i denne proces - industrien og ngo'er og professionelle deltagere - så vi kan samle alle informationer. De kan ikke stemme, de har ingen indflydelse på udfaldet, og de kan kun udtale sig, når de bliver spurgt. Når vi skal lave vaccineanbefalinger, så har vi brug for viden om, hvad der skal til for at producere en vaccine. Det er kun producenten, der har den viden.«

- Frederick Hayden og Alfred Monto deltog i mødet den 7. juli som eksperter fra et universitet, men de er begge betalt af medicinalindustrien. Oplysninger om deres finansielle tilhørsforhold er bare ikke offentligt tilgængelige i WHO-regi. Hvorfor ikke?

»Alle eksperter skal skrive under på erklæring om deres interessekonflikter, så vi er klar over deres baggrund. Men igen, Frederick Hayden er den bedste influenzavirolog i verden, så hvis man vil vide, hvordan en influenza opfører sig, så spørger man Fred Hayden. Uanset hvad han ellers laver. Det er derfor, at der er forskel på observatører og deltagere.«

- Men hvorfor deles de finansielle oplysninger ikke med offentligheden?

»Jeg er ikke sikker på, hvorfor vi ikke offentliggør det... det kan jeg ikke svare dig på«.

- Hvis forskere fra WHO advarer millioner af mennesker om en livsfarlig pandemi og anbefaler en vaccine, som det så viser sig, at han har økonomiske interesser i. Vil det så få nogle konsekvenser i WHO-regi?

»Det ved jeg ikke... WHO har et system, der garanterer uafhængighed. Vi er opmærksomme på, at vi ikke lader noget eller nogen få indflydelse på os«.

- Vil WHO fortsætte med ikke at offentliggøre medicinske eksperters finansielle interesser?

»Det vil jeg ikke udtale mig om... det er muligt, at vi vil se på et kodeks for offentliggørelse af finansielle oplysninger, men jeg kan ikke love noget.«

Information

Louise Voller, Kristian Villesen

Intensified lobbying for WHO decision on mass vaccination

Information, 16 November 2009
https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

Several of the WHO's influenza advisors are paid by the pharmaceutical industry. The industry thus helped to influence the decision that influenza A is a pandemic – and that a vaccine is necessary. Since then, the same companies have received vaccine orders worth up to DKK 55 billion.

On 11 June 2009, WHO Director-General Margaret Chan declared swine flu a pandemic. This meant a huge financial gain for the pharmaceutical industry. Many member states - including Denmark - have contracts with the large pharmaceutical companies and are therefore obliged to buy vaccines in the event of a pandemic.

The investment bank JP Morgan estimates that the pharmaceutical industry will receive vaccine orders worth up to DKK 55 billion this year. A large part of that turnover is due to the WHO's decision.

However, many of the apparently impartial researchers that the WHO uses are paid by the companies that produce the vaccines. The many dual roles are problematic, believes Professor T**om Jefferson**, an epidemiologist at the Cochrane Center in Rome: "It is worrying that many of the members of WHO's committees sign themselves with other titles, even though they actually represent the pharmaceutical industry," he says to Information.

One of the experts in the WHO special H1N1 advisory group, Dr. **Albert Ostenhaus**, has just become an item on the Dutch government's agenda. The government has called a crisis meeting because it has emerged in an article in Science that Albert Ostenhaus has financial interests in several pharmaceutical companies. At the same time, Dr. Albert Ostenhaus in Holland known as 'Dr. Flu' because he promotes vaccine as the solution to epidemics.

Dr. **Frederick Hayden** is an external expert in WHO's council SAGE (Strategiz Advisory Group of Experts), which advises WHO on vaccines. He appears in the official papers as an influenza research coordinator from the anonymous-sounding 'The Welcome Trust' in London. But in a Google search it appears that Dr. Hayden has many other employers. He is, among other things, 'paid consultant' to pharmaceutical companies Roche, RW Johnson, SmithKline Beecham and Glaxo Wellcome.

Dr. **Arnold Monto**, who also appears as an invited expert on SAGE's member list, is a paid consultant for the companies MedImmune, which produces inhalable influenza vaccine, Glaxo Wellcome and ViroPharma. On SAGE's list, he is listed only as head of a department at the University of Michigan.

In addition to the experts in SAGE, several of the major vaccine manufacturers such as GlaxoSmith Kline, Novartis and Baxter also sit as 'observers' when SAGE holds a meeting at the WHO:

"It's a great collection of people," says specialist in community medicine, and former employee at Aarhus University Mauri Johansson. "After all, there are more pharmaceutical industry people in the room than there are decision-makers. It shows everything about the commingling that is going on. They are called 'observers'. But one can wonder that they have to be present at all,' says Mauri Johansson.

He believes that this makes it difficult to see what is up and down:

"There is a blanket of medicine lobby in the WHO, and it has been going on like this for a long time. It is difficult to discern what is in the industry's interest and what is factual information, he says.

In the minutes of a SAGE meeting, which was held on 7 July, it is stated, among other things, that: "It will probably be necessary to give two doses of vaccine to ensure protection," although several researchers have pointed out that a single vaccine should be enough. In the minutes of the meeting, it is also recommended that all employees in the health sector and all pregnant women should be vaccinated. In addition, it is noted that there is a need for "a better understanding of the global vaccine demand" and the member states "are encouraged to consider the use of vaccine as part of their pandemic preparedness."

Mysterious recommendations

Tom Jefferson from Cochrane has also encountered mysterious recommendations from the WHO:
"In the WHO's latest recommendations on the control of pandemic influenza, masks and frequent hand washing are mentioned twice. Vaccines and antivirals, on the other hand, are mentioned 24 and 18 times. Why would an international public health organization emphasize a much more expensive intervention such as vaccines and medicine when it has not been proven that they work?' he says and emphasizes that handwashing is the only thing that is certain to have an effect.

Wolf Dieter Ludwig, who is head of the pharmaceutical commission of the German Medical Association, has no doubts about what has happened: "The authorities have fallen for a campaign by the pharmaceutical companies, which aims to make money from a non-existent threat," he says to Der Spiegel.
According to **Tom Jefferson**, the result should be that the WHO committee splits up:
"The advisers must be separated from WHO decision-makers and from those who evaluate WHO recommendations. It must be two separate processes. And then we must ensure that no one can get away with not disclosing their conflicts of interest,' he says.

Something to contribute

Spokesman for the WHO, **Gregory Härtl**, believes that it is quite natural that the pharmaceutical industry participates in the WHO's meetings. "Everyone has something to contribute to this process - the industry and NGOs and professional participants - so we can gather all the information. They cannot vote, they have no influence on the outcome, and they can only speak when asked. When we have to make vaccine recommendations, we need knowledge about what is needed to produce a vaccine. Only the manufacturer has that knowledge.'
- Frederick Hayden and Alfred Monto attended the July 7 meeting as experts from a university, but they are both paid by the pharmaceutical industry. Information about their financial affiliations is just not publicly available under WHO auspices. Why not?
"All experts must sign a declaration of their conflicts of interest, so that we are aware of their background. But then again, Frederick Hayden is the best influenza virologist in the world, so if you want to know how a flu behaves, you ask Fred Hayden. Regardless of what else he does. That is why there is a difference between observers and participants.'

- But why is the financial information not shared with the public?
"I'm not sure why we don't publish it... I can't answer that for you."
- If researchers from the WHO warn millions of people about a life-threatening pandemic and recommend a vaccine, in which it turns out that he has a financial interest. Will this have any consequences under the auspices of the WHO?
"I don't know... WHO has a system that guarantees independence. We are aware that we do not let anything or anyone influence us'.
- Will the WHO continue not to disclose the financial interests of medical experts?
"I will not comment on that... it is possible that we will look at a code for the publication of financial information, but I cannot promise anything."

Information

Louise Voller, Kristian Villesen

Усиленное лоббирование решения ВОЗ о массовой вакцинации

Information, 16 ноября 2009
https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

Фармацевтическая промышленность оплачивает работу нескольких консультантов ВОЗ по гриппу. Таким образом, отрасль помогла повлиять на решение о том, что грипп А является пандемией и что вакцина необходима. С тех пор те же компании получили заказы на вакцины на сумму до 55 миллиардов датских крон.

11 июня 2009 г. Генеральный директор ВОЗ Маргарет Чен объявила свиной грипп пандемией. Это означало огромную финансовую выгоду для фармацевтической промышленности. Многие государства-члены, в том числе Дания, имеют контракты с крупными фармацевтическими компаниями и поэтому обязаны закупать вакцины в случае пандемии.

По оценкам инвестиционного банка JP Morgan, в этом году фармацевтическая промышленность получит заказы на вакцины на сумму до 55 миллиардов датских крон. Большая часть этого оборота связана с решением ВОЗ. –

Однако многие внешне беспристрастные исследователи, которых использует ВОЗ, получают деньги от компаний, производящих вакцины.

Многие двойные роли проблематичны, считает профессор **Том Джефферсон**, эпидемиолог из Кокрановского центра в Риме: «Вызывает беспокойство тот факт, что многие члены комитетов ВОЗ подписывают себя другими титулами, хотя на самом деле они представляют фармацевтическую промышленность», – сказал он журналу «Информация».

Один из экспертов специальной консультативной группы ВОЗ по гриппу H1N1. ***Альберт Остенхаус*** только что стал пунктом повестки дня правительства Нидерландов. Правительство созвало кризисное совещание, потому что в статье в журнале Science выяснилось, что Альберт Остенхаус имеет финансовые интересы в нескольких фармацевтических компаниях. В то же время Др. Альберт Остенхаус в Голландии, известный как «Dr. Грипп», потому что он пропагандирует вакцину как средство от эпидемий.

Др. Фредерик Хейден является внешним экспертом в совете ВОЗ SAGE (Strategy Advisory Group of Experts - Консультативная группа экспертов по стратегии), который консультирует ВОЗ по вакцинам. Он фигурирует в официальных газетах как координатор исследований гриппа из лондонской анонимно звучащей «The Welcome Trust». Но в поиске Google оказывается, что Dr. Хайдена много других работодателей. Он, между прочим, «оплачиваемый консультант» фармацевтических компаний Roche, RW Johnson, SmithKline Beecham и Glaxo Wellcome.

Др. Арнольд Монто, который также фигурирует в качестве приглашенного эксперта в списке членов SAGE, является оплачиваемым консультантом компаний MedImmune, производящих ингаляционную вакцину против гриппа, Glaxo Wellcome и ViroPharma. В списке SAGE он указан только как глава отдела Мичиганского университета.

Помимо экспертов SAGE, несколько крупных производителей вакцин, таких как GlaxoSmithKline, Novartis и Baxter, также присутствуют в качестве «наблюдателей», когда SAGE проводит встречу в ВОЗ:

«Это большое собрание людей», – говорит специалист по общественной медицине и бывший сотрудник Орхусского университета Маури Йоханссон. «В конце концов, в зале больше представителей фармацевтической промышленности, чем лиц, принимающих решения. Он показывает все о смешивании, которое происходит. Их называют «наблюдателями». Но можно удивиться, что они вообще должны присутствовать», – говорит Маури Йоханссон.

Он считает, что из-за этого трудно увидеть, что вверх, а что вниз: «В ВОЗ существует лобби медицинского лобби, и это продолжается уже долгое время. По его словам, трудно отличить, что в интересах отрасли, а что является фактической информацией.

В протоколе заседания СКГЭ, которое состоялось 7 июля, говорится, среди прочего, что: «Вероятно, будет необходимо ввести две дозы вакцины для обеспечения защиты», хотя некоторые исследователи указывали, что одной вакцины должно быть достаточно. В протоколе собрания также рекомендовано вакцинировать всех работников сферы здравоохранения и всех беременных женщин. Кроме того, отмечается, что необходимо «лучше понять глобальный спрос на вакцины», и государствам-членам «рекомендуется рассмотреть возможность использования вакцины как часть своей готовности к пандемии».

Таинственные рекомендации

Том Джефферсон из Cochrane также столкнулся с загадочными рекомендациями ВОЗ:
«В последних рекомендациях ВОЗ по борьбе с пандемическим гриппом маски и частое мытье рук упоминаются дважды. С другой стороны, вакцины и противовирусные препараты упоминаются 24 и 18 раз. Зачем международной организации общественного здравоохранения подчеркивать гораздо более дорогостоящее вмешательство, такое как вакцины и лекарства, если не доказано, что они работают?», – говорит он и подчеркивает, что мытье рук – это единственное, что обязательно даст эффект.

Вольф Дитер Людвиг, глава фармацевтической комиссии Немецкой медицинской ассоциации, не сомневается в случившемся: «Власти попались на удочку фармацевтических компаний, цель которой – заработать на несуществующей угрозе», – сказал он Der Spiegel.

По словам **Тома Джефферсона**, результатом должно стать разделение комитета ВОЗ:
«Советники должны быть отделены от лиц, принимающих решения ВОЗ, и от тех, кто оценивает рекомендации ВОЗ. Это должны быть два отдельных процесса. И тогда мы должны гарантировать, что никто не сможет уйти от ответственности, не раскрывая свои конфликты интересов», – говорит он.

Что-то, чтобы внести свой вклад

Представитель ВОЗ **Грегори Хартл** считает вполне естественным, что представители фармацевтической промышленности участвуют в заседаниях ВОЗ.

"Все есть что внести в этот процесс - промышленность, НПО и профессиональные участники – поэтому мы можем собрать всю информацию. Они не могут голосовать, не имеют никакого влияния на результат и могут говорить только тогда, когда их об этом просят. Когда нам нужно давать рекомендации по вакцинам, нам нужны знания о том, что необходимо для производства вакцины. Этими знаниями обладает только производитель».

- Фредерик Хейден и **Альфред Монто** присутствовали на встрече 7 июля в качестве экспертов из университета, но им обоим платит фармацевтическая промышленность. Информация об их финансовой принадлежности просто недоступна для общественности под эгидой ВОЗ. Почему бы и нет?

«Все эксперты должны подписать заявление о конфликте интересов, чтобы мы знали об их прошлом. Но опять же, Фредерик Хейден – лучший вирусолог гриппа в мире, поэтому, если вы хотите узнать, как ведет себя грипп, спросите у Фредерика Хейдена. Независимо от того, что он еще делает. Вот почему существует разница между наблюдателями и участниками».

- Но почему финансовая информация не доводится до общественности?

«Я не знаю, почему мы не публикуем это... Я не могу вам ответить».

- Если исследователи из ВОЗ предупредят миллионы людей об опасной для жизни пандемии и порекомендуют вакцину, в чем выяснится, что у него есть финансовый интерес, это будет иметь какие-то последствия под эгидой ВОЗ?

«Я не знаю… У ВОЗ есть система, которая гарантирует независимость. Мы осознаем, что не позволяем ничему и никому влиять на нас».

- ВОЗ и дальше будет не раскрывать финансовые интересы медицинских экспертов?

"Я не буду это комментировать... возможно, мы рассмотрим кодекс публикации финансовой информации, но я ничего не обещаю".

Zu NDR.DE NDR

"Profiteure der Angst - das Geschäft mit der Schweinegrippe"

NDR, 20 November 2009, 12:29 Uhr
Sendetermin: Montag, 23. November, 23.00 Uhr, NDR Fernsehen
https://www.ndr.de/der_ndr/presse/mitteilungen/pressemeldungndr4958.html

Die derzeitige Grippewelle ängstigt die Menschen weltweit. Das Virus vom Subtyp A/H1N1 – besser bekannt als Schweinegrippe – verbreitet sich rasant. Das NDR Fernsehen ändert sein Programm und zeigt am Montag, 23. November, um 23.00 Uhr die Dokumentation "Profiteure der Angst – das Geschäft mit der Schweinegrippe".

Im Juni verschärfte die Weltgesundheitsorganisation (WHO) ihre Warnung vor einer Pandemie und rief die höchste Alarmstufe aus. Seitdem versuchen die Gesundheitsbehörden in allen Ländern der Ausbreitung Herr zu werden. Hunderte von Millionen Euro werden für Medikamente und Impfstoffe bereitgestellt. So rasch und ungeprüft wurden Steuergelder wohl noch nie ausgegeben wie im Kampf gegen das neue Grippevirus.

Hat uns eine Massenhysterie erfasst oder ist die neue Grippe tatsächlich eine tödliche Bedrohung? In jedem Fall sind handfeste Interessen im Spiel. Immer mehr Wissenschaftler kritisieren das Vorgehen der Behörden. Jutta Pinzler hat für die NDR Dokumentation "Profiteure der Angst - das Geschäft mit der Schweinegrippe" mit Experten in Deutschland, Großbritannien, Frankreich und der Schweiz gesprochen und gibt einen Überblick über die Vorbereitungen im Kampf gegen das scheinbar unkontrollierbare Virus.



Jutta Pinzler, Stefanie Schwalfenberg

Profiteure der Angst: Das Geschäft mit der Schweinegrippe
(Arte Doku 2009)

NDR, 20 November 2009, 23:00
https://archive.org/details/profiteure-der-angst-arte-doku-2009



Бизнес на страхе. Свиной грипп (Profiteure der Angst)

Художественный документальный фильм, Arte Doku, 23 ноября 2009
http://www.marchenko.de/profiteure_der_angst_arte_2009

Введение

Здравствуйте, дамы и господа, такое не нравится гражданам, которые живут в современной демократии. Правительство Германии получает не ту вакцину от свиного гриппа, о которой договаривалось. А именно без дополнительного компонента, который должен усиливать действие вакцины. Это средство содержит пандемрикс. Также Франция заказала много вакцины. Без проблем, всё протестировано - утверждает немецкий лицензирующий орган. Вакцинирует своих сотрудников, но тоже без добавки. И в США граждане получают уже испытанное средство без добавки.

Это может заставить задуматься. Канцлер и некоторые министры уже объяснили, что и они использовали бы проверенное средство. Но уже поздно и граждане, несомненно, ещё больше обеспокоены. Ещё и потому, что врачи в целом не советуют вакцинироваться. Так как риски вакцины выше, чем её польза. И сам свиной грипп оказался более безобидным, чем считалось первоначально. Тем не менее Франция заказала 100 мил. доз. В два раза больше, чем Германия.

Теперь массовую вакцинацию будут помогать проводить студенты-медики, студенты-медсестры и врачи на пенсии. Но возникает вопрос, понадобится ли это во Франции. Так как растёт сомнение. Комиссия по медицинским препаратам немецкого объединения врачей считает, что органы здравоохранения повелись на кампанию файрма индустрии. Если вы посмотрите наш фильм, то, вероятно, присоединитесь к этому мнению.

И возможно у вас возникнут вопросы или вы захотите присоединиться к обсуждению. Это можно делать как во время фильма, так и после с автором и врачом Ютой Пинцлер в нашем блоге. ... Итак, бизнес на страхе людей. Бизнес на свином гриппе.

Реакция на вирус

Это просто компания по созданию паники. Это обычный грипп, как и все остальные гриппы. Здесь идёт речь о зарабатывании денег. Я категорически против.

Никто не может сказать мне сегодня, какие побочные эффекты я унаследую, когда сделаю прививку. Страх перед этим страшнее, чем сам грипп.

Я думаю, что фармацевтические компании хотят немного нажиться.

...

Почему ВОЗ вообще объявила пандемию? Была это мера предосторожности или создание ненужной паники? Критики неоднократно указывали организации на слишком близкую связь с фармацевтической промышленностью. Экономические интересы промышленности оказывают влияние на ВОЗ.

Связь с фармацевтикой

Есть ряд людей в ВОЗ, которые работали в фармацевтической промышленности и которые принесли с собой этот образ мышления. А именно таким образом, что решения ВОЗ были удобными для фармацевтической индустрии.

Уже при птичьем гриппе я заметил, что в ВОЗ был ответственный за эпидимеологичускую безопасность. С ним я поговорил в конце года и он не смог назвать причины созданного страха перед птичьим гриппом. Потом я узнал, что он ушёл работать в фарма концерн. Видимо в ВОЗ и фарма индустрии есть карьерные пути, которые пересекаются. Такого не должно быть, конечно же. На заседаниях ВОЗ всегда есть присутствующие из фарма концернов, это не серет.

Так были даны рекомендации при свином гриппе. Norbert Hehme, Jennifer Herz, Stephen Gardner, Comella Kutzer Вероятно они приглашены как наблюдатели эксперты. Фармацевтический производитель GlaxoSmithKline также нанимает экспертов, которые идут работать в ВОЗ или из неё. Близость к ВОЗ может быть большим преимуществом, но об этом не говорят.

Итак, чтобы в конце концов ответить на вопросы, представители компании могут сказать о наличии вакцины или мощностях. Советники не оказывают никакого влияния и не играют никакой роли. Отвечать на вопросы и не оказывать влияния? Ни представители фармацевтики, ни Доминик Ле Гро не видят никакой связи. Он не может понять критику в сторону ВОЗ.

Мы работаем с фармацевтической промышленностью в том смысле, что они производят вакцину. С другой стороны, фарма промышленность не участвует в конференциях и общественных совещаниях. Они не влияют и не имеют права решать. Если вспыхивает инфекционное заболевание, которое лечат препаратом X и если это единственный эффективный препарат, и если этот препарат делает компания Y, значит она больше его продаст. Перед тем, как критизировать фарму за то, что она зарабатывает на заболевании, нужно вообще радоваться, что препарат есть на рынке. Фармаконцерн Rochee - это один из таких Иксов. Производит этот препарат тамифлю против свиного гриппа. Для компании вирус очень желанный. Очевидно, тамифлю занимал место на складах. Но благодаря пандемии быстро продаётся теперь по всему миру. Только в первой половине 2009 Roche смогла увеличить прибыль от тамифлю на 203% до 647 мил. Что сделало её одной из самых успешных компаний в индексе Доу-Джонса. Лондонский аналитик Мартин Бруннингер отмечает, что фармацевтическая промышленность в целом имеет проблемы. Доходы от свиного гриппа сделали долгожданную инъекцию денег для всех фарма фирм.

Это произошло в интересной момент времени, потому что уже много лет назад начал выходить срок патентов. Истечение срока патентов крупных продуктов сильно снижают доходы. Новых разработок становится все меньше и меньше. Это означает, что статус фарма индустрии скорее сложный. Благодаря пандемии, благодаря таким крупным заказам правительств они смогли получить краткосрочную выгоду.

Даже краткосрочная выгода в размере миллиардов евро. Без пандемии никакая компания не получила бы этого. Тот факт, что фарма фирмы всё больше денег инвестрируют в маркетинг, а не новые разработки, становится проблемой.

К началу 2000 года фармацевтическая промышленность переживала тяжелые времена. Не было новых инновационных продуктов, и вставал вопрос, как сохранить высокую рентабельность. Поэтому наши специалисты в фармацевтической отрасли стали значительно развивать сектор вакцин. Благодаря изобретению эпидемии и пандемии, чтобы увеличить продажи вакцин. Первое, что они попробовали, это часто цитируемый птичий грипп. И я напомню, что эксперты, которые кричали о свином гриппе, были теми же, кто кричал о птичьем гриппе.

Однажды Roche получил огромную прибыль с тамифлю. Птичий грипп принес компании рекордные продажи, выручка превысила 550 миллионов евро. 96 стран закупили запасы в то время. Правительство США закупило тамифлю примерно за 48 миллионов евро – прибыльный бизнес для министра обороны Дональда Рамсфельда, потому что он был в то же время акционером и председателем наблюдательного совета американской компании, которая разработала тамифлю и до сих пор владеет патентом на препарат. Даже в то время работы министром Рамсфельд держал долю в компании. Оценочная стоимость не менее четырех миллионов евро. Конфликт интересов он отрицал.

По всему миру можно найти примеры взаимоотношений между фармацевтической промышленностью и политикой. И во Франции министр здравоохранения Розелин Бачелот до своей карьеры политика работала более десяти лет в фармацевтической промышленности, в том числе как PR-менеджер крупной корпорации. В том числе в частично бюджетном Institut Pasteur есть противоречия. Директор Элис Дотри является одновременно консультантом фармацевтической ассоциации. Ни она, ни сотрудники института не были готовы дать интервью. По мнению критиков, это не единственные примеры сплетения между фармацевтической промышленностью и политикой здравоохранения.

Бывший президент национального института профилактики и санитарного просвещения, очень быстро устроился в ассоциации фармацевтической промышленности. Значит в наивысшей инстанции тот, кто решает вопросы здравоохранения и должен работать в интересах общественности, продвигает интересы фарма индустрии. Такое должно быть запрещено.

Система непрозрачна. Невозможно проследить, кто оказывает влияние и на какие решения.

Лобби

Профессор Герд Глеске - экономист здравоохранения из Бремена в течение многих лет критикует непостижимую сплетённость фарма индстрии, правительства и науки. Конечно, мы имеем дело с сильным лоббированием в этой системе. Либбрование оказывает влияние и на науку, что приводит к конфликту интересов. Например, мы видели, как известный учёный в Великобритании сделал доклад о средстве против гриппа, которое выгодно определенной фармацевтической компании. Так что здесь связь очевидна.

В Англии свиной грипп свирепствует больше всего. По крайней мере, здесь введены самые строгие меры против гриппа. По телефону горячей линии любой желающий может запастись лекарствами. Правительство закупило противогриппозных препаратов для 80% населения. Кроме того, были куплены вакцины на сумму около 180 миллионов евро.

Ректор колледжа Сэр Андерсон консультирует правительство по вопросам борьбы с вирусом. Он публично пропагандировал использование противогриппозных препаратов. Британские журналисты выяснили, что медик был в то же время в списке зарплатной ведомости. С ежегодным доходом 116 тыс евро фарма концерна GlaxoSmithKline, который заработал миллиарды на вакцине от гриппа. Министерство и фармацевтические компании отказываются признавать конфликт интересов. Сэр Андерсон утверждает, что не принимал прямого участия в решениях о вакцине.

Безусловно это не единственный случай. Я могу вам назвать эти случаи в Германии. Во всех сферах здравоохранения вы найдите экспертов, которые продвигают свои интересы.

В Германии фармацевтическое лобби особенно сильно. Цены на запатентованные препараты компаниям разрешено устанавливать самим. Здесь не ведут переговоры, как в других европейских странах. В Германии медицинские страховые компании должны оплачивать лекарства не зависимо от их цены. Все попытки изменить это со стороны политики не удались.

Может лобби фармацевтической промышленности быть сильнее, чем забота о защите населения? Очевидно финансирование индустрии имеет большее значение, чем здесь охрана здоровья. Организация "прозрачная Германия" годами обвиняет коррупционные и мошеннические схемы в системе здравоохранения. Медицинские исследования фальсифицируются, повышенные риски препаратов скрываются. Здесь отсутствует политическое регулирование.

Население всегда думает, что существуют контролирующие органы в министерствах и государственных комиссиях. Однако, из-за большого конфликта интересов между вовлеченными людьми и производители, этот контроль практически полностью отсутствует.

Оганизация "прозрачная Германия" также критически относиться к комиссии по вакцинации института Роберта Коха. Институт рекомендует, какие прививки применять и какие оплачиваются медицинским страхованием. Члены комиссии - это медицинские работники, чьи проекты частично финансируются фарма промышленностью. Но президент государственного института не видит в этом проблемы. Комиссия по вакцинации создала правила прозрачности. Вы можете получить информацию из интернета о личностях.

И эти правила можно увидеть и в международном контексте.

На сайте института Роберта Коха можно увидеть, какие, на самом деле отношения связывают её членов с фарма промышленностью. Почти у всех медицинские работников имеются связи, которые ведут к конфликту интересов.

Есть очень интересный вариант толкования этих списков. Некоторые говорят, что за ними стоят три, четыре, пять компаний и это уже факт того, что они независимы. Т.е. они не продвигают отдельных производителей. Думаю, что они недооценивают значение лоббизма. Потому, что это принципиальный вопрос. Можно ли брать деньги от фарма индустрии для стороннего финансирования исследований. Я вам могу точно сказать, что просто так деньги не даются без того, чтобы не получить что-то взамен.

Инвестиции в строительство производства вакцины в Дрездене, видимо, оправдали себя. GSK вложила 200 миллионов евро. в строительство завода. GSK компания ожидает годами пандемию гриппа. Два миллиарда евро было потрачено на разработку вакцины против пандемического гриппа. Однажды это должно окупиться. Германия заказывала пока только у GSK. Франция заказала у четырех разных производителей. Больше половины у GSK. Критики утверждают, что вакцина недостаточно протестирована. Доктором Йенсом Воллмер, медицинский директор спокойно относится к предполагаемым рискам вакцины.

Например, при сезонном гриппе, каждый год мы должны получить новый допуск. И этот процесс быстрее для сезонных вакцин. При шаблонной вакцине. У нас есть допуск на шаблонную вакцину. На основе этого допуска мы можем получить также допуск на H1N1. Это не означает, что проверка проходит менее тщательно. Это значит, что многое уже проверено на шаблонной вакцине.

GSK производит вакцину от гриппа на основе куриных яиц. Затем добавляется усилитель эффекта, так называемый адъювант. Эти адъювантны очень противоречивы, поскольку они могут вызывать либо усилить паралич. Поэтому они были запрещены в США. Эксперты в Европе считают, что тесты шаблонной факцины на безопасность были неадекватными. Немецкие и французские критики делают простой расчет.

Если вы при массовой вакцинации в 20 мил. доз имеете 0,1% побочных эффектов, то это 20 тыс. человек, которые там пострадают от вакцины. И если это опасный побочный эффект, то это можно назвать катастрофой.

Представьте, что у вас 1 к тысячи смертей от осложнений и вы вакцинируете 60 миллионов французов, то умрёт 60 тыс. людей. И это касается всех слоёв населения, дети, беременны, молодые люди, такие как вы, совершенно здоровые. Это катастрофа.

С середины августа идёт тестирование новой вакцины. 1200 взрослых и 2000 детей в Германии в течение 2х недель хотят проверить безопасность вакцины. Участники тестов засекречены. Профессора Фрэнк фон Зонненбург в уничерситете Мюнхена возглавляет исследование Германии. Он не принимает критику.

У нас уже есть опыт с сотнями миллионов вакцин и эта вакцина против гриппа ничем не отличается от других вакцин против гриппа. Здесь нет ничего сенсационно нового. Нужно признаться, что есть редкие побочные эффекты. Их невозможно охватить исследованиями.

Даже если профессор фон Зонненбург убеждён в надёжности вакцин, то влияние фарма индустрии и он замечает. Было бы хорошо, иметь деньги на исследования вакцин. Независимо от индустрии, чтобы можно было сделать определенные исследования вакцин. Например, как достичь лучшего покрытия среди населения и тп.

Такое невозможно сейчас сделать? Это сложно, пот. не хватает денег на это и основаная часть вакцины была оплачена индустрией.

В Германии фарма финансирует не только большую часть исследований, но также имеет огромное влияние на законодательство. Врач Вольфганг Водарг, будучи депутатом Бундестага, сам видел, как ассоциация фармацевтической промышленности делает политику. VFA продала уже закон федеральному правительству Германии. Вот такое могущество. Был закон ценового регулирование запатентованных лекарственных средств. И VFA заплатила 100 мил тогда ещё немецких марок, чтобы мы не применяли этот закон. Было заплачено медицинским страховым компаниям. И федеральное правительство приняло участие в этом.

Производители сделали выплаты страховым компаниям и закон регулирования цен никогда не применялся. Цены патентные препараты фирмы устанавливают сами. Использование средства от гриппа тамифлю вызывает много вопросов. Побочные эффекты препарата просто замалчиваются.

...

Завершение

Однако кукловоды пока скрываются. Как в Германии, так и во Франции. Политики вместо того, чтобы управлять, уступают экономическим интересам. И, кажется, капитулируют перед корпоративным влиянием.

Если у государства нет собственных инструментов, отличать ложь от правды, то оно полностью принадлежит этой индустрии. Отличить ложь от правды в этой пандемии трудно друг от друга. Были ли политические решения выгодны населению? Остаётся под вопросом. Индустрия получила уже выгоду.

И если компания по вакцинации будет неудачной, потому что население больше боится прививки чем гриппа, то оставшаяся вакцина, которую мы уже оплатили и которой не доверяем, может быть подарена развивающимся странам. Такие вот мы щедрые, индустриальные страны. Если у вас есть вопросы или вы хотите обсудить, вы можете это сделать в онлайн блоге с автором этого фильма.

Swine flu pandemic is yet another conspiracy
Danish media

Russia Tuday, 25 November 2009
https://www.youtube.com/watch?v=XFLHbXqSEVQ





Danish journalists claim that the World Health Organization and drug companies producing the swine flu vaccine are in partnership, and that the true nature of their relationship is shrouded in mystery.

"What we do know is that the pharmaceutical companies are present at the meetings of WHO expert groups, but what we don't know is what they talk about. And another thing is that scientists who appear to be independent are also hired consultants working for the same pharmaceutical companies who produce the vaccines," says *Louise Voller*, a journalist at the Danish Daily Information newspaper.

НОВЫЕ ИЗВЕСТИЯ 25.11.09 среда

Алексей Смирнов, Стокгольм

Агенты Вливания: Инициаторы всемирной борьбы со свиным гриппом уличены в подозрительных связях

Новые Известия, 25 Ноября 2009

https://web.archive.org/web/20091129002407/http://www.newizv.ru/news/2009-11-25/117889/

Пандемия свиного гриппа, как уже не раз писали «НИ», может оказаться самой грандиозной коррупционной аферой нашего времени. Во всяком случае, огромная коммерческая составляющая в ней уже очевидна. К такому же выводу пришли датские журналисты, изучившие связи экспертов Всемирной организации здравоохранения (ВОЗ) с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни. Выяснилось, например, что многие ученые, заседающие в различных комитетах ВОЗ, тщательно скрывают тот факт, что они получают деньги от фирм-гигантов мировой фармакологии.

По данным международного инвестиционного банка JP Morgan, фармацевтическая промышленность мира заработает в этом году на продаже вакцин против коварного вируса A/H1N1 более 7 млрд. евро. Ведущие западные страны заказали в нескольких компаниях дозы, которых должно хватить либо на все население (по этому пути пошла Австралия), либо на треть (Германия и ряд других государств– членов ЕС). Народ чихает и температурит, а заводы по производству пилюль работают в четыре смены, не ощущая всемирного экономического кризиса: заказы громоздятся штабелями, мощностей не хватает. Впервые за долгие годы паника пандемии смела защитные барьеры ЕС. В виде исключения вакцина была допущена для использования без проведения достаточного количества клинических и лабораторных испытаний.

Оправдана ли такая горячка? Все большее число специалистов задаются этим вопросом, сравнивая статистику смертности от вируса свиного гриппа и его «обычных» разновидностей, каждую осень начинающих свое победное шествие по планете. До сих пор, по данным ВОЗ, жертвами A/H1N1 стали 6 тыс. человек, в то время как средняя ежегодная смертность во время эпидемий «традиционных» разновидностей гриппа достигает полумиллиона.

Причина гипертрофированной реакции мира на не столь уж опасный свиной грипп, как считают опрошенные датской газетой Information специалисты, заключается в успешной пиар-кампании, проведенной экспертами ВОЗ. Некоторые из них в прямом смысле состоят на службе у производителей вакцины.

«Вызывает беспокойство, что многие ученые, заседающие в различных комитетах ВОЗ, представляются независимыми экспертами, тщательно скрывая тот факт, что они получают деньги от фармацевтических компаний», – заявил журналистам профессор эпидемиологии Том Джеферссон, работающий в исследовательском центре Cochrane Center в Риме.

ВОЗ объявила свиной грипп пандемией под давлением группы советников этой организации во главе с голландским доктором Альбертом Остенхаусом, получившим прозвище «Доктор флю» (по названию препарата «Тамифлю»), поскольку он вел активную пропаганду в ВОЗ и западных СМИ в пользу массовой вакцинации населения. Сейчас правительство Нидерландов проводит экстренное расследование деятельности этого «доктора Пилюлькина», поскольку стало известно, что он получает зарплату в нескольких компаниях, производящих вакцину против свиного гриппа. Сидят «на двух стульях», подобно Остенхаусу, и многие другие советники ВОЗ, потребовавшие объявления свиного гриппа пандемией. Они не любят афишировать, что являются платными советниками фармацевтических гигантов Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome, получивших львиную долю заказов на изготовление вакцин. Итогом давления этих экспертов стала резолюция ВОЗ от 7 июля этого года, давшая старт невиданной кампании массовой вакцинации.

«ВОЗ выступает по меньшей мере со странными рекомендациями, – утверждает профессор Том Джеферссон. – Обычные меры гигиены дают куда больший эффект, чем эти малоизученные вакцины, и в то же время ВОЗ упоминает использование масок и тщательное мытье рук как средство борьбы со свиным гриппом всего дважды в своих документах. О вакцинах и других лекарственных препаратах говорится 42 раза!» Д-р Джеферссон и ряд его коллег считают, что платных советников фармацевтических компаний следует удалить из числа лиц, дающих рекомендации ВОЗ, однако сама эта организация не спешит проводить подобную реформу. Спикер ВОЗ Грегори Хэртл, комментируя статью в Information, заметил, что невозможно отказаться от услуг ведущих мировых специалистов лишь на том основании, что они финансово заинтересованы в продвижении той или иной стратегии борьбы с различными заболеваниями.

Надо заметить, что коррумпированность сферы фармакологии уже не первый год стала предметом обсуждения западных СМИ. Несколько лет назад бывший редактор медицинского журнала The New England Journal of Medicine Марчи Энжелл и швед Петер Фрост, бывший вице-директор фармакологической компании Pfizer, в серии статей и книге-исследовании The Whistleblower показали изнутри жизнь «медицинской мафии». По их утверждению, фармакологические компании лишь 11–14 % бюджета тратят на исследования, зато на пиар у них уходит 36% всех средств. Значительная часть денег оседает в карманах врачей, ученых и на счетах различных организаций, работающих в сфере здравоохранения. Доходность фармацевтической отрасли составляет 25%. Больше прибыли приносят лишь торговля оружием и секс-индустрия.

newsru.com

Экспертов ВОЗ, развернувших всемирную борьбу со свиным гриппом, подозревают в коррупции

News.ru, 25 ноября 2009, 09:37
https://www.newsru.com/world/25nov2009/ah1n1afera.html

Пандемия свиного гриппа может оказаться самой грандиозной коррупционной аферой нашего времени. К такому выводу пришли журналисты датской газеты Information, изучившие связи экспертов Всемирной организации здравоохранения (ВОЗ) с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни. Выяснилось, например, что многие ученые, заседающие в различных комитетах ВОЗ, тщательно скрывают тот факт, что они получают деньги от фирм-гигантов мировой фармакологии, пишет газета "Новые известия".

Издание отмечает, что на фоне глобального экономического кризиса благодаря панике, охватившей мир в связи с пандемией свиного гриппа, фармацевтические заводы работают в четыре смены, мощностей не хватает.

Между тем на данный момент по официальной статистике, жертвами гриппа A/H1N1 стали 6 тыс. человек, в то время как средняя ежегодная смертность во время эпидемий "традиционных" разновидностей гриппа достигает полумиллиона.

Причина гипертрофированной реакции мира на не столь уж опасный свиной грипп, как считают опрошенные датской газетой специалисты, заключается в успешной пиар-кампании, проведенной экспертами ВОЗ. Некоторые из них в прямом смысле состоят на службе у производителей вакцины.

ВОЗ объявила свиной грипп пандемией под давлением группы советников этой организации во главе с голландским доктором Альбертом Остенхаусом. Сейчас правительство Нидерландов проводит экстренное расследование его деятельности, поскольку стало известно, что он получает зарплату в нескольких компаниях, производящих вакцину против свиного гриппа.

Многие другие советники ВОЗ, потребовавшие объявления свиного гриппа пандемией, также являются платными советниками фармацевтических гигантов Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome, получивших львиную долю заказов на изготовление вакцин. Итогом давления этих экспертов стала резолюция ВОЗ от 7 июля этого года, давшая старт невиданной кампании массовой вакцинации, отмечает газета.

Между тем спикер ВОЗ Грегори Хэртл, комментируя статью в Information, заметил, что невозможно отказаться от услуг ведущих мировых специалистов лишь на том основании, что они финансово заинтересованы в продвижении той или иной стратегии борьбы с различными заболеваниями.

Наталья Грачева

Новый грипп - свинья, подложенная фармацевтами?

Комсомольская Правда, 25 ноября 2009, 23:47
https://www.kp.ru/daily/24400/576762/

В скандинавских СМИ появилсь сообщения о том, что европейская вакцина против свиного гриппа может принести больше вреда, чем пользы. Уже зафиксированы случаи массовых аллергических реакций на прививку, а также повышение у людей (особенно у детей) температуры до 38-40 градусов после «спасительного укола». Расследование, проведенное датской газетой *Information*, подтверждает подозрения многих экспертов о том, что массовая вакцинация может быть грандиозной аферой, на которой несколько фармацевтических гигантов успели заработать более 7 млрд. евро.

Рекомендации по тотальной вакцинации были приняты под давлением группы специалистов из Всемирной организации здравоохранения (ВОЗ). Но, как оказалось, многие из них тесно связаны с производителями этой вакцины и даже получают "премиальные" от фармацевтических компаний. Власти Нидерландов начали сейчас расследование деятельности Альберта Остенхауса, доктора, наиболее активно выступавшего в ВОЗ за одобрение «тотальной вакцинации».

Между тем, многочисленные исследования документально доказывают, что вакцины против гриппа вообще мало эффективны, и свиной грипп не является исключением. Изучить безопасность новых препаратов оказалось невозможным из-за недостатка информации о них и широкого разброса в стндартизации. На этом фоне можно предположить, что спешно изготовленная панацея от свиного гриппа ничуть не отличается по качеству и действенности от ранее изготовленных вакцин.

Пока от свиного гриппа и его последствий в мире умерло 6 тысяч человек, в то время, как от обычных эпидемий гриппа погибает до полумиллиона людей.

ВЕДОМОСТИ

Андрей Котов

Пандемия свиного гриппа может быть заговором ВОЗ и фармкомпаний

Ведомости, 26 ноября 2009, 14:30
https://www.vedomosti.ru/politics/articles/2009/11/26/pandemiya-svinogo-grippa-mozhet-byt-zagovorom-voz-i-farmkompanij

Консультанты Всемирной организации здравоохранения получали деньги от производителей лекарств, пишут европейские СМИ

В Европе разгорается скандал вокруг свиного гриппа. Датская газета Dagbladet Information сообщила, что консультанты Всемирной организации здравоохранения (ВОЗ) получали деньги от фармацевтических компаний. Газета полагает, что это могло повлиять на решение ВОЗ об объявлении пандемии свиного гриппа. Всемирная истерия по поводу вируса A/H1N1, по оценке аналитиков JPMorgan, позволила фармацевтическим компаниям заработать в этом году более 7 млрд евро.

По сведениям Dagbladet Information, группа консультантов ВОЗ под руководством голландского врача Альберта Остенхауса оказывала услуги и крупнейшим фармконцернам, получая от них за это деньги. В то же время консультанты ВОЗ должны быть независимыми. В статье упоминаются компании Roche, RW Johnson, GlaxoSmithKline, выпускающие вакцины от вируса. Газете также удалось выяснить, что представители концернов часто посещают заседания ВОЗ, однако о чем они там говорят, не известно. Издание также сообщает, что Остенхаус, ратовавший за объявление пандемии свиного гриппа, попал в центр экстренного расследования голландских властей.

По данным ВОЗ, число подтвержденных случаев заболевания вирусом A/H1N1 в мире превысило 500 000, для более чем 6000 человек болезнь стала смертельной. По информации Минздравсоцразвития России, у нас зафиксировано более 11 500 случаев заболевания свиным гриппом. Более 600 человек скончалось.

интерфакс

"Свиной грипп" как способ заработать

Intefax, 26 ноября 2009, 23:29
https://www.interfax.ru/business/111943

Рынок вакцин, традиционно считавшийся неприбыльным и рискованным, сейчас демонстрирует уверенный рост. Этому будет способствовать и эпидемия "свиного гриппа", на вакцинах против этого вируса компании в этом году заработают $11,1 млрд

Москва. 26 ноября. IFX.RU - Болезни и вирусы – явления, безусловно, природного характера. Однако нынешний рынок с легкостью переводит эти вопросы в категорию экономических. Эпидемия гриппа H1N1, также известного как "свиной грипп", не стала исключением. Новый недуг будет способствовать росту рынка вакцин в целом. На вакцинах против него фармкомпании в этом году заработают около $11,1 млрд.

Фармацевтический рынок известен как низко рентабельный и рискованный. Однако сейчас благодаря вакцинам против "свиного" гриппа он демонстрирует уверенный рост.

Не так давно, вакцины считались самым "бедным" сегментом фарминдустрии, пишет Businessweek.com. Сложность и высокая стоимость их производства отпугивали от этого рынка большинство игроков. Исключением стали лишь несколько: швейцарский гигант Novartis, британская GlaxoSmithKline (GSK), французская Sanofi Aventis, американская Merck и Wyeth (сейчас в составе Pfizer).

Однако в последнее время наблюдается возрождение интереса к производству вакцин. "Все больше компаний инвестируют в вакцины с целью диверсификации производства рецептурных препаратов" - говорит Майкл Бойд, и.о. гендиректора Международной федерации фармацевтических производителей и ассоциаций (IFPMA).

При этом вакцины против гриппа H1N1, по крайней мере, в краткосрочной перспективе будут локомотивом роста продаж вакцин в целом.

В целом, рынок рецептурных лекарственных препаратов с нынешних $780 млрд будет расти не слишком быстрыми темпами - на 5% в год. Рынок вакцин при этом, согласно прогнозам экспертов, может расти на 13% ежегодно вплоть до 2012 года.

Пандемия свиного гриппа, безусловно, также будет способствовать росту продаж. Так, продажи вакцин против "свиного гриппа" компании GSK, как ожидается, только в четвертом квартале 2009 года составят $1,7 млрд. Примерно столько же компания может выручить и в первом квартале нового года.

Novartis планирует, что продажи ее вакцины против нового гриппа в четвертом квартале составят $700 млрд. Ну и Sanofi-Aventis прогнозирует, что ее продажи аналогичной вакцины превысят $500 млн.

Однако рынок вакцин против гриппа отличается сезонностью и непредсказуемостью, отмечает глава Novartis Даниэль Вазелла.

По оценкам инвестиционного банка JP Morgan, в этом году фармацевтические компании получат заказы на производство вакцин против нового гриппа на сумму порядка $11,1 млрд. При этом большая часть товарооборота обусловлена рекомендациями Всемирной организации здравоохранения (ВОЗ), сообщает датская газета Information.

Россия в этом плане не исключение. У нас также запущен выпуск вакцин против нового гриппа. Производством занимаются несколько предприятий. Группа компаний "Петровакс" в ноябре начала производство вакцины МоноГриппол Нео. Ранее сообщалось, что вакцина против свиного гриппа помимо "Петровакса" будет производиться на предприятиях "Микроген" в Иркутске и Уфе, а также в Институте сывороток Федерального медико-биологического агентства в Санкт- Петербурге.

Тем не менее, многие продолжают считать, что свиной грипп не более чем выдумка. В этом, согласно опросу SuperJob.ru, убеждены 30% россиян.

По мнению почти каждого третьего участника исследования, новый вирус - это заговор крупнейших фармацевтических компаний, целью которого является получение денег с напуганного населения, в частности, благодаря реализации вакцин.

"Это плод воспалённого воображения", "Свиной грипп - это выдумка фармацевтических компаний, которым необходимо "впихивать" народу свои вакцины"; "Вероятность того, что это очередной способ выманивания у населения денег на лекарства, очень высока", - комментируют россияне.

Не ставит под сомнение существование свиного гриппа 50% россиян. Среди них немало людей, непосредственно столкнувшихся со случаями заболевания. Каждый пятый респондент затруднился с ответом.

ВЕСТИ.RU

"Свиной грипп"
ВОЗ подозревают в сговоре с фармацевтами

Вести.ru, 26 ноября 2009 11:41
https://www.vesti.ru/article/2182317

В России пик эпидемии гриппа и ОРВИ пройден уже в 18 крупных городах, которые раньше лидировали в списках по числу заболевших. Теперь там всё уже в пределах сезонной нормы. А в Европе разгорается крупный скандал: версия о сговоре фармацевтов, о котором заговорили ещё в первые дни распространения по планете "свиного гриппа", похоже, подтверждается. Часть экспертов Всемирной организации здравоохранения, которая и объявила пандемию, получала деньги от фармацевтических концернов.

"Белые горы" на карантине. Прокуратура Амурской области возбудила уголовное дело по факту массового заболевания детей. Следствию предстоит выяснить, почему администрация санатория не отменила заезд, несмотря на запрет главного санитарного врача Приамурья. В результате за 11 дней в санатории заболели 58 школьников. Некоторым из них уже поставлен диагноз – "свиной грипп".

"Я попала сюда с температурой, голова заболела, и я пошла за градусником. Наверное, это грипп, так как температура была высокая, я спала почти все время", – рассказывает Дарья Полевая, одна из заболевших.

В "Белых горах" остается ещё более ста детей. Их смена закончится через несколько дней. В точности диагноза у специалистов сомнений нет. Информация о массовом заболевании стала общедоступной благодаря Роспотребнадзору и СМИ. С претензиями администрация санатория не согласна.

"Это наша контролирующая организация, надо было работать совместно. Санаторий у нас был полностью готов, у нас был масочный режим, запас лекарств, персонал прошел вакцинацию против гриппа", – объясняет Ольга Зарубова, заместитель генерального директора по медицинской части НП "Соку".

Несмотря на серьезные меры предосторожности, все равно произошло массовое заболевание детей. По данным прокурорской проверки, прослеживается цепь халатностей. Дети поступали со справками, но, видимо, уже инфицированные. А в санатории больные и здоровые дети если и разделялись, то ненадолго.

"По сверкам журналов выяснили, что в изоляторе они были вместо семи дней два. В следственный отдел в отношении руководителя учреждения направлены документы о возбуждении уголовного дела", – заявила Алена Козлова, помощник прокурора Райчихинска.

В целом по России ситуация с ОРВИ и опасными вирусами гриппа остаётся контролируемой, а в некоторых регионах заболеваемость даже идёт на спад. Татьяна Голикова, министр здравоохранения и социального развития РФ.

В Европе, тем временем, разразился громкий скандал. Датские журналисты выяснили, что эксперты Всемирной организации здравоохранения получали деньги от фармацевтических гигантов – тех самых, которые из-за возникшей по всему миру паники получили баснословную прибыль от продажи противовирусных препаратов. По некоторым данным, она может составить, как минимум, 7 миллиардов долларов. Новый вирус гриппа породил новый вид аферы, утверждает датская пресса. Ибо именно под давлением таких проплаченных специалистов и была объявлена пандемия гриппа. Группу экспертов ВОЗ возглавляет голландский врач Альберт Остенхаус, прозванный в прессе Доктором Флю.

"Мы точно знаем, что представители фармацевтических компаний – постоянные гости на заседаниях ВОЗ. Кроме того, привлекаемые организацией ученые, которые по идее должны быть независимыми, совмещают работу на ВОЗ с службой в фармацевтических компаниях", – рассказала датская журналистка.

Деятельность Остенхауса теперь расследует специальная комиссия правительства Голландии.

Кстати, британские медики, как сообщает The Daily Telegraph, пришли к выводу, что каждый пятый ребёнок в стране переболел "свиным гриппом" и даже не заметил этого. В большинстве случаев заболевание прошло без осложнений.

URA.RU
Информационное агентство

Депутат Игорь Баринов требует расследования коррупции в ВОЗ
пандемию «свиного гриппа» врачи могли придумать в сговоре с фармацевтами

URA.ru, 26 ноября 2009, 17:00
https://m.ura.news/news/1052106751

Член комиссии Госдумы РФ по законодательному обеспечению противодействия коррупции Игорь Баринов предложил провести комплексное расследование возможного сговора экспертов Всемирной организации здравоохранения с фармацевтическими кампаниями. Такой сговор мог привести к неадекватной истерии вокруг вируса гриппа A/H1N1, что многократно увеличило спрос на продукцию фармацевтов. Отметим, вчера о возможности такого сговора рассказали европейские СМИ.

«Россия в числе других стран пострадала от истерии вокруг «свиного гриппа», - говорит Баринов. – При этом у нас до сих пор нет четкого понимания, насколько реальна эта угроза. Мы видели аналогичные всплески информационной активности вокруг т.н. «куриного гриппа» и «атипичной пневмонии», однако сейчас об этих заболеваниях не слышно. Нельзя исключать возможности, что речь идет об очередной PR-кампании международных фармацевтических концернов и угроза пандемии нового вируса гриппа скорее виртуальна. А вот потери бюджета и российской экономики абсолютно реальны. Они будут подсчитаны, но уже сейчас понятно, что счет идет на миллиарды».

Игорь Баринов говорит, что готовит обращения в Генпрокуратуру РФ и Минздравсоцразвития с просьбой инициировать официальное расследование возможной коррупции в ВОЗ. «Это должно быть справедливое и независимое расследование, в котором примут участие международные эксперты, в том числе российские. В случае, если факт сговора будет доказан, Россия как субъект международного права может направить иски к ВОЗ или фармацевтическим кампаниям с целью взыскания убытков». По словам депутата, речь идет не только о деньгах, но и о спокойствии населения. «Я много работаю в регионах, и вижу, что люди обеспокоены той истерией, которую развернули вокруг вируса СМИ. Реальность смертей от A/H1N1 не вызывает сомнений, однако масштабы бедствия могут оказаться в разы меньше, чем пытаются представить эксперты и фармацевты», - считает российский депутат.

НОВОСТИ

Ирада Зейналова

Пандемия нового гриппа может оказаться грандиозной мистификацией

1TV.ru, 26 ноября 2009, 21:08
https://www.1tv.ru/news/2009-11-26/155681-pandemiya_novogo_grippa_mozhet_okazatsya_grandioznoy_mistifikatsiey



В мире сейчас разгорается скандал, в центре которого - Всемирная Организация Здравоохранения. В европейской прессе появились публикации о возможном сговоре экспертов ВОЗ с ведущими фармацевтическими компаниями.

Паника вокруг вируса A(H1N1) позволила производителям препаратов получить баснословные прибыли. Журналисты делают смелые предположения, что объявленная ВОЗ пандемия нового гриппа может оказаться грандиозной мистификацией.

Заводы работают денно и нощно, в четыре смены, производя спасительные лекарства. Объем заказов крупнейших фармацевтических фирм – все население Европы, плюс все население Америки, плюс сотни миллионов доз для Азии и Африки. Паника снесла защитные барьеры Евросоюза - в виде исключения, вакцина допущена беспрекословно в европейские страны без проведения достаточных клинических испытаний.

Питер Палезе, эпидемиолог (США): "Назвать вспышку A(H1N1) пандемией – чисто политическое решение. И его могли принять только на совете ВОЗ. Хочу сказать, что это мобилизирует людей в борьбе с новым вирусом. Вакцина производится и ее доставляют в больницы".

Россия панике не поддалась – здесь специалисты не устают повторять: эпидемии нет, обойдемся без паники. В любом случае, мы предпочитаем проверенные средства.

Татьяна Голикова, министр здравоохранения и социального развития РФ: "Мы не проводили ускоренных испытаний, как, скажем, в США. Плюс, смертность от всех видов гриппа не превышает 600 человек".

Объявленная главой Всемирной Организации Здравоохранения Маргарет Чен глобальная гриппозная угроза стала причиной глобальной истерии.

Маргарет Чен, генеральный директор ВОЗ: "На основании данных, имеющихся у экспертов, и по всем научным критериям, достигнут порог пандемии гриппа. Я таким образом приняла решение поднять уровень угрозы с 5-го на 6-й. Пандемия гриппа-2009 в мире началась".

Аптеки от Бомбея до Лондона оказались в кольце желающих купить профилактические средства, рекомендованные врачами. Когда бесплатные европейские клиники захлебнулись в волне желающих сделать прививку или получить заключение, каким гриппом заболели, частные британские врачи ввели новую услугу: экспресс-прием. 125 фунтов.

Сегодня эксперты задают классический вопрос: кому выгодно? Хотя бы потому, что, по данным датской газеты "Информатон", эксперты ВОЗ параллельно работали на крупнейшие фармацевтические корпорации, на момент появления вируса подтянувшие из-за кризиса пояса.

Утверждается даже, что саму пандемию объявили под давлением голландского доктора Альберта Остенхауза, прозванного Доктор Флю за пропаганду всемирной вакцинации от нового гриппа и при этом числящимся платным советником в нескольких компаниях, производящих саму вакцину.

В краткосрочной перспективе всю индустрию выпуска вакцин будет тянуть на буксире спрос на средства от вируса H1N1.

Еще несколько лет назад редактор влиятельного медицинского журнала американец Марчи Энжелл и швед Петер Рост, бывший вице-директор крупнейшего фармахолдинга, утверждали: любые фармацевтические исследования на Западе ведутся на деньги крупных корпораций, на сами исследования тратится менее 14% бюджета и почти 40% - на информационную поддержку новых лекарств. Значительную часть этих денег получают те, кто публично рекомендует как и от чего лечиться. Цитата: "Прибыль в этой отрасли – 25%. Больше – только у торговли оружием и секс-индустрии".

Марлевая повязка и дезинфицирующая жидкость для рук - этот набор стоит в 15 раз дешевле, чем вакцина; не имеют побочных эффектов и, как говорят врачи, могут уберечь от гриппа почти так же надежно. Тем не менее рекомендация ВОЗ о том, что нужна всеобщая вакцинация, упоминается 43 раза, и лишь дважды говорится, что спастись можно и этими подручными средствами.

Влиятельный британский журнал "Ланцет" отвечает тем, кто скептически относится к качеству новой гриппозной вакцины: ее вкололи группе риска. Осложнения у больных сердечно-сосудистыми заболеваниями и выкидыши у беременных женщин сразу после вакцинации – совпадения.

Шри Дасан, инфекционист: "Что бы ни говорили сейчас, эпидемия существует. Она пошла на спад - 50 тысяч человек в этом месяце в Британии по сравнению с 64 тысячами в октябре. Это все равно значительно выше, чем при сезонном гриппе. Вакцинация нужна. Кто и как при этом зарабатывает – другой вопрос".

Михаил Костинов, доктор медицинских наук, профессор, заведующий лабораторией вакцинопрофилактики и иммунотерапии аллергических заболеваний НИИ вакцины и сыворотки имени Мечникова Российской Академии Медицинских Наук: "Те же компании, которые увеличили стоимость масок где-то в десятки раз, те же, допустим, аптечные пункты, в которых цены растут, – это, конечно, плохо, потому что, я понимаю, что с одной стороны нужно увеличить оборот, чтобы больше лекарств, но цены – конечно, это нечестные люди, нечестные бизнесмены".

Лейтмотив журналистского расследования датской газеты: грипп удачно раскрутили в новостях во всем мире. Итог – 7 миллиардов евро чистой прибыли на одной лишь вакцине.

Постоянно подогреваемый интерес – именно поэтому мадам министр здравоохранения Франции вынуждена была сама уколоться публично и теперь каждую неделю дает пресс-конференции, что там с гриппом. По данным французских газет, количество доз вакцины, закупленной Парижем, превышает население страны.

Врачи уверены, что грипп опасен и лучше переоценить угрозу. С одной стороны, пишет "Дейли Телеграф", каждый четвертый школьник в Британии переболел гриппом A(H1N1), лечился от гриппа обычными средствами и благополучно выздоровел. С другой – только в этом месяце и только в Британии в тяжелом состоянии в больницы попали 530 человек.

Александр Чучалин, директор НИИ пульмонологии РФ, председатель правления МОО "Российское респираторное общество", академик РАМН: "Вы знаете, в чем дело, не надо здесь делать тревогу. Каждый год люди умирают от гриппа. На сегодняшний день мы не располагаем данными, которые говорят, что смертность выше, чем от сезонного гриппа в 2006-2007 годах".

Гриппозное чаепитие в лондонском сквере. Здесь следуют самому простому совету из телевизора: не ждите зимней волны эпидемии, переболейте в легкой форме и живите спокойно. Это просто грипп.

=> Вероятно, ссылка на статью в журнале Lancet

Black S, Eskola J, Siegrist CA, et al.

Importance of background rates of disease in assessment of vaccine safety during mass immunisation with pandemic H1N1 influenza vaccines

Lancet. 2009 Dec 19;374(9707):2115-2122.
doi: 10.1016/S0140-6736(09)61877-8. Epub 2009 Oct 31.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861912/

Because of the advent of a new influenza A H1N1 strain, many countries have begun mass immunisation programmes. Awareness of the background rates of possible adverse events will be a crucial part of assessment of possible vaccine safety concerns and will help to separate legitimate safety concerns from events that are temporally associated with but not caused by vaccination.

We identified background rates of selected medical events for several countries. Rates of disease events varied by age, sex, method of ascertainment, and geography. Highly visible health conditions, such as Guillain-Barré syndrome, spontaneous abortion, or even death, will occur in coincident temporal association with novel influenza vaccination.

On the basis of the reviewed data, if a cohort of 10 million individuals was vaccinated in the UK, 21.5 cases of Guillain-Barré syndrome and 5.75 cases of sudden death would be expected to occur within 6 weeks of vaccination as coincident background cases. In female vaccinees in the USA, 86.3 cases of optic neuritis per 10 million population would be expected within 6 weeks of vaccination. 397 per 1 million vaccinated pregnant women would be predicted to have a spontaneous abortion within 1 day of vaccination.

РИА НОВОСТИ

РФ может остановить членство в ВОЗ в случае сговора с фармкомпаниями

РИА Новости, 27 ноября 2009, 14:35
https://ria.ru/20091127/195797321.html

Москва: Появившиеся ранее в западных СМИ сообщения о коррупционном сговоре Всемирной организации здравоохранения (ВОЗ) с фармацевтическими компаниями необходимо проверить, в случае подтверждения этих данных Россия может приостановить свое членство в организации, считает член комиссии Госдумы РФ по законодательному обеспечению противодействия коррупции единоросс Игорь Баринов.

Согласно сообщениям некоторых СМИ, консультанты ВОЗ получали деньги от фармацевтических компаний, что могло повлиять на решение организации объявить пандемию свиного гриппа.

ВОЗ 11 июня впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру гриппа A/H1N1.

По мнению Баринова, Россия не может оставить без реакции обвинения в адрес ВОЗ. "Организацию подозревают в коррупции. Нам необходимо провести тщательное всестороннее расследование, прежде чем принимать какое-либо решение", - сказал он журналистам в пятницу.

"Если информация подтвердится, в этом случае нужно ставить вопрос о целесообразности участия России в работе ВОЗ, вплоть до приостановления членства", - сказал он.

По его данным, Россия потратила на борьбу с новым вирусом более 4 миллиардов рублей, которые, как считает парламентарий, можно было бы расходовать на решение других актуальных проблем.

Баринов призвал начать расследование в ВОЗ через российского представителя в этой организации, члена исполнительного комитета ВОЗ Владимира Стародубова.

"Заслуги ВОЗ в борьбе с малярией, оспой, ВИЧ/СПИД в 20 веке никто не ставит под сомнение, но сейчас надо выяснить, не поражена ли сама ВОЗ вирусом коррупции, насколько обоснованы ее рекомендации, можно ли ей беспрекословно доверять", - считает парламентарий.

В свою очередь, главный государственный санитарный врач РФ, руководитель Роспотребнадзора Геннадий Онищенко, выступая в пятницу на межведомственном совещании в Генпрокуратуре РФ, посвященном соблюдению законодательства в сфере обращения лекарственных средств, тоже заявил о наличии сговора во время борьбы со свиным гриппом в мире.

"Одна уважаемая международная организация с самого начала взяла курс на маркетинг одного из препаратов, который не давал российским производителям позиционировать себя на рынке лекарств", - сказал он и отметил, что Россия "не позволила" создать "монополию", которая "навязывалась с помощью иностранных препаратов".

Всемирная организация здравоохранения, объявив пандемию свиного гриппа в мире, на первом этапе настоятельно рекомендовала всем странам использовать для борьбы с вирусом препарат "Тамифлю" швейцарского производства.

Число лабораторно подтвержденных случаев заражения гриппом A/H1N1 в мире, по состоянию на 15 ноября, превысило 525 тысяч, 6,75 тысячи заболевших скончались, сообщается в опубликованном 20 ноября заявлении Всемирной организации здравоохранения (ВОЗ). В пресс-релизе отмечается, что, поскольку многие страны перестали вести индивидуальный учет случаев заражения гриппом A/H1N1, реальное число больных может значительно превышать цифру, представленную ВОЗ.

newsru.com В РОССИИ

Россия может остановить членство в ВОЗ в случае подтверждения сговора организации с фармкомпаниями

News.ru, 27 ноября 2009 г., 15:44

https://web.archive.org/web/20111229105106/http://newsru.com/russia/27nov2009/vozz.html

Появившиеся в западных СМИ сообщения о коррупционном сговоре Всемирной организации здравоохранения (ВОЗ) с фармацевтическими компаниями необходимо проверить, в случае подтверждения этих данных Россия может приостановить свое членство в организации, считает член комиссии Госдумы РФ по законодательному обеспечению противодействия коррупции единоросс Игорь Баринов.

Напомним, согласно сообщениям некоторых СМИ, консультанты ВОЗ получали деньги от фармацевтических компаний, что могло повлиять на решение организации - впервые более чем за 40 лет – официально объявить о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру гриппа A/H1N1. К выводу, что пандемия свиного гриппа может оказаться самой грандиозной коррупционной аферой нашего времени, пришли журналисты датской газеты Information, изучившие связи экспертов ВОЗ с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни.

ВОЗ, объявив пандемию свиного гриппа в мире, на первом этапе настоятельно рекомендовала всем странам использовать для борьбы с вирусом препарат "Тамифлю" швейцарского производства. Напомним, этот препарат вызвал нарекания в России из-за его возможных побочных эффектов. В то же время минздрав Украины обвинили в том, что он делает неоправданно масштабные закупки препарата "Тамифлю".

По мнению Баринова, Россия не может оставить без реакции обвинения в адрес ВОЗ. "Организацию подозревают в коррупции. Нам необходимо провести тщательное всестороннее расследование, прежде чем принимать какое-либо решение", - сказал он журналистам в пятницу. "Если информация подтвердится, в этом случае нужно ставить вопрос о целесообразности участия России в работе ВОЗ, вплоть до приостановления членства", - сказал он.

По его данным, Россия потратила на борьбу с новым вирусом более 4 миллиардов рублей, которые, как считает парламентарий, можно было бы расходовать на решение других актуальных проблем, сообщает РИА "Новости".

Баринов призвал начать расследование в ВОЗ через российского представителя в этой организации, члена исполнительного комитета ВОЗ Владимира Стародубова. "Заслуги ВОЗ в борьбе с малярией, оспой, ВИЧ/СПИД в 20 веке никто не ставит под сомнение, но сейчас надо выяснить, не поражена ли сама ВОЗ вирусом коррупции, насколько обоснованы ее рекомендации, можно ли ей беспрекословно доверять", - считает парламентарий.

В свою очередь главный государственный санитарный врач РФ, руководитель Роспотребнадзора Геннадий Онищенко, выступая в пятницу на межведомственном совещании в Генпрокуратуре РФ, посвященном соблюдению законодательства в сфере обращения лекарственных средств, тоже заявил о наличии сговора во время борьбы со свиным гриппом в мире.

"Одна уважаемая международная организация с самого начала взяла курс на маркетинг одного из препаратов, который не давал российским производителям позиционировать себя на рынке лекарств", - сказал он и отметил, что Россия "не позволила" создать "монополию", которая "навязывалась с помощью иностранных препаратов".

Впрочем, по многим заявлениям врачей, "Тамифлю" пока является единственным в мире препаратом, способным бороться со свиным гриппом. Однако ВОЗ подтвердила уже 39 случаев заражения вирусом, который оказался устойчивым к "Тамифлю".

Между тем число лабораторно подтвержденных случаев заражения гриппом A/H1N1 в мире, по официальным данным на 15 ноября, превысило 525 тысяч, 6750 заболевших скончались, сообщалось в опубликованном 20 ноября заявлении ВОЗ. В пресс-релизе отмечалось при этом, что, поскольку многие страны перестали вести индивидуальный учет случаев заражения гриппом A/H1N1, реальное число больных может значительно превышать цифру, представленную ВОЗ.

GZT.RU Новости
Воскресенье, 29 ноября 2009,

Юлия Котова

Генпрокуратура узнала о сговоре во Всемирной организации здравоохранения

GZT.ru, 27 ноября 2009, 16:42
https://web.archive.org/web/20091129015006/http://www.gzt.ru/topnews/world/274155.html

Россия может выйти из ВОЗ, если подтвердятся слухи, что пандемия гриппа A/H1N1 на самом деле – не более чем успешная пиар-акция.

Геннадий Онищенко обвинил ВОЗ в маркетинге одного из препаратов против гриппа A/H1N1. Тем временем в Госдуме говорят, что Россия может выйти из ВОЗ, если подтвердится, что пандемия свиного гриппа на самом деле - не более чем успешная пиар-акция.

Главный санитарный врач России и руководитель Роспотребнадзора Геннадий Онищенко, судя по всему, считает слухи о сговоре между Всемирной организацией здравоохранения (ВОЗ) и ведущими фармацевтическими компаниями вполне правдоподобными. «Одна уважаемая международная организация с самого начала взяла курс на маркетинг одного из препаратов, который не давал российским производителям позиционировать себя на рынке лекарств»,- заявил он 27 ноября на межведомственном совещании в Генпрокуратуре РФ, посвященном соблюдению законодательства в сфере обращения лекарственных средств.

Очевидно, речь идет о препарате «Тамифлю» швейцарского производства, который консультанты ВОЗ во всех странах настойчиво рекомендовали применять при первых симптомах заболевания. Онищенко, как передает РИА Новости, подчеркнул, что Россия не позволила создать «монополию», которая «навязывалась с помощью иностранных препаратов».

Слишком быстрая пандемия

О сговоре Всемирной организации здравоохранения и производителей лекарственных препаратов первой сообщила датская газета Dagbladet Information. В статье, опубликованной 17 ноября, сообщалось, консультанты ВОЗ, активно поддерживавшие идею массовой вакцинации, получали значительные вознаграждения за продвижение определенных препаратов. Одним из них был глава экспертной группы Альберт Остенхауз, известный как «доктор Флю». По утверждению датских журналистов, он сотрудничал сразу с несколькими фармацевтическими компаниями, производящими вакцины от свиного гриппа. Еще несколько консультантов ВОЗ помимо Остенхауза совмещали свою деятельность с работой в таких фармацевтических копаниях, как Roche, RW Johnson, SmithKline и Beecham Glaxo Wellcome.

Dagbladet Information также обратила внимание на стенограммы заседаний ВОЗ, состоявшихся 10 и 11 июня 2009 года и посвященных распространению свиного гриппа. В документах указывается, что на заседании присутствовали консультанты ВОЗ, министры, представители профессиональных медицинских ассоциаций и исследовательских институтов, а также некие «эксперты из международных организаций». Под этой формулировкой, как считают журналисты, скорее всего, скрываются представители фармацевтической промышленности.

Даже если на самом заседании они не имели права голоса, то неизвестно, о чем они говорили с руководством ВОЗ в кулуарах, пишет газета. По информации журналистов, на заседании совершенно точно присутствовали представители всех ведущих производителей вакцины от

свиного гриппа. Есть веские снования полагать, что именно они повлияли на то, что по итогам заседания ВОЗ впервые более чем за 40 лет официально объявила о введении пандемии гриппа A/H1N1.

«Фармацевтические компании получили заказы на изготовление вакцины со всего мира стоимостью 55 млрд долларов. Эти громадные средства использовались для вакцинации против заболевания, которое не кажется особенно опасным,- и в любом случае гораздо менее смертоносным, чем обычный сезонный грипп»,- говорится в статье. По мнению журналистов, весьма значительная доля этих средств досталась тем, кто добился введения пандемии свиного гриппа.

Нидерланды проверят «доктора Флю»

Информация о возможной договоренности между ВОЗ и производителями уже вызвала реакцию в Европе. Те же датские журналисты призывают правительство взять на себя инициативу и вывести мошенников на чистую воду. Сама Дания потратила на вакцину от гриппа A/H1N1 162 млн долларов.

А правительство Нидерландов сообщило, что намерено экстренно расследовать деятельность Альберта Остенхауза по подозрениям в финансовой заинтересованности в пропаганде вакцинацию против гриппа.

Россия обойдется без ВОЗ

Россия также не может оставить без реакции обвинения в адрес ВОЗ, но прежде чем принимать какое-либо решение необходимо провести тщательное всестороннее расследование. Об этом в пятницу заявил член комиссии Госдумы по законодательному обеспечению противодействия коррупции Игорь Баринов. По его словам, в случае, если информация о сговоре подтвердится, Россия может поставить вопрос о целесообразности своего участия в работе ВОЗ, вплоть до приостановления членства в организации.

«Заслуги ВОЗ в борьбе с малярией, оспой, ВИЧ/СПИД в 20 веке никто не ставит под сомнение, но сейчас надо выяснить, не поражена ли сама ВОЗ вирусом коррупции, насколько обоснованы ее рекомендации, можно ли ей беспрекословно доверять»,- отметил депутат. Те 4 млрд рублей, которые Россия потратила на борьбу с новым вирусом, можно было бы расходовать на решение других актуальных проблем, добавил он.

КОММУНИСТИЧЕСКАЯ ПАРТИЯ
РОССИЙСКОЙ ФЕДЕРАЦИИ

Еще одна грязная афера капитала: «свиной грипп» немыслимо обогатил крупные кампании

КПРФ / KPRF, 27 ноября 2009, 23:27
https://kprf.ru/international/73388.html

Появившиеся в западных СМИ сообщения о коррупционном сговоре Всемирной организации здравоохранения (ВОЗ) с фармацевтическими компаниями необходимо проверить, в случае подтверждения этих данных Россия может приостановить свое членство в организации, считает член комиссии Госдумы по законодательному обеспечению противодействия коррупции Игорь Баринов.

См. выше: https://ria.ru/20091127/195797321.html

Согласно сообщениям некоторых СМИ, консультанты ВОЗ получали деньги от фармацевтических компаний, что могло повлиять на решение организации - впервые более чем за 40 лет - официально объявить о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру гриппа A/H1N1. К выводу, что пандемия свиного гриппа может оказаться самой грандиозной коррупционной аферой нашего времени, пришли журналисты датской газеты Information, изучившие связи экспертов ВОЗ с ведущими мировыми фармацевтическими компаниями, обогатившимися на продаже препаратов против этой болезни.

...

Между тем число лабораторно подтвержденных случаев заражения гриппом A/H1N1 в мире, по официальным данным на 15 ноября, превысило 525 тысяч, 6750 заболевших скончались, сообщалось в опубликованном 20 ноября заявлении ВОЗ. В пресс-релизе отмечалось при этом, что, поскольку многие страны перестали вести индивидуальный учет случаев заражения гриппом A/H1N1, реальное число больных может значительно превышать цифру, представленную ВОЗ.

THE FLU CASE

La Russie pourrait suspendre son adhésion à l'OMS

The Flu Case, 28 novembre 2009, 09h54

https://web.archive.org/web/20100102035628/http://theflucase.com/index.php?option=com_content&view=article&id=2100%3Arussia-could-withdraw-from-who-over-swine-flu-corruption&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Grippe A: un député de «Russie unie» demande que la Russie suspende son adhésion à l'OMS (newsru.com 28-11-2009)

Article repris sur le site du KPRF sous le titre: Encore un sale coup des capitalistes, ou comment les laboratoires pharmaceutiques se font une fortune grâce à la «grippe porcine»

Il est absolument urgent de vérifier les informations parues dans les médias occidentaux sur la collusion présumée entre l'organisation mondiale de la santé (OMS) et les compagnies pharmaceutiques. Si ces soupçons étaient confirmés, la Russie pourrait suspendre son adhésion à l'organisation, déclare Igor Barinov, membre de la commission de la douma d'État en charge des affaires de corruption.

D'après certaines sources, les experts de l'OMS ont reçu de l'argent des compagnies pharmaceutiques, et c'est ce qui aurait conduit cette organisation, pour la première fois depuis plus de 40 ans, à déclarer officiellement le niveau six d'alerte de pandémie en rapport avec la diffusion mondiale rapide de la grippe A/H1N1. Ce sont des journalistes du journal danois Information qui, après avoir étudié les liens des experts de l'OMS avec les grandes compagnies pharmaceutiques mondiales, en ont conclu que la pandémie de grippe porcine pourrait être l'affaire de corruption la plus grandiose de notre époque.

L'OMS, après avoir déclaré l'état de pandémie de grippe porcine dans le monde, a dans une première étape recommandé fortement à tous les pays d'utiliser dans la lutte contre le virus le produit Tamiflu des laboratoires suisses. Rappelons que ce produit a suscité des critiques en Russie à cause de ses effets secondaires possibles. En même temps, le ministère de la santé ukrainien a été accusé de faire des achats excessifs et injustifiés de Tamiflu.

D'après Barinov, la Russie ne peut rester indifférente aux accusations portées contre l'OMS. «L'organisation est suspectée de corruption. Nous devons absolument mener une enquête minutieuse avant de prendre toute décision» - a-t-il déclaré vendredi aux journalistes. «Si l'information est confirmée, nous devrons poser la question du bien-fondé de la participation de la Russie de l'OMS, et le cas échéant suspendre notre adhésion».

D'après les chiffres qu'il cite, la Russie a dépensé pour la lutte contre le nouveau virus plus de 4 milliards de roubles, qui, selon le député, auraient pu être dépensés à meilleur escient, annonce RIA Novosti.

Barinov a suggéré de faire mener l'enquête à l'OMS par le représentant russe dans cette organisation, le membre du comité exécutif de l'OMS Vladimir Starodoubov. «Personne ne remet en cause les services rendus au XXe siècle par l'OMS dans la lutte contre la malaria, la variole, le sida, mais aujourd'hui il faut se demander si cette organisation n'est pas frappée elle-même par le virus de la corruption, et dans quelle mesure ces recommandations sont fondées, dans quelle mesure on peut lui faire confiance» - estime le député.

De son côté, le directeur de l'institut de veille sanitaire Guennadi Onichtchenko, prenant la parole vendredi à une conférence du parquet général de la fédération de Russie consacrée au respect de la législation dans le domaine pharmaceutique, a déclaré lui aussi que la lutte contre la grippe porcine dans le monde prend l'allure d'un complot.

THE FLU CASE

Russia Could withdraw from WHO over Swine Flu Corruption

The Flu Case, 28 November 2009

https://web.archive.org/web/20100102035628/http://theflucase.com/index.php?option=com_content&view=article&id=2100%3Arussia-could-withdraw-from-who-over-swine-flu-corruption&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A Russian deputy of the Duma has called for Russia to withdraw from the WHO if an investigation into the alleged collusion between the WHO and pharmaceutical companies on the swine flu scandal proves to be accurate, according to reports in the European media.

Igor Barinov, Member of the Commission of the State Parliament (Duma) in Charge of Corruption, said that there needed to be an investigation into whether experts advising WHO received money from pharmaceutical industry and whether this influenced WHO to declare a pandemic level 6 emergency for the first time in 40 years in spite of the fact that the swine flu is neither lethal nor spreading rapidly.

Danish journalists belonging to "Information" concluded that the swine flu could be the biggest case of corruption in our era after examining links between experts of WHO and the pharmaceutical companies.

WHO recommended the purchase of the controversial Swiss-based Roche’s Tamilfu in spite of evidence the drug causes serious side effects. The Ukrainian ministry for health bought large and excessive stocks of Tamiflu.

"The organization is suspected of corruption. We certainly must carry out a meticulous inquiry before making any decision," Barinov declared on Friday to journalists.

"If the information is confirmed, we will have to put the question of whether it makes sense for Russia to belong to WHO, and to suspend our membership if necessary".

Russia has spent more than 4 billion roubles so far on the swine flu.

Barinov suggested making the head of the investigation of WHO, the Russian representative in this organization, the member of the executive committee of WHO, Vladimir Starodoubov.

"Nobody calls into question the services rendered in the 20th century by WHO in the fight against the malaria, AIDS, but today it should asked whether this organization is not struck itself by the virus of corruption, and up to what point these recommendations are founded, up to what point can we trust it," said Barinov.

The director of the Russian National Sanitary Surveillance Institute Guennadi Onichtchenko said in a meeting with the general prosecutor of the federation of Russia for legislation in the pharmaceutical field that the fight against the swine flu in the world has the characteristics of a plot.

There is also mounting evidence WHO was instrumental in spreading AIDs.

Svenska Dagbladet

Inger Atterstam

Experter samarbetar med industrin

Svenska Dagbladet, 30 november 2009, 01.00.
http://www.svd.se/nyheter/inrikes/artikel_3866171.svd

Pandemi. Rader med experter hjälper WHO att hantera hotet från svininfluensan. Men flera av rådgivarna har kopplingar till läkemedels-industrin, visar SvD:s granskning. Kommittén som ger råd om själva pandemin är hemlig.

Genève/Stockholm.

En central grupp sedan svininfluensans utbrott i våras är WHO:s "Emergency Committe". Baserat på information från denna kriskommittée har WHO:s generaldirektör Margaret Chan fattat beslut om olika pandeminivåer.
Efter kommitténs fjärde möte den elfte juni 2009 drog Margaret Chan slutsatsen att kriterierna för en pandemi uppfyllts.
"Efter rådgivning från kriskommittén beslutar WHO:s generaldirektör Margaret Chan att gå från fas fem till sex", skrev WHO i ett pressmeddelande.
"WHO har nu nära dialog med tillverkare av influensavaccin, och full kapacitet ska snart vara uppnådd för att försäkra största möjliga tillgång till pandemivaccin inom de närmaste månaderna", hette det vidare.

Vad är denna kriskommitté vars slutsatser ligger bakom pandemibeslutet som också utlöste storskalig vaccinproduktion?
– Kommittén sammankallas av WHOs generaldirektör vid behov för att ge råd om internationella sjukdomsutbrott. De träffades första gången 25 april i år. Kommittén består av 18 medlemmar och är enbart rådgivande, säger Gregory Hartl, talesman för svininfluensan vid WHO.
Han betonar att WHO-chefen får råd från världens främsta hälsoexperter genom kommittén, men att beslutet att deklarera en pandemi "helt och hållet är hennes eget".

Vilka är medlemmarna i kommittén?
– Namnen på medlemmarna i kommittén är hemliga. Man vill inte att de ska kunna utsättas för påtryckningar utifrån. De är valda utifrån sina expertkunskaper om influensa, virusspridning och sjukdomskontroll, säger Hartl.

Varför är namnen hemliga? Vilka slags påtryckningar riskerar medlemmarna?
– Jag kan inte gå in på det. Men det viktiga är att medlemmarna i kommittén inte behöver ta hänsyn till någon eller någonting utanför kommittén i sin rådgivning till WHO:s generaldirektör, säger Gregory Hartl.

Har någon medlem i kommittén koppling till eller samarbete med läkemedelsindustrin?
– Jag vet inte vilka medlemmarna är. Jag tror att kontroller görs om de har kopplingar till läkemedelsindustrin.

Bör inte WHO vara transparent när det gäller hur beslut fattas om sjukdomar som berör miljontals människor?

– I kampen mot denna epidemi måste man samarbeta med många parter. Det inkluderar regeringar, frivilligorganisationer och läkemedelsindustrin. Vi måste hitta de bästa lösningarna för att skydda människors liv. Att rädda liv är allra viktigast för oss, säger Gregory Hartl.

Han tillägger att "vi frågar om intressekonflikter och får uppgifter om detta".
Han säger också att det finns flera kommittéer som ger råd om olika aspekter kring svininfluensan och hur man kan bekämpa den.
– Dessa kommittéer undviker intressekonflikter, säger han.

Men en titt på dessa kommittér visar att det inte alltid stämmer. När det gäller influensa och vaccin har WHO bland annat Sage-kommittén samt Ad hoc Policy Advisary Working Group on Influenza A (H1N1) till hjälp.

Tre av Sages femton medlemmar har kontakter med läkemedelsindustrin. Bland annat har de fått pengar och stöd av de ledande vaccinföretagen.

Två oberoende externa experter på Sages möten i Genève har av den danska tidningen Information avslöjats ha fått rådgivarpengar från läkemedelsföretag (se grafik under artikeln).

I Ad Hoc-kommittén sitter också som oberoende expert en professor och världsledande virusforskare som fått kritik i tidskriften Science för att han äger två bioteknikföretag som jobbar med influensavaccin.

När det gäller beslutet att deklarera en pandemi har dock vare sig Ad Hoc-kommittén eller Sage "spelat någon som helst roll", säger Gregory Hartl.

– Margaret Chan kan bara ta rådgivning av kriskommittén och medlemsländerna. Men beslutet om en pandemi är enbart hennes, säger han.

THE FLU CASE

Inger Atterstam

Swine Flu Gate: Is Virologist Albert Osterhaus the Ringleader?

The Flu Case, 3 December, 12:56

https://web.archive.org/web/20100102041114/http://theflucase.com/index.php?option=com_content&view=article&id=2171%3Aswine-flu-gate-is-virologist-albert-osterhaus-the-ringleader&catid=1%3Alatest-news&Itemid=64&lang=en

According to Russian, Danish and now Swedish newspapers, the Svenska Dagbladet, many of the "independent experts" who sit on important WHO committees and who were instrumental in the fake swine flu scare have financial links with the pharmaceutical industry that stand to make billions from the scam.

Albert Osterhaus, a professor for virologie at Erasmus University in The Netherlands, and a key advisor of WHO and EU, is under investigation for having concealed slush funds from pharmaceutical companies, according to Polskaweb.

Polskaweb reports a Dutch parliamentary committee of inquiry has been launched into the connection between the large sums of money paid by big pharma into Osterhaus' private bank accounts and his role in ratcheting up the swine flu scare to allow a pandemic level 6 declaration – something which, in turn, has allowed big pharma to reap huge profits through the sale of toxic pandemic vaccines.

Osterhaus also played a leading role in creating the bird flu scare by maintaining that he had proved that the bird flu virus could be transmitted to humans.

The bird flu alarmism resulted in health minister pushing through pandemic plans that strip people of their constitutional rights and also to profits of 100 million euros for Roche.

But Osterhaus appears to have financial links not just to Roche but also to GSK, Aventis and Baxter.

The Dutch investigation is being extended to health officials, politicans, doctors and journalists.

According to Polskaweb, big pharma has earned 40 billion dollars already from the swine flu scam.

By putting mercury and squalene into the swine flu jab, WHO and big pharma have shown, however, that their intention was to do more than just earn huge amounts of money by staging a fake pandemic using massaged data and skewed scientific evidence.

The dangerous ingredients in the jab prove that their intention was to cause damage and death.

Danish journalists have also looked at the role of Dr. Frederick Hayden, an advisor of WHO and in charge of the special strategic group (LEGEND) which in July floated the plan of giving every person in the world two doses of the swine flu jab.

Hayden is allegedly on the payroll of Roche, RW Johnson, SmithKline Beecham and Glaxo Wellcome.

Other "experts" who appear to be pushing junk science or even actively looking for virulent genes in the Swine Flu Gate, are John Oxford and Bruno Lina.

Both of these play leading roles in WHO and the EU.

As Climate Gate and now Swine Flu Gate show, the UN, WHO and EU are operating as criminal enterprises and they need to be called to account.

PharmaTimes online

Katrina Megget

Swine flu labelled a conspiracy

PharmaTime, 2 December 2009
https://pharmatimes.com/news/swine_flu_labelled_a_conspiracy_984175/

The swine flu pandemic has been named as the "most ambitious scam and corruption of our time" after pharma has been found to be in bed with the World Health Organisation.

Journalists from Denmark have reported links between the World Health Organisation and pharmaceutical companies where firms have been covertly paying top WHO scientists. In the meantime, pharma profits from flu drugs have soared.

The journalists from the newspaper *Information* claim the public and political hysteria to swine flu is a result of an efficient public relations campaign, spearheaded by the WHO experts that have been prejudiced by pharma's ready cash.

The lead target in the allegations is Dutch doctor Albert Ostenhaus, who has promoted the need for vaccinations through the WHO and the media and headed a panel that advised the WHO to announce that swine flu had reached pandemic level. Reports claim Ostenhaus is paid by several vaccine manufacturers and the Netherlands government is believed to be investigating his activities.

Other WHO advisors are understood to also advise big pharma and have been allegedly concealing their pharma-funded salaries.

Meanwhile, further questions have been raised about the WHO's independence over the H1N1 flu virus after various documents found medicines and vaccinations were mentioned more than 40 times while traditional hand washing and the use of masks to combat the disease were only mentioned twice.

The pharma industry is expected to make between seven and 10 billion euros in 2009 from the sales of swine flu related drugs, according to JP Morgan.

Polskaweb News

Tötet der H1N1- Impfstoff?
Russland droht WHO

PolskaWeb News, 5 December 2009
https://web.archive.org/web/20091215032125/http://polskaweb.eu/index2.php?option=com_content&task=view&id=3013&pop=1&page=0&Itemid=419

Russland fordert Untersuchung wegen Korruptionsverdacht bei WHO Berlin - Jeder ist in erster Linie für seine Gesundheit selbst verantwortlich, doch viele Menschen sind gezwungen diese Verantwortung auch für andere zu übernehmen. Kinder oder ältere Leute zum Beispiel die nicht selbst entscheiden können oder wollen sind somit ihren Erziehungsberechtigten oder einem Arzt voll ausgeliefert, wenn es um die möglicherweise tödlichen Folgen von Impfungen gegen den Schweinegrippe- Virus (H1N1) geht. Wir warnen diesbezüglich dringendst vor übereilten Entscheidungen für sich und andere, denn die bis jetzt bekannten Grippemittel scheinen weder sicher noch hilfreich zu sein und ihre Hersteller stehen international bereits unter Korruptionsverdacht. Heute sind wieder Menschen in Deutschland nach Impfungen mit Pandemrix gestorben, ebenso in Italien und Slowenien und wahrscheinlich auch vielen anderen Ländern. In Dänemark, Holland, Russland und Polen ermitteln Journalisten und Politiker bereits gegen mögliche Verantwortliche einer nicht mehr auszuschliessenden gigantischen Verschwörung und Korruption.

Warnung vor Behörden, Instituten und Medien

Meldungen der Weltgesundheitsorganisation WHO, Gesundheitsämtern, Einrichtungen wie dem Robert-Koch- und Paul-Ehrlich-Institut sowie Medien wie z.B. Bild-Zeitung, Welt, Focus, Rheinische Post und selbst der ARD- Tageschau sollten Sie nicht blind vertrauen, denn durch ihre anhaltende Panikmache bez. der dubiosen Schweingrippe, stehen sie gleichfalls unter Verdacht Gelder von den Produzenten der Impfstoffe erhalten zu haben. Es ist definitv gelogen, dass Impfstoffe knapp seien und es deshalb Wartelisten gebe, die Impfung gegen Schweinegrippe völlig harmlos sei und die Grippe dagegen gefährlich. Es ist sogar nicht auszuschliessen, dass in Deutschland bereits mehr Menschen durch Impfungen starben als an den Folgen einer dubiosen Schweinegrippe. Die großen Pharma-Produzenten pflegen nur ca. 11 Prozent ihres Umsatzes in die Forschung zu stecken, aber 37 % in die PR für ihre Produkte. Selbst Milliarden Bestechungsgelder könnten somit bereits geflossen sein.

Drohungen aus Russland gegen die WHO

Während in Russland die Ausbreitung einer Grippeepidemie bereits unter Kontrolle der Gesundheitsbehörden zu sein scheint und die Zahlen der Erkrankten zurückgehen, sind jetzt auch hier die WHO und die Pharmaindustrie unter Korruptionsverdacht geraten. Beide versuchen schon seit Monaten gemeinsam, mittels "druckvollen Empfehlungen", Moskau zum Kauf des Anti-Virus-Präparates Tamiflu des schweizer Arzneimittelherstellers "Roche" zu bringen. Die russische Regierung hat aber, ebenso wie schon früher die polnische Gesundheitsministerin Kopacz, Bedenken gegen die angebliche Gefahr der Schweinegrippe geäussert und alle diesbezüglichen Gegenmittel folgerichtig in Frage gestellt.

Russland fordert internationale Untersuchung

Der Dumaabgeordnete und Vorsitzende des russischen Gesundheitsausschusses Igor Barinow hat den ständigen Vertreter Russlands bei der WHO angewiesen, Ermittlungen in Zusammenhang mit den sich mehrenden Korruptionsvorwürfen gegen die Organisation und der Pharmaindustrie anzustellen. "Es gibt schwerwiegende Vorwürfe wegen Korruption innerhalb der WHO. Eine internationale Untersuchung hierzu ist unabdinglich. Wir haben bereits 4 Milliarden Rubel im Kampf gegen die neue Grippe ausgegeben, dieses Geld hätte für wesentlich dringlichere Probleme ausgegeben werden können. Wenn sich derartige Vorwürfe von Verschwörung und Korruption bestätigen, könnte dies auch einen Austritt Russlands aus der WHO bedeuten" - sagte Barinow am Freitag und fügte hinzu, dass niemand an der Stichhaltigkeit der WHO im Kampf gegen Malaria, Pocken und HIV im zwanzigsten Jahrhundert zweifele, doch jetzt aber müsse geklärt werden, ob die Organisation selbst nicht mit Korrupten Subjekten infiziert sei.

"Polskaweb News" macht die Welt schon seit Monaten auf Ungereimtheiten um die Schweinegrippe aufmerksam. Leider werden die Behörden aber wieder erst reagieren wenn den Tätern ausreichend Zeit gelassen wurde, ihre Verbrechen zu verschleiern und Beweise zu vernichten. Lesen Sie hier mehr über die dubiosen Ereignisse um die angebliche tödliche Seuche (Bild-Zeitung).

FINANCIAL SENSE EDITORIALS
Uncommon News & Views for the Wise investor

F. William Engdahl

WHO 'Swine Flu Pope' under investigation for gross conflict of interest

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https://web.archive.org/web/20100106000416/http://financialsense.com/editorials/engdahl/2009/1208.html
https://www.voltairenet.org/article163240.html

The man with the nickname "Dr Flu", Professor Albert Osterhaus, of the Erasmus University in Rotterdam Holland has been named by Dutch media researchers as the person at the center of the worldwide Swine Flu H1N1 Influenza A 2009 pandemic hysteria. Not only is Osterhaus the connecting person in an international network that has been described as the Pharma Mafia, he is THE key advisor to WHO on influenza and is intimately positioned to personally profit from the billions of euros in vaccines allegedly aimed at H1N1.

Earlier this year the Second Chamber of the Netherlands Parliament undertook an investigation into alleged conflicts of interest and financial improprieties of the well-known Dr. Osterhaus. Outside of Holland and the Dutch media, the only note of the sensational investigation into Osterhaus' business affairs came in a tiny note in the respected British magazine, *Science*.

Osterhaus's credentials and expertise in his field were not in question. What is in question, according to a short report published by the journal *Science*, are his links to corporate interests that stand to potentially profit from the swine flu pandemic. *Science* carried the following brief note in its October 16, 2009 issue about Osterhaus:

"For the past 6 months, one could barely switch on the television in the Netherlands without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development. As *Science* went to press, the Dutch House of Representatives had even slated an emergency debate about the matter." [1]

On November 3, 2009 it appeared that Osterhaus emerged with at least the damage somewhat under control. An updated *Science* blog noted, "The House of Representatives of the Netherlands today rejected a motion asking the government to sever all ties with virologist Albert Osterhaus of Erasmus Medical Center in Rotterdam, who had been accused of conflicts of interest in his role as a government adviser. But Dutch health minister Ab Klink, meanwhile, announced a "Sunshine Act" compelling scientists to disclose their financial ties to companies." [2]

The Minister, Ab Klink, reportedly a personal friend of Osterhaus, [3] subsequently issued a statement on the ministry's website, claiming that Osterhaus was but one of many scientific advisers to the ministry on vaccines for H1N1, and that the Ministry "knew" about the financial interests of Osterhaus. [4] Nothing out of the ordinary, merely pursuit of science and public health, so it seemed.

More careful investigation into the Osterhaus Affair suggests that the world-renowned Dutch Virologist may be at the very center of a multi-billion Euro pandemic fraud which has used human beings in effect as human guinea pigs with untested vaccines and in cases now emerging, resulting in deaths or severe bodily paralysis or injury.

The 'Bird Shit Hoax'

Albert Osterhaus is no small fish. He stands at the global nexus of every major virus panic of the past decade from the mysterious SARS deaths in HongKong, where current WHO Director Margaret Chan got her start in her career as a local health official. According to his official bio at the European Commission, Osterhaus was engaged in April 2003, at the height of the panic over SARS (Severe Acquired Respiratory Syndrome) in investigation of the Hong Kong outbreak of respiratory illnesses. The EU report states, "he again showed his skill at moving fast to tackle a serious problem. Within three weeks he had proved that the disease was caused by a newly discovered coronavirus that resides in civet cats, other carnivorous animals or bats." [5]

Then Osterhaus moved on as SARS cases vanished from view, this time publicizing dangers of what he claimed was H5N1 Avian Flu. In 1997 he had already began sounding the alarm following the death in Hong Kong of a three-year-old who Osterhaus learned had had direct contact with birds. Osterhaus went into high gear lobbying across Holland and Europe claiming that a deadly new mutation of avian flu had jumped to humans and that drastic measures were required. He claimed to be the first scientist in the world to show that H5N1 could be transferred into humans. [6]

In a BBC interview in October 2005 on the danger of Avian Flu, Osterhaus declared, "…if the virus manages indeed to, to mutate itself in such a way that it can transmit from human to human, then we have a completely different situation, we might be at the start of the pandemic." He added, "there is a real chance that this virus could be trafficked by the birds all the way to Europe. There is a real risk, but nobody can estimate the risk at this moment, because we haven't done the experiments." [7] It never did manage to mutate, but he was ready to "do the experiments," presumably for a hefty fee.

To bolster his frightening pandemic scenario, Osterhaus and his lab assistants in Rotterdam began assiduously assembling and freezing samples of, well, bird shit, in an attempt to build a more scientific argument. He claimed that at certain times of the year up to 30% of all European birds acted as carriers of the deadly avian virus, H5N1. He also claimed that farmers working with hens and chickens were then exposed. Osterhaus briefed journalists who dutifully noted his alarm. Politicians were alerted. He wrote papers proposing that the far away deaths in Asia from what he termed H5N1 were coming to Europe, presumably on the wings or in the innards of deadly sick infected birds. He claimed that migratory birds were carrying the deadly new disease as far west as Rügen and Ukraine. [8] He conveniently ignored the fact that birds do not migrate east to west but rather north to south.

Osterhaus' Avian Flu alarm campaign really took off in 2003 when a Dutch veterinary doctor became ill and died. Osterhaus claimed the death was from H5N1. He convinced the Dutch government to order slaughter of millions of chickens. Yet no other infected persons died from the alleged H5N1. Osterhaus claimed that that was simply proof of the effectiveness of the preemptive slaughter campaign. [9]

Osterhaus claimed that bird feces were the source, via air bombardment or droppings, onto populations and birds below. That was the vehicle for the spread of the deadly new Asian strain of H5N1 he insisted.

There was only one problem with the now voluminous frozen samples of diverse bird excrement he and his associates had collected and frozen at his institute. There was not one single confirmed example of H5N1 virus found in any of his samples. At a May 2006 Congress of the World Organization for Animal Health (OIE), Osterhaus and his Erasmus colleagues were forced to admit that in testing 100,000 samples of their assiduously saved bird feces, they had discovered not one single case of H5N1 virus. [10]

At a WHO conference in Verona in 2008 titled "Avian influenza at the Human-Animal Interface," in a presentation to scientific colleagues undoubtedly less impressed by appeals to pandemic emotion than the non-scientific public, Osterhaus admitted that "A proper risk assessment of H5N1 as the cause of a new pandemic cannot be made with the currently available information." [11] By then, however, his sights were already firmly on other possible pandemic triggers to focus his vaccination activities.

Swine Flu and WHO corruption

When no mass wave of human deaths from Avian Flu materialized and after Roche, maker of Tamiflu, and GlaxoSmithKline had banked billions of dollars in profits from worldwide government stockpiling of their dangerous and reportedly ineffective antiviral drugs - Tamiflu by Roche and Relenza by GlaxoSmithKline - Osterhaus and other WHO advisers turned to other greener pastures.

By April 2009 their search seemed rewarded as La Gloria, a small Mexican village in Veracruz, reported a case of a small child ill with what had been diagnosed as "Swine Flu" or H1N1. With indecent haste the propaganda apparatus of the World Health Organization in Geneva went into gear with statements from the director-general Dr Margaret Chan, about a possible danger of a global pandemic.

Chan made such irresponsible statements as declaring "a public health emergency of international concern." [12] The further cases of outbreak at La Gloria Mexico were reported on one medical website as, "a ‘strange’ outbreak of acute respiratory infection, which led to bronchial pneumonia in some pediatric cases. According to a local resident, symptoms included fever, severe cough, and large amounts of phlegm." [13]

Notably those were symptoms which would make sense in terms of the proximity of one of the world’s largest pig industrial feeding concentrations at La Gloria owned by Smithfield Farms of the USA. Residents had picketed the Smithfield Farms site in Mexico for months complaining of severe respiratory problems from the fecal waste lagoons. That possible cause of the diseases in La Gloria apparently did not interest Osterhaus and his colleagues advising the WHO. The long-awaited "pandemic" that Osterhaus had predicted ever since his involvement with SARS in the Guandgong Province of China in 2003, was now finally at hand.

On June 11, 2009 Margaret Chan of WHO made the declaration of a Phase 6 "Pandemic Emergency" regarding the spread of H1N1 Influenza. Curiously in announcing it, she noted, "On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment." She then added, "Worldwide, the number of deaths is small…we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections."

It later was learned that Chan acted, following heated debates inside WHO, on the advice of the scientific advisory group of WHO, or SAGE, the Strategic Advisory Group of Experts. One of the members of SAGE at the time and today was Dr. Albert "Mr Flu" Osterhaus.

Not only was Osterhaus in a key position to advocate the panic-inducing WHO "Pandemic emergency" declaration. He was also chairman of the leading private European Scientific Working group on Influenza (ESWI), which describes itself as a "multidisciplinary group of key opinion leaders in influenza [that] aims to combat the impact of epidemic and pandemic influenza." Osterhaus’ ESWI is the vital link as they themselves describe it, "between the World Health Organization (WHO) in Geneva, the Robert Koch Institute in Berlin and the University of Connecticut, USA."

What is more significant about the ESWI is that its work is entirely financed by the same pharma mafia companies that make billions on the pandemic emergency as governments around the world are compelled to buy and stockpile vaccines on declaration of a WHO Pandemic. The funders of ESWI include H1N1 vaccine maker Novartis, Tamiflu distributor, Hofmann-La Roche, Baxter Vaccines, MedImmune, GlaxoSmithKline, Sanofi Pasteur and others.

Not to lose the point, the world-leading virologist, official adviser on H1N1 to the governments of the UK and Holland, Dr Albert Osterhaus, head of the Department of Virology at the Erasmus Medical College of Rotterdam, also sat on the WHO’s elite SAGE and served as chairman at the same time of the pharma industry-sponsored ESWI, which in turn urged dramatic steps to vaccinate the world against the grave danger of a new Pandemic they insisted could rival the feared 1918 Spanish Flu pandemic.

The Wall Street bank, JP Morgan, estimated that in large part as a result of the WHO pandemic decision, the giant pharma firms that also finance Osterhaus' ESWI work, stand to reap some €7.5 to €10 billion in profits. [14]

A fellow member of WHO's SAGE is Dr Frederick Hayden, of Britain's Wellcome Trust and reportedly a close friend of Osterhaus. Hayden also receives money for "advisory" services from Roche and GlaxoSmithKline among other pharma giants involved in producing products related to the H1N1 panic.

Chairman of WHO's SAGE is another British scientist, Prof. David Salisbury of the UK Department of Health. He also heads the WHO H1N1 Advisory Group. Salisbury is a robust defender of the pharma industry. He has been accused by UK citizen health group One Click of covering up the proven links between vaccines and an explosive rise in infant autism as well as links between the vaccine Gardasil and palsy and even death. [15]

Then on September 28, 2009 the same Salisbury stated, "There is a very clear view in the scientific community that there is no risk from the inclusion of Thiomersal." The vaccine being used for H1N1 in Britain is primarily produced by GlaxoSmithKlilne. It contains the mercury preservative Thiomersol. Because of growing evidence that Thiomersol in vaccines might be related to autism in children in the United States, in 1999 the American Academy of Pediatrics and the US Public Health Service called for it to be removed from vaccines. [16]

Yet another SAGE member at WHO with intimate financial ties to the vaccine makers that benefit from SAGE's recommendations to WHO is Dr. Arnold Monto, a paid consultant to vaccine maker MedImmune, Glaxo and ViroPharma.

Even more, the meetings of the "independent" scientists of SAGE are attended by "observers" who include, yes, the very vaccine producers GlaxoSmithKline, Novartis, Baxter and company. One might ask if the SAGE are supposed to be the world's leading experts on flu and vaccines, why they would ask the vaccine makers to sit in.

In the past decade the WHO, in order to boost funds at its disposal entered into what it calls "public private partnerships." Instead of receiving its funds solely from member United Nations governments as its original purpose had been, WHO today receives almost double its normal UN budget in the form of grants and financial support from private industry. The industry? The very drug and vaccine makers who benefit from decisions like the June 2009 H1N1 Pandemic emergency declaration. As the main financiers of the WHO bureaucracy, naturally the Pharma Mafia and their friends receive what has been called "open door red carpet treatment" in Geneva. [17]

In an interview with *Der Spiegel* magazine in Germany, epidemiologist Dr. Tom Jefferson of the Cochrane Collaboration, an organization of independent scientists evaluating all flu related studies, noted the implications of the privatization of WHO and the commercialization of health:

"…one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur.

Spiegel: Who do you mean? The World Health Organization (WHO)?

Jefferson: The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding... [18]

When asked if the WHO had deliberately declared the Pandemic Emergency in order to create a huge market for H1N1 vaccines and drugs, Jefferson replied,

"Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." [19]

Conveniently enough, the WHO published the new Pandemic definition in April 2009 just in time to allow WHO, on advice of SAGE and others like Albert "Dr Flu" Osterhaus and David Salisbury, to declare the mild cases of flu dubbed H1N1 Influenza A to be declared Pandemic Emergency. [20]

In a relevant footnote, the *Washington Post* on December 8 in an article on the severity, or lack of same, of the world H1N1 "pandemic" reported that, "with the second wave of H1N1 infections having crested in the United States, leading epidemiologists are predicting that the pandemic could end up ranking as the mildest since modern medicine began documenting influenza outbreaks." [21]

Russian Parliamentarian and chairman of the Duma Health Committee, Igor Barinow has called on the Russian Representative to WHO in Geneva to order an official investigation into the growing evidence of massive corruption of the WHO by the pharmaceutical industry. "There are grave accusations of corruption within the WHO," said Barinow. "An international commission of inquiry is urgently required." [22]

[1] Martin Enserink, In "Holland, the Public Face of Flu Takes a Hit", *Science*, 16 October 2009: Vol. 326. no. 5951, pp. 350 – 351; DOI: 10.1126/science.326_350b.
[2] *Science*, November 3, 2009, "Roundup 11/3 The Brink Edition".
[3] Article from Dutch, "De Farma maffia Deel 1 Osterhaus BV", 28 november 2009.
[4] Ministerie van Volksgezondheid, Welzijn en Sport, "Financiële belangen Osterhaus waren bekend Nieuwsbericht", 30 september 2009.
[5] European Commission, "Research", Dr Albert Osterhaus.
[6] *Ibid*.
[7] Jane Corbin, Interview with Dr Albert Osterhaus, BBC Panorama, 4 October, 2005.
[8] Karin Steinberger, "Vogelgrippe: Der Mann mit der Vogelperspektive", *Süddeutsche Zeitung*, 20 October, 2005.
[9] *Ibid*.
[10] "Schweinegrippe—Geldgieriger Psychopath Auslöser der Pandemie?", Polskaweb News,
[11] Ab Osterhaus, "External factors influencing H5N1 mutation/reassortment events with pandemic potential", OIE, 7-9 October 2008, Verona, Italy. Download
[12] Health Advisory, Swine Flu Overview, April 2009.
[13] Biosurveillance, Swine Flu in Mexico- Timeline of Events, April 24, 2009.
[14] Cited in Louise Voller, Kristian Villesen, "Stærk lobbyisme bag WHO-beslutning om massevaccination" , Information, Copenhagen, 15 November 2009.
[15] Jane Bryant, et al, "The One Click Group Response: Prof. David Salisbury Threatens Legal Action", 4 March, 2009, Download.
[16] Prof. David Salisbury cited in, "Swine flu vaccine to contain axed additive", *London Evening Standard* and *Gulf News*, 28 September 2009, accessed in .
[17] Bert Ehgartner, "Schwindel mit der Schweinegrippe Ist die Aufregung ein Coup der Pharmaindustrie?"
[18] Tom Jefferson, Interview with Epidemiologist Tom Jefferson: 'A Whole Industry Is Waiting For A Pandemic', *Der Spiegel,* 21 July 2009.
[19] *Ibid*.
[20] Louise Voller, Kristian Villesen, "Mystisk ændring af WHO's definition af en pandemi", Copenhagen Information, 15 November 2009.
[21] Rob Stein, "Flu Pandemic Could Be Mild", *Washington Post*, December 8, 2009.
[22] Polskanet, "Russland fordert internationale Untersuchung", 5 December 2009.

ВОЙНА и МИР

Уильям Ф. Энгдаль

Коррупция в ВОЗ и свиной грипп

Война и Мир, 12 декабря 2009
http://www.kunpendelek.ru/library/westmed/information/corruption/
(Перевод статьи) F. William Engdahl
WHO 'Swine Flu Pope' under investigation for gross conflict of interest
Voltairenet, 9 December 2009
https://www.voltairenet.org/article163240.html

Уильям Ф. Энгдаль*, автор книг «Столетие войны», «Семена разрушения» и готовящейся к выходу на русском языке новой книги «Полный спектр доминирования»*

Человек, известный всем, как **«Доктор Грипп»**, профессор Альберт Остерхаус из Университета Эразмуса в Роттердаме, Голландия, был в 2009 году назван голландскими медийными исследователями, как человек, стоящий в центре всемирной истерии по поводу пандемии свиного гриппа H_1N_1.

Остерхаус - не только связующее звено в международной сети, которую называют «фармамафией**»**, он также является ключевым советником **ВОЗ** по гриппу и занимает пост, на котором извлекает персональную прибыль от миллиардов евро, выделяемых на вакцинирование, якобы, против гриппа H_1N_1.

Ранее в этом году вторая палата парламента Нидерландов провела расследование предполагаемого конфликта интересов и финансовых нарушений хорошо известного доктора Остерхауса. За пределами Голландии и голландских СМИ единственное упоминание об этом сенсационном расследовании бизнеса Остерхауса было в крохотной заметке в авторитетном британском журнале *Science*.

Полномочия Остерхауса и опыт в его области не обсуждались. Обсуждались, согласно опубликованного в журнале *Science* краткого сообщения, его связи с корпоративными интересами, которые стоят за потенциальными прибылями от пандемии свиного гриппа. *Science* предоставил следующие краткие сведения об Остерхаусе в своём выпуске от 16 октября 2009:

«В течение прошлых 6 месяцев достаточно было только включить телевидение в Нидерландах, чтобы увидеть там знаменитого охотника за вирусами Альберта Остерхауса, говорящего о пандемии свиного гриппа. Или так казалось. Остерхаус, который управляет всемирно известной вирусной лабораторией в Медицинском центре Эразмуса, называют «мистером Грипп». Но на прошлой неделе его репутация рухнула после того, как были выдвинуты обвинения, что он **раздувал страх пандемии**, чтобы продвинуть свои собственные деловые интересы в развитии вакцины. Когда номер *Science* пошёл в печать, голландская палата представителей даже наметила чрезвычайные дебаты об этом вопросе».[1]

Но 3 ноября 2009 года стало известно, что Остерхаус вышел сухим из воды, оставив ситуацию под контролем. Как было отмечено в обновлённом блоге *Science*, «палата представителей Нидерландов сегодня отклонила ходатайство, предлагающее правительству разорвать все связи с вирусологом Альбертом Остерхаусом из Медицинского центра Эразмуса в Роттердаме, который был обвинён в конфликте интересов, находясь на посту советника правительства».[2]

Министр **Аб Клинк**, по слухам, **личный друг Остерхауса**,[3] впоследствии разместил заявление на сайте министерства, в котором заявил, что Остерхаус являлся лишь одним из многих научных советников Министерства по вопросу вакцинирования против гриппа H_1N_1, и что министерство «знает» о финансовых интересах Остерхауса.[4]

Как оказалось, ничего необычного, все достижения науки и здравоохранения на службу человеку.

Более тщательное расследование связей **Остерхауса** позволяет предположить, что всемирно известный голландский вирусолог может стоять в самом центре **пандемического мошенничества**, стоимостью несколько миллиардов евро, в процессе которого человек использовался в качестве подопытного кролика для непроверенной вакцины, что в некоторых случаях приводило к гибели людей, причинению тяжких телесных повреждений или параличу.

Мистификация «птичье дерьмо»

Альберт Остерхаус - не мелкая рыбёшка. Он стоит за всеми основными случаями паники последнего десятилетия, вызванными новыми вирусами, начиная с таинственных смертей от атипичной пневмонии в Гонконге, где **нынешняя директор ВОЗМаргарет Чен** начинала свою карьеру в качестве чиновника местного здравоохранения.

В соответствии с его официальной биографией, находящейся в Европейской комиссии, в самый разгар паники по поводу атипичной пневмонии в апреле 2003 года Остерхаус принимал участие в расследовании вспышки болезни в Гонконге. В докладе ЕС говорится следующее:

«...Он вновь показал своё умение быстро реагировать и принимать меры к решению серьёзной проблемы. В течение трёх недель он доказал, что болезнь была вызвана новым коронавирусом, который обнаружен у африканской циветты и других хищных животных или летучих мышей...».[5]

Затем Остерхаус перенес своё внимание на пропаганду смертельной опасности птичьего гриппа H_5N_1, поскольку тема с атипичной пневмонией уже исчезла из поля зрения, потеряв актуальность. В 1997 году он уже начал бить тревогу в связи со смертями в Гонконге нескольких человек, которые, как узнал Остерхаус, имели прямой контакт с птицами.

Остерхаус моментально перешёл к продвижению в правительствах Голландии и всей Европы утверждения о новой смертельной мутации птичьего гриппа, который передаётся людям, и необходимости принятия радикальных мер по этому поводу. Он, по утверждениям, является первым учёным в мире, который стал отстаивать точку зрения, что вирус H_5N_1 может передаваться человеку.[6]

В своём интервью *BBC* об опасности птичьего гриппа в октябре 2005 года Остерхаус заявил что: «...если вирус на самом деле мутировал таким образом, что он теперь может передаваться от человека к человеку, то мы имеем совершенно иную ситуацию, мы, возможно, стоим на пороге пандемии». Он добавил, что «есть реальный шанс, что этот вирус может быть принесён птицами в Европу. Существует реальный риск, но пока никто не может точно оценить его, потому что мы ещё не делали эксперименты».[7]

Вирус так и не смог мутировать, но он уже тогда был готов «делать эксперименты», предположительно, за огромные деньги.

Чтобы подтвердить свой страшный сценарий пандемии, Остерхаус и его лаборант в Роттердаме начали усердно собирать и замораживать образцы птичьего дерьма, пытаясь получить более научное обоснование. Он утверждал, что в определённое время года до 30% всех европейских птиц могут являться носителями смертельного вируса птичьего гриппа H_5N_1.

Он также утверждал, что фермеры, работающие с курами и цыплятами, находятся в группе риска. Остерхаус проинформировал об этом журналистов, которые послушно озвучили его тревогу. Политики были предупреждены.

Он высказал предположение, что смерти в далёкой Азии от вируса, который он назвал H_5N_1, могут быть принесены в Европу, предположительно, инфицированными птицами. Он утверждал, что перелётные птицы несли новое смертоносное заболевание на запад вплоть до Рюгена и Украины.[8]

Ему было удобно игнорировать тот факт, что птицы не мигрируют с востока на запад, а только с севера на юг.

Широкую кампанию по «продвижению» птичьего гриппа, Остерхаус начал в 2003 году, когда заболел и умер голландский ветеринарный врач. Остерхаус утверждал, что смерть наступила в результате заражения H_5N_1.

Он убеждал голландское правительство, что необходимо уничтожить миллионы кур. Однако, до сих пор ни один инфицированный не умер от предполагаемого H_5N_1. Остерхаус утверждал, что это оказалось подтверждением эффективности кампании по уничтожению кур.[9]

Остерхаус утверждал, что источником заболевания являлся птичий помёт, который перелётные птицы распространяли путём воздушных «бомбардировок» земли и птиц, летящих ниже. Этот способ был основным для распространения нового смертоносного азиатского штамма H_5N_1, настаивал он.

Была только одна проблема с обширной коллекцией замороженных образцов птичьих экскрементов, которые он и его подручные собрали и сохранили в своём институте. **Ни в одном образце** не было подтверждено наличие вируса H_5N_1.

В мае 2006 года на Конгрессе Всемирной организации здоровья животных Остерхаус и его коллеги, вынуждены были признать, что в 100 000 проверенных образцах старательно сохранённого птичьего кала они не обнаружили **ни одного случая** наличия вируса H_5N_1.[10]

На конференции ВОЗ в Вероне в 2008 году, носившей название «Птичий грипп у людей и животных», в презентации своим коллегам, несомненно, менее впечатлённым криками о пандемии, чем ненаучная общественность, Остерхаус признал, что «надлежащая оценка возможности H_5N_1 оказаться причиной возникновения новой пандемии не может быть сделана на основе имеющейся в настоящее время информации».[11]

К тому времени, однако, его внимание было уже сосредоточено на другой возможной причине пандемии, где можно было раскрыть свои возможности по вакцинации.

Свиной грипп и коррупция в ВОЗ

Поскольку волна массовых человеческих смертей от птичьего гриппа не стала реальностью, а *Roche* и *GlaxoSmithKline* уже вложили миллиарды долларов в производство своих неэффективных и зачастую опасных антивирусных препаратов (*Tamiflu* от компании *Roche*, и *Relenza* от *GlaxoSmithKline*) в надежде на государственные закупки в огромных масштабах, Остерхаус и другие советники ВОЗ обратили свои взоры на другие «зелёные пастбища».

К апрелю 2009 года их поиски, были вознаграждены, поскольку из *La Gloria*, небольшой деревни в мексиканском штате Веракрус, сообщили о случае заболевания маленького ребёнка, которому был поставлен диагноз «свиной грипп» или H_1N_1.

С непристойной поспешностью пропагандистский аппарат **В**семирной **О**рганизации **З**дравоохранения в Женеве сделал устами Генерального директора д-ра **Маргарет Чен** заявление о возможной опасности глобальной пандемии.

Чен сделала следующее безответственное заявление: «угроза общественному здравоохранению, имеющая международное значение».[12]

О следующих случаях в *La Gloria* было сообщено на одном медицинском сайте следующее: «странная» вспышка острой респираторной инфекции, приводящей, в некоторых случаях, к бронхиальной пневмонии. По словам местных жителей, замечены следующие симптомы: сильный кашель, жар и обильная мокрота».[13]

Примечательно то, что симптомы имели смысл с точки зрения близости от одной из крупнейших свиноферм в мире, находящейся в *La Gloria* и принадлежащей компании *Smithfield Farms* из США.

Местные жители несколько месяцев пикетировали управление компании *Smithfield Farms* в Мексике с жалобами на проблемы с дыханием, связанные с огромным количеством свиного навоза в резервуарах рядом с фермой.

Но реальные причины заболевания в *La Gloria*, по-видимому, не интересовали Остерхауса и его коллег-консультантов **ВОЗ**. Долгожданная «пандемия», предсказанная Остерхаусом ещё во времена «эпидемии» атипичной пневмонии в китайской провинции Гуандун в 2003 году, теперь, наконец, случилась.

11 июня 2009 года **Маргарет Чен** из **ВОЗ** сделала заявление об опасности шестого уровня «угроза пандемии» в отношении распространения гриппа H_1N_1. Любопытно, что, объявив об этом, она отметила, что «на сегодняшний день подавляющее большинство пациентов испытывает лёгкие симптомы и достигает **быстрого и полного восстановления**, часто, в отсутствие какого-либо медицинского лечения».
Затем она добавила: «Во всём мире число смертей мал**о**... мы не ожидаем увидеть внезапного и резкого всплеска числа серьёзных или смертельных инфекций».

Позднее стало известно, что Чен сказала именно так после жарких дебатов внутри **ВОЗ**, последовав совету научно-консультативной группы **ВОЗ** или Стратегической консультативной группы экспертов. Одним из членов группы в то время и сейчас был д-р Альберт «доктор Грипп» Остерхаус.

Но Остерхаус был не только основным застрельщиком начала паники по поводу «угрозы пандемии» в **ВОЗ**. Он являлся также председателем ведущей частной «Европейской научной рабочей группы по гриппу» (*ESWI*), которая позиционирует себя следующим образом: «многопрофильная группу ключевых специалистов по гриппу, [которая] направляет свои усилия на борьбу с последствиями эпидемии и пандемии гриппа»

Эта рабочая группа Остерхауса является жизненно важным связующим звеном (как они сами её называют), «между Всемирной Организацией Здравоохранения в Женеве, Институтом Роберта Коха в Берлине и Университетом штата Коннектикут, США».

Ещё более интересным является то, что деятельность *ESWI* полностью финансируется теми же компаниями из «фармамафии», которые делают миллиарды на пандемии, поскольку, когда **ВОЗ** объявляет чрезвычайное положение, правительства во всём мире, вынуждены создавать запасы вакцины.

Список компаний, финансирующих *ESWI*, включает в себя следующие заинтересованные стороны: *Novartis* - дистрибьютор «Тамифлю», *Hofmann-La Roche*, *Baxter Vaccines*, *Med-Immune*, *GlaxoSmithKline*, *Sanofi Pasteur и другие*.

Не растерявшись в этот момент, ведущий мировой вирусолог, официальный советник по H_1N_1 правительств Великобритании и Голландии доктор Альберт Остерхаус глава Отдела Вирусологии в Медицинском центре Эразмуса Роттердама, также участвующий в программе ВОЗ «Глобальное старение и здоровье взрослых» и одновременно занимавший пост в спонсируемом фармацевтической промышленностью *ESWI*, который, в свою очередь, убеждал мир предпринять решительные шаги против серьёзной опасности новой Пандемии, которая, как они настаивали, могла конкурировать с ужасающей пандемией «испанки» 1918 года.

Банк с Уолл-Стрита **JP Morgan** оценивал, что в значительной степени в результате решения **ВОЗ** о пандемии, гигантские фармацевтические фирмы, которые также финансируют работу *ESWI* Остерхауса, поднялись приблизительно от 7,5€ до €10 миллиардов прибыли[14].

Таким же участником программы **ВОЗ** «Глобальное старение и здоровье взрослых» является доктор **Фредерик Хайден** (*Frederick Hayden*) из британского *Wellcome Trust* и, по сообщениям, близкий приятель Остерхауса. Хайден также получает деньги за «консультативные» услуги от *Roche* и *GlaxoSmithKline* среди прочих фармацевтических гигантов, вовлечённых в производство продуктов, связанных с паникой H_1N_1.

Председателем программы **ВОЗ** «Глобальное старение и здоровье взрослых» является другой британский учёный, профессор **Дэвид Солсбери** (*David Salisbury*) из британского Министерства здравоохранения. Он также возглавляет Консультативную группу **ВОЗ** по H_1N_1.

Солсбери - стойкий защитник фармацевтической промышленности. Он был обвинён британской гражданской группой по здравоохранению *One Click* в скрытии доказанных связей между вакцинами и взрывным ростом младенческого аутизма, а также связей между вакциной *Gardasil* и параличом и даже смертельными случаями.[15]

Тогда 28 сентября 2009 года тот же самый Солсбери заявил: «Есть очень ясное представление в научном сообществе, что нет никакого риска от включения *Thiomersal*...» Вакцина, используемая для H_1N_1 в Великобритании, прежде всего, производится *GlaxoSmithKlilne*. Она содержит ртутный консервант *Thiomersol*.

Из-за растущих свидетельств о том, что *Thiomersol* в вакцинах мог бы быть связан с детским аутизмом в Соединённых Штатах в 1999 году американская Академия Педиатрии и американская публичная служба здравоохранения призывали, чтобы этот компонент был удалён из вакцин.[16]

Ещё один участник программы **ВОЗ** «Глобальное старение и здоровье взрослых» с тесными финансовыми связями с производителям вакцин, которые извлекают выгоду от рекомендаций **ВОЗ**, - доктор **Арнольд Монто** (*Arnold Monto*), платный консультант производителей вакцины *MedImmune* - *Glaxo* и *ViroPharma*.

Более того, встречи «независимых» учёных Программы посещаются «наблюдателями», среди которых, да-да!, те самые производители вакцины *GlaxoSmithKline*, *Novartis*, *Baxter* и компания.

Можно спросить, если предполагается, что программа **ВОЗ** «Глобальное старение и здоровье взрослых» является ведущим экспертом в мире по гриппу и вакцинам, почему же они приглашают производителей вакцин заседать вместе с ними?

В прошлое десятилетие **ВОЗ**, чтобы повысить фонды в своём распоряжении, вступила в то, что называют *«public private partnerships»*. Вместо того, чтобы получать свои фонды исключительно от правительств-членов Организации Объединённых Наций, как заложено в его оригинальной идее, **ВОЗ** сегодня получает почти двойной свой обычный бюджет ООН в форме грантов и финансовой поддержки от частной промышленности.

Промышленность? Те же самые изготовители препаратов и вакцин, которые извлекают выгоду из решений, подобных объявленной в июне 2009 года пандемии H_1N_1. Как основные спонсоры бюрократов **ВОЗ**, естественно, фармамафия и её друзья имеют то, что называют «тёплым приёмом и открытыми дверями» в Женеве.[17]

В интервью журналу *Der Spiegel* в Германии эпидемиолог доктор **Том Джефферсон** (*Tom Jefferson*) из *Cochrane Collaboration*, организация независимых учёных, оценивающих все связанные с гриппом исследования, отметил значение приватизации **ВОЗ** и коммерциализации здоровья:

«...одна из экстраординарных особенностей этого гриппа - и всей саги гриппа - то, что есть некоторые люди, которые год за годом делают предсказания, и они всё хуже и хуже. Ни одно из этих предсказаний пока не сбылось, но эти люди всё ещё там делают эти предсказания. Например, что случилось с птичьим гриппом, который, как предполагалось, убил нас всех?

Ничего. Но это не останавливает этих людей от вечного создания их предсказаний. Иногда Вы чувствуете, что есть целая промышленность в ожидании пандемии...»

SPIEGEL: Кого Вы имеете в виду? ВОЗ?

Джефферсон: **ВОЗ** и чиновников здравоохранения, вирусологов и фармацевтические компании. Они построили эту машину вокруг нависшей пандемии. И вовлечено много денег, и влияний, и карьер, и целых учреждений! И всё, что требовалось, чтобы один из этих вирусов гриппа видоизменился, чтобы запустить эту машину перемалывать...».[18]

На вопрос, преднамеренно ли **ВОЗ** объявила пандемию, чтобы создать огромный рынок для вакцин H_1N_1 и препаратов, Джефферсон ответил:

«Не думаете ли Вы, что существует кое-что примечательное в том факте, что **ВОЗ** изменила своё определение пандемии? В старом определении был новый вирус, который начал быстро распространяться, от которого Вы не имеете иммунитета, и который создал высокую заболеваемость и смертность. Теперь последние два пункта изъяты, и таким образом свиной грипп был категоризирован как пандемия».[19]

Достаточно удобно, что **ВОЗ** выпустила это новое определение пандемии в апреле 2009 года, как раз вовремя, чтобы позволить **ВОЗ**, по совету программы «Глобальное старение и здоровье взрослых» и других, подобных Альберту «доктору Гриппу» Остерхаусу и Дэвиду Солисбери, объявить умеренные случаи гриппа «тип А» H_1N_1 всеобщей пандемией.[20]

В соответствующей сноске *Washington Post* 8 декабря в статье относительно серьёзности или отсутствии мировой «пандемии» H_1N_1 сообщил, что «со второй волной инфекции H_1N_1, накатившей на Соединённые Штаты, ведущие эпидемиологи предсказывают, что пандемия могла закончиться тем, что займёт место весьма умеренное с того момента, как современная медицина начала документировать вспышки гриппа».[21]

Российский парламентарий и председатель думского Комитета по здравоохранению **Игорь Баринов** обратился к российскому представителю в **ВОЗ** в Женеве с просьбой начать официальное расследование растущих свидетельств массовой коррупции в **ВОЗ** из-за тесного сотрудничества с фармацевтической промышленностью.

«Имеют место серьёзные обвинения в коррупции внутри **ВОЗ**», - сказал Баринов. - «Срочно необходима международная комиссия по расследованию».[22]

Литература, Referencess:
=> См. выше в оригинаьной статье, или перевод ссылок на сайте:
http://www.kunpendelek.ru/library/westmed/information/corruption/

F. William Engdahl

OMS: le «pape de la grippe A» accusé de corruption

Voltairenet, 16 Décembre 2009
Version française: Nathalie Krieg pour Voltairenet
https://web.archive.org/web/20091228104431/www.voltairenet.org/article163315.html

On le surnomme «Dr Flu» (Docteur Grippe), le professeur Albert Osterhaus est le principal conseiller de l'Organisation mondiale de la Santé face à la pandémie de grippe H1N1. Depuis plusieurs années, il prédit l'imminence d'une pandémie globale et ce qui se passe aujourd'hui semble lui donner raison.

Cependant, le scandale qui a éclaté aux Pays-Bas et fait l'objet d'un débat au Parlement a mis en évidence ses liens personnels avec les laboratoires fabriquant les vaccins qu'il fait prescrire par l'OMS.

F. William Engdhal relate comment un expert peu scrupuleux a pu manipuler l'opinion publique internationale, surévaluer l'impact de la grippe H1N1, et faire la fortune des laboratoires qui l'emploient.

Dans le courant de cette année, le Parlement néerlandais [1] nourrissait des soupçons à l'encontre du fameux Dr Osterhaus et avait ouvert une enquête pour conflit d'intérêts et malversations. Hors des Pays-Bas et des médias néerlandais, seules quelques lignes dans la très respectée revue britannique *Science* firent mention de l'enquête sensationnelle sur les affaires d'Osterhaus.

Ni les références, ni l'expertise d'Osterhaus dans son domaine n'étaient remises en question. Ce qui est mis en cause, comme nous l'apprend la revue *Science* dans une simple dépêche, c'est l'indépendance de son jugement personnel en matière de pandémie de grippe A. *Science* publiait ces quelques lignes à propos d'Osterhaus dans son édition du 16 octobre 2009:

«Aux Pays-Bas, ces six derniers mois, il était difficile d'allumer sa télévision sans voir apparaître le célèbre chasseur de virus Albert Osterhaus et l'entendre parler de la pandémie de grippe A. Du moins, c'est ce que l'on croyait. Monsieur Grippe, c'était Osterhaus, le directeur d'un laboratoire de réputation internationale au sein du Centre médical de l'Université Érasme de Rotterdam. Mais, la semaine dernière, sa réputation est descendue en flamme après que des soupçons ont été émis sur sa velléité d'attiser les craintes d'une pandémie dans le but de servir les intérêts de son propre laboratoire dans la mise au point de nouveaux vaccins. Au moment où Science *mettait sous presse, la Deuxième Chambre du Parlement néerlandais annonçait même que la question serait débattue en urgence.»* [2]

Le 3 novembre 2009, sans pour autant en sortir indemne, Osterhaus avait su éviter les dégâts. Sur le site de *Science*, on pouvait lire dans l'un des blogs : *«La Deuxième Chambre du Parlement néerlandais a aujourd'hui rejeté une motion exigeant que le gouvernement rompe tout lien avec le virologiste Albert Osterhaus du Centre médical de l'Université Erasmus de Rotterdam, qui fait l'objet d'une mise en accusation pour conflit d'intérêts en tant que conseiller gouvernemental. De son côté, le Ministre de la Santé Ab Klink annonçait dans le même temps une loi* [3] *pour la transparence du financement de la recherche, contraignant les scientifiques à révéler les liens financiers qu'ils entretiennent avec des entreprises privées.»* [4]

Dans un communiqué sur le site Internet du Ministère de la Santé, M. Klink, dont on sait qu'il compte parmi les amis personnels d'Osterhaus [5], affirmait par la suite que ce dernier n'était qu'un conseiller du Ministère parmi de nombreux autres sur les questions des vaccins contre la grippe A H1N1. Il s'est aussi dit *« au courant »* des intérêts financiers d'Osterhaus [6]: ils ne cachent rien d'extraordinaire, simplement le progrès de la science et de la santé publique. Du moins, c'est ce qu'on croyait.

Un examen plus poussé du dossier Osterhaus laisse entrevoir que ce virologiste néerlandais à la renommée internationale pourrait se trouver au centre d'une arnaque mettant en jeu plusieurs milliards d'euros autour de l'idée d'une pandémie. Un système frauduleux dans lequel des vaccins non-testés sont injectés à des humains, au risque – cela c'est déjà produit – de provoquer de sévères séquelles, de graves paralysies, voire des décès.

La supercherie des fèces d'oiseau

Albert Osterhaus n'est pas du menu fretin. Il a joué un rôle dans toutes les grandes paniques suscitées par l'apparition de virus, depuis les mystérieux décès imputés au SRAS (Syndrome respiratoire aigu sévère) à Hong-Kong, là où l'actuelle Directrice générale de l'OMS Margaret Chan avait lancé sa carrière de responsable de la Santé Publique au niveau local. D'après sa biographie officielle à la Commission Européenne, en avril 2003, au paroxysme de la panique provoquée par le SRAS, Osterhaus fut engagé pour participer aux enquêtes sur les cas d'infections respiratoires qui se multipliaient alors à Hong Kong. On peut lire ces mots dans le rapport de l'Union Européenne: *«il démontra à nouveau son talent à réagir rapidement à de graves situations. En trois semaines, il a prouvé que cette maladie est provoquée par un coronavirus récemment découvert qui contamine les civettes, les chauves-souris et d'autres animaux carnivores.»* [7]

Par la suite, quand les cas de SRAS ne firent plus parler d'eux, Osterhaus passa à autre chose, œuvrant cette fois pour la médiatisation des dangers de ce qu'il nommait la grippe aviaire H5N1. En 1997 il avait déjà sonné l'alarme après la mort, à Hong Kong, d'un enfant de trois ans qu'Osterhaus savait avoir été en contact avec des oiseaux. Osterhaus développa son lobbying à travers les Pays-Bas et l'Europe, affirmant qu'une nouvelle mutation létale de la grippe aviaire s'était transmise aux humains et que des mesures drastiques devaient être prises. Il revendiquait être le premier scientifique au monde à avoir montré que le virus H5N1 pouvait contaminer des humains. [8]

Evoquant la dangerosité de la grippe aviaire dans une interview diffusée sur la BBC en octobre 2005, Osterhaus déclarait: *«si le virus réussissait effectivement à muter de telle sorte qu'il se transmette ensuite entre humains, alors nous serions dans une situation complètement différente: nous pourrions nous trouver devant un début de pandémie.»* .Il ajoutait: *«il y a un vrai risque que le virus soit disséminé par les oiseaux dans toute l'Europe. C'est un risque réel que personne n'a pourtant pu évaluer jusqu'à présent, parce que nous n'avons pas mené les expérimentations.»* [9] Le virus n'a jamais réussi sa mutation, mais Osterhaus était prêt à *«mener des expérimentations»* que l'on peut imaginer largement rétribuées.

Pour appuyer son alarmant scénario de pandémie en tentant de lui donner une légitimité scientifique, Osterhaus et ses assistants en poste à Rotterdam commencèrent à collecter et congeler des échantillons de fèces d'oiseaux. Il affirma que, selon les périodes de l'année, jusqu'à 30 % de tous les oiseaux d'Europe s'avéraient transporter le virus mortel de la grippe aviaire H5N1. Il affirma également que les éleveurs en contact avec des poules et des poulets se trouvaient alors exposés au dit virus. Osterhaus briefa les journalistes qui prirent bonne note de son message alarmiste. La classe politique fut mise en alerte. Dans la presse, il émit l'hypothèse selon laquelle le virus, qu'il étiquetait H5N1, après avoir provoqué plusieurs décès aux antipodes asiatiques, allait se propager en Europe, vraisemblablement transporté sur les plumes ou dans les entrailles d'oiseaux mortellement infectés. Il soutenait la thèse d'oiseaux migrateurs capables d'apporter le nouveau virus mortel vers l'ouest aussi loin qu'en Ukraine et sur l'île de Rügen [10]. Il lui suffit pour cela de feindre d'ignorer que les oiseaux ne migrent pas d'est en ouest mais bien du nord vers le sud.

La campagne alarmiste d'Osterhaus autour de la grippe aviaire décolla réellement en 2003, lorsqu'un vétérinaire néerlandais trouva la mort après avoir été malade. Osterhaus annonça que sa mort résultait d'une contamination par le virus H5N1. Il convainquit le Parlement néerlandais d'exiger l'abattage de millions de poulets. Pourtant, aucune autre personne ne succomba à une infection similaire à celle attribuée au H5N1. Pour Osterhaus, cela démontrait l'efficacité de la campagne d'abattage préventif. [11]

Pour Osterhaus, les déjections aviaires propageaient le virus en retombant sur les populations et les autres oiseaux au sol. Il était ferme dans sa conviction que ces déjections constituaient le vecteur de propagation de la nouvelle poussée mortelle du virus H5N1 depuis l'Asie.

Un problème se posait cependant avec le stock grandissant d'échantillons congelés des déjections aviaires que lui et ses associés avaient rassemblés et conservés dans son institut. La présence du virus H5N1 ne put être confirmée dans un seul de ces échantillons. En 2006, à l'occasion du congrès de l'OIE (Office international des épizooties, désormais appelé Organisation mondiale de la santé animale), Osterhaus et ses collègues à l'Université Érasme furent forcés d'admettre qu'en testant les 100 000 échantillons de matières fécales rassemblés avec tant de précaution, ils n'avaient découvert aucune trace du virus H5N1. [12]

En 2008, à Vérone, lors de la conférence de l'OMS intitulée « La grippe aviaire à l'interface Homme-Animal », Osterhaus prenait la parole devant ses collègues scientifiques, sans doute moins échauffés que le public non-scientifique par ses incitations à l'émotivité. Il admettait que: *«dans l'état actuel des connaissances, rien ne permet[tait] de formuler une mise en garde contre le virus H5N1, ni d'affirmer qu'il puisse provoquer une pandémie.»* [13] Mais, à ce moment-là, son regard se portait déjà fixement sur d'autres gâchettes à actionner pour faire converger son travail sur les vaccins avec de nouvelles possibilités de crise pandémique.

Grippe A et corruption à l'OMS

Constatant que la grippe aviaire n'avait fait surgir aucune vague meurtrière de grande ampleur – et après que Roche, qui produit le Tamiflu, et GlaxoSmithKline, qui produit le Relenza, eurent encaissé des milliards de dollars de profits quand les gouvernement ont décidé de stocker des vaccins antiviraux contestés –, Osterhaus et les autres conseillers pour l'OMS se tournèrent vers de plus verts pâturages.

En avril 2009, leurs recherches semblaient couronnées de succès lorsqu'à La Gloria, un petit village mexicain de l'État du Veracruz, un enfant malade fut diagnostiqué comme porteur de la grippe alors dite «porcine» ou H1N1. Avec un empressement déplacé, l'appareil propagandiste de l'Organisation mondiale de la Santé à Genève fut lancé sur les chapeaux de roues avec les déclarations de son Directeur Général, le Docteur Margaret Chan, concernant l'éventuelle menace d'une pandémie mondiale.

Mme Chan évoqua *«l'urgence de santé publique d'envergure internationale»* [14] Par la suite, d'autres cas déclarés à La Gloria furent présentés sur un site Internet médical comme: une «étrange» poussée d'infections pulmonaires et respiratoires aiguës, qui évoluent en broncho-pneumonie dans certains cas rencontrés chez des enfants. Un habitant du village en décrivait les symptômes: *«fièvres, toux sévères et sécrétions nasales très importantes»* [15]

Ces symptômes prennent par contre tout leur sens dans le contexte environnemental de La Gloria, une des zones au monde qui concentrent le plus grand nombre de porcs en élevage intensif, dont les exploitations sont principalement détenues par l'américain Smithfield. Depuis des mois, la population locale manifestait devant le siège mexicain du groupe Smithfield, se plaignant de graves affections respiratoires dues aux lisiers de porc. Cette cause plausible pour les diverses maladies diagnostiquées à La Gloria ne sembla intéresser ni Osterhaus ni les autres conseillers de l'OMS. Enfin se profilait la pandémie tant attendue, celle qu'il avait prédite dès 2003, lors de sa participation aux recherches sur le SRAS dans la province de Guandgong en Chine.

Le 11 juin 2009, Margaret Chan annonçait que la propagation du virus de la grippe H1N1 avait atteint le niveau 6 de l'«urgence pandémique ». Curieusement, elle précisait lors de cette annonce que *selon les informations disponibles à ce jour, une majorité écrasante de patients ressentent des symptômes bénins; leur rétablissement est rapide et complet, le plus souvent en ne recourant à aucun traitement médical.»* Avant d'ajouter: *«Au niveau mondial, le nombre de décès est peu important, nous ne nous attendons pas à voir une poussée soudaine et spectaculaire du nombre des infections graves ou mortelles.»*

On apprenait plus tard que Chan avait agi à la suite de débats fiévreux à l'OMS, sur les conseils du Groupe stratégique consultatif d'experts de l'OMS (SAGE, Strategic Advisory Group of Experts). L'un des membres du SAGE, à l'époque et encore aujourd'hui, est notre «Monsieur Grippe», le docteur Albert Osterhaus.

Osterhaus occupait non seulement une position stratégique pour recommander à l'OMS de déclarer l'«urgence pandémique » et inciter à la panique, mais il était aussi le président d'une organisation en première ligne sur le sujet, le Groupe de travail scientifique européen sur la grippe (ESWI, European Scientific Working group on Influenza), qui se définit comme un *«groupe multidisciplinaire de leaders d'opinion sur la grippe, dont le but est de lutter contre les répercussions d'une épidémie ou d'une pandémie grippales»* Comme ses membres l'expliquent eux-mêmes, l'ESWI mené par Osterhaus est le pivot central *«entre l'OMS à Genève, l'Institut Robert Koch à Berlin et l'Université du Connecticut aux États-Unis.»*

Le plus significatif au sujet de l'ESWI est que son travail est entièrement financé par les mêmes laboratoires pharmaceutiques qui gagnent des milliards grâce à l'urgence pandémique, tandis que les annonces faites par l'OMS obligent les gouvernements du monde entier à acheter et stocker des vaccins. L'ESWI reçoit des financements des fabricants et des distributeurs de vaccins contre le H1N1, tels que Baxter Vaccins, MedImmune, GlaxoSmithKline, Sanofi Pasteur et d'autres, dont Novartis, qui produit le vaccin et le distributeur du Tamiflu, Hofmann-La Roche.

Pour garder l'avantage, Albert Osterhaus, le plus grand virologiste mondial, conseiller officiel sur le virus H1N1 des gouvernements britannique et néerlandais et chef du Département de Virologie du Centre médical de l'Université Érasme, siégeait à la fois parmi l'élite de l'OMS réunie dans le groupe SAGE et présidait l'ESWI, parrainé par l'industrie pharmaceutique. À son tour, l'ESWI recommanda des mesures extraordinaires pour vacciner le monde entier, considérant comme élevé le risque d'une nouvelle pandémie qui, disait-on avec insistance, pourrait être comparable à l'effrayante pandémie de grippe espagnole de 1918.

La banque JP Morgan, présente à Wall Street, estimait que, principalement grâce à l'alerte pandémique lancée par l'OMS, les grands industriels pharmaceutiques, qui financent également le travail de l'ESWI d'Osterhaus, étaient prêts à engranger 7,5 à 10 milliards de dollars de bénéfices. [16]

Le docteur Frederick Hayden est à la fois membre du SAGE à l'OMS et du Wellcome Trust à Londres; il compte notamment parmi les proches amis d'Osterhaus. Au titre de services «consultatifs», Hayden reçoit par ailleurs des fonds de la part de Roche et de GlaxoSmithKline parmi d'autres géants pharmaceutiques engagés dans la production de produits liés à la crise du H1N1.

Un autre scientifique britannique, le professeur David Salisbury, qui dépend du ministère britannique de la Santé, est à la tête du SAGE à l'OMS. Il dirige également le Groupe consultatif sur le H1N1 à l'OMS. Salisbury est un fervent défenseur de l'industrie pharmaceutique. Au Royaume-Uni, le groupe de défense de la santé One Click l'a accusé de dissimuler la corrélation avérée entre les vaccins et la montée en flèche de l'autisme chez l'enfant, ainsi que celle existant entre le vaccin Gardasil et des cas de paralysie et même de décès. [17]

Le 28 septembre 2009, le même Salisbury déclarait: *«la communauté scientifique s'accorde sur l'absence totale de risque concernant l'inoculation du Thimérosal (ou Thiomersal).»* Ce vaccin, utilisé contre le H1N1 en Grande-Bretagne, est principalement produit par GlaxoSmithKlilne. Il

contient du Thimérosal, un conservateur à base de mercure. En 1999, de plus en plus de preuves faisant état que le Thimérosal présent dans les vaccins pourrait être la cause de cas d'autisme chez l'enfant aux États-Unis, l'American Academy of Pediatrics (Académie américaine de pédiatrie) et le Public Health Service (Bureau de la santé publique) avaient exigé son retrait de la composition des vaccins. [18]

On trouve encore un autre membre de l'OMS partageant d'étroits liens financiers avec les fabricants de vaccins qui profitent des recommandations du SAGE, en la personne du docteur Arnold Monto, un consultant rémunéré par les fabricants de vaccins MedImmune, Glaxo et ViroPharma.

Pire encore, participent aux réunions de scientifiques « indépendants » du SAGE, des «observateurs» comprenant, et oui, les mêmes producteurs de vaccins GlaxoSmithKline, Novartis, Baxter et consort. On peut se demander, si les meilleurs experts de la grippe au monde sont censés composer le SAGE, pourquoi invitent-ils les fabricants de vaccins à y participer?

Au cours de la dernière décennie, l'OMS mettait en place ce que l'on nomme des «partenariats public/privé», dans le but d'accroître les fonds à sa disposition. Mais, plutôt que de recevoir des fonds provenant uniquement des gouvernements des pays membres de l'ONU, comme cela était prévu à l'origine, l'OMS reçoit à l'heure actuelle de la part des entreprises privées près du double du budget habituellement alloué par l'ONU sous forme de bourses et d'aides financières. De quelles entreprises privées ? Des mêmes fabricants de vaccins et de médicaments qui profitent des décisions officielles telles que celle prise en juin 2009 à propos de l'urgence pandémique de la grippe H1N1. Tout comme les bienfaiteurs de l'OMS, les grands laboratoires ont tout naturellement leurs entrées à Genève, et ont droit à un traitement fait de *«portes ouvertes et de tapis rouges»* [19].

Dans une interview donnée au magazine allemand *Der Spiegel*, un membre de la Cochrane Collaboration, une organisation de scientifiques indépendants qui évaluent toutes les études menées sur la grippe, l'épidémiologiste Tom Jefferson montrait les conséquences de la privatisation de l'OMS et la marchandisation de la santé.

*«*T. Jefferson: […] *l'une des caractéristiques les plus ahurissantes de cette grippe, et de tout le roman-feuilleton qui en a découlé, est que, année après année, des gens émettent des prévisions de plus en plus pessimistes. Jusqu'à présent, aucune ne s'est jamais réalisée et ces personnes sont toujours là à répéter leurs prédictions. Par exemple, qu'est-il arrivé avec la grippe aviaire qui était censée tous nous tuer? Rien. Mais, ce n'est pas cela qui arrête ces gens de faire leurs prédictions. Parfois, on a le sentiment que c'est toute une industrie qui se prête à espérer une pandémie.*

Der Spiegel: *De qui parlez-vous? De l'OMS?*

T. J: L'OMS *et les responsables de la santé publique, les virologistes et les laboratoires pharmaceutiques. Ils ont construit tout un système autour de l'imminence de la pandémie. Beaucoup d'argent est en jeu, ainsi que des réseaux d'influence, des carrières et des institutions tout entières! Et il a suffit qu'un des virus de la grippe mute pour voir toute la machine se mettre en branle.»* [20]

Lorsqu'on lui a demandé si l'OMS avait délibérément déclaré l'urgence pandémique dans le but de créer un immense marché pour les vaccins et les médicaments contre le H1N1, Jefferson a répondu:

«Ne trouvez-vous pas frappant que l'OMS ait modifié sa définition de la pandémie ? L'ancienne définition parlait d'un virus nouveau, à propagation rapide, pour lequel l'immunité n'existe pas, et qui entraîne un taux élevé de malades et de décès. Aujourd'hui, ces deux derniers points sur les taux d'infection ont été supprimés, et c'est ainsi que la grippe A est entrée dans la catégorie des pandémies.» [21]

Très judicieusement, l'OMS publiait en avril 2009 la nouvelle définition de la pandémie, juste à temps pour permettre à l'OMS, sur les conseils émanant, entre autres, du SAGE, de «Monsieur Grippe», alias Albert Osterhaus, et de David Salisbury, de qualifier d'urgence pandémique des cas bénins de grippe, rebaptisée grippe A H1N1. [22]

Le 8 décembre 2009, dans la note en bas de page pertinente d'un article sur la gravité ou la bénignité de la «pandémie mondiale » du H1N1, le *Washington Post* mentionnait que: *«la deuxième vague d'infection du H1N1 étant parvenue à son apogée aux États-Unis, les principaux épidémiologistes prévoient que la pandémie pourrait compter parmi les plus bénignes depuis que la médecine moderne documente les épidémies de grippe.»* [23]

Igor Barinov, parlementaire russe et président du Comité pour la Santé à la Douma, a exigé des représentants russes à l'OMS en poste à Genève qu'ils diligentent une enquête officielle sur les indices multiples de la corruption massive acceptée par l'OMS et menée par l'industrie pharmaceutique. *«De graves accusations de corruption sont prononcées à l'encontre de l'OMS»*, affirmait Barinov. *«Une commission internationale d'enquête doit s'organiser au plus vite.»* [24]

[1] NDT: Tweede Kamer der Staten-Generaal (Deuxième Chambre des États-Généraux des Pays-Bas, elle correspond à la Chambre basse).

[2] Article en anglais, Martin Enserink, in "Holland, the Public Face of Flu Takes a Hit" («Hollande, le visage public de la grippe essuie un coup»), Science, 16 octobre 2009, Vol. 326, n° 5951, pp. 350–351; DOI: 10.1126/science.326_350b.

[3] NDT: «Sunshine Act », en référence à la dénomination états-unienne des lois concernant la liberté d'information.

[4] Article en anglais, Science, 3 novembre 2009, "Roundup 11/3 The Brink Edition".

[5] Article en néerlandais, "De Farma maffia Deel 1 Osterhaus BV", 28 novembre 2009.

[6] Article en néerlandais, Ministerie van Volksgezondheid, Welzijn en Sport, "Financiële belangen Osterhaus waren bekend Nieuwsbericht", 30 septembre 2009.

[7] Albert Osterhaus, Commission Européenne, «Recherche».

[8] Ibid.

[9] Article en anglais, Jane Corbin, Interview with Dr Albert Osterhaus («Entretien avec le Docteur Albert Osterhaus»), BBC Panorama, 4 octobre 2005.

[10] Article en allemand, Karin Steinberger, "Vogelgrippe: Der Mann mit der Vogelperspektive", Süddeutsche Zeitung, 20 octobre 2005.

[11] Ibid.

[12] Article en allemand, "Schweinegrippe — Geldgieriger Psychopath Auslöser der Pandemie ?", Polskaweb News.

[13] Article en anglais, Ab Osterhaus, "External factors influencing H5N1 mutation/reassortment events with pandemic potential" («Facteurs externes à fort potentiel pandémique entrant en jeu dans les cas de mutation et de réassortiment du virus H1N1»), OIE, 7-9 octobre 2008, Vérone, Italie. Téléchargement.

[14] Article en anglais, Health Advisory, Swine Flu Overview, avril 2009.

[15] Article en anglais, Biosurveillance, Swine Flu in Mexico- Timeline of Events, 24 avril 2009.

[16] Cité dans l'article en néerlandais de Louise Voller et Kristian Villesen, "Stærk lobbyisme bag WHO-beslutning om massevaccination", Information, Copenhagen, 15 novembre 2009.

[17] Article en anglais, Jane Bryant, et al, "The One Click Group Response : Prof. David Salisbury Threatens Legal Action" (« Le Professeur David Salisbury répond au groupe One Click par la menace d'une action judiciaire »), 4 mars 2009. Téléchargement.

[18] Prof. David Salisbury cité dans l'article en anglais "Swine flu vaccine to contain axed additive" («La vaccin anti-grippe A contiendrait un adjuvant retiré du marché»), London Evening Standard et Gulf News, 28 septembre 2009.

[19] Article en allemand, Bert Ehgartner, "Schwindel mit der Schweinegrippe Ist die Aufregung ein Coup der Pharmaindustrie ?"

[20] Tom Jefferson, Entretien avec l'épistémologiste Tom Jefferson: «C'est toute une industrie qui espère une pandémie de grippe», Der Spiegel, 21 juillet 2009.

[21] Ibid.

[22] Article en néerlandais, Louise Voller, Kristian Villesen, "Mystisk ændring af WHO's definition af en pandemi", Copenhagen Information, 15 novembre 2009.

[23] Article en anglais, Rob Stein, "Flu Pandemic Could Be Mild" («La pandémie de grippe pourrait être modérée»), Washington Post, 8 décembre 2009.

[24] Article en néerlandais "Russland fordert internationale Untersuchung", Polskanet, 5 décembre 2009.

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Big Pharma inside the WHO:
confidential analysis of unreleased WHO Expert Working Group draft reports

WikiLeaks, 8 December 2009
https://wikileaks.org/wiki/Big_Pharma_inside_the_WHO:_confidential_analysis_of_unreleased_WHO_Expert_Working_Group_draft_reports%2C_8_Dec_2009

Release date: December 9, 2009

Summary

This is a confidential pharmaceutical industry trade association dossier about the WHO Expert Working Group (EWG) on R&D Financing.

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA; "Big Pharma") gave its members 4 documents: a non-public draft report of the WHO EWG and a non-public Comparative Analysis done by the working group, the IFPMA Overview of the EWG Comparative Analysis, and IFPMA summary slide on the EWG Draft Report.

The compilation of documents shows the influence of "Big Pharma" on the policy making decisions of the WHO, the UN body safeguarding public health. These confidential documents were obtained by the drug industry before their public release to WHO member states (scheduled to be released May 2010). The document also illustrates that the WHO expert group was highly responsive to industry lobbying – a result that public health groups had feared since early 2009, when the expert group met with the industry, but refused to meet with public health groups known to be industry critics.

The likely audience for these documents include countries, public health policy makers, civil society, industry, academia, media, patients and the general public.

Journalists can contact Dr Margaret Chan, Director-General of WHO: chanm@who.int and Malebona Precious Matsoso, WHO Director, Public Health, Innovation and Intellectual Property: matsosom@who.int

According to our source, the English version of the final report of the EWG with its recommendations is expected to be released to member state countries this week.

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Information

Louise Voller, Kristian Villesen

Tør vi stole på WHO?
Do we dare to trust the WHO?

Information, 12 december 2009
https://www.information.dk/debat/leder/2009/12/toer-stole-paa-who?lst_cntrb

Man ved fra talrige videnskabelige undersøgelser, at det giver uheldige beslutninger, når der sidder folk med interessekonflikter i de rådgivende udvalg. Og mistanken om, at der foregår ubehagelige ting, stiger markant, når man tilmed ikke ved, hvad der foregår. Peter Gøtzsche, forskningsleder i Cochrane Centeret

I Finland sidder en statsansat forsker med et problem. Det begyndte ellers godt. I år fik professor Juhani Eskolas vaccineforskningsprogram 47 millioner kroner til at forske i pneumokokvaccine af vaccineproducenten GlaxoSmithKline. Det største enkeltstående bidrag professorens institut har modtaget i 2009. Men så kom pressen, og så kom den finske sundhedsminister med løftede pegefingre, og nu sidder den finske professor pludselig i en national interessekonflikt. Juhani Eskola er nemlig også vaccinerådgiver for WHO's såkaldte SAGE-gruppe. Og så betyder det noget, når man får 47 millioner kroner af industrien. Og man ikke oplyser om det.

Siden november har Information beskrevet syv WHO-eksperter, der enten har bijob som konsulenter for medicinalindustrien eller får finansieret deres forskning af medicinalindustrien. Samme eksperter, der vejledte WHO's generalsekretær Margaret Chan, da hun 11. juni i år erklærede, at verden stod midt i en H1N1-pandemi. Fra det sekund trådte en lang række hvilende kontrakter mellem medlemslande og medicinalvirksomheder i kraft. Produktionen af vacciner til 55 milliarder kroner gik i gang. Men når den, der råber alarm, har økonomiske interesser i nødberedskabet, bør offentligheden vide det.

Intet menneske er upåvirkeligt. Heller ikke forskere, der siger, de er det. Tværtimod viser talrige undersøgelser, at forskere, læger og sundhedspersonale påvirkes af medicinalvirksomheders indflydelse. Ifølge Glasgow University's Robertson Centre for Biostatistics bruger medicinalindustrien gennemsnitligt 800.000 kroner om året på direkte markedsføring pr. læge. Derfor appellerer den internationale ngo, NoFreeLunch, til alle i sundhedsvæsenet om at aflægge et troværdighedsløfte for at modstå medicinalindustriens omfattende markedsføring. Når markedsføring går fra at være en reklamekop eller en golftur til at være 47 millioner kroner til instituttet, man arbejder for, må det kræve sin mand at modstå de budskaber, der følger med beløbet fra GlaxoSmithKline.

Da GlaxoSmithKline i dag er leverandør af vaccinen Pandemrix til den finske befolkning, har historien om de hemmeligholdte millioner skabt furore i Finland. Der er ingen beviselig sammenhæng mellem GlaxoSmithKlines forskningsstøtte og valget af samme firma som leverandør af H1N1-vaccine. Men pointen er, at vi ikke kan vide det.

Dermed opstår det næste problem i kølvandet på den finske forskers interessekonflikter, nemlig manglen på åbenhed i WHO. I dag bringer Information historien om WHO's hemmelige rådgivnings-komite, den såkaldte Emergency Committee, hvor 18 medlemmers navne, baggrund og virke er komplet mørkelagt. Den hemmelige komité refererer direkte til generalsekretær Margaret Chan, og

derfor var de ligesom SAGE-gruppen med til at beslutte, hvornår pandemiberedskabet skulle træde i kraft. Ifølge WHO er komiteen hemmelig, fordi eksperterne ellers risikerer at komme under pres. Det skaber to nye problemer. For det første aner vi ikke, hvem der reelt rådgiver verdenssundhedens mest magtfulde person. For det andet er den logiske følge af det argument, at resten af WHO-grupperne må opleve at være under pres, når de træffer beslutninger.

Åbenhed er det demokratiske udgangspunkt for god forvaltningsskik. Offentligheden bør vide, hvordan de politiske beslutninger bliver til.

Man ved fra undersøgelser, at manglen på åbenhed er proportionel med et højt niveau af korruption. Og det er logisk, at befolkningens tillid til regeringer og offentlige institutioner daler i takt med afsløringer om korruption og hemmeligholdelse af informationer.

Den 7. April 1948 blev WHO oprettet for at sikre den internationale folkesundhed. WHO er skabt for at forhindre sygdom og redde liv, og al viden fra det internationale samfund, der kan bidrage til det formål, må være ønskelig. Men WHO's virke er afhængig af regeringers og befolkningers tillid til deres anbefalinger. Og tillid til at de mennesker, der er ansat i WHO, handler i folkesundhedens og kun folkesundhedens interesse.

Oplysninger der vedrører verdens borgeres liv og sundhed bør være frit tilgængelige, ligesom navne på alle interessenter, der påvirker WHO's beslutninger skal offentliggøres.

Den finske professors problem bliver til vores problem, indtil regeringer stiller krav om, at WHO er fuldt ud åbne om de eksperter, de har ansat, de beslutninger, der bliver truffet og de argumenter, der ligger bag beslutningerne.

Information

Louise Voller, Kristian Villesen

Do we dare to trust the WHO?
Tør vi stole på WHO?

Information, 12 december 2009
https://www.information.dk/debat/leder/2009/12/toer-stole-paa-who?lst_cntrb
https://web.archive.org/web/20100102041654/http://theflucase.com/index.php?option=com_content&view=article&id=2348%3Ado-we-dare-to-trust-the-who-ask-danish-journalists&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"It is well known from many scientific studies that unhappy decisions result when people with conflicts of interest are members of advisory groups. And the suspicion that unpleasant things are taking place right now grows when you don't even know what is going on."

Peter Goetzsche, research director at the Cochrane Center in Copenhagen.

In Finland, a problem concerning a researcher in a government position has grown after everything initially seemed fine.

This year Professor Juhani Eskola's vaccine research programme received 47 million crowns from the vaccine producer Glaxo SmithKline in order to develop a pneumococ vaccine.

It is the greatest singule contribution the professor's institute has received in 2009. But then along came the media, and next the Finnish Minister of Health with a raised index finger, and suddenly the Finnish professor is at the epicentre of a national conflict of interests.

The reason is that Juhani Eskola is in parallel vaccine consultant for WHO's so-called SAGE-group. And then it suddenly does matter if you receive 47 million crowns from the industry. Particularly when you keep quiet about it.

Since November "Information" has reported on how seven WHO experts either have an additional job as consultants for the industry or get their research financed by the pharmaceutical industry.

It was those same experts who were acting as advisors to the Director General of WHO, Margaret Chan, when she declared on June 11 of this year that the world was in the midst of a H1N1-pandemic.

From that moment several existing contracts between member countries and the pharmaceutical industry came into force. The production of vaccines for 55 billion crowns started. But when the figure who alerts the world has financial interests in the emergency the public has the right to know.

No human being is beyond being influenced. Not scientific researchers, who claim that they are, either. On the contrary, lots of studies have shown that researchers, medical doctors and health staff are indeed influenced by medical firms.

According to the Robertson Center for Biostatistics at Glasgow University, the pharmaceutical industry spends an average of 800.000 crowns a year on direct marketing for every single medical doctor.

For that reason the international NGO, NoFreeLunch, appeals to everybody employed in the healthcare sector to resist the extensive marketing of the pharma industry.

When the marketing develops from a propaganda cup or a golf watch to 47 million crowns donated to your own institute, one really has to be a strong person to resist the messages that accompany that amount of money from GlaxoSmithKline.

Because GlaxoSmithKline is the supplier of the vaccine Pandemrix to the Finnish population, the revelation about the secret millions has caused a scandal inside Finland.

There is no proven connection between the research funding from GlaxoSmithKline and the selection of that same company as the supplier of the H1N1 vaccine. But the point is we cannot know for sure.

The Finnish researcher's conflict of interests is part of a bigger problem, which also concerns the lack of transparency in WHO.

Today "Information" brings the report about WHO's secret consultation committee, the so-called Emergency Committee. The activities of ist 18 members take place in complete obscurity inside this forum. Not even their names or background are known to the public. This secret committee refers directly to Director General Margaret Chan and its members – just like the SAGE group – therefore, had a voice concerning when a pandemic emergency declaration should be made.

According to WHO the committee is secret because if it were not, there is a risk that the experts would be exposed to pressure.

This situation creates to new problems. First of all we don't know, who is really giving advice to the most powerful person in the WHO. Secondly the logic consequences of that argument is that all the other WHO groups must experience pressure when they make decisions.

Transparency is the democratic starting point for good administration. The public ought to know how political decisions come into force.

It is known from many studies that lack of openness is directly proportional to a high level of corruption. And it is logical that the population's trust in governments and public institutions sinks simultaneously with revealations of corruption and the repression of information.

WHO was established on April 7, 1948 in order to promote international public health. WHO has been created to prevent diseases and to save lives, and all knowledge from the international community which can contribute to this aim should be welcome.

But the functioning of the WHO is dependent on government's and population's being able to trust the institutions recommendations. And on a confidence that the people who are employed by the WHO are acting solely in the interests of public health.

Information concerning the life and health of the world citizens must be available to everybody, just like the names of all the parties who influence the decision making process inside the WHO need to be declared.

The Finnish professor's problem becomes our problem until governments demand that WHO becomes completely transparent concerning the experts it employs, the decisions it is making and the arguments behind the decisions.

THE FLU CASE

Louise Voller & Kristian Villese

WHO Adviser conceals a donation of millions from a pharmaceutical company

The Flu Case, 17 December 2009, 11:33
https://web.archive.org/web/20100102034318/http://theflucase.com/index.php?option=com_content&view=article&id=2309%3Awho-adviser-conceals-a-donation-of-millions-from-a-pharmaceutical-company-&catid=41%3Ahighlighted-news&Itemid=105&lang=en
from: Information, 12 December 2009

A Finnish member of the WHO board, an advisor on vaccines, has received 46 million crowns (6 million euros) for his research centre from the vaccine manufactures, GlaxoSmithKline. WHO promises transparency, but this conflict of interests is not available for the public to see at WHO's homepage.

Another 'WHO' vaccine advisor is withholding information concerning financial support from the pharmaceutical industry.

Professor Juhani Eskola is the director of the Finnish research vaccine programme (THL) and a new member of the WHO group, 'Strategic Advisory Group of Experts' (SAGE), which gives advice to the WHO Director-General, Margaret Chan. 'SAGE' also recommend which vaccines - and how many - member countries should purchase for the pandemic.

According to documents acquired through the Danish 'Freedom of Information Act,' Professor Juhani Eskola's Finnish institute, THL, received almost 6.3 million Euro from GlaxoSmithKline (GSK) for research on vaccines during 2009.

This amount of money qualifies GlaxoSmithKline as THL's main source of income. GlaxoSmith-Kline produces the H1N1-vaccine 'Pandemrix,' which the Finnish government following recom-mendations from THL and WHO purchased for a national pandemic reserve stockpile.

These facts bring Professor Juhani Eskola in line with several other 'WHO 'experts who play a double role by having financial ties to the pharmaceutical industry – a double role which notably is not published by WHO.

During November, the Danish daily, 'Information' has informed the public that several members of WHO's expert group have also been secretly working for the pharmaceutical industry. Since revealing this information, a record of meetings and the conflict of interests of some of the experts have become accessible, but not all, including Juhani Eskola.

Conflict of Interest

In Finland, Professor Juhani Eskola is at the centre of a national conflict of interest. The Finnish Minister of Health has become involved in this case and has asked for transparency concerning the researcher's financial ties to the pharmaceutical industry. However, Professor Eskola doesn't agree that there is a problem. He secures and protects his 'WHO' status, by offering a minor 'consultative payment' to the pharmaceutical company, 'Novartis.'

"Why haven't you informed the public about a research grant of six million Euros from GlaxoSmithKline?" Professor Eskola comments, "It is a contract my chief and GSK have made, and I am not a part of the study, which receives the money."

Regarding 'WHO's declaration on conflicts of interest, 'SAGE' experts are obliged to inform on all kinds of financial research support, scholarships, payment for collaboration and sponsor support for the research unit, during the past three years. "We have 1,400 researchers at 'THL' and if I declare every economic transaction I am a involved in then it gets complicated.

My interpretation of the WHO-declaration was that I didn't have to declare the agreement of collaboration with GSK, as I neither receive the money personally nor do my research team. 'WHO' has asked me, and now I wait to be informed, whether they agree with my interpretation. If they don't, they should make their declaration more clear."

You are chair of the department and during 2009, GSK is your greatest contributor. Don't you see a conflict of interests in this matter?

"It is a discussion we have had with the Finnish Minister of Health during the past few weeks but it is the ministry, who has bought the vaccines, not our institute. Pandemrix was chosen as the best vaccine and could be available soon at the Finnish market. The decision had to be made at the beginning of June and in my mind, the ministry of health chose the right solution, namely Pandemrix."

But do you recognize a conflict of interest? - "We are aware that there appears to be a conflict of interest" he says.

"Very Serious"

According to WHO, all SAGE-members are obliged to inform about all financial interests, inclusive financing from the pharmaceutical industry, consulting payments and other forms of professional employment. Meanwhile, WHO has rejected an invitation to be interviewed about why not all financial interests of the WH -experts has been declared.

But in a mail WHO spokesman Gregory Hartl writes as follows:

"WHO has recently learned, that the Finnish National Institute for Health and Welfare has a research contract with GSK. The contract concerns a research project about pneumococcal-vaccine in the Finnish vaccination programme. WHO will take suitable action according to everything, which must be considered as conflicts of interests in this case."

The Danish journalists have reported on other cases involving SAGE experts with financial links to pharmaceutical companies, many of which have not been declared.

Dr. Peter Figueroa, Professor, Public Health, Epidemiology & AIDS, Department of Community Health & Psychiatry, Faculty of Medical Sciences, University of the West Indies, Jamaica, received money from Merck.

Dr. Neil Ferguson has received funding Baxter, GlaxoSmithKline und Roche as well as insurance companies that he advised about pandemics but this was only revealed after publicity.

Professor Malik Peiris, Department of Microbiology, the University of Hong Kong, Faculty of Medicine, Hong Kong has received money from Baxter GSK und Sanofi Pasteur.This is not declared on the Who website.

Dr. Arnold Monto, advisor to Chiron, GlaxoSmithKline, MedImmune, Roche, Novartis, Baxter und Sanofi Pasteur.

Dr. Friedrich Hayden, consultant to MedImmune in 2006 and Sanofi Pasteur, in 2007. He has also got money from Roche, RW Johnson und SmithKline Beecham. The interests are not declared on WHO website.

Dr. Albert Osterhaus, head of the European Scientists Fighting Influenza, financed by Baxter, Crucell, Novartis, Hoffmann-La Roche, MedImmune, Nobilon, Sanofi Pasteur, MSD, GlaxoSmith Kline und Solvay.

In a new development, Finnish Ministry of Social and Welfare has authorized the National Institute of Health and Welfare (THL) to purchace another 5.3 million H1N1 pre-pandemic vaccines for the whole population of Finland, adding to the existing stockpile of 5.3 million H5N1 vaccines and a contract to purchase another 5.3 million vaccines.

Below is a correspondence with WHO on the conflict of interest of Eskola by a Finnish citizen, revealing staff of WHO scrambling to whitewash their failure to declare Eskola's conflict of interest:

Information

Louise Voller, Kristian Villesen

Hemmelig komité rådgiver WHO om svineinfluenza
WHO refuses to name members of secret Committee driving Vaccination Agenda

Information, 12 december 2009
https://www.information.dk/udland/2009/12/hemmelig-komite-raadgiver-who-svineinfluenza?lst_cntrb

Offentligheden må ikke vide, hvem der sidder i den gruppe, som rådgiver WHO om svineinfluenza. Gruppen stod bag beslutningen om at opgradere influenzaen fra epidemi til pandemi. Siden har medicinalvirksomhederne solgt for over 55 milliarder kroner af vaccinen.

WHO har en hemmelig gruppe af eksperter, som rådgiver om svineinfluenza – den såkaldte Emergency Committee. Komiteen er helt central og har blandt andet rådgivet generaldirektør Margaret Chan til at udnævne svineinfluenzaen til en pandemi. En opfordring, som hun – med henvisning til gruppen af eksperter - fulgte den 11. juni i år.

Det betød en enorm økonomisk gevinst for medicinalindustrien. Mange medlemslande - herunder Danmark - har nemlig kontrakter med de store medicinalvirksomheder og er derfor forpligtet til at købe vacciner, når WHO fastslår, at en virus er en pandemi. I alt vurderer investeringsbanken J.P. Morgan, at der siden beslutningen er købt vacciner og anden influenzamedicin for mere end 55 milliarder kroner.

Trods udvalgets store indflydelse og magt, kan offentligheden ikke få lov at se, hvem der sidder i komiteen - og derfor heller ikke, om gruppens medlemmer er betalt af medicinalindustrien. Den eneste information, offentligheden har tilgængelig, er, at komiteen består af 18 personer, som generaldirektøren har udvalgt fra WHO's ekspertliste. Og det er slet ikke åbenhed nok, mener lederen af det uafhængige forskningsinstitut, Cochrane, Peter Gøtzsche:

»Det hører ingen steder hjemme, at der sidder et hemmeligt udvalg, der skal rådgive WHO om så vigtig en sag. Der skal være fuldstændig åbenhed omkring, hvem de er, og hvilke interessekonflikter det måtte have. Ellers kan borgerne ikke have tillid til det, der foregår,« siger Peter Gøtzsche. Information har tidligere fortalt, at der i flere af WHO's rådgivende grupper sidder medlemmer, der er betalt af medicinalindustrien. Peter Gøtzsche frygter, at det også er tilfældet i Emergency Committee.

»Det udvalg har en enorm magt. Og vi ved ikke, om de mennesker, der sidder i det, modtager penge fra eller har aktier i de firmaer, der producerer vaccinerne,« siger Peter Gøtzsche.

Administrerende direktør i Sundhedsstyrelsen, Jesper Fisker, er enig:

»Det er kritisabelt, at man ikke kan se, hvem der sidder i udvalget og derfor heller ikke kan se, hvilke interesser der er repræsenteret. Det må være en del af den almindelige ambition om åbenhed og gennemsigtighed, at man kan se, hvilken rolle udvalget har, og hvem der sidder i det,« siger han og tilføjer: »Jo mere indflydelse et udvalg har, jo vigtigere er det, at der er åbenhed. Og hvis de har rådgivet i forhold til en vigtig beslutning - og det tyder det jo på er tilfældet - så er det ekstra vigtigt, at der er åbenhed. Det skal der simpelthen være.«

Utrygt

Peter Gøtzsche er langt fra tryg ved, at det det kun er ledelsen i WHO, der ved, hvem der sidder i udvalget:

»Hvorfor skulle medlemmerne ikke have interessekonflikter? Med det kendskab vi gennem den seneste tid har fået til WHO's brug af eksperter, så vil man da forvente at nogle af dem har interessekonflikter.«

I november kunne Information afsløre, at der i den officielle arbejdsgruppe, Strategic Advisory Group of Experts (SAGE), som rådgiver WHO om vacciner, sidder flere folk, der modtager honorarer eller forskningsstøtte fra medicinalindustrien. Siden har Svenska Dagbladet og Information fundet yderligere tre medlemmer af den faste rådgivningsgruppe, som er aflønnet af de vaccineproducerende virksomheder. Denne måde at konstruere en magtfuld organisation på er problematisk, mener Peter Gøtzsche:

»Man ved fra talrige videnskabelige undersøgelser, at det giver nogle uheldige beslutninger, når der sidder folk med interessekonflikter med i de rådgivende udvalg. Og mistanken om, at der foregår ubehagelige ting, stiger markant, når man tilmed ikke ved, hvad der foregår.«

WHO svarer ikke

WHO har trods talrige henvendelser over de seneste fire dage ikke ønsket at stille op til et interview med Information om den hemmelige komité. Men WHO-talsmand Gregory Härtl har over for Svenska Dagbladet fortalt følgende om komitéen:

»Navnene på medlemmerne i komitéen er hemmelige. Vi vil ikke have, at de skal kunne udsættes for noget pres udefra. De er valgt ud fra deres ekspertkundskaber inden for influenza, virusspredning og sygdomskontrol, siger Gregory Härtl.

- Hvilken form for pres risikerer medlemmerne at blive udsat for?

»Det kan jeg ikke komme ind på. Men det vigtige er, at medlemmerne i komiteen ikke behøver at tage hensyn til nogen eller noget udefra komiteen i deres rådgivning af WHO's generaldirektør.«

- Har nogen af medlemmerne i komiteen forbindelser til eller samarbejder med medicinal-industrien?

»Jeg ved ikke, hvem medlemmerne er. Men jeg tror, at de kontrolleres for koblinger til medicinalindustrien.«

- Bør WHO ikke være transparent, når det gælder beslutninger om sygdomme, som berør millioner af mennesker?

»I kampen mod denne epidemi må man samarbejde med mange parter. Det inkluderer regeringer, frivillige organisationer og medicinalindustrien. Vi må finde de bedste løsninger for at redde menneskers liv. At redde liv er det allervigtigste for os,« siger Gregory Härtl

Information

Louise Voller, Kristian Villesen

WHO refuses to name members of secret Committee driving Vaccination Agenda
Hemmelig komité rådgiver WHO om svineinfluenza

Information, 12 december 2009
https://www.information.dk/udland/2009/12/hemmelig-komite-raadgiver-who-svineinfluenza?lst_cntrb
https://web.archive.org/web/20100102013016/http://theflucase.com/index.php?option=com_content&view=article&id=2338%3Awho-refuses-to-name-members-of-secret-committee-driving-vaccination-agenda&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The names of the members of a group that acts as advisers to WHO on the swine flu are a closely kept secret.

The group advocated upgrading the status of the flu from epidemic to pandemic.

Since then, pharmaceutical companies have sold more than 55-billion crowns worth of vaccines, writes the Danish daily news outlet "Information".

WHO relies on a secret group of experts, the so-called Emergency Committee. The organisation consults this Emergency Committee on managing the swine flu.

The committee is at the epicentre of desicion-making and recommended the declaration of a swine flu pandemic to Director General, Margaret Chan.

A recommendation that she implemented on June 11th this year, referring to the group of experts.

This resulted in enormous economic gains for the pharmaceutical industry.

Many member countries – among them, Denmark – have contracts with the big pharma companies and are obliged to buy vaccines when WHO determines that a virus is a pandemic.

The investment bank J.P. Morgan estimates that vaccines and other types of flu medicine amounting to more than 55 billions of crowns have been sold since this declaration.

In spite of the committee's enormous influence and power, the public is not allowed to learn who the members of the committee actually are.

As a consequence, the public is also denied access to information needed to check whether the members of this group are on the payroll of the pharma industry.

The only information available to the public is that the committee consists of 18 people whom the Director General has selected from WHO's list of experts.

But such a level of transparency is inadequate according to Peter Goetzsche, who is the leader of the independent research institution, Cochrane, in Copenhagen.

"It is not acceptable that a secret committee gives advice to WHO in a matter of such importance. There needs to be complete transparency over who they are and what conflicts of interests the committee may have. If this is not the case, people cannot have confidence in what is going on," says Peter Goetzsche.

According to earlier information, WHO has members in it's groups of consultants who are on the payroll of the pharma industry.

Peter Goetzsche fears that this could also be the case with the Emergency Committee.

"That committee possesses enormous power. And yet we don't know whether those people who are sitting on it receive money from or have stocks in those firms which produce the vaccines," says Peter Goetzsche.

Managing director of Danish Board of Health, Jesper Fisker, agrees.

"It is unnacceptable that we cannot see who the members of the committee actually are and consequently cannot see what interests are represented. It has to be part of the common ambition of openness and transparency that we can see, what role the committee plays and who the members are," he says and adds: "The more influential a committee is, the more important it is, that there is transparency. And if they have given advice concerning an important decision – and that seems to be the case – then it is even more important that there is transparency. This simply has to happen."

Insecure

Peter Goetzsche's concerns are not eased by the fact that only the leadership of WHO has access to the names of the members of this committee.

"Why should the members not have conflicts of interest? In view of the knowledge we lately have acquired concerning WHO's use of experts, can expect that some of them have conflicts of interest".

In November, it was revealed that the official working group, Strategic Advisory Group of Experts (SAGE), which advices WHO about vaccines, comprised several members, who receive fees or research support from the pharmaceutical industry.

Since then the Swedish daily newspaper Svenska Dagbladet and Information have discovered another three members of this permanent group of consultants who are on the payroll of the companies manufacturing vaccines.

According to Peter Goetzsche, this approach in a powerful organisation is associated with difficulties.

"It is well known from lots of scientific studies that it generates unfortunate decisions when people with interests of conflict are members of advisory groups. And the suspicion that unpleasant things take place grows when you don't even know what is going on."

Who does not answer

In spite of several calls during the last four days WHO has not agreed on an interview on the secret committee.

But WHO-spokesman Gregory Hartl said the following about the committee to the Swedish daily Svenska Dagbladet.

"The names of the members of the committee are secret. We don't want them to be exposed to any kind of pressure from the outside. They have been selected on basis of their expertise and knowledge concerning influenza, the spreading of viruses and control of diseases, says Gregory Hartl.

What kind of pressure are the members risking exposure to?

"I cannot talk about that. But the important thing is, that the committee does not need to show consideration for anything or anybody outside the committee in their consultations with the Director General of WHO".

Have any of the members of the committee connections to or collaborate with the pharmaceutical industry?"

"I don't know who the members are. But I think they are controlled concerning ties to the industry."

Should WHO not be transparent concerning decisions affecting millions of people?

"In the fight against this epidemic you have to collaborate with many partners. That includes governments, non governmental organisations and the pharmaceutical industry. We must find the best solutions to save human lives. To save lives is of utmost importance to us" says Gregory Hartl.

THE FLU CASE

More Questioning about WHO and the Vaccines and the Declaration of a Level 6 Pandemic - When no need

The Flu Case, 13 December 2009

https://web.archive.org/web/20100102034621/http://theflucase.com/index.php?option=com_content&view=article&id=2251%3Amore-questioning-about-who-and-the-vaccines-and-the-declaration-of-a-level-6-pandemic-when-no-need&catid=1%3Alatest-news&Itemid=64&lang=en

World Health Organization (WHO) declared the pandemic of swine influenza in the interest of large pharmaceutical companies. With such charges were made by scientists from several countries, who believe that the epidemics of pharmacists earn up to 7 billion euros. At the same time anywhere in the world death rate from swine flu has not exceeded deaths from seasonal flu, while the WHO insisted that the epidemic was declared by all the rules, writes "Kommersant".

The British newspaper Guardian Òhe and some European media have published the views of independent epidemiologists - Englishman Thomas Jefferson from the independent association of scientists Cochrane Collaboration and his colleagues from the United States William Engdahl, - accuse the WHO of inflating the risk of swine flu. Scientists believe that the WHO's lead expert associated with the pharmaceutical companies. According to Mr. Jefferson, a team of WHO experts, in particular the head of strategic advisory group on Influenza British Professor David Salisbury, "gets them a salary and working with them."

Independent experts believe that the panic over the virus A/H1N1 provoked expert WHO virologist from the Netherlands, Albert Ostenhaus, which has been in professional circles the nickname Dr. Influenza. Mr. Ostenhaus many occasions expressed deadly swine flu and urged European countries to mass vaccination.

According to independent scientists, such policies have led to the fact that the WHO in June this year, announced the upgrade of the threat of swine flu pandemic to the maximum, the sixth level in the interests of business structures, although the mortality rate from this disease did not exceed the death rate from normal seasonal influenza.

Information

Louise Voller, Kristian Villesen

Politikere forargede over hemmeligt WHO-udvalg
Danish Members of Parliament Outraged by Secret WHO Committe

Information, 14 December 2009
https://www.information.dk/udland/2009/12/hemmelig-komite-raadgiver-who-svineinfluenza?lst_cntrb

Det er fuldstændig uacceptabelt, at WHO har et hemmeligt udvalg, som de facto træffer beslutninger om svineinfluenza, mener Dansk Folkeparti og den øvrige opposition. Sundhedsministeren vil gå ind i sagen af Kristian Villesen og Louise Voller Svineinfluenza »Fuldstændig uacceptabelt,« »helt vildt,« »meget utrygt,« »helt igennem grotesk,« og »meget mærkeligt«...

»Fuldstændig uacceptabelt,« »helt vildt,« »meget utrygt,« »helt igennem grotesk,« og »meget mærkeligt«. Sådan lyder reaktionerne fra henholdsvis Enhedslisten, Socialdemokraterne, Dansk Folkeparti, SF og sundhedsminister Jakob Axel Nielsen (K) efter at Information lørdag kunne fortælle, at der findes et hemmeligt udvalg i WHO, som rådgiver generaldirektøren om spørgsmål vedrørende svineinfluenza.

Helt centralt

Den hemmelige komité er helt central og står blandt andet bag beslutningen om at gøre svineinfluenzaen til en pandemi - en beslutning som medicinalvirksomhederne siden har tjent styrtende med penge på, fordi mange lande - herunder Danmark - har forpligtet sig til at købe vacciner af industrien i tilfælde af en pandemi. Derfor nytter det ikke noget, at der ikke er åbenhed om udvalgets sammensætning, mener Dansk Folkepartis sundhedsordfører Liselott Blixt:

»Vi går ind for gennemsigtighed. Man skal kunne se, hvad der sker mellem medicinalindustrien og beslutningstagerne. Industrien tjener tonsvis af penge på den her influenza, og derfor er det meget betænkeligt, at der i princippet kan sidde folk, der tænker mere på pengepungen end på, hvad der gavner offentligheden,« siger Liselott Blixt. Også Sundhedsminister Jakob Axel Nielsen finder strukturen problematisk:

»Det er et problem, at man ikke kan få at vide, hvem der sidder i udvalget. Jeg har ikke noget imod at faglighed og industri taler sammen. Vi skal bare vide det, og det gør vi ikke nu.«

Magt og tryghed

Enhedslistens Per Clausen understreger den magt, som udvalget har:

»Det her er et udvalg, som har været med til erklære pandemi og igangsætte et enormt salg af vaccine og Tamiflu. Enhver forbindelse, der måtte være til medicinalindustrien, skal naturligvis afdækkes,« siger Per Clausen. SF's Jonas Dahl mener, at det er utrygt for danskerne, at der ikke er gennemsigtighed:

»Vi skal have fuld tillid til de oplysninger, der kommer fra WHO. Derfor dur det ikke med et hemmeligt udvalg. At generaldirektøren tilsyneladende bare kan nedsætte sin egen lille private gruppe, som kommer med anbefalinger,« siger Jonas Dahl. Socialdemokraternes Sophie Hæstorp Andersen mener, at udvalget bryder med de gængse demokratiske spilleregler:

»Jeg kender ikke traditioner for offentlig forvaltning rundt om i verden. Men set i dansk sammenhæng, så er det her helt vildt,« siger hun.

Partiet Venstre er det eneste parti, som Information har talt med, der ikke kritiserer det hemmelige udvalg: »Det kan jeg ikke bare sådan uden videre forholde mig til - og slet ikke på baggrund af en avisartikel. Først skal vi have gravet et spadestik dybere, så vi kan se, hvad der er op og ned i den her sag,« siger Birgitte Josefsen (V).

Både Socialdemokraterne, SF og Enhedslisten vil stille spørgsmål om sagen til sundhedsministeren, der siger til Information, at han vil tage sagen op i WHO-regi: »Det her skal tages med, når vi skal evaluere hele forløbet omkring svineinfluenzaen,« siger Jakob Axel Nielsen.

Information

Louise Voller, Kristian Villesen

Danish Members of Parliament Outraged by Secret WHO Committee
Politikere forargede over hemmeligt WHO-udvalg

Information, 14 December 2009
https://www.information.dk/indland/2009/12/politikere-forargede-hemmeligt-who-udvalg?lst_cntrb
https://web.archive.org/web/20100102050031/http://theflucase.com/index.php?option=com_content&view=article&id=2349%3Adanish-members-of-parliament-outraged-by-secret-who-committee-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

For WHO to have a secret committee that is the de facto decision-maker concerning the swine flu is totally unacceptable. That is the view of the Danish People's Party as well as the rest of the opposition parties. The Danish Minister of Health has said he will look into the case.

Written by Kristian Villesen, Louise Voller for the Danish daily newspaper Information.

"Completely unacceptable," "crazy," "very doubtful," "completely grotesque," and "very strange". These are the responses from The Unity List, the Social Democrats, the Danish People's Party, the Green Left and the conservative Minister of Health, Jakob Axel Nielsen, following the revelation that there is a secret committee inside the WHO, which advises the Director General on issues concerning the swine flu as published last Saturday by the Danish daily newspaper Information.

Right in the center

The secret committee plays a central role and the origin of the decision to declare the swine flu a pandemic – a decision which has generated tremendous financial gains for the pharmaceutical industry because many countries, among them Denmark, have signed contracts obliging them to buy vaccines from the industry in the event of a pandemic.

For that reason, transparency concerning the members of the committee is required, says Liselott Blixt, her party's spokesperson on health issues.

"We support transparency. You have to be able to see what happens between the pharmaceutical industry and the decision makers. The industry is earning an incredible amount of money on this flu. That is why it is very alarming that, in principle, the members may be people, who are more concerned with earning money than benefiting the public," says Liselott Blixt.

The minister of health, Jakob Axel Nielsen, agrees that the situation is problematic.

"It is a problem that there is no information about who the members of that committee are. I do not oppose the profession and industry talking together. We just have to know about it, and we don't right now."

Power and safety

Per Clausen from The Unity List underlines the power of the committee.

"This is a committee which has played an active role in the declaration of a pandemic and which has generated an enormous sale for vaccines and Tamiflu. Every connection to the pharmaceutical industry must be unveiled," says Per Clausen.

Jonas Dahl from Green Left finds the lack of transparency raises concerns for the Danish people.

"We must be able to have full confidence in the information coming from WHO. As a result, it is unacceptable for there to be a secret committee; that the Director General can apparentloy establish her own little private group to generate recommendations", says Jonas Dahl.

The Social Democrat Sophie Hæstorp Andersen thinks that the committee is violating established democratic rules.

"I don’t know the traditions for public administration in countries around the world. But seen in a Danish context this is far out," she says.

The political party Left is the only political party contacted by Information that does not critizise the secret committee.

"This is a matter I cannot relate to immediately – and particularly not on behalf of an article in a newspaper. First of all we have to dig a step further in order to make clear what is up and down in this matter," says Birgitte Josefsen.

Both the Social Democrats, Green Left and The Unity List are to ask the minister of health questions about the secret committee.

The minister himself, Jakob Axel Nielsen, told Information he would raise the issue with WHO.

"This will have to be taken into consideration, when we come to evaluate everything that has happened concerning the swine flu,says Jakob Axel Nielsen.

The New York Times

Gardiner Harris

Advisers on Vaccines often have Conflicts, Report Says

The New York Times, 17 December 2009
https://www.nytimes.com/2009/12/18/health/policy/18cdc.html
https://web.archive.org/web/20120901150556/https://www.nytimes.com/2009/12/18/health/policy/18cdc.html

Washington - A new report finds that the Centers for Disease Control and Prevention did a poor job of screening medical experts for financial conflicts when it hired them to advise the agency on vaccine safety, officials said Thursday.

Most of the experts who served on advisory panels in 2007 to evaluate vaccines for flu and cervical cancer had potential conflicts that were never resolved, the report said. Some were legally barred from considering the issues but did so anyway.

In the report, expected to be released Friday, Daniel R. Levinson, the inspector general of the Department of Health and Human Services, found that the centers failed nearly every time to ensure that the experts adequately filled out forms confirming they were not being paid by companies with an interest in their decisions.

The report found that 64 percent of the advisers had potential conflicts of interest that were never identified or were left unresolved by the centers. Thirteen percent failed to have an appropriate conflicts form on file at the agency at all, which should have barred their participation in the meetings entirely, Mr. Levinson found. And 3 percent voted on matters that ethics officers had already barred them from considering.

The inspector general recommended that the centers do a far better job of screening. In a reply, the agency's new director, Dr. Thomas R. Frieden, agreed.

"Since the period covered in this review, C.D.C. has strengthened the financial disclosures and conflict-of-interest process by instituting improved business processes and realigning responsibilities and oversight," Dr. Frieden wrote.

As numerous medicines have been pulled from the market in recent years, worries have grown that experts may be recommending medical products – even ones they know to be unsafe in part because manufacturers are paying them.

As a result, government agencies, medical societies and medical journals have become increasingly insistent that experts disclose potential conflicts. And while the experts invariably insist that they have done so, government audits routinely find large gaps between these disclosures and the experts' actual income from consulting.

Congress tightened the rules on outside consulting after similar conflicts were found among members of advisory panels to the Food and Drug Administration. But little attention has been paid

to the potential conflicts of advisers to the C.D.C., even though that agency's committees have significant influence over what vaccines are sold in the United States, what tests are performed to detect cancer and how coal miners are protected.

Most of the advisers identified by Mr. Levinson had either a job or a grant from a company or other entity whose interests were affected by the committees' discussions, and a considerable number also owned stock in such companies, the report said.

Representative Rosa DeLauro, a Connecticut Democrat who said she had long been a supporter of the C.D.C., said: "That is why I am so concerned about this report issued by the inspector general exposing serious ethics violations within the C.D.C. All members of the federal advisory committees, whose recommendations direct federal policy, should be without conflict of interest."

PS.: In print Advisers on Vaccines Often Have Conflicts, Report Says
18 December 2009, Section A, Page 28.

Medical News TODAY

Experts on Vaccine Advisory Panels had Conflicts, CDC Report Says

Medical News, 21 Dec 2009, 0:00 PST
https://web.archive.org/web/20100114195725/http://www.medicalnewstoday.com/articles/174539.php

Sixty-four percent of the advisers hired by the Centers for Disease Control and Prevention in 2007 to serve on panels evaluating cervical cancer and flu vaccines had potential conflicts of interest that were unresolved or were not identified by the agency, according to a new report by HHS Inspector General Daniel Levinson, the New York Times reports. The report, expected to be released Friday, faults CDC for failing to ensure that nearly all of the experts adequately completed forms pertaining to their financial ties to companies that could profit from CDC decisions.

Levinson found that 13% of the advisers did not have an appropriate conflicts form on file with CDC, which should have disqualified them from participating in the meetings. Three percent of the advisers voted on issues that ethics officers had already prohibited them from considering, according to the report. Most of the advisers Levinson identified either had a job or received a grant from a company or entity that would be affected by the panels' decisions. Many of the advisers also owned stock in these companies, the report found.

Levinson said CDC needed to improve its screening efforts to prevent conflicts of interest. CDC Director Thomas Frieden said, "Since the period covered in this review, CDC has strengthened the financial disclosures and conflict-of-interest process by instituting improved business processes and realigning responsibilities and oversight" (Harris, New York Times, 12/18).

Paul Waldie, Grant Robertson

How vaccines became big business

The Globe and Mail, 29 December 2009
https://www.theglobeandmail.com/life/health-and-fitness/health/conditions/how-vaccines-became-big-business/article572731/

It was not the talk Dr. Michael Ossi planned to give when he was summoned to Washington in the fall of 2003 to brief health officials on Capitol Hill.

Dr. Ossi, an infectious disease expert with British pharmaceutical giant GlaxoSmithKline PLC, had been asked to meet with government officials on how to respond to a deadly problem unfolding halfway around the world.

In Asia, entire flocks of birds were dying from a virus called H5N1, better known as avian flu. A particularly virulent strain of influenza, H5N1 had for years been confined mostly to birds because their higher body temperatures provided an ideal environment for the bug to proliferate.

But pockets of people were becoming infected in Asia, setting off alarm bells for health officials around the globe. When it spread among humans, the consequences were unusually fatal. Roughly 60 per cent of those infected with H5N1 died, making it three times deadlier than the 1919 Spanish Flu, according to the World Health Organization.

Dr. Ossi came to the hastily arranged gathering of health officials and academics expecting to talk to them about his company's research into anti-viral drugs and flu vaccine. But the health experts clustered around a handful of tables were not interested in hearing about the science behind such products. They had much more pressing concerns.

They only had one question, Dr. Ossi recalls: "*How much can you make and how fast can you make it*?"

It was a watershed moment for him. For most of his career, working in vaccine research - indeed, most research related to the prevention and treatment of infectious diseases - was a ticket to obscurity at a big drug company. The high stakes and big profits for companies like Glaxo were not in vaccines, but in multibillion-dollar blockbuster drugs: the Wellbutrins, the Zantacs and the Valtrexes.

But the world was changing. Shoehorned into that meeting room in Washington were mathematicians from top universities, charged with calculating how many people could be protected in a pandemic; ethicists who would debate who should get medicine first in the event of a shortage; and public health officials struggling to find a way to cope with potentially tens of millions of infected people. Their urgency made it clear to Dr. Ossi that the quiet, unprofitable world of vaccines was about to be given more prominence in government than it had in decades.

H5N1 would alter government approaches to pandemic planning. But it would also create a new and unprecedented opportunity for the global pharmaceutical industry. It was, as Dr. Ossi recalls, "an obvious commercial opportunity" for the drug companies - one that is reshaping their businesses.

In a matter of a few years, flu shots have gone from being a marginal, money-losing business to a massive profit generator for a small number of global companies, as governments and the public hasten to protect themselves from getting sick.

Between 2004 and 2007, vaccine sales across the industry soared an average of 32 per cent each year, with flu vaccine leading the way. That is roughly four times faster than any other pharmaceutical product.

In a year that will be remembered for widespread public worry about the H1N1 virus, or swine flu, vaccines have become a $24-billion business. Analysts predict the global vaccine industry will top $40-billion by 2012. For companies like Glaxo, Sanofi-Aventis, Merck & Co., Novartis AG and Pfizer Inc., the fear of a pandemic has translated into a financial windfall that has been years in the making. Worldwide, nearly 1 billion doses of H1N1 vaccine have been ordered in 2009.

This is the story of how that happened - how Flu Inc. grew out of nowhere, transforming a once struggling business characterized by lab closures and lawsuits into a high-profit industry in less than a decade, and of the steps the pharmaceutical industry has taken to ensure the dollars keep flowing.

The change is driven by a new way of thinking in government about how to approach future threats of a flu pandemic. Health officials have begun to see merit in pursuing a strategy of stockpiling vaccines, even at a much higher cost per dose than they paid in the past.

Behind all this, of course, is a public that demands to be protected from the worst strains of influenza. This year, about 40 per cent of Canadians got the vaccine for H1N1 - the highest adoption of a flu shot the country has ever seen. Those shots are responsible for limiting the spread of the disease and, most likely, for saving lives. But even as the H1N1 threat subsides after killing more than 400 people in Canada, the business of fighting flu is arguably still in the early years of its growth.

"It was *a new market, created by this pandemic scare*," Dr. Ossi said.

How the flu vaccine industry was built

Vaccines have always been a business. They've just never been a very good business.

"We were losing money," said Claude Vezeau, former chief executive officer at Montreal-based IAF BioChem International, Canada's largest maker of vaccines in the 1990s. "All vaccines were losing money."

The problem has been rooted in the cumbersome process of vaccine production and in the public's complacency. Alan Davies, the head of Canada's famed Connaught Antitoxin Laboratory at the University of Toronto, once lamented: "People are willing to pay more for a bottle of headache tablets than they are for a vaccine that will protect them for many years." Connaught, too, was a money-loser.

The idea of inoculating people against disease dates back to 1796 when British doctor Edward Jenner noticed that milkmaids appeared to be immune to smallpox because of their exposure to a mild form of pox carried by cows.

Dr. Jenner took puss from a lesion on the hand of a milkmaid and inoculated a young boy. When the child didn't become ill with smallpox, Dr. Jenner deduced that a small dose of a disease could protect a person from a more serious illness (the word vaccine is derived partly from "vaca," the Latin word for cow).

More than two centuries later, making vaccines on a large scale remains challenging. Vaccines are still made primarily from tiny bits of pathogens, the disease-causing agents of a virus. It can take months to get the formula right, and flu viruses are always changing. The manufacturing process is also clunky and relies on techniques developed 50 years ago in which a virus is injected into chicken eggs to multiply.

Here's how the process works: Like any virus, flu will only grow in living cells. One of the best places to grow it is in fertilized chicken eggs. (Pigs and humans are also good, but less practical.) Eleven days after the egg is fertilized, a hole is drilled into the eggshell and the virus is injected into the fluid surrounding the embryo. After the virus infects the embryo, it multiplies. Machines then crack open the eggs and the virus-filled fluid is removed.

The virus is chemically inactivated, usually with formaldehyde, and used as the "antigen" of a flu shot. Antigen is short for antibody generator. When injected into the body, it's the antigen that provokes an immune response that remembers the code of the virus that is attacking the body.

The antigen-making process can take months because the eggs have to be at the right maturity. The virus also grows slowly and it can take as many as three eggs to make one shot of flu vaccine. Then there are the chickens that produce the eggs - they have to be kept in steady supply, and healthy, since producing enough vaccine for an entire country can take millions of eggs.
"It's very cumbersome to make flu vaccine," Dr. Ossi said.

Heavy regulation and a lack of a broad customer base - governments are the primary buyers - left many drug companies with little incentive to make vaccines. Why spend time on such a low-margin business as vaccines when a company could make a fortune developing a new blockbuster drug?

In Canada, where vaccine making was once largely left to public institutions, the picture was no brighter. The country's largest facility, the Connaught lab, earned fame as the site of Frederick Banting and Charles Best's insulin discovery. But it struggled financially for years before being bought by French drug giant Sanofi-Aventis.

Canada's other large vaccine facility, the Institute Armand-Frappier in Quebec City, didn't fare much better. By the mid 1980s, its owner, the University of Quebec, could no longer shoulder the financial burden, and the facility was sold to Mr. Vezeau's IAF BioChem - which also struggled.

How the world changed for vaccines

But all of that began to change with the first hint of a pandemic on the other side of the world.

The outbreak of H5N1 in Hong Kong in 1997 was relatively small - just 18 people who handled birds - but six of them died. Such a high death rate drew immediate attention from medical experts around the world. Fears of a much bigger death toll began to percolate at government levels.

Like many countries, Canada began working on a pandemic preparedness plan. Led by John Spika, a senior infectious disease official at Health Canada, federal and provincial bureaucrats began drawing up models of a potential outbreak that could kill up to 58,000 Canadians and do $30-billion worth of damage to the economy. The key to fighting such an outbreak, they believed, was securing an abundant supply of vaccine.

Dr. Spika and others in the vaccine community warned that if a serious pandemic broke out, countries would close their borders and hoard vaccine. Governments began setting aside money in federal budgets for pandemic preparations. Ottawa also began negotiating a long-term vaccine supply agreement with BioChem, which had the only flu vaccine facility in Canada.

For Mr. Vezeau at BioChem, *pandemic planning was a godsend*. Suddenly, he had the attention of government officials. "We were losing money, so we went to the government and said, 'Listen, for this to be a viable manufacturer, we need to increase the price of our vaccine," Mr. Vezeau said. They got a higher price.

The government pursued contract negotiations with BioChem on a deal that was potentially so lucrative it began to push the value of the company higher. Before it was even signed, Shire Biologics stepped in and purchased BioChem in 2001. Soon after, *the company signed a 10-year pact with Ottawa* that would see the Quebec facility responsible for producing flu shots for every Canadian in a pandemic.

Dr. Spika called the deal "a cheap insurance policy" for the country. At a price tag of $300-million, it was more money than the vaccine maker had ever seen before.

Other vaccine companies began to negotiate similar large-scale contracts in dozens of countries, from Switzerland to France and even such smaller nations as Iceland.

However, one problem remained for the vaccine manufacturers as governments around the world began doling out money for contracts. The process was slow and hard to use on a mass scale. "They have to use chicken embryos and there isn't enough supply of those readily available to be able to make tons of vaccine," Dr. Ossi said.

Fighting pandemic flu with vaccine made from eggs alone would be a losing battle, many believed. Companies needed to find a way to increase the amount of vaccine that could be produced in order to capitalize on the growth. And that particular discovery was already in the works.

The problem with making vaccines

For years, scientists had tried to find a faster way to make vaccines. They chased a variety of theories, including isolating the DNA of a virus, which many researchers believed would unlock new ways to fight infections. But at its main vaccine facility in Rixensart, Belgium, Glaxo had found a way to make vaccines more potent using another kind of technology: adjuvants.

Adjuvants are like superchargers for vaccines. They are mild contaminants that cause the body to respond with a more intense immune response. When paired with antigens, the adjuvant liquid can make the vaccine's impact stronger. This allows for more doses to be produced from less antigen.

The word itself comes from the Latin "adjuvare" which means to help or aid. But adjuvants, like so many scientific discoveries, were stumbled upon almost by accident.

Testing on different batches of vaccines often found that some worked better than others. In cases where there was a slight contaminant present in the mix - something as simple as using dirty lab materials - researchers found there was an enhanced immune response from the body to that dose of vaccine.

Thus the adjuvant industry was born, with contaminants such as oils, salts and virosomes (which are bits of influenza virus that do not replicate) added to vaccines. – "It allows us to decrease the antigen content, which allows us to multiply the capacity," said Philippe Monteyne, senior vice-president of global vaccines development at Glaxo. "And of course, multiplying the capacity has some impacts on the business side," boosting profits.

Adjuvants allowed companies to pump out more, but it is also a higher-margin business than antigens. Significantly more than half the price of a dose of flu vaccine is attributable to the adjuvant, though Glaxo doesn't disclose the exact figures. "That's why vaccines became so attractive," Mr. Monteyne said. "Most of the value in our case is put on the adjuvant technology."

For the drug companies, the new interest in vaccines by governments looking to get as many flu shots as they could buy, and the scientific advances of adjuvants, came at an opportune time.

Many drug makers were starting to worry about the long-term viability of megadrugs like Lipitor, a cholesterol fighter, and Zantac, an ulcer treatment, that have a finite period of patent protection. When the patents expire, the market is flooded with cheaper generic versions. The big drug companies needed a new source of revenue, and the advent of large-scale vaccine manufacturing looked promising.

With the value of vaccines on the rise with the fears of avian flu, the drug companies also liked something else about the resurgent business: they had it to themselves.

Because vaccine making is so expensive - a new plant can cost up to $1-billion (U.S.) - companies like Glaxo, Novartis and Sanofi-Aventis didn't have to worry about a rash of new entrants cutting into the flu vaccine business as governments ordered millions of doses.

For the drug companies, the new interest in vaccines by governments looking to get as many flu shots as they could buy, and the scientific advances of adjuvants, came at an opportune time.

"The barriers to enter the market are extremely high," said Mr. Monteyne in Belgium. "You don't become a vaccine maker over night. That's why we have a few big players, and very few only." That meant the giants could push hard to increase prices. And they did.

Sanofi-Aventis expects to earn close to $6-billion (U.S.) in vaccine revenue next year and double its sales by 2013. This quarter, sales of H1N1 vaccine alone will top $500-million. It is suddenly a good time to be a flu shot maker. – "Vaccines, vaccines, wonderful business," Chris Viehbacher, the Canadian-born CEO of Sanofi-Aventis, told investment analysts on a conference call a few months ago.

It didn't take long for such calculations to be made in other boardrooms around the globe. The companies began acting quickly to expand: Novartis spent $5-billion to buy U.S.-based flu vaccine maker Chrion. Britain's Astra Zeneca paid $15-billion for Medimmune, and Glaxo purchased the old BioChem vaccine operation in Quebec for $1.4-billion.

With 22 per cent of the market, Glaxo was now the global leader in vaccines. And with that clout came the power to influence governments, who were already fearful about not having enough vaccine supply in the event of a pandemic.

How vaccines are sold and prices are set

In the summer of 2008, Canadian Finance Minister Jim Flaherty's staff prepared a briefing note for an upcoming meeting with the head of Glaxo's Canadian operations, Paul Lucas.

Glaxo had been lobbying several governments around the world to get higher vaccine prices and access to massive cash reserves countries were setting aside to cope with a pandemic threat. – "We understand that Mr. Lucas would like to discuss how GSK could further contribute to Canada's pandemic preparedness, including [Ottawa]setting aside $400-million as a contingency fund," the note said, according to documents obtained by Ottawa researcher Ken Rubin.

Mr. Flaherty held the purse strings on any national pandemic plan and subsequent vaccine purchase from Glaxo. The company had a message for the minister: "GSK has been critical … contending that the proposed vaccine price is too low," Mr. Flaherty's staff told him.

Indeed, the company had already been lobbying governments well before then. Since the late 1990s, prices for flu vaccine in North America have soared from $2 per dose to as high as $12 in 2007. The price has recently fallen back to about $8 as buying volumes increased in the face of H1N1. But that's still a healthy margin, as some analysts estimate it costs about $1 to make each dose.

The company does not discuss its costs, but Mr. Monteyne said the cost of a flu shot is flexible depending on whether the buyer can pay more. "We have a tiered pricing strategy," Mr. Monteyne said. "It is mainly based on the level of income of the country."

Beyond just selling crates of vaccine, Glaxo also wants to sell full-service protection - pandemic readiness packages. And the industry's desire to build a stable business out of vaccines, along with the emergence of adjuvants, has led to perhaps the most significant shift the industry has seen in decades: the creation of vaccine stockpiles.

Switzerland was the first country to jump in. In October, 2006, with fear over H5N1 at fever pitch, the Swiss signed a contract with Glaxo on a stockpiling deal that called for 8 million doses of avian flu vaccine, slightly more than one shot for every citizen.

Then, in a new kind of move for the industry, the Swiss reserved future space on the production line for another 8 million doses if needed. That meant Swiss health authorities had priority in line at Glaxo's factories if a second dose were needed.

This emerging business – pre-pandemic treatment – was rounding into shape. Glaxo began trade-marking the names of vaccines along those lines, registering its vaccines as Prepandrix.

Other nations soon followed the Swiss with deals of their own, locking up huge sales for Glaxo.

There was just one problem: the H5N1 pandemic never happened. The virus stayed mostly with animals. The Swiss were left with one of the world's largest stockpiles of unused H5N1 flu vaccine. Glaxo's sales of avian flu vaccine fell 54 per cent in 2008, as countries realized their stockpiles weren't needed.

This was a problem for the vaccine makers, who were looking to build an enduring revenue stream rather than simply capitalizing on flu fears to gain a temporary spike in sales. Glaxo's new CEO, who had been elevated from the ranks of the company's vaccine division, understood this.

How the new vaccine market was born

Barely a year into his tenure as Glaxo's chief executive officer, Andrew Witty outlined the company's achievements during a conference call in October. Quarterly profit was up 30 per cent from a year earlier, orders for H1N1 flu vaccines had topped 400 million doses and the company was close to becoming the world's largest vaccine maker. – "I think the momentum of this business is going in the right direction," Mr. Witty told analysts. In short, Glaxo's big bet on vaccines was bearing fruit. And perhaps most surprisingly, the Swiss were buying again, despite having spent millions on H5N1 vaccine it never used.

This, ***Mr. Witty explained***, was the brilliance of the new vaccine market. Glaxo had turned the Swiss situation into an opportunity to sell more vaccine.

Because adjuvant could be paired with any antigen, the leftover stockpiles could be used for other outbreaks by simply plugging in a different antigen, depending on which virus looked most threatening.

Once a country bought a large supply of adjuvant, it was locked in as a buyer for Glaxo's antigen for years to come. Countries were not just vaccine buyers now; they were subscribers, coming back annually to the company for more and different types of shots. – "If you go with an adjuvanted technology, you can actually keep a stockpile of your adjuvant and then simply rotate a new antigen in at the last minute," Mr. Witty said.

That is basically what the leading countries like Switzerland did.

"The real business is a business of stockpiling. It is not a reactive market. It is something that is proactively being built with governments," Mr. Monteyne said.

Other countries, including Canada, took notice of what the Swiss were doing. In the past 12 months, the number of countries using such stockpiling methods has grown to 60 from less than 10. When H1N1 broke out and temporary vaccine shortages occurred, Canadians learned that the federal government has become a big buyer of adjuvants.

As far as the vaccine makers are concerned, adjuvants are the future because they encourage countries to stockpile what they've bought from the drug companies. Asked by an analyst whether the company could keep generating the record vaccine profits it saw in 2009, Mr. Witty didn't hesitate: Yes, it could.

"What's been created this summer is essentially a stockpiling marketplace, which over a period of time will have to be refreshed," Mr. Witty told analysts. "And that's exactly where we see there being some kind of steady state" for the vaccine industry.

New fears over H1N1 were the catalyst to a completely new way of buying and selling vaccines that many countries are expected to follow. Flu shots are now a product for the masses. Non-seasonal flu shots such as H1N1 could become a yearly norm.

Soaring vaccine sales are also pushing companies to chase profit in other types of shots. The race is now on to develop blockbuster vaccines, defined as those that bring in more than $1-billion annually. Two recently developed vaccines - Prevnar for pneumonia and Garasil for cervical cancer - have become blockbusters, selling close to $2-billion a year.

For now, though, the flu is the driver of all of this.

Flu Inc. is fed by the worry of the unknown, the fears of government that the next pandemic lies just around the corner, or tucked away in some far off area of the world. In the case of H1N1, the

threat of illness for 40 per cent of the country was real enough that they went for the shot, sometimes lining up for hours to get it. And that has spawned a new business.

"We are just at the early days of a new era which is just exploding," Mr. Monteyne said. "The whole vaccine industry is changing."

Dr. Ossi sees it as a permanent shift in habits. "The volume of vaccine that countries are asking for has gone up exponentially," he said.

"How many people got flu shots five years ago? Even the very high-risk people out there - the elderly, with chronic lung disease - only 60 per cent of those were vaccinated. Otherwise, many healthy people never thought of getting the flu vaccine.

"Now, all of a sudden, there's a huge demand and a lot of people are jumping on the bandwagon. It's something that will continue for good now. It's a new marketplace."

STAN

Pandemi-Sammanfattning

STAN, 6 januari 2010.
https://fritenk.wordpress.com/2010/01/06/pandemi-sammanfattning/

Dan Jönsson gör en bra sammanfattning av svininfluensa-affären:
”Hanteringen av svininfluensan har skapat en förtroendekris som drabbar inte bara WHO, utan hela FN-systemet. Samtidigt som klimatkaoset i Köpenhamn demonstrerat FN:s handlingsförlamning visar det sig återigen att när den verkligen betyder något har världsorganisationen alltför lätt att böja sig för mäktiga intressen – om de nu är nationella eller kommersiella, ekonomiska eller militära. Pandemiskandalen och klimatfiaskot gör tydligt att vad världen behöver är ett FN som kan vara en motvikt till dessa intressen, i stället för som nu: deras förlängda arm. En lagom utopi för tiotalet, kanske?”

Han citerar också Wolfgang Wodarg som kallar denna sk pandemi,*”En av vår tids största medicinska skandaler”*. Wodarg är tysk parlamentariker och epidemiolog och ordföranden för Europarådets hälsokommitté, en av dessa hjältar som står upp mot galenskapen. Han säger så här i en dansk tidning – information.dk: ”*Vi har haft en mild influensa – och en falsk pandemi”*. Wodarg har tagit upp saken i Europarådet. I januari ska man hålla en debatt om läkemedelsindustrins inflytande över WHO, 47 parlament i Europa ska informeras. Därefter börjar en undersökning och utfrågningar av de ansvariga för pandemiberedskapen. => Voller L, Villesen K. 'H1N1-Pandemien er en af århundredets største medicinalskandaler'. – Information, 28 December 2009
https://www.information.dk/udland/2009/12/h1n1-pandemien-aarhundredets-stoerste-medicinalskandaler

Inga läkemedelsbolagsintressen bör ha inflytande över pandemiberedskapen. I Ryssland har en parlamentariker föreslagit en bojkott av WHO, om det inte sker en ändring mot ökad transparens, vad säger du om det? *”Alla med kunskap i epidemiologi bör ha ställt sig frågande till WHO’s agerande från första början.”*

Vem ska se till att vi har teknisk kunskap om vacciner om inte industrin får deltaga? *”Det ska oavhängiga institut, som kontrolleras av medlemsländernas parlament, och som har full öppenhet så att offentligheten har insyn.”*

Är det realistiskt att avlägsna läkemedelsbolagen helt från WHO’s styrande? *”Nej, och därför måste vi ha transparens. Dessutom ska de inte delta när beslut tas om när pandemi ska deklareras, eller om vilka som ska vaccineras. De ska bara svara på hur snabbt de kan få fram vaccin. Och bara när de blir tillfrågade,”* säger Wolfgang Wodarg.

WHO ska ge 180 miljoner doser vaccin till länder i tredje världen, som de fått från medlemsländernas överskottslager. Vad tycker du om det? *”Jag tycker att det är helt meningslöst, och om vi inte har en ordentlig koll på de otestade tillsatserna, kan de göra mer skada än nytta.”*

Reaktioner mot pandemi-affären från fler håll:
– Italy: the new influenza is a bluff?
– Swiss Green Party Asks Government For Pandemic Information
– Danish Members of Parliament Outraged by Secret WHO Committee Frankrike:

"The mass swine flu vaccination campaign has galvanised France and led to the create of a new alternative or independent networks on the internet as people have become increasingly aware that the government and the mainstream and government-controlled media are not giving adequate information."

– Kanada: The WHO should just give up on the flu scare:

Every year in this country, 2,000 to 8,000 people die of flu, according to Health Canada. Swine flu, conversely, in the almost eight months since the outbreak began, has killed merely 138. Worldwide, WHO figures show fewer swine flu deaths in eight months than seasonal flu deaths every two weeks.
The WHO has been dishonest about swine flu from the very beginning. It's used its phony pandemic to cover up its five-year scarefest over an avian flu pandemic that never came, to feed at the trough of greater power and a fatter budget, and even to call for redistribution of international wealth on the basis of values "like community, solidarity, equity and social justice," in the words of its director.

***

Hur stor skada gjorde vaccineringarna? Det är en av skandalerna i detta, det vet man inte. Det tycks ha förekommit ett intensivt undertryckande av dödsfall och biverkningar. De första dagarna när vaccineringarna började på allvar i mitten av oktober rapporterades i stort sett ett fall om dan in om någon som dött inom några dagar efter vaccineringen. Sen verkar det som att order gavs om att begränsa rapporteringarna om biverkningar i media! Läkemedelsverket har kommit med redovisning om inrapporterade fall men bara fram till 4 dec. Då hade man 18 dödsfall. Men man förnekar ju på ett nästan komiskt sätt alltid att allvarliga biverkningar kan ha orsakats av vaccinet. Ska jag göra en gissning utifrån det jag sett på nätet, i kommentarer till artiklar och på bloggar, om dödsfall på t.ex. äldreboende där två personer avlidit på natten efter vaccineringarna och order getts om att hålla tyst om det och liknande, så gissar jag att kanske 50-talet personer dött. Johan Niklasson på theflucase.com trodde att kanske 150 dött och flera hundra fått missfall!

Gjorde vaccinerna någon nytta? Experter som Tom Jefferson som studerat den dåliga forskning som finns om influensavacciners effekt menar att de knappast har någon positiv effekt att tala om. När man satte igång att spruta var influensaläget mycket lugnt, sen presenterades en bild av att antalet smittade var stort just som vaccinerandet var igång som mest. Det säkraste sättet att bli sjuk verkar ha varit att ta sprutan, en stor del verkar ha blivit rejält sjuka i flera dagar. Det skulle inte förvåna mig om dessa räknats in i statistiken över influensasjuka i de uppskattningsmetoder man använder. Moral och renhårighet har i alla fall visat vara i stort sett obefintlig från myndigheters och mediers sida under den här kampanjen. 25 fall av döda i svininfluensan har smittskyddsinstitutet, men lika mycket som man tonar ner skador av vaccinet lika mycket överdriver man svininfluensans farlighet. De allra flesta av de som dött har haft annan allvarlig sjukdom och hade troligen dött som följd av vilken influensa som helst. 1000- 2000 personer dör ett vanligt år i sviterna av influensa. När sen influensafallen plötsligt minskade drastiskt i december så gjorde de så i andra länder också, som i Tyskland där 3-4% tagit sprutan, inte 40- 50% som här.

Var "svininfluensaviruset" skapat i laboratorium och utsläppt med flit? Experter har bedömt att det mest sannolika är att denna kombination av olika virussorter har kommit till i laboratorium. Hur det sen kommit ut är kanske inte så lätt att bevisa.

Men det som gjorde vaccinaffären så dramatisk var ju farhågorna att detta var "The Big One". Den sedan flera år planerade stora offensiven som skulle döda många miljoner människor. Fanns det anledning att misstänka att en drive satts i verket för att reducera jordens befolkning? Att en verkligt dödlig smitta skulle spridas med vaccinerna? Med tanke på alla opåkallade förberedelser och varningar för en dödlig pandemi som skulle döda miljontals människor, planer för massgravar och interneringsläger, uppgifter om att den dolda makten i många år talat om problemet med för stor

befolkning på jorden och om vacciner som ett sätt att ändra på det, så fanns det nog det. Och inte minst det faktum att det av vad som verkar vara en tillfällighet avslöjades, ca tre månader innan svininfluensautbrottet i Mexiko i april, att vaccintillverkningsföretaget Baxter skickat ut stora mängder vaccinmaterial till flera laboratorier i Europa som var blandat med det farliga fågelinfluensaviruset! Att denna praktskandal tystades ner och inte nämndes i mainstreammedia förstärkte bara bilden av att något inte stod rätt till. Man kan få för sig att en avsiktlig spridning av en dödlig smitta som kunnat döda miljontals hade turligt stoppats. Om man sen lägger till nästa pusselbit, WHO ändrade i sin definition av vad som räknas som pandemi i maj! Blev man oroliga att viruset inte var tillräckligt dödligt för att man skulle kunna utlysa pandemiläge 6 så att hela vaccinmaskinen kunde sättas igång?

Som det ser ut nu infriades som tur är inte de värsta farhågorna. Kan planerna ha ändrats bakom kulisserna när man märkte hur stor misstänksamheten och motståndet mot vaccineringarna var? Det finns många frågetecken, vad var det som hände i Ukraina? Har den mycket dödliga smittan stoppats? Eller var det fall av TBC, som är ganska vanlig där, och som kan ha fått större genomslag pga IMF's krav på nedskärningar av grundläggande service till medborgarna?

Tänk allt överblivet miljöfarligt vaccin som innehåller bl.a. kvicksilver som nu finns, många miljoner doser.

För att få lite perspektiv på den otroliga insatsen med den här pandemin, jämför med att 16 000 barn dör varje dag! av orsaker som hade kunnat åtgärdas. Och den förföljelse människor som kommit på bot för cancer och andra sjukdomar utsätts för.

Le site du Dr Marc Girard

Marc Girard

Interview: Reconnaître et comprendre les conflits d'intérêts

Roland Simion, 6 janvier 2010
https://web.archive.org/web/20100121020903/http://www.rolandsimion.org/spip.php?article108

Sur la question des conflits d'intérêts comme sur bien d'autres, il existe un décalage faramineux entre la conscience qu'en a désormais le public et la désinvolture persistante des grands médias (et de l'administration), comme illustré par les deux exemples suivants:

L'art. L.4113-13 du Code de la santé publique (qui fait obligation à tout professionnel de santé s'exprimant dans les médias de déclarer ses liens d'intérêts) est constamment ignoré (cf. Vaccination antigrippale: les perles de la campagne...) Il correspond pourtant à une exigence de vérification des sources qu'on voudrait croire systématique chez les journalistes (défense de rire...)

Au centre d'un scandale désormais mondial, le Dr Osterhaus reste obstinément présenté comme «digne de confiance» par Le Monde diplomatique (cf. Le Monde diplomatique), journal pourtant peu suspect d'être à la solde du lobby pharmaceutique.

A entendre les dénégations des experts pris la main dans le sac de la dissimulation, on a l'impression que s'ils n'ont pas utilisé de versements occultes pour s'adonner au jeu, à la drogue ou au sexe, rien ne saurait leur être reproché. La réalité des liens d'intérêts est bien plus subtile et profuse.

Dans la même inspiration que celle qui a guidé mon livre ("Alertes grippales"), je souhaite, dans cette interview, proposer aux citoyens une grille conceptuelle et des éléments de fait qui leur permettront d'ancrer dans leur juste indignation une réflexion authentiquement politique - et d'en tirer, pourquoi pas, une volonté d'agir dans la Cité.
=> https://web.archive.org/web/20091115100222/http://www.rolandsimion.org/spip.php?article78

Comme d'habitude, les internautes sont invités à diffuser le plus largement possible la présente interview, qui se trouve au lien ci-après.



(FR) Reconnaître et comprendre les conflits dintérêts dans la santé - Dr Marc Girard
http://www.youtube.com/watch?v=3oC6dO37UHE

FINANCIAL SENSE EDITORIALS
Uncommon News & Views for the Wise investor

F. William Engdahl

WHO Scientists Corruption Scandals Appear Endemic

Financial Sense Editorials, 11 January 2010
https://web.archive.org/web/20100329212655/http://www.financialsense.com/editorials/engdahl/2010/0111.html

The much-touted threat of an H1N1 Pandemic flu fades in the mildest flu season on record, and governments are left sitting on millions of dollars of stocks of vaccines. The Parliamentary Assembly of the Council of Europe will begin an official investigation into evidence of scandalous corruption relationships in the new "Golden Triangle" of the global drugs industry – WHO, its scientific academic 'advisors' of SAGE, and the pharma drugs industry, yet new confirmations of the extent of official corruption are emerging.

Further information of official WHO corruption has emerged as people begin to look more closely at the unelected officials wielding so much power over our health.

According to WHO's official declaration on conflicts of interest, its official scientific advisory body, the Strategic Advisory Group of Experts on Immunization (SAGE), are obliged to inform on all kinds of financial research support, scholarships, payment for collaboration and sponsor support for the research unit, during the past three years.

Now despite a WHO pledge of transparency in publishing the ties of its members or advisors to the pharma industry, a Danish Freedom of Information Act request by Louise Voller & Kristian Villesen for the Danish daily newspaper *Information* has confirmed that the newest member of the elite SAGE, Finnish Professor Juhani Eskola, an advisor managed not to reveal the fact that his Finnish research laboratory, THL, a WHO research center, got 6.3 million Euros (about $9 million) from swine flu vaccine maker, GlaxoSmithKline (GSK) in 2009. GSK produces the H1N1 swine flu vaccine, 'Pandemix' which the Finnish and many other governments, following the recommendations of THL and WHO, purchased in large volumes as a national pandemic reserve.[1]

The Finnish Minister of Health has become involved in the Eskola case and has asked for transparency concerning the researcher's financial ties to the pharmaceutical industry. However, Professor Eskola doesn't agree that there is a problem. He secures and protects his 'WHO' status, by offering a minor 'consultative payment' to the pharmaceutical company, Novartis.

The GSK money is the THL lab's largest income source. Questioned about the obvious conflict of interest in the appointment of Eskola to "objectively" advise WHO on vaccines, Eskola admits, "We are aware that there appears to be a conflict interest."

'Mr Flu' and the stench of corruption

Eskola is part of a much more pervasive corruption in the scientific advisors of WHO. The scientist perhaps most influential in the vaccine decisions of WHO since the outbreak of SARS in Asia and Avian Flu several years ago is Holland's Professor Albert Osterhaus. Known as 'Mr Flu' for his enormous influence over WHO and other flu decisions, Osterhaus lost his shine recently when the Dutch Parliament was forced to investigate Osterhaus' ties to the pharma industry.

Osterhaus, of the Erasmus University in Rotterdam Holland has been named by Dutch media researchers as the person at the center of the worldwide Swine Flu H1N1 Influenza A 2009 pandemic hysteria. Not only is Osterhaus the connecting person in an international network that has been described as the Pharma Mafia, he is THE key advisor to WHO on influenza and is intimately positioned to personally profit from the billions of euros in vaccines allegedly aimed at H1N1.

Osterhaus's credentials and expertise in his field were not in question. What is in question, according to a short report published by the journal *Science*, are his links to corporate interests that stand to potentially profit from the swine flu pandemic. *Science* carried the following brief note in its October 16 2009 issue about Osterhaus:

"*For the past 6 months, one could barely switch on the television in the Netherlands without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development.Last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development. As Science went to press, the Dutch House of Representatives had even slated an emergency debate about the matter*." [2]

Albert Osterhaus is no small player. He stands at the global nexus of every major virus panic of the past decade from the mysterious SARS deaths in HongKong, where current WHO Director Margaret Chan got her start in her career as a local health official. According to his official bio at the European Commission, Osterhaus was engaged in April 2003, at the height of the panic over SARS (Severe Acquired Respiratory Syndrome) in investigation of the Hong Kong outbreak of respiratory illnesses. The EU report states, "he again showed his skill at moving fast to tackle a serious problem. Within three weeks he had proved that the disease was caused by a newly discovered coronavirus that resides in civet cats, other carnivorous animals or bats." [3]

Then Osterhaus moved on as SARS cases vanished from view, this time publicizing dangers of what he claimed was H5N1 Avian Flu. In 1997 he had already began sounding the alarm following the death in Hong Kong of a three-year-old who Osterhaus learned had had direct contact with birds. Osterhaus went into high gear lobbying across Holland and Europe claiming that a deadly new mutation of avian flu had jumped to humans and that drastic measures were required. He claimed to be the first scientist in the world to show that H5N1 could be transferred into humans. [4]

In a *BBC* interview in October 2005 on the danger of Avian Flu, Osterhaus declared, "…if the virus manages indeed to, to mutate itself in such a way that it can transmit from human to human, then we have a completely different situation, we might be at the start of the pandemic." He added, "there is a real chance that this virus could be trafficked by the birds all the way to Europe. There is a real risk, but nobody can estimate the risk at this moment, because we haven't done the experiments."[5] It never did manage to mutate, but he was ready to "do the experiments," presumably for a hefty fee.

To bolster his frightening pandemic scenario, Osterhaus and his lab assistants in Rotterdam began assiduously assembling and freezing samples of, well, bird shit, in an attempt to build a more scientific argument. He claimed that at certain times of the year up to 30% of all European birds acted as carriers of the deadly avian virus, H5N1. He also claimed that farmers working with hens and chickens were then exposed. Osterhaus briefed journalists who dutifully noted his alarm. Politicians were alerted. He wrote papers proposing that the far away deaths in Asia from what he termed H5N1 were coming to Europe, presumably on the wongs or in the innards of deadly sick infected birds. He claimed that migratory birds were carrying the deadly new disease as far west as Germany's Baltic island, Rügen, Croatia and Ukraine.[6] He conveniently ignored the fact that birds do not migrate east to west but rather north to south.

Osterhaus' Avian Flu alarm campaign really took off in 2003 when a Dutch veterinary doctor became ill and died. Osterhaus claimed the death was from H5N1. He convinced the Dutch government to order slaughter of millions of chickens. Yet no other infected persons died from the alleged H5N1. Osterhaus claimed that that was simply proof of the effectiveness of the preemptive slaughter campaign.[7]

Osterhaus claimed that bird feces were the source, via air bombardment or droppings, onto populations and birds below. That was the vehicle for the spread of the deadly new Asian strain of H5N1 he insisted.

There was only one problem with the now voluminous frozen samples of diverse bird excrement he and his associates had collected and frozen at his institute. There was not one single confirmed example of H5N1 virus found in any of his samples. At a May 2006 Congress of the World Organization for Animal Health (OIE), Osterhaus and his Erasmus colleagues were forced to admit that in testing 100,000 samples of their assiduously saved bird feces, they had discovered not one single case of H5N1 virus.[8]

At a WHO conference in Verona in 2008 titled "Avian influenza at the Human-Animal Interface," in a presentation to scientific colleagues undoubtedly less impressed by appeals to pandemic emotion than the non-scientific public, Osterhaus admitted that "A proper risk assessment of H5N1 as the cause of a new pandemic cannot be made with the currently available information." [9] By then, however, his sights were already firmly on other possible pandemic triggers to focus his vaccination activities.

A Mexican outbreak of a strange disease rapidly became swine flu, the now-famous H1N1 Influenza A of 2009 and 'Mr Flu' was once more at the forefront sounding the alarm at WHO.

Tip of a big, big iceberg

The financial ties of Eskola and Osterhaus to the pharma industry that stands to gain from their scientific recommendations to WHO is but the tip of a big, big iceberg.

The following list of WHO researchers, prepared by *Information*,[10] name more scientists reported to have financial ties to Big Pharma, suggesting the entire WHO system is systematically corrupt:

*Dr. Peter Figueroa, Professor in the Department of Community Health and Psychiatry in Jamaica, has received money from Merck.

*Dr. Neil Ferguson has received funding from Baxter, GlaxoSmithKline, and Roche, as well as from some insurance companies

*Professor Malik Peiris in Hong Kong has received money from Baxter GlaxoSmithKline and Sanofi Pasteur.

*Dr. Arnold Monto, advisor to Chiron, GlaxoSmithKline, MedImmune, Roche, Novartis, Baxter and Sanofi Pasteur, has received funding from same.

*Dr. Friedrich Hayden, consultant to MedImmune and Sanofi Pasteur, received money from those companies, in addition to Roche, RW Johnson, and SmithKline Beecham.

*'Dr Flu' Prof. Albert Osterhaus has received money from Baxter, Crucell, Novartis, Hoffman-La Roche, MedImmune, Nobilon, Sanofi Pasteur, MSD, GlaxoSmithKline, and Solvay.

The WHO is in the powerful position of reviewing and making vaccine recommendations to the world.

Changing the definition of Pandemic

In an interview with *Der Spiegel* magazine in Germany, epidemiologist Dr. Tom Jefferson of the Cochrane Collaboration, an organization of independent scientists evaluating all flu related studies, noted the implications of the privatization of WHO and the commercialization of health:

Jefferson: *"...one of the extraordinary features of this influenza -- and the whole influenza saga -- is that there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur.*

SPIEGEL: *Who do you mean? The World Health Organization (WHO)?*

Jefferson: *The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding...*[11]

When asked if the WHO had deliberately declared the Pandemic Emergency in order to create a huge market for H1N1 vaccines and drugs, Jefferson replied,
"Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." [12]

Conveniently enough, the WHO published the new Pandemic definition in April 2009 just in time to allow WHO, on advice of SAGE and others like Albert "Dr Flu" Osterhaus and David Salisbury, to declare the mild cases of flu dubbed H1N1 Influenza A to be declared Pandemic Emergency.[13]

Pandemic declaration automatically activates countless national emergency preparations including mandatory stockpiling of vaccines, vaccines supplied, of course, by the same pharmaceutical companies pouring money into the advisors of WHO. For them the new "Golden Triangle" is perhaps even more lucrative than the Asian Golden Triangle of drugs in the 1960's Vietnam War era. And so far it's all legal to boot.

Endnotes:

[1] Louise Voller & Kristian Villesen, *WHO Advisor Conceals a Donation of Millions from a Pharmaceutical Company*, Dagbladet Information, Copenhagen, 10 December, 2009, accessed in http://www.theflucase.com.

[2] Martin Enserink, *In Holland, the Public Face of Flu Takes a Hit*, Science, 16 October 2009: Vol. 326. no. 5951, pp. 350 – 351; DOI: 10.1126/science.326_350b.

[3] European Commission, „Research", Dr Albert Osterhaus, accessed in http://ec.europa.eu/research/profiles/index_en.cfm?p=1_osterhaus.

[4] Ibid.

[5] Jane Corbin, *Interview with Dr Albert Osterhaus*, BBC Panorama, 4 October, 2005.

[6] Karin Steinberger, *Vogelgrippe: Der Mann mit der Vogelperspektive*, Seuddeutsche Zeitung, 20 October, 2005, accessed in www.seuddeutsche.de panorama/8/373818/text/.

[7] Ibid.

[8] *Schweinegrippe—Geldgieriger Psychopath Auslöser der Pandemie*?, accessed in http://polskaweb.eu/vater-der-neuen-grippen-wahrscheinlich-wahnsinnig-673756422645.html.

[9] Ab Osterhaus, *External factors influencing H5N1 mutation/reassortment events with pandemic potential*, OIE, 7-9 October 2008, Verona, Italy, accessed in http://www.oie.int/eng/info_ev/en_verone.htm.

[10] Ibid.

[11] Tom Jefferson, *Interview with Epidemiologist Tom Jefferson: 'A Whole Industry Is Waiting For A Pandemic'* Der Spiegel, 21 July 2009, accessed in http://www.spiegel.de/international/world/0,1518,637119,00.html.

[12] Ibid.

[13] Louise Voller, Kristian Villesen, *Mystisk ændring af WHO's definition af en pandemi*,Copenhagen Information, 15 November 2009, accessed in*http://www.information.dk/215341*.

*F. William Engdahl is author of *Seeds of Destruction: The Hidden Agenda of Genetic Manipulation* (www.globalresearch.ca). He also authored *A Century of War: Anglo-American Oil Politics and the New World Order* (Pluto Press). His newest book, *Full Spectrum Dominance: Totalitarian Democracy in the New World Order* (Third Millennium Press) is now in print and will be available by mid-June. He may be contacted over his website, www.engdahl.oilgeopolitics.net.

WORLD HEALTH ORGANIZATION • WESTERN PACIFIC REGION
WHO Representative Office in Viet Nam

WHO Key Messages – Conflict of Interest Issues

Geneva, WHO, 11 January 2010
https://web.archive.org/web/20100118104158/http://www.wpro.who.int/vietnam/media_centre/press_releases/h1n1_8jan2010.htm

Topics

- Reaction to criticism
- Council of Europe motion to discuss "Faked pandemics: a threat for health"
- Definition of pandemic
- Influence from pharmaceutical industry
- Why WHO recommends vaccination
- Emergency Committee
- Strategic Advisory Group of Experts (SAGE)
- Exaggerated pandemic?

Reaction to criticism

Key messages:

Criticism is part of an outbreak cycle. It's expected. It can be good for public health if criticism highlights a failing of ours. Or it can be harmful, if unfounded assertions undermine good public health advice. We expect and indeed welcome criticism and the chance to discuss it.

Evaluation is a necessary step and we are open to recommendations that can improve our work. When this is over, undoubtedly WHO will work with outside experts to examine its response and their findings will be made public.

Council of Europe motion to discuss "Faked pandemics: a threat for health"

Key messages:

Providing independent advice to Member States is a very important function of WHO. We take this work seriously and guard against the influence of any vested interests. We welcome any legitimate review process that can improve our work.

Definition of pandemic

Key messages:

WHO did not change the definition of pandemic in the course of this outbreak. A pandemic is declared when there have been verified community-level outbreaks of a new influenza virus, passing from human-to-human, in two or more countries in more than one WHO region.

WHO pandemic preparedness guidelines and other background information is available here: http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html

WHO's pandemic preparedness guidelines were developed in consultation with Member States and pandemic influenza experts over the course of several years. The 2005 pandemic preparedness guidelines were revised over a two year period of consultation and were finalized in February 2009. These were published in April, just as it appeared we were about to face a new pandemic.

Some of the confusion may stem from the fact that there was a document on WHO's website for some months that said a pandemic would include "enormous amounts of cases and deaths". This was removed when it was brought to our attention. This information was never part of the formal definition of a pandemic and was never part of documents sent to Member States for their preparedness work. We regret the confusion it has caused.

WHO has consistently assessed the impact of the current influenza pandemic as moderate, reminding the medical community, public, and media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment.

Influence from pharmaceutical industry

Key messages: WHO works with a wide range of individuals to obtain the input needed for WHO to address public health issues. WHO has systems in place to safeguard against potential conflicts of interest by experts in its advisory groups.

WHO requires all experts advising the organization to declare all professional and financial interests, including funding received from pharmaceutical companies or consultancies or other forms of professional involvement with pharmaceutical companies. This information is shared with other members of the advisory group and taken into account by WHO in determining whether the experts concerned should continue to provide advice to the organization.

Allegations of undeclared conflicts of interest are taken very seriously by WHO, and investigated immediately.

Why WHO recommends vaccination

Key messages: We need the best tools and best solutions to protect human life - and those tools include vaccines and antiviral drugs.

We work with pharmaceutical companies because they are the ones who make vaccines. Vaccines are not made by the governments or by the public sectors, but by companies in the private sector. We work with these companies in the developed countries and also in a number of developing countries.

Emergency Committee

Key messages: The Emergency Committee was the one that advised the Director-General to declare a pandemic, although the final decision was hers.

To date, the names of these members have been withheld to reduce the possibility or any of them being directly pressured by any outside parties, since any actions or pronouncements taken by WHO under advisement by the Emergency Committee related to a public health emergency of international could have wide social, political and health related consequences.

Strategic Advisory Group of Experts (SAGE)

Key messages: SAGE is a group of experts that advises WHO on all aspects of vaccines. In July 2009, SAGE held an emergency meeting to make recommendations related to pandemic vaccine, including which groups should be prioritized for immunization.

This information is not secret: the names of members of SAGE and working groups of SAGE are published on the WHO web site, along with meeting reports and declarations of interest made by experts attending those meetings. http://www.who.int/immunization/sage/en/

Useful reference: WHO briefing note on use of advisory bodies

http://www.who.int/csr/disease/swineflu/notes/briefing_20091203/en/index.html

Exaggerated pandemic?

Key messages

- Early decisions are made in the midst of profound uncertainties. This is not an excuse but a fact. At the beginning of the pandemic, not knowing if it was a severe or mild disease, WHO had to take actions and make recommendations.
- WHO has consistently assessed the impact of the current influenza pandemic as moderate, reminding the medical community, public, and media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment.

The Guardian

James Sturcke and Owen Bowcott

Drug companies face European inquiry over swine flu vaccine stockpiles

The Guardian, 11 January 2010, 19.47 GMT
https://www.theguardian.com/world/2010/jan/11/swine-flu-h1n1-vaccine-europe

Council of Europe to discuss whether pharmaceutical firms spread alarm over pandemic to boost orders of medicines.

European health chiefs are to hold emergency talks about whether pharmaceutical giants have unduly influenced governments into squandering public money on vast stockpiles of unnecessary swine flu drugs.

The Council of Europe will debate a resolution that accuses drug companies of leaning on public health officials to alarm governments about the risks of H1N1 flu.

The talks, due to be held later this month, come as British ministers decide what to do with a surplus of as many as 20m doses of vaccine ordered at the height of the swine flu outbreak.

"The governments have sealed contracts with vaccine producers where they secure orders in advance and take upon themselves almost all the responsibility.

"In this way, the producers of vaccines are sure of enormous gains without having any financial risks. So they just wait, until WHO says 'pandemic' and activate the contracts," Wolfgang Wodarg, head of health at the Council of Europe, told the Daily Mail.

Wodarg, who proposed the resolution, added that H1N1 virus was "a mild flu and a false pandemic".

Last week, Germany and France announced they would scale back orders or sell excess H1N1 drug supplies. Shares in the manufacturer GlaxoSmithKline (GSK) have fallen as orders are cancelled. The drugmaker had previously estimated total sales of its pandemic flu vaccine across more than 70 countries at £2bn, over 2009 and 2010.

The impact of the H1N1 virus has been less severe than anticipated. At the height of the pandemic scare, around 65,000 deaths were expected in Britain; the current, downgraded estimate is for 1,000 fatalities. The latest death toll for the whole of the UK stands at 360.

The Department of Health confirmed last week that a total of 28.9m doses had already been delivered to the UK – 23.9m from GSK and 5m from another firm, Baxter.

A break clause in the Baxter contract has been exercised by the UK but more orders were due to arrive from GSK. Health officials were negotiating with the firm to suspend further deliveries.

Professor David Salisbury, the Department of Health's director of immunisation, confirmed that discussions about what to do with Britain's surplus vaccine were under way.

But Salisbury stressed: "We have to keep a stockpile for ourselves because we simply don't know what is going to happen over 2010, and we know that there are proportions even within the risk group who have not been vaccinated. – "If there were a UK resurgence during 2010, we would look very foolish if we had disposed of a valuable stockpile."

The options being reviewed include selling it, giving it away, or possibly even keeping one of its component parts – known as an "adjuvant" – to use as the basis of a vaccine for a different virus pandemic in the future.

The text of the resolution prosed by Wodarg calling for an inquiry states that "in order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccine strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side-effects of insufficiently-tested vaccines."

The total bill for fighting swine flu in the UK was put at £1bn in a parliamentary question back in September. It is expected to have risen since then.

THE Sun

Chris Pollard

Swine flu 'false pandemic' claim

The Sun, 11 January 2010
https://web.archive.org/web/20120920063159/http://www.thesun.co.uk/sol/homepage/news/2803049/Swine-flu-false-pandemic-claim.html?OTC-RSS&ATTR=News

A leading health expert says the swine flu scare was a "false pandemic" led by drugs companies that stood to make billions from vaccines.

Wolfgang Wodarg, head of health at the Council of Europe, claims major firms organised a "campaign of panic" to put pressure on the World Health Organisation to declare a pandemic.

He believes it is "one of the greatest medicine scandals of the century" – and has called for an inquiry.

An emergency debate on the issue will be held by the Council later this month.

Dr Wodarg said: "It's just a normal kind of flu. It does not cause a tenth of deaths caused by the classic seasonal flu.

"The great campaign of panic we have seen provided a golden opportunity for representatives from labs who knew they would hit the jackpot in the case of a pandemic being declared.

"We want to clarify everything that brought about this massive operation of disinformation. We want to know who made decisions, on the basis of what evidence, and precisely how the influence of the pharmaceutical industry came to bear on the decision-making."

He added: "A group of people in the WHO is associated very closely with the pharmaceutical industry."

The WHO has recently reaffirmed its stance that the pandemic is not over. However, the number of swine flu deaths is dramatically lower than expected.

Last year, Dr Wodarg raised concerns about swine flu vaccines, saying they could cause dangerous allergic reactions.

In an interview with France's L'Humanite, he said: "The vaccines were developed too quickly. Some ingredients (adjuvants) were insufficiently tested.

"But there is worse to come. The vaccine developed by Novartis was produced in a bioreactor from cancerous cells – a technique that had never been used until now.

"This was not necessary. It has also led to a considerable mismanagement of public money.

“The time has come at last for us to make demands on governments. The purpose of the inquiry is to prevent more false alarms of this type in the future.

“We must make sure people can rely on the analysis and the expertise of national and international public institutions. The latter are now discredited, because millions of people have been vaccinated with products with inherent possible health risks.”

He added: “In Germany this has cost about 700 million Euros. But it is very difficult to know the exact figures because we are talking about vaccines resold to foreign countries, and most firms do not communicate due to the principles of ‘trade secrets’.”

It is believed the British government is desperately trying to offload up to £1billion of swine flu vaccine, ordered at the height of the scare.

The Department of Health warned of 65,000 deaths and set up a special advice line and website.

Anti-flu drugs were given out without prescription, and local health authorities were told to prepare for a major outbreak.

Planners were ordered to get morgues ready for the sheer scale of deaths and there were warnings the Army could be called in to prevent riots as people fought to obtain drugs.

But fewer than 5,000 caught the bug last week, and just 251 have died from it overall.

news. com.au

Chris Pollard

Swine flu 'a false pandemic' to sell vaccines, expert says

NewsCore, 12 January 2010, 5:13PM
https://web.archive.org/web/20100114013335/http://www.news.com.au/world/swine-flu/story-e6frfkyi-1225818388508

Claims swine flu is a "false pandemic" and "a campaign of panic" being used to create a huge market for vaccines are "historically and medically inaccurate", Australia's top medical official says.

Wolfgang Wodarg, head of health at the Council of Europe, has claimed major firms organised a "campaign of panic" to put pressure on the World Health Organisation (WHO) to declare a pandemic, UK tabloid *The Sun* reports. Dr Wodarg is calling for an inquiry into what he calls a "medical scandal".
https://web.archive.org/web/20120920063159/http://www.thesun.co.uk/sol/homepage/news/2803049/Swine-flu-false-pandemic-claim.html?OTC-RSS&ATTR=News

However Australia's Chief Medical Officer, Professor Jim Bishop, today strongly rejected the accusations. "The recognition and declaration of a pandemic by the World Health Organiaation occurred in response to cases and deaths in Mexico and the USA not because of drug companies input or influence," Prof Bishop said.

Prof Bishop also refuted claims by Dr Wodarg that swine flu: "Was a normal kind of flu. It does not cause a tenth of deaths caused by the classic seasonal flu." "Swine flu is similar to ordinary flu but with some dangerous differences," Prof Bishop said. "Swine flu affected a much younger age group.

"The median age of all Australian hospitalisations from swine flu was just 31 years. "The median age of Intensive Care Units (ICU) admissions was 40 years and the media age of deaths in Australia was 48 years. "This is 35 years younger than the median age of death from standard winter flu in Australia is 83 years. "We also saw a sharp increase in the number of people, particualrly younger people who had to be admitted to ICUs."

In an interview with France's *L'Humanite* on Sunday, Dr Wodarg also raised concerns about the swift release of swine flu vaccines. "The vaccines were developed too quickly. Some ingredients were insufficiently tested," Dr Wodarg said.

"The development of a swine flu vaccine was not rushed," Prof Bishop said in reply. "In Australia the vaccine has gone through a rigorous safety assessment by the Therapeutic Goods Administration.

"The safety profile of the Australian CSL vaccine is very well established from clinical trials and worldwide use with millions of doses being safely administered."

The Federal Government has purchased 21 million doses of swine flu vaccine.

The Department of Health and Ageing is encouraging everyone from 6 months upwards to be vaccinated free of charge before swine flu comes back next year.
The WHO recently reaffirmed its stance that the pandemic is not over.
However, the number of swine flu deaths is dramatically lower than expected.

To read more go to *The Sun* – see above

MailOnline

Fiona Macrae, Sophie Borland

Swine flu taskforce's links to vaccine giant:
More than half the experts fighting the 'pandemic' have ties to drug firms

Daily Mail, 14 January 2010, 12:38 BST,
http://www.dailymail.co.uk/news/article-1246370/Drug-firms-drove-swine-flu-pandemic-warning-recoup-billions-spent-research.html

More than half the scientists on the swine flu taskforce advising the Government have ties to drug companies.

Eleven of the 20 members of the Scientific Advisory Group for Emergencies (SAGE) have done work for the pharmaceutical industry or are linked to it through their universities.

Many have declared interests in GlaxoSmithKline, the vaccine maker expected to be the biggest beneficiary of the pandemic.

The disclosure of the register of interests comes just days after a health expert branded the swine flu outbreak a 'false pandemic' driven by the drug companies which stood to profit.

The Government is now trying to offload up to £1billion worth of unwanted swine flu vaccine.

Last July, the Department of Health warned of up 65,000 deaths, with 350 a day at the pandemic's peak. But the death toll now stands at just 251.

SAGE was created to give Ministers recommendations on how to control and treat the virus.

Official documents show some members are linked to vaccine manufacturer Baxter and to Roche, which makes Tamiflu.

GSK, Baxter and Roche stand to make up to £1.5billion between them from Government contracts related to swine flu.

The scientists declared the interests to the Department of Health.

They were not obliged to declare the amounts they earned but they are thought to range from around £500 for a lecture or presentation to more than £100,000 for a directorship of GSK.

Some will simply be heads of university research departments which received funding from companies.

Liberal Democrat Norman Lamb said last night: 'While there is no evidence that experts acted improperly, the sheer scale of the pharmaceutical industry's influence is a cause for concern and needs to be looked at.'

However, some researchers said industry experience could only add to the scientists' knowledge, enabling them to provide the best and the most up-to-date advice.

Leading flu expert Professor John Oxford said it was right to have people with different types of experience.

He said: 'If you are giving advice about vaccines or anti-viral drugs, you can't sit in your ivory tower and think you know everything about it.'

One of the biggest earners on SAGE is the former rector of Imperial College, London, Professor Sir Roy Anderson. He is a non-executive director of GSK which also makes Relenza, the Tamiflu alternative for pregnant women.

GSK strongly denied any conflict of interest.

It said Sir Roy was asked to rejoin SAGE, which he had left to join GSK, because of his expertise.

The company said: 'He has not attended any meetings related to purchase of drugs or vaccine for either the government or GSK.'

Dr Stephen Inglis of the National Institute for Biological Standards and Control has interests in more than 40 drug companies, all connected to the NIBSC rather than himself.

He says: 'The NIBSC is a centre of the UK's Health Protection Agency, a not-for-profit public body whose purpose is to enhance and safeguard public health.

It must engage with many pharmaceutical companies and, in some instances, it is appropriate to charge them for products and services.'

The Department of Health said: 'Committee members do not take part in discussions that may involve a potential conflict of interest.'

But that raises the possibility of more than half of the handpicked advisers being shut out of key discussions.

Blog de
Guy Chambefort et Xavier Cadoret

Grippe H1N1: prochaine commission d'enquête parlementaire sur la vaccination

Bloog de Guy Chambefort, 22 Janvier 2010.
https://guy-chambefort.typepad.fr/essai_dput/2010/01/gripe-h1n1-prochaine-commission-denqu%C3%AAte-parlementaire-sur-la-vaccination.html

PARIS – Une commission d'enquête parlementaire sur la campagne de vaccination contre la grippe H1N1 à la demande du Nouveau centre (NC, partenaire de l'UMP) devrait prochainement voir le jour, a confirmé mardi le président de l'Assemblée nationale, Bernard Accoyer (UMP).

"Dans les semaines qui viennent, la commission d'enquête se mettra au travail", a indiqué à la presse M. Accoyer après la conférence des présidents, qui fixe l'ordre du jour de l'Assemblée.

Le groupe NC (23 députés sur 577) a fait valoir la semaine dernière son "droit de tirage" (tout groupe parlementaire peut demander une fois par session la création d'une commission d'enquête, qui doit être votée dans l'hémicycle) pour réclamer une commission d'enquête parlementaire sur "les conditions de vaccination" contre la grippe H1N1.

"Il ne s'agit pas de remettre en cause l'action du gouvernement mais de faire le point sur comment la campagne de vaccination s'est déroulée", a déclaré le président du groupe François Sauvadet.

"Ca ne va pas être une commission d'enquête pour désigner Mme Bachelot, a-t-il encore déclaré dans la salle des Quatre-Colonnes. Je crois qu'elle a bien fait son job.

C'est une commission pour accompagner tout gouvernement à mieux gérer les crises de pandémie et à répondre de manière efficace aux questions posées".

M. Sauvadet a encore estimé que "d'après le calendrier", la commission pourrait "intervenir dans les deux mois qui viennent".

Jean-François Copé et Jean Leonetti, président et vice-président du groupe UMP à l'Assemblée nationale, ont vivement déploré mardi la demande du Nouveau Centre, y voyant même une démarche "inamicale".

THE FLU CASE

French Parliamentary inquiry into Swine Flu Scam set to go ahead soon

The Flu Case, 20 January 2010, 16:38
https://web.archive.org/web/20100220012819/http://www.theflucase.com/index.php?option=com_content&view=article&id=2611%3Afrench-parliamentary-inquiry-into-swine-flu-scam-set-to-go-ahead-soon&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French parliament is to set up a special committee to investigate the mass swine flu campaign following a request by the Nouveau Centre (NC) party, it has emerged.

The president of the Assembly, Bernard Accoyer, said on Tuesday that the conference of presidents had agreed to set up a parliamentary inquiry on the „conditions of vaccination".

François Sauvadet of the NC party with 23 deputies said that he believed the committee could be at work within two months.

The mass swine flu vaccination campaign carried out by Health Minister Roselyne Bachelot has come under fierce criticism.

In August, a government document was leaked revealing plans to vaccinate the entire French population by the end of January 2010 in especially established vaccine centres.

However, only an estimated 6 million French people so far have taken the swine flu jab following an unprecedented internet campaign to spread information on its toxicity.

Especially controversial were the requisitions of nurses and doctors, who were compelled to work in the vaccine centres.

Bachelot unexpectedly cancelled vaccine order for 50 million jabs one day after she was summoned to appear in a Paris court – she was represented by her lawyer – to answer allegations of mass poisioning through the vaccine campaign.

A national parliamentary inquiry could be potentially far more damaging than the inquiry at the Council of Europe as parliaments have more power to summon witnesesses and eventually to take corrective legislative action.

NATURAL FAMILY BLOG

Sherri Kane

PharmaMedia to Squelch EU Council's Secret Investigation into H1N1 Vaccine Fraud and Global Genocide

Natural Family blog, 23 January 2010
https://web.archive.org/web/20100228041435/http://naturalfamilyblog.wordpress.com/2010/01/23/pharmamedia-to-squelch-eu-council%E2%80%99s-secret-investigation-into-h1n1-vaccine-fraud-and-global-genocide

The Parliamentary Assembly of the Council of Europe (PACE) will hold a secret hearing next week into the apparent manipulation by BigPharma of the World Health Organization's (WHO) global H1N1 flu campaign. Experts predict the secrecy will be maintained by the PharmaMedia that controls mainstream news.

The PACE hearing currently advancing was prompted by Dr. Wolfgang Wodarg, chief of health in the Council of Europe representing 47 countries. This inquiry will address the drug cartel's "false flag" pandemic, and the WHO's scandalous promotions of swine flu vaccinations that were "fast tracked," inadequately tested, and now causing more harm than good.

The sanctioned vaccines and drugs, such as Tamiflu, are burdening governments financially and poisoning people globally, experts say.

During my interview of Dr. Wodarg on January 14th, he mentioned he was not re-elected by the German people last September. Studying his previous investigations into criminal drug industry operations and cover-ups, it is likely his defeat was rigged.

"As head of the subcommittee for health," Dr. Wodarg reported from his home in Germany, "I made the motion. and there will be investigations. . . .



"Many countries in Europe are very angry about what the WHO did and how they decided to have a pandemic when there was just a mild flu; and this whole thing was in favor of those companies who had prepared the pandemic plans, and who only needed the judgment of the WHO to have them set in power, and to earn them money," Dr. Wodarg explained.

The Council is expected to consider the sudden inexplicable proclamations of H1N1 vaccine shortages instigated by BigPharma's advertising gurus paid to respond to widespread distrust of the manufactured flu fright and vaccine sales hype.

Global pandemic promoters used frightful messages to convince scientists, doctors, and global populations that pandemic H1N1 threatened to kill millions. Instead, the virus caused only a tiny fraction of deaths reported during a normal flu season.

PharmaMedia to Squelch Crimes

Many observers believe the urgently needed investigation is unlikely to make any significant difference in public perceptions since drug industrialists have a knack for steering their allies in the media clear of controversy; especially this kind of explosive scandal.

"PharmaMedia controls the mass mind more effectively than any covert psychological operation in world history," said Dr. Leonard Horowitz, a Harvard-trained media expert and world leading vaccine risk analyst. Dr. Horowitz is also the Editor-in-Chief of Medical Veritas journal.

Few people realize the connections between major drug companies that produce H1N1 vaccines and media moguls on the boards of directors of BigPharma's leading companies.

According to Dr. Horowitz, media moguls spin the news and mass mindset impacting geopolitics, economics, and governmental policies on behalf of BigPharma because they are heavily invested in the drug cartel. News blackouts and promotional propaganda are all that is needed to maintain the status quo in favor of ongoing fraud and mass murder. This is his conclusion based on rock solid evidence his colleagues and contributors have published in the peer review science journal Medical Veritas.

What if Dr. Wodarg, Dr. Horowitz, and the Health Minister of Poland, Dr. Ewa Kopacz, who rejected the vaccine hype and sales contracts because of the obvious fraud, are all right?

Who Ordered the Shortage Marketing?

To diagnose this surreal tragedy accurately, one need only consider the source of the shortage marketing directive. There was a dramatic orchestrated change in global media promotions the third week of October. Investigators must ponder why adequate supplies of vaccines widely acknowledged before October 16, 2009, suddenly disappeared following a Council on Foreign Relations (CFR) meeting on this subject held in New York on this date.

The "H1N1 Pandemic Study Group" meeting was led by Laurie Garrett – a noted journalist whose works exemplify PharmaMedia's methods of conducting white collar bio-terrorism and psychological warfare. Her messages, like other authors "selected" for media stardom, create markets and stimulate sales for the petrochemical-pharmaceutical cartel, especially through lucrative sales of vaccines and drugs following frights.

Garrett's study group decided that the most effective response to the public's overwhelming aversion to getting vaccinated was to feign a vaccine shortage. One week later, the media, led by Thomas Glocer's Reuters News Service and Rupert Murdoch's News Corporation, suddenly declared the alleged shortages.

It turns out that Murdoch, directing most powerfully the influential media, including Fox News, the Associated Press (AP), Twentieth Century Fox, Time Warner, and much more, controls the Murdoch Childrens' Research Institute (MCRI) in Australia, responsible for the first H1N1 Swine flu tests on children 6 months to 8 years of age.

Murdoch's son, and heir apparent, James, the Chairman and Chief Executive of News Corporation for Europe and Asia, is an overseer of GlaxoSmithKline's Board of Directors. They are one of six companies that make H1N1 vaccines.

Thomas Glocer, the CEO of Reuters, is also on the Board of Directors of Merck & Co., and a partner with Rupert Murdoch in the Partnership for New York City that personifies the heart of this drug ring. The partners profitably advance biotechnology and "genetopharmaceuticals" globally, more than any other consortium.

This PFNYC was founded by David Rockefeller who controls the CFR and World Health Organization (WHO). Rockefeller-approved Co-Chairs of the PFNYC include Rupert Murdoch and Lloyd Blankfein, the chief of Goldman Sachs who financed the merger of MedImmune and Astrozeneca, producers of FLUMIST–the nasal spray H1N1 vaccine. Blankfein holds millions, perhaps billions, of dollars of the company's stock.

"Now these unholy alliances have yet to be acknowledged adequately because these H1N1 vaccine investors have zero reason to expose themselves," Dr. Horowitz said. "So regardless of what PACE investigators find, these PFNYC partners will either spin their stories suitably, or neglect them entirely, leaving populations clueless about what is really happening behind BigPharma's deceptive media."

"The goal of our work," Dr. Wordarg revealed, "is to reinstill trust into very important health organizations we need – such organizations who will cooperate internationally, and who are important in the network of international knowledge about possible health dangers."

"But this influenza was twice blown up," the German medical chief continued, "once as a bird flu, and the second time as the swine flu. There was no scientific evidence for either."

Genetic Mutation Risking Human Extinction

The most urgent troublesome investigation to be conducted by PACE, and the least likely story to be told by PharmaMedia, involves the FLUMIST vaccine. It transmits "live" "active" unstable viruses–clones of H1N1; mutants created in drug labs–that are passed from vaccinated persons to others not infected. These transmissions risk genetic mutations all along the way.

"Stupid is as stupid does," said Rev. Roxanne Hampton, referring to the gullable people who consented to get vaccinated and now pose a risk to their family, community, and even the entire human race due to the genetic mutation risks. As a legislative aid in Hawaii who helped the Big Island's County Council investigate the H1N1 vaccine hype and its risks, Rev. Hampton has advised government attorneys of the fraud committed by local health officials. "I pray they will take action similar to the investigation that PACE is advancing in Europe," she added.

According to Dr. Harold Buttram, and his latest report in the Winter 2010 issue of Medical Veritas, this pandemic flu operation has already exposed millions of healthy people to genetic mutation risks beyond deadly side effects caused by these injections.

Other experts report that recombinations of H1N1 are expected with more deadly viruses in circulation. Even human DNA risks mutations from infections with bioengineered H1N1s. These risks threaten civilization with extinction according to many avid investigators, doctors, and concerned scientists.

Vaccine truth activist Ingri Cassel of Vaccination Liberation Organization (www.VacLib.org) claims that vaccines were born in fraud and have been laying the foundation for sick and diseased populations ever since.

"New vaccines on the market are claimed to be more sterile, laboratory tested and safer," Ms. Cassel said. "Nothing can be further from the truth. All vaccines are mutagenic by nature – including the highly unstable triple recombinant vaccines–which are changing our genetic code. When one looks at the whole picture, vaccines represent an attack on our God-given right to natural immunity and genetic integrity. This genocidal madness needs to be halted and the real criminals – vaccine manufacturers and their promoters–held accountable."

Medimmune and other pharmaceutical companies have recalled millions of doses of vaccines in recent weeks, including FLUMIST nasal spray due to its alleged "inadequate shelf life." But critics assert this is a distraction given the aforementioned risks of genetic annihilation. There are more pressing problems including increasing sterilization, Ms. Cassel reports.

"I have an eye on this," Dr. Wodarg said, considering the many outspoken doctors and activists who have written objections and public alerts about genetic threats of H1N1 vaccinations.

"There will be more in France, and there will be more perhaps in Australia and Switzerland. The Polish people have been very critical to vaccinations. They didn't buy these vaccines. The health minister of Poland has a public health background. She's a doctor, and Poland is the only country that said no to WHO, and didn't follow the pandemic frenzy. They didn't buy the vaccines because they thought they were too dangerous."

Oversupplies Trouble Governments

According to European news sources, because the vast majority of world villagers have refused these vaccines, governments cannot dispose of their stockpiles. They literally cannot give away the H1N1 vaccines that cost billions of dollars to purchase just a few months ago during the feigned emergency.

So health officials have also been pitching their excessive vaccine stocks more suspiciously and aggressively to broader markets.

On Friday, January 15, USA Today evidenced health officials resorting to media blitzes alleging the need for follow-up injections. The weak yet risky first doses of H1N1 vaccines taken by millions of people are inadequate alone, they warned, for protection against a virus admittedly causing less than 6 percent of the fatalities from a normal seasonal flu.

According to the Murdoch-AP-influenced Hawaii Star Bulletin, the H1N1 vaccines are now being offered to everyone. The plentiful injectables are now suitable for even low risk groups, health officials claim.

The determination of "risk groups" came from supposed reported cases collected by the CDC early in the pandemic. Later it was learned that their data was overblown by 84-97% according to a CBS News investigation widely publicized in late October, 2009. Thus, there is no good reason to assume the risk groups were identified legitimately.

Dr. Horowitz, who was the first investigator in the world to declare the alleged H1N1 pandemic was a scam, balked at the risk of vaccinating pregnant women with mercury preserved formulas. "Vaccinations," he noted, "have traditionally been elective procedures for pregnant women respecting sensitive rapidly-growing fetal nerves."

Neurotoxic mercury affects fetal neurology most powerfully, researchers say. Infant growth and development, and neurobehavioral disorders including autism, are risked by Thimerosal mercury-laced injections.

Dr. Horowitz was also among the first to raise concerns that new H1N1 vaccine adjuvants containing Nonoxynol-9 spermicide might cause abortions. This neglected warning has resulted in possibly a thousand H1N1-induced miscarriages to date.

"We are up to about 200 women who have had H1N1 vaccine-triggered spontaneous abortions according to records we are mailing to American legislators," said Eileen Dannemann, Director of the National Coalition of Organized Women (NCOW). NCOW is calling for an official American investigation in step with the European Parliament's Council.

Spontaneous abortions are being reported to NCOW daily, Ms. Dannemann reported, "And this is only by word-of-mouth, without word getting out in the media. We've asked grieving moms to contact us to file their reports."

CDC officials admit they collect only about 10% of vaccine injuries. They call these "adverse events." Spontaneous abortions are included. So if our current count is nearly 200, and this represents only about 10%, the actual miscarriages to date number, very conservatively, approximately a thousand."

With such high numbers of terminated pregnancies, for all we know the addition of abortifacients into H1N1 vaccines, ingredients that cause spontaneous miscarriages, evidences a population control exercise. Previously considered "unspeakable," this is now possible since leading vaccine industrialists, and chief health officials, including Barack Obama's Science Czar, John Holdren, endorse and finance the Population Council whose efforts advance rapid widespread depopulation using vaccinations for sterilization. Holdren wrote about this in his 1977 co-authored book, EcoScience, and this was done in the past with vaccines poisoned with HCG, a female pregnancy hormone.

The Population Council also tested and licensed RU-486, the "abortion pill," sadistically named to refer to the slang question, "Are you for 86-ing (trashing) life?" Dr. Horowitz notes.

Adding to the public's distrust of governing health officials, in Hawaii, Director of Public Health, Chiyome Fukino, who is a defendant in a lawsuit filed by Philadelphia attorney Phil Berg for concealing evidence required to certify President Barack Obama's official birth certificate, falsely testified to legislators last year that H1N1 vaccines were adequately tested.

Fukino alleged some magic "threshold" of "herd immunity" determined that unvaccinated persons pose a "serious threat" to vaccinated people. Due to her fraudulent claims, State attorneys have been asked by County of Hawaii Council Co-chair, Emily Naeole-Beason, to investigate Dr. Fukino for fraud, official malfeasance, and genocidal malpractices.

Strict whistleblower statutes criminalize false claims made to governing officials costing governments millions of dollars for vaccines and drugs fraudulently promoted. Fukino purchased millions of dollars of Tamiflu and FLUMIST for the State. Now she may face criminal charges pending an official investigation.

"We have a very powerful investigation advancing," in the EU, said Dr. Wodarg. He cited "the very doubtful way the WHO acted, and the whole matter, of the H1N1 scandal."

"I think we should start with this [obvious breach of faith]," the retiring health chief of PACE said of the manufactured flu frenzy. "I am open to investigating to find out more," Dr. Wodarg concluded, referencing the little publicized connections between the makers of H1N1 vaccines and the media manipulators with private equity investments in these vaccinations.

Le Parisien

Marc Payet

Swine Flu Experts under the influence of laboratories

Extracted from Le Parisien
The Flu Case, 26 January 2010, 07h 00
https://web.archive.org/web/20100220013208/http://www.theflucase.com/index.php?option=com_content&view=article&id=2656%3Ale-parisien-explores-pharma-links-to-who-and-french-govenrment&catid=1%3Alatest-news&Itemid=64&lang=en

This morning, WHO's number two, Dr. Keiji Fukuda, will be heard in Strasbourg by the Health Committee of the Council of Europe. European MEPs want to know if the UN agency has been under pressure from the pharmaceutical industry in managing the Swine Flu crisis so as to exaggerate the danger.

They also will interview a spokesperson of European manufacturers of vaccines, again to see if they have sought to influence the WHO experts.

These hearings are conducted at the request of the medical expert, Wolfgang Wodarg, the German Socialist deputy, who, with fourteen other parliamentarians from across the political spectrum, will then write a parliamentary report on this subject, asking "On what scientific basis did WHO declare a pandemic? The organization will have to explain the bonds of money between some of its experts and laboratories."

According to our investigation, links of interest between six experts from WHO and the pharmaceutical industry are proven. They were part of policy committees who advised the Director Margaret Chan. Even if they declare their independence, their relationship with the laboratories upholds suspicions about the impartiality of their decisions within the WHO. In France, the same questions exist. A majority of the experts on the committee for fighting flu, appointed by the Health Minister, Roselyne Bachelot, has links of interest with the companies manufacturing the vaccine and antivirals against Swine Flu.

Swine Flu: In Geneva and Paris, experts justifcations

We contacted various experts, French or foreign, serving on committees in France or for the WHO in Geneva, who reported links of interest with pharmaceutical companies. Without denying their relationships with certain laboratories, they assert their intellectual independence.

The Professor of Medicine from Finland, Juhani Eskola, says he "clearly indicated his contract with Novartis in his full declaration of interests for WHO. He said he performed this procedure when he was appointed to serve on the Sage Committee, the first group of advisors for Swine Flu. He adds: "My statements were viewed, evaluated and validated by WHO, which said there were no problems." It was the same for his contract with GSK, which funds his research institute in Finland up to 6 million euros.

The Jamaican researcher, Peter Figueroa, under contract with pharmaceutical giant Merck, whose drugs are used against influenza, responds for its part that "the funds thus obtained were dedicated to research on specific topics. In no case did this influence my choice "in debates within the World Health Organisation.

In France, among the experts who advised Roselyne Bachelot, the answers are no different. Sylvie Van der Werf, one of the most often cited researchers of the Pasteur Institute for her research on pandemic influenza, admits to collaboration with GSK on treatment research. "But I do not feel that my scientific independence is at all affected when I give an opinion in a public committee, she said. Anyway, most senior experts also work with the pharmaceutical industry ". Her colleague from the Pasteur Institute, Jean Claude Manuguerra, director of the committee against flu, also mentions collaboration with Roche. When contacted, he did not respond to our requests.

Dr. Jean-Louis Bensoussan

"The Ministry of Health was aware and should have told us if it was a concern

Finally, the GP Jean-Louis Bensoussan, director of regional groups for flu observation, is also a member of the committee against influenza. He justified his personal remuneration by the Roche Group, a group that also manufactures Tamiflu, a drug used against swine flu, by saying "I do not see where the problem is. The Ministry of Health was fully aware and should have told us if it was a concern."

Swine Flu: Doubts about Roselyne Bachelot's committee

The Minister of Health established a group of experts to advise her on Swine Flu. Several of them are now in the heart of the controversy.

The committee for fighting influenza. Created by decree on July 25, 2008 "to bring the Minister of Health expertise on all the measures to be implemented in order to control and reduce the impact of an influenza epidemic or pandemic".

It was this committee that called for mass vaccination in September 2009, with priorities: hospital staff, pregnant women, and those who were most vulnerable, and then the rest of the population. The seventeen experts on this committee were all appointed by decision of the he Minister of Health. In 2009, only two of them had no link with the interests of firms. More significantly, six have received personal remuneration this year from laboratories.

Analysis of the epidemic. Many scientists question the fact that medical authorities did not see, in August, that the virus was much more benign than the Mexican crisis of April led to expect.

Yves Charpak, infectious disease specialist, asks: "We never had the final record of the inquiry made in Mexico on the mortality of the H1N1 virus, carried out by the official representative of France and chairman of the committee, Dr. Manuguerra. If, as assumed, the figures showed that it was far less serious than initially evoked by Mexicans, this committee should have made this information public. Instead, it continued to evoke the risk of major pandemic to come for the winter."

Project for a parliamentary inquiry. The position of some of the experts on the committee has become delicate. "Imagine for two minutes that several experts were against the principle of mass vaccination during closed proceedings. This would have meant they were going against the interests of their employer, which was not an easy decision to take, "says Senator Francis Autain from the socialist party, a doctor, who wants to launch a committee for a parliamentary inquiry on this subject.

French Government Experts

Jean Claude Manuguerra – French chairman of the committee for fighting influenza, a researcher at the Pasteur Institute and also paid by Roche.

Jean-Louis Bensoussan – French member of the committee against influenza, Director of Grog (regional groups of observation of influenza) and paid by Roche.

Sylvie Van Der Werf – French member of the committee against influenza, a researcher at the Pasteur Institute in Paris and also paid by GSK.

Brigitte Autran – French member of the committee against influenza, a professor of medicine at the Pitie-Salpetriere Hospital, and also paid by Sanofi-Pasteur.

Catherine Weil-Olivier – French member of the committee against influenza, paediatrician and also paid by Sanofi GSK and Roche.

Beytout Jean – French member of the committee against influenza, a professor of medicine at Clermont-Ferrand and also paid by Novartis.

Swine Flu: Margaret Chan and her very special advisers

Different groups of experts advise the Director General of WHO, Margaret Chan, in decisions relating to swine flu. However, many of these scientists have financial ties with pharmaceutical companies.

The Sage Committee. This is the main consultative group of WHO for vaccination.

It is composed of fifteen international scientists, who only report to Margaret Chan. It was following the recommendations of the Sage committee that she announced, on June 1, the transition to phase 6 of the pandemic. A decision which prompted governments to buy massive amounts of vaccines for prevention.

Three committee members are paid by pharmaceutical companies, in addition to their work as a researcher: the Finn Juhani Eskola, Jamaican Peter Figueroa and Chinese Malik Peiris. "In such a strategic committee, one might expect the WHO to take more precautions to avoid conflicts of interest," said French researcher Yves Charpak, formerly of the Geneva institution.

The committee for swine flu vaccination. It was established in April 2009, when the flu epidemic began in Mexico. It is responsible for providing recommendations to the Director General of WHO. In addition to three members of the Sage, it includes ten experts who are supposed to be independent. Two of them have proven links of interest with manufacturers of vaccines: the Englishman Neil Ferguson and Dutchman Albert Osterhaus. "During discussions with them, I was surprised by their entrenched positions. I had doubts when I heard they were paid by laboratories, "says a WHO expert who works on swine flu.

A Frenchman in a technical committee. There are other committees within WHO, one of which is responsible for giving advice to Margaret Chan on the evolution of the pandemic. The Frenchman Bruno Lina directs the committee. This virologist is paid for various programs by laboratories producing vaccine (Baxter, Sanofi, Novartis, GSK).

Experts for WHO

Bruno Lina – French, the head of a technical committee of the WHO, a virologist at the CNRS in France, also paid by Roche, Novartis, GSK and Sanofi-Pasteur. Also member of the French committee for fighting flu.

Juhani Eskola – Finnish, a Sage Committee member at WHO, Director of the Health Institute in Helsinki and also paid by Novartis and GSK.

Peter Figueroa – Jamaican, a member of Sage Committee, a professor at the Faculty of Science in Kingston and also paid by Merck.

Albert Osterhaus – Dutch, an expert on Swine Flu Immunization Committee at WHO, a shareholder of Viroclinics, which develops treatments against swine flu.

Malik Peiris – Chinese, a Sage Committee member, a professor at the Faculty of Medicine of Hong Kong and also paid by Baxter, Sanofi Pasteur and GSK.

Neil Ferguson – English, an expert on the Swine Flu Immunization Committee at WHO, a professor of medicine at Imperial College and also paid by Baxter, GSK and Roche.

truthout

Niko Kyriakou

Swine Flu Didn't Fly

TruthOut, 28 January 2010
=> quite similar to the previous one
https://truthout.org/articles/swine-flu-didnt-fly/

For makers of the swine flu vaccine, 2009 was a year to remember. By June, CSL Limited's profits rose 63 percent above 2008 levels, while in the third quarter of 2009 - just about the time H1N1 contracts picked up steam - GlaxoSmithKine enjoyed a 30 percent jump in earnings to $2.19 billion. Roche, the maker of Tamiflu, which prevents H1N1, saw second quarter profits leap to 12 times what they were in that quarter of 2008. But in 2010, drug companies may get their comeuppance.

On Tuesday, the Council of Europe launched an investigation into whether the World Health Organization (WHO) "faked" the swine flu pandemic to boost profits for vaccine manufacturers. The inquiry, held in Strasbourg, France, vindicates a worldwide movement of insiders, experts and elected officials who accuse the United Nations organization of misleading the world into buying millions of unnecessary vaccines.

"I have never heard such a worldwide echo to a health political action," said Dr. Wolfgang Wodarg, an epidemiologist who formerly led the health committee for the Council of Europe, at Tuesday's hearing.

Also present was Dr. Ulrich Keil, director of the WHO's Collaborating Centre for Epidemiology. Keil hammered his own organization and WHO flu chief, Dr. Keiji Fukuda, for "producing angst campaigns."

"With SARS, with avian flu, always the predictions are wrong ... Why don't we learn from history?" Keil asked. "It [swine flu] produced a lot of turmoil in the pubic and was completely exaggerated " exaggerated" in contrast with all the really important matters we have to deal with in public health."

Last year the WHO predicted that H1N1 could infect two billion and claim hundreds of thousands of lives, while President Obama's science advisers said the outbreak could infect up to 120 million Americans and kill 90,000.

But in the end, H1N1 turned out to be one of the milder flu strains on record. The type-A influenza is confirmed to have taken around 14,000 lives worldwide, according to WHO numbers from January 22. The CDC said in December confirmed US deaths had reached 4,000, although it recently estimated that due to underreporting, the true death toll could be as high as 16,500 - a tragic sum, but less than half of what the CDC attributes to seasonal flu-related illness. In most of the northern hemisphere, hog flu has been on the decline for some ten straight weeks. New transmissions are largely contained to North Africa and South Asia, according to the WHO.

Throughout 2009, the WHO and domestic health agencies around the globe ignored mounting signs that swine flu wasn't much of a killer, choosing instead to man the war bugles at full volume. The result was that governments poured tens of billions of dollars into vaccines. The US alone has spent $2 billion on the drugs and has allocated $7.5 billion in supplemental spending for H1N1 preparedness.

Now that the disease has petered out ahead of schedule, however, countries are stuck with millions of unused doses. French and German governments have had to cancel millions of orders of the vaccines due to falling demand and late-breaking news that European health authorities had recommended twice the necessary dosage. The CDC has dealt with the glut in another way. It now says all Americans should go and get the shot – a shift from its earlier recommendation that at-risk groups such as the young, sick, pregnant and nurses seek injections first. But why should everyone get a shot when that the disease appears to be over?

...

Corruption in Health Organizations?

Critics of the WHO say they promoted bad data to help drug makers get rich selling vaccines. This attack implies drug makers have a network of influence within the decision-making structure of the organization, a suggestion various officials confirm.

One high-level, long-term WHO employee, who preferred to remain anonymous for job security, described the WHO as follows: "WHO is infested by corruption. There is big corruption, like the management of H1N1, and there is small corruption; and between the big and the small corruption there is [corruption] in all imaginable forms. Unfortunately, it's not only the WHO."

Similar comments have come from other WHO insiders, such as William Aldis, a retired senior official who worked on the bird flu crisis. In a Huffington Post article from September 24, Aldis characterized the WHO's handling of swine flu in the following way:

"I am concerned WHO's communications is corrupted by the fact they push the buttons in the public's brains that will raise the most funds. That is incompatible with what the organization should be doing: serving the public with technically correct factual information, pure and simple."

Aldis Louise Voller, a journalist at the Danish Daily Information newspaper, has reported that pharmaceutical companies are present at meetings of WHO experts, and that purportedly independent scientists hired by the WHO are also consultants to the drug companies that make the vaccines.

=> https://www.information.dk/udland/2009/11/staerk-lobbyisme-bag-who-beslutning-massevaccination?lst_cntrb

On Tuesday, WHO's Fukuda insisted that its swine flu scientists' were not tainted by their private sector associations. The reason, he said, is that before each meeting, scientists are asked to declare all possible conflicts of interest. "These documents are gone over and examined. If there is some potential conflict of interest we go back and talk with them."

While the WHO was initially set up to rely on funding from UN member countries, in recent years, this source has been rapidly overtaken by "voluntary contributions," which are provided by the private sector, national governments and NGOs. According to the WHO's 2008-2009 budget, $958 million was supplied by the UN, while three times as much - $3.2 billion - came from voluntary donations.

The WHO reports that only around 1 percent of these voluntary contributions come from the private sector, but the real total of private influence may be obscured. For example, companies can donate to foundations or NGOs which support their interests, thereby concealing the source of their contributions. According to internal WHO emails received by the British Medical Journal and described in a February 17, 2007, article, Benedetto Saraceno, the director of the WHO's department of mental health and substance abuse, advised a patient group to accept money from GlaxoSmithKline and then pass it on to the WHO in order to mask the money's origins.

Dr. Wodarg told the Council of Europe Tuesday that there has been dissent ever since the shift toward public-private partnership began in earnest in 2001.

"Already then there were very critical voices against the influence. [WHO's] administration is made of people not well paid who can't fight against the pay of people in and from the industry - they are simply swept aside ... [private] influence is rampant and that is why we can't understand why the WHO we used to love ... has become unrecognizable to us."

Journalist and author William Engdahl has made it his mission to focus on one WHO expert in particular, Dr. Albert Osterhaus. Osterhaus sat on the WHO's Strategic Advisory Group of Experts (SAGE), which made strategic decisions regarding swine flu. Osterhaus is linked to "every major virus panic of the past decade, from the mysterious SARS ... [to] publicizing dangers of what he claimed was H5N1 Avian Flu," and even to swine flu, Engdahl reported.

On October 16, Science magazine said this about Osterhaus:
"For the past 6 months, one could barely switch on the television in the Netherlands without seeing the face of famed virus hunter Albert Osterhaus talking about the swine flu pandemic. Or so it has seemed. Osterhaus, who runs an internationally renowned virus lab at Erasmus Medical Center, has been Mr. Flu. But last week, his reputation took a nosedive after it was alleged that he has been stoking pandemic fears to promote his own business interests in vaccine development."
=> https://www.science.org/doi/full/10.1126/science.326_350b

A Science blog from November 3 said Osterhaus had emerged from the investigation unscathed.
Russian lawmaker, Igor Barinov, chairman of the Duma Health Committee, recently launched an investigation into corrupt relations between the WHO and the pharmaceutical industry. If the investigation confirms allegations against the WHO, Barinov said Russia should withdraw from the WHO.

A similar scheme for potential corruption is present at the CDC. On June 8, just a few days before the WHO declared swine flu a pandemic, the CDC was taken over by Dr. Thomas Frieden. Prior, Frieden had been the top health official in New York City and worked overseas for the WHO. In both capacities, he was an active proponent of mass vaccinations against tuberculosis. Under Frieden's direction, the CDC announced a hefty vaccine-based response to the virus and outlined a distribution effort that some doctors say constitutes the largest vaccine experiment ever on pregnant women.

The former CDC director, Dr. Julie Gerberding, was hired by Merck in December to serve as president of the vaccine department. While in charge of the CDC, Gerberding came under intense criticism for bonuses she gave to employees who worked closely with her. And during the Bush presidency, Gerberding oversaw a drastic, multi-year revamping process at the CDC in which dozens of the organization's most respected experts quit their jobs.

The Washington Post reported on August 31, 2004, that a number of CDC officials thought the restructuring plan was "part of a larger administration effort to politicize science." In one organizational shift, vaccine safety was moved out of the domain of the National Immunization Program.

Robert A. Keegan, a high-level official, circulated a memo among the CDC's top leaders in which he revealed that employees who disagreed with official data had been "cowed into silence," the Post reported on March 6, 2005. Margaret Scarlett, who spent 15 years in the Centers' AIDS program before leaving in 2001, was quoted as saying, "Political ideology is being substituted for science."

A possible source of monetary influence by drug makers is the CDC Foundation, a nonprofit organization, which raises money for the CDC's efforts through private donations. Whatever the means, clearly the capacity and incentive for drug makers to lean on science are enormous.
...
All US contracts for H1N1 vaccines went to just five companies: CSL Limited, Novartis, Sanofi Pasteur, GlaxoSmithKline and MedImmune. All five also produced shots for either SARS or avian flu. When the response to swine flu took full flight in the second and third quarters of 2009, these firms' earnings skyrocketed. But according to British MP, Paul Flynn, that was part of the drug makers' plan.
Prior to winning any contracts, drug makers invested $4 billion in preparations for swine flu, he said. That investment may have gone to developing and patenting new, super-fast methods to create vaccines, such as using a bioreactor to grow viruses, said Dr. Wodarg.
...
The whole article read in the Vol. I, chapter => "*Criticism of the WHO and other Medical Authorities regarding 'Pandemic' Scam*"

Le Monde

Grippe A : des eurodéputés demandent une commission d'enquête

Le Monde avec AFP, 9 mars 2010 à 17h40
https://www.lemonde.fr/planete/article/2010/03/09/grippe-a-des-eurodeputes-demandent-une-commission-d-enquete_1316825_3244.html

Des députés européens dénoncent la manière dont les autorités sanitaires ont fait face à la grippe A(H1N1) et l'argent "gaspillé", selon eux, dans la campagne de vaccination.

Des députés européens ont demandé mardi 9 mars que le Parlement se dote d'une commission d'enquête sur la manière dont les autorités sanitaires ont fait face à la grippe A(H1N1) ainsi que sur l'argent *"gaspillé"*, selon eux, dans la campagne de vaccination.

Pour voir le jour, la commission d'enquête devra être approuvée d'ici deux semaines par un quart des parlementaires, soit cent quatre-vingt-trois élus. Les eurodéputés qui ont pris l'initiative de cet appel sont originaires de plusieurs pays et issus de tous les groupes politiques. Ils dénoncent les *"moyens disproportionnés"* mis en œuvre pour faire face à la pandémie, qui au final s'est avérée beaucoup moins grave que redouté initialement.

Si cette commission était créée, elle devrait notamment s'intéresser au rôle des autorités sanitaires de l'Union européenne (Centre européen de prévention et de contrôle des maladies et Agence européenne des médicaments). Elle devrait également se pencher sur les éventuels *"conflits d'intérêts"* nés du fait que certains experts consultés par les autorités travaillent aussi pour des laboratoires pharmaceutiques, a fait valoir la centriste française Corinne Lepage.

"Quelle confiance les citoyens européens pourront-ils avoir lors de prochaines pandémies si l'on ne remet pas à plat notre fonctionnement ?" a demandé l'élue écologiste française Michèle Rivasi. *"Il ne s'agit pas de condamner qui que ce soit, mais plutôt de retenir des leçons pour la prochaine fois. Car il y aura une prochaine fois, et ce pourra être beaucoup plus grave"*, a estimé la conservatrice britannique Marina Yannakoudakis.

THE FLU CASE

Call for swine flu vaccine campaign inquiry in European Parliament

The Flu Case, 10 March 2010, 14:07
https://web.archive.org/web/20100525025706/http://www.theflucase.com/index.php?option=com_content&view=article&id=2962%3Acall-for-swine-flu-vaccine-campaign-inquiry-in-european-parliament&catid=41%3Ahighlighted-news&Itemid=105&lang=en

MEPs have called for an commission of inquiry in the European Parliament on the handling of the swine flu pandemic, according to Le Monde and AFP.

Green MEP Michele Rivasi said that several EU countries had spent "enormous" amounts of money for mass vaccinations using an inadequately tested vaccine.

The European Parliament should investigate if conflicts of interests were involved in the pandemic emergency declaration over the swine flu, Rivasi told AFP.

Links between experts working for the EU and pharmaceutical industry should be examined.

The call for a commission of inquiry has so far been backed by 14 MEPs from across the political spectrum.

183 MEPs have to sign up in the next two weeks for the request to be sent to party chiefs for consideration.

A commission of inquiry has already been announced in the French parliament.

Also, UK MP Paul Flynn is preparing a report for the Council of Europe Parliamentary Assembly on whether pharmaceutical industry influenced WHO in declaring a pandemic emergency level 6.

Report in Le Monde (translated by Carolyn Dunning):

MEPs called on Tuesday, March 9 for the Parliament for the creation a commission of inquiry into how health authorities dealt with the influenza A (H1N1) flu and on the money "wasted", according to them, involved in the vaccination campaign.

For this to happen, the commission of inquiry will have to be approved within two weeks by a quarter of parliamentarians, that is to say one hundred eighty-three elected members. MEPs who initiated this call came from several countries and from all political groups. They denounced the "disproportionate means" implemented to address the pandemic, which ultimately proved less serious than initially feared.

If this commission was created, it should particularly address the role of health authorities in the EU (European Centre for Prevention and Disease Control and European Medicines Agency). It should also focus on possible "conflicts of interest" which arose from the fact that some experts consulted by the authorities also work for pharmaceutical companies, argued the French centrist, Corinne Lepage.

"How will Europeans be able to trust us during future pandemics if we do not completely revise our operations?" asked the French elected environmentalist Michele Rivasi. "This is not to condemn anyone, but rather to draw lessons for next time. For there will be a next time, and that may be much worse," said the British conservative Marina Yannakoudakis.

DIE TAGESZEITUNG junge Welt

Umgang mit «Schweinegrippe» prüfen

Junge Welt, 10 March 2010
https://www.jungewelt.de/loginFailed.php?ref=/artikel/140817.umgang-mit-schweinegrippe-pr%C3%BCfen.html

Europaparlamentarier kritisieren fraktionsübergreifend Massenimpfungen. Untersuchungsausschuß gefordert.

Straßburg – Im Europaparlament haben Abgeordnete aus allen maßgeblichen Fraktionen die Einrichtung eines Untersuchungsausschusses zum Umgang mit der sogenannten Schweinegrippe gefordert. Mehrere EU-Staaten hätten wegen der Warnung vor einer angeblichen Pandemie »enorm viel Geld« für Massenimpfungen ausgegeben, sagte die französische Grüne Michèle Rivasi. Zudem seien zahlreiche Menschen als »Versuchskaninchen« für unzureichend getestete Impfstoffe benutzt worden.

Der Untersuchungsausschuss solle ermitteln, ob "Interessenskonflikte" zu der falschen Pandemie-Warnung geführt haben, sagte Rivasi weiter Dazu sollten mögliche Verbindungen der von der EU angehörten Experten zur Pharma-Industrie durchleuchtet werden.

Die Forderung nach einem Untersuchungsausschuss wurde bislang von 14 Abgeordneten unterstützt, unter ihnen Christdemokraten, Sozialdemokraten, Liberale, Linke und Grüne. Sie wollen nun innerhalb von zwei Wochen die notwendigen 183 Unterschriften sammeln. Anschließend müssen sich die Fraktionsvorsitzenden mit dem Vorschlag befassen.

Im Europarat hatten Experten und Mitglieder der Parlamentarier-Versammlung Ende Januar harsche Kritik an der Weltgesundheitsorganisation (WHO) geäußert. Sie warfen der UN-Organisation vor, die Schweinegrippe voreilig zur Pandemie erklärt zu haben.

In Deutschland hatten die Bundesländer zunächst 50 Millionen Impfdosen bestellt. Im Januar einigten sie sich mit Pharmakonzern Glaxo-Smith-Kline (GSK) auf eine Reduzierung der Lieferung auf 34 Millionen Dosen. Da dies aber immer noch mehr als nötig ist, versucht Deutschland nun, den Rest an andere Länder zu verkaufen. In Frankreich wurden 80 Millionen Dosen bestellt, von denen nur ein kleiner Teil verwendet wurden. Auch Paris sucht nach Käufern für seinen überflüssigen Impfstoff.

Channel 4 News exposes Swine Flu Scandal

YouTube, 11 March 2010
https://www.youtube.com/watch?v=Gs-DBOFWCpc



Channel 4's John Snow reports on the Council of Europe's investigation into the manufactured swine flu hoax. The former Chair of the Sub-committee on Health of the Parliamentary Assembly Dr Wolfgang Wodarg had accused the World Health Organization (WHO) of lowering the definition of a pandemic in order for the pharmaceutical companies and their share holders to rake in massive at the expense of tax payers in targeted countries.



L'OMS dément toute influence du secteur pharmaceutique

RTBF Info, 14 avril 2010, 18:04
https://web.archive.org/web/20100417163022/http://www.rtbf.be/info/economie/h1n1-des-experts-de-loms-dementent-toute-influence-du-secteur-pharmaceutique-206750

Des experts ayant joué un rôle prépondérant dans la gestion par l'Organisation mondiale de la Santé (OMS) de la grippe pandémique H1N1 ont démenti mercredi à Genève avoir formulé leurs recommandations sous l'influence des laboratoires pharmaceutiques.

David Salisbury, président du Groupe de conseil stratégique sur la vaccination (SAGE), a avancé que les scientifiques conseillant l'OMS sur la grippe avaient pris "méticuleusement soin" d'éviter tout conflit d'intérêt et de maintenir leurs distances avec le secteur pharmaceutique. Il a rappelé que chaque expert siégeant dans le groupe avait dû remplir une déclaration assurant qu'il n'avait pas travaillé pour des entreprises ou institutions pouvant influencer son travail. "Il n'y a eu de déclaration indiquant qu'il y avait un conflit (d'intérêts) d'aucun membre de SAGE dans notre traitement du vaccin contre le H1N1", a-t-il affirmé devant un comité d'experts chargé d'évaluer la gestion internationale de la première pandémie du XXIe siècle.

Le comité SAGE avait remis au printemps 2009 à la directrice générale de l'OMS, Margaret Chan, ses instructions techniques sur l'opportunité de produire un vaccin contre le virus, la date à laquelle la fabrication devait commencer et en quelles quantités. L'OMS est accusée, notamment par des parlementaires du Conseil de l'Europe, d'avoir exagéré la menace sous l'influence des laboratoires pharmaceutiques, ce qui aurait poussé les gouvernements à acheter bien plus de vaccins que nécessaire.

WHO Investigation of H1N1 Pandemic Proves a Whitewash

Natural News, 19 April 2010
https://www.naturalnews.com/028604_H1N1_pandemic.html

The World Health Organization (WHO) reported that it will be appointing an "independent" committee to investigate the conduct of WHO in the H1N1 swine flu panic of 2009. The investigation is meant to decide whether the actions of WHO were warranted - specifically the declaration of a pandemic. Margaret Chan, Director-General of WHO, called for a "frank, critical, *transparent*, credible and independent review" (emphasis added) and then proceeded to a *closed-door meeting* to begin proceedings.[1]

It is what will obviously be yet another whitewash where a governmental organization investigates itself and eventually comes to a foregone conclusion. In this case, just looking at the appointees tells you what the ultimate outcome of this "independent" investigation will be.

One of the committee members is Dr. John Mackenzie. Mackenzie has direct links with various vaccine and pharmaceutical companies and was influential in the WHO declaration of a level 6 pandemic in 2009.[2] No conflicts of interest there.

Of course, Dr. Mackenzie will not have any foregone conclusions in his part in the investigation of WHO's actions. That is, unless you think he lied in Der Spiegel[3] last month when he said "I think we did everything right."

Others aren't quite as sure as Mackenzie is. The Council of Europe criticized the way WHO handled the swine flu pandemic. Paul Flynn (United Kingdom representative) declared that "A pandemic cannot be whatever the WHO declares it is. If it turns out that former PACE [Parliamentary Assembly of the Council of Europe] member Wolfgang Wodarg was right when he said the pandemic was decided to help the pharmaceutical industry make bigger profits, this might well turn out to be one of the biggest health scandals ever."[4]

This is no small accusation. Not only did WHO change the definition of a "pandemic" just before declaring H1N1 to be one,[5] but also this new internal investigation happens right as the Council of Europe is in the middle of close hearings on their own investigation into WHO and how the pandemic was conducted.

Of course, Natural News and Mike Adams were quick to inform readers of the swine flu lie and make it clear that the pandemic was just another hoax to sell vaccines and pharmaceuticals. While WHO estimated that there would be two billion infections of H1N1 and millions of deaths, in reality the 2009 flu season was milder than normal with few infections and very few deaths.

The WHO whitewash will undoubtedly conclude that they did nothing wrong and were merely incorrect in their estimations. They'll likely pat themselves on the back for getting the word out and doing their part to convince so many millions of people to take the experimental vaccines their friends in Big Pharma cooked up for the event.

Resources:
1- *WHO chief wants 'frank and critical' review of its handling of swine flu outbreak*, The Canadian Press, April 12, 2010.
2- *Head of Key WHO Emergency Committee Has Links to Big Pharma, Reports Information* by TheFluCase.com
3- *The Swine Flu Panic of 2009*, Der Spiegel, March 12, 2010.
4- *Swine Flu: 'the next time someone cries wolf on a pandemic, it will not be taken seriously*, Council of Europe, Mar 29, 2010.
5 - WHO pandemic definition before changes (web.archive.org) and after the changes (WHO site today)
6 - *The handling of the H1N1 pandemic: more transparency needed*, PACE, March 23, 2010

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Deborah Cohen, Philip Carter

Conflicts of interest. **WHO and the pandemic flu "conspiracies"**

BMJ, 3 June 2010; 340: c2912.
doi: https://doi.org/10.1136/bmj.c2912

Key scientists advising the World Health Organization on planning for an influenza pandemic had done paid work for pharmaceutical firms that stood to gain from the guidance they were preparing. These conflicts of interest have never been publicly disclosed by WHO, and WHO has dismissed inquiries into its handling of the A/H1N1 pandemic as "conspiracy theories." Deborah Cohen and Philip Carter investigate

Next week marks the first anniversary of the official declaration of the influenza A/H1N1 pandemic. On 11 June 2009 Dr Margaret Chan, the director general of the World Health Organization, announced to the world's media: "I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met…The world is now at the start of the 2009 influenza pandemic."

It was the culmination of 10 years of pandemic preparedness planning for WHO – years of committee meetings with experts flown in from around the world and reams of draft documents offering guidance to governments. But one year on, governments that took advice from WHO are unwinding their vaccine contracts, and billions of dollars' worth of stockpiled oseltamivir (Tamiflu) and zanamivir (Relenza) – bought from health budgets already under tight constraints – lie unused in warehouses around the world.

A joint investigation by the BMJ and the Bureau of Investigative Journalism has uncovered evidence that raises troubling questions about how WHO managed conflicts of interest among the scientists who advised its pandemic planning, and about the transparency of the science underlying its advice to governments. ...

=> https://www.bmj.com/content/340/bmj.c2912.long

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Fiona Godlee

Conflicts of interest and pandemic flu

BMJ. 2010 Jun 3; 340:c2947
doi: 10.1136/bmj.c2947. PMID: 20525680

WHO must act now to restore its credibility, and Europe should legislate

The world should of course be thankful that the 2009 influenza A/H1N1 pandemic proved such a damp squib. With so many fewer lives lost than had been predicted, it almost seems ungrateful to carp about the cost. But carp we must because the cost has been huge. Some countries – notably Poland – declined to join the panic buying of vaccines and antivirals triggered when the World Health Organization declared the pandemic a year ago this week. However, countries like France and the United Kingdom who have stockpiled drugs and vaccines are now busy unpicking vaccine contracts, selling unused vaccine to other countries, and sitting on huge piles of unused oseltamivir. Meanwhile drug companies have banked vast profits – \$7bn (£4.8bn; €5.7bn) to \$10bn from vaccines alone according to investment bank JP Morgan.1 Given the scale of public cost and private profit, it would seem important to know that WHO's key decisions were free from commercial influence.

An investigation by the *BMJ* and the Bureau of Investigative Journalism, published this week (doi:10.1136/bmj.c2912), finds that this was far from the case.2 As reported by Deborah Cohen and Philip Carter, some of the experts advising WHO on the pandemic had declarable financial ties with drug companies that were producing antivirals and influenza vaccines. As an example, WHO's guidance on the use of antivirals in a pandemic was authored by an influenza expert who at the same time was receiving payments from Roche, the manufacturer of oseltamivir (Tamiflu), for consultancy work and lecturing. Although most of the experts consulted by WHO made no secret of their industry ties …

MEDPAGETODAY

Todd Neale

Investigation Raises Questions About WHO's Handling of Pandemic

MedPage, 4 June 2010
https://www.medpagetoday.com/infectiousdisease/swineflu/20473

Experts advising the World Health Organization on pandemic influenza and writing some of its guidance did not disclose their financial ties to the pharmaceutical industry, according to an investigative report in the *BMJ*.

Some of the paid relationships involved companies that made antivirals and vaccines and were positioned to benefit financially from preparations for a flu pandemic, reported Deborah Cohen, features editor of *BMJ*, and Philip Carter, a journalist with the Bureau of Investigative Journalism in London.

The conflicts of interest were never publicly disclosed by WHO, according to the report, which was featured under the headline, "Did the drug industry influence WHO's decisions about the swine flu pandemic?"

The investigation "has uncovered evidence that raises troubling questions about how WHO managed conflicts of interest among the scientists who advised its pandemic planning, and about the transparency of the science underlying its advice to governments," Cohen and Carter wrote.

Although they said that "experts need to work with industry to develop the best possible drugs for illnesses," they argued that "questions remain about what level of involvement experts with industry ties should have in the formulation of public health policy."

The U.S. Department of Health and Human Services came to WHO's defense, issuing the following statement: "The WHO handled the outbreak in a very measured and appropriate manner. Their decisions were driven by the existing and evolving conditions at the time and what the best scientific information was telling us. It's very easy to look back through a 20-20 lens and essentially be an armchair quarterback."

Addressing the possibility of industry influence on WHO's decisions, the HHS spokesman said, "The WHO based its decisions on strong public health considerations, and I don't think there was any indication from our perspective that their decisions were influenced by industry in any way."

The H1N1 pandemic, which will mark its one year anniversary on June 11, "could, of course, have been far worse," Cohen and Carter wrote. "Planning for the worst while hoping for the best remains a sensible approach. But our investigation has revealed damaging issues. If these are not addressed, H1N1 may yet claim its biggest victim -- the credibility of the WHO and the trust in the global public health system."

Second Report Adds to Controversy

A report from the Council of Europe Parliamentary Assembly published on the same day the *BMJ* report was released called into question WHO's handling of the H1N1 pandemic. That inquiry was led by Paul Flynn, a British member of parliament.

A provisional version of the report stated, "The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health

Organization (WHO), but also by the competent health authorities at the level of the European Union and at the national level."

"It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large," it stated.

The report also addressed the transparency issues raised by Cohen and Carter, "which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic."

Experts Dispute Charges

Experts contacted about the BMJ report disputed the insinuation that researchers' financial ties to industry influenced WHO's decision-making surrounding pandemic influenza in general and the H1N1 pandemic specifically.

"I do find these investigations troubling, when the only way WHO could be exonerated is if there had been tens of millions dead," said **John Barry**, a distinguished scholar at Tulane University and author of *The Great Influenza*. "And then we'd have investigations about how ineffective they were." "While I agree WHO should have disclosed any relationship between advisers and industry," he continued, "based on what WHO actually did, I find it absurd to accuse them of having been influenced by the drug industry. Antivirals, though hardly a magic bullet, are the only drug option. And a recommendation to stockpile them was the only option."

Addressing concerns that the pandemic was declared to profit pharmaceutical companies, Barry said that "if anything, WHO was slow to make that call. And if you know anything about the history of the influenza virus, again it had no option. 1918 saw a very mild spring wave, quite comparable to what we experienced in 2009. It turned virulent months later."

John Treanor, MD, a vaccine expert at the University of Rochester Medical Center, in Rochester, N.Y., agreed that WHO's preparations were justified.

"I think even the authors [of the *BMJ* report] would have to agree that there really was no choice here but to prepare for a pandemic," he said. "If there had been a severe pandemic and there had been no preparations, the outcome (and the outcry) would have been far worse."

Although some of the WHO's advisers received compensation from manufacturers of the same antivirals and vaccines recommended for use during the H1N1 pandemic, Treanor noted that there are few options available for combating influenza.

"You can tweak the plans -- how much antivirals, what kinds, where is the vaccine coming from, who should be vaccinated first, should you close schools, etc. -- but the basic elements are going to be the same," he said. "So I don't see the argument here as whether WHO made the right recommendation at the time, regardless of who was advising them -- they clearly did."

One researcher, **Henry Miller**, MD, criticized WHO for mistakes made, including the declaration of a pandemic for H1N1 influenza in the first place. However, "the stockpiling of anti-flu medicines and the production of vaccine weren't among them," said Miller, a biotechnology expert at Stanford University's Hoover Institution.

"Much of the criticism of WHO as having been unduly influenced by industry seems to be coming from anti-industry NGOs [nongovernmental organizations]," Miller said.

Planning Began in 1999

Cohen and Carter detailed WHO's pandemic influenza preparation starting in 1999, when a preparedness plan was drafted by six researchers in collaboration with the European Scientific

Working Group on Influenza (ESWI). Over the next decade, according to their investigation, WHO failed to disclose industry ties among researchers advising the organization.

The document drafted in 1999 did not include information on conflicts of interest. Cohen and Carter pointed out that ESWI is funded entirely by Roche, which makes oseltamivir (Tamiflu), and that two of the authors of the document had participated in Roche-sponsored events in the previous year. Both were also involved in a randomized controlled trial of oseltamivir supported by the company.

In 2002, WHO called together flu experts to craft guidelines for the use of vaccines and antivirals during an influenza pandemic. The panel included representatives of Roche and Aventis Pasteur (now Sanofi-Pasteur), which makes flu vaccine, and three experts who had been named in marketing material for oseltamivir.

The resulting report, which advised stockpiling antivirals, was published in 2004, and the main author, Frederick Hayden, MD, of the University of Virginia in Charlottesville, confirmed that he was being paid by Roche for lectures and consulting when the report was produced and published.

Conflicts Not Disclosed

Several additions to the report did not include information about conflicts of interest, according to Cohen and Carter.

"WHO has failed to provide any details about whether such conflicts were declared by the relevant experts and what, if anything, was done about them," they wrote.

"Leaving aside the question of what declarations experts made to WHO, one simple fact remains: WHO itself did not publicly disclose any of these conflicts of interest when it published the 2004 guidance," Cohen and Carter wrote. "It is not known whether information about these conflicts of interest was relayed privately to governments around the world when they were considering the advice contained in the guidelines."

Conflicts of interest were similarly not disclosed in updated plans made in the following years, they said. "No public declarations of interest have been made and to date no details have been provided by WHO in response to our requests," Cohen and Carter wrote.

Compounding this lack of transparency is the fact that the 16 members of the emergency committee that has been advising WHO during the H1N1 pandemic have remained anonymous, at least officially. The chair is known to be John MacKenzie of Curtin University in Perth, Australia.

The *BMJ* investigation turned up another three members, including Arnold Monto, MD, of the University of Michigan School of Public Health; John Wood, PhD, of the National Institute for Biological Standards and Control in the U.K.; and Masato Tashiro, MD, PhD, director of the WHO collaborating center for surveillance and research on influenza in Tokyo.

Wood and Tashiro said they have no conflicts of interest, but Monto has received speakers' fees from GlaxoSmithKline, maker of zanamivir (Relenza).

Anonymity Stance Questioned

In a statement, WHO's secretary-general Margaret Chan, MD, MPH, said the purpose of keeping the committee members anonymous "is to protect the integrity and independence of the members while doing this critical work – but also to ensure transparency by publicly providing the names of the members as well as information about any interest declared by them at the appropriate time."

"This is a troubling stance," Fiona Godlee, MBBChir, editor-in-chief of the *BMJ*, wrote in an accompanying editorial. "It suggests that WHO considers other advisory groups whose members are not anonymous – such as the Strategic Advisory Group of Experts on Immunization – to be potentially subject to outside influences, and it allows no scrutiny of the scientists selected to advise WHO and global governments on a major public health emergency."

"Given the scale of public cost and private profit, it would seem important to know that WHO's key decisions were free from commercial influence," Godlee said. The investigation "finds that this was far from the case."

She said the recovery of the WHO's damaged credibility "will be fastest if it publishes its own report without delay or defensive comment, makes public the membership and conflicts of interest of its emergency committee, and develops, commits to, and monitors stricter rules of engagement with industry that keep commercial influence away from its decision-making."

Balancing Act Called For

According to the University of Rochester's **Treanor**, the important issue to consider is not whether WHO made the right decisions about the H1N1 pandemic – because he believes they made the right recommendations at the time -- but "the much more tricky and generic question about how to appropriately separate the interests of the pharmaceutical industry from the interests of public health, while at the same time being able to take advantage of existing expertise on the issues, the bulk of which resides in individuals with some kind of ties to industry."

"In our current system of healthcare," Treanor said, "the responsibility for demonstrating that these interventions are safe and effective lies with the manufacturer. Hence, individuals with the greatest experience and insight into these interventions will almost always either be employees of industry or individuals paid by industry to conduct studies."

When evaluating advice from a panel of experts, he said it's important to consider the fact that researcher's will always view the products they do work on in a positive light, even if they weren't paid by industry. "After all," Treanor said, "it's much more fun to be involved in the development of an effective product than one that doesn't work."

According to **John Bartlett**, MD, founding director of the Center for Civilian Biodefense Strategies at Johns Hopkins, the fact that conflicts of interest are prevalent among influenza experts "is not at all surprising to me since the people in medicine who know most about flu are often conflicted because they also are advisers to pharma and often do the big trials that are funded by pharma."

He said he is not an authority on influenza, but that "the colleagues I know who do this work often/usually have these connections, but that is usually good for better pharma and good for better WHO advice."

Harvey V. Fineberg, MD, PhD, president of the Institute of Medicine, chairs the WHO committee to review management of the H1N1 pandemic and functioning of the International Health Regulations.

Today, following publication of the reports by *BMJ* and the Parliamentary Assembly of the Council of Europe, Dr. Fineberg released the following statement: "Our review committee welcomes the opportunity to learn from reports published today by the *British Medical Journal* and released by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE).

These reports raise questions about potential, inappropriate influences on WHO decision-making in the assessment and response to the 2009 H1N1 pandemic and, more generally, question practices employed by WHO to guard against conflict of interest among its expert advisers. These topics are among those that will be fully considered by our review committee. At our upcoming meeting in Geneva (30 June to 2 July 2010) we anticipate hearing from critics of WHO as well as from those who were involved from the public and private sectors, at national and international levels, and in policy and decision-making related to the H1N1 pandemic."

...

Carter reported no conflicts of interest. Cohen reported being paid expenses by WHO for giving talks at two conferences.

Godlee reported writing articles on the challenges faced by WHO and on the influence of the drug industry. She reported being in favor of a more assertive approach to conflict of interest and supporting efforts to control the influence of the drug industry on medical research, medical education, and health policy.

Treanor made the following disclosure: "I am very significantly funded by industry to perform studies of experimental vaccines. This funding is in the form of contracts to my institution for my lab to conduct lab assays or for my clinical staff to enroll subjects and follow them in a variety of clinical studies. The sponsors of these studies currently include Protein Sciences Corporation, Bavarian Nordic, GlaxoSmithKline, Pfizer, Sanofi-Pasteur, Vaxinnate, Mercia Pharma, Paxvax, and Ligocyte. I am also considering attending a scientific advisory board for Novartis, for which I would receive an honorarium, and I am on the scientific advisory board for Immune Targeting Systems (ITS) and also received an honorarium last year from Abbott for an advisory meeting. We also conduct clinical trials of experimental live vaccines through a contract with NIH, but the vaccines are supplied by MedImmune through a cooperative research and development agreement (CRADA) with NIAID."

Barry reported giving a talk, hosted by Gilead, which developed oseltamivir, four years ago to public health leaders and individuals from the biotechnology industry. He received an honorarium. "I'm sure Gilead paid some and possibly all of that fee. I never had any relationship with them," Barry said.

Bartlett said he is not connected to any pharmaceutical company with an interest in influenza.

Miller reported no conflicts of interest.

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Deborah Cohen and Philip Carter

WHO and the pandemic flu "conspiracies"

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Key scientists advising the World Health Organization on planning for an influenza pandemic had done paid work for pharmaceutical firms that stood to gain from the guidance they wrote. These conflicts of interest have never been publicly disclosed by WHO. Deborah Cohen and Philip Carter investigate.

This week marks the first anniversary of the official declaration of the influenza A/H1N1 pandemic. On 11 June 2009 Dr Margaret Chan, the director general of the World Health Organization, announced to the world's media: "I have conferred with leading influenza experts, virologists, and public health officials. . . I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. . . The world is now at the start of the 2009 influenza pandemic."

It was the culmination of 10 years of pandemic preparedness planning for WHO – years of committee meetings with experts flown in from around the world and reams of draft documents offering guidance to governments. But one year on, governments that took advice from WHO are unwinding their vaccine contracts, and billions of dollars' worth of stockpiled oseltamivir (Tamiflu) and zanamivir (Relenza) – bought from health budgets already under tight constraints – lie unused in warehouses around the world.

A joint investigation by the BMJ and the Bureau of Investigative Journalism has uncovered evidence that raises troubling questions about how WHO managed conflicts of interest among the scientists who advised its pandemic planning, and about the transparency of the science underlying its advice to governments. Was it appropriate for WHO to take advice from experts who had declarable financial and research ties with pharmaceutical companies producing antivirals and influenza vaccines? Why was key WHO guidance authored by an influenza expert who had received payment for other work from Roche, manufacturers of oseltamivir, and GlaxoSmithKline, manufacturers of zanamivir? And why does the composition of the emergency committee from which Chan sought guidance remain a secret known only to those within WHO? We are left wondering whether major public health organisations are able to effectively manage the conflicts of interest that are inherent in medical science.

Already WHO's handling of the pandemic has led to an unprecedented number of reviews and inquiries by organisations including the Council of Europe, European Parliament, and WHO itself, following allegations of industry influence. Dr Chan has dismissed these as "conspiracies," and earlier this year, during a speech at the Centers for Disease Control and Prevention in Atlanta, she said: "WHO anticipated close scrutiny of its decisions, but we did not anticipate that we would be accused, by some European politicians, of having declared a fake pandemic on the advice of experts with ties to the pharmaceutical industry and something personal to gain from increased industry profits."

The inquiry by British MP Paul Flynn for the Council of Europe Parliamentary Assembly – published last week – was critical. It said that decision making around the A/H1N1 crisis has been

lacking in transparency. It pointed to distortion of priorities of public health services, a waste of huge sums of public money, provocation of unjustified fear, and the creation of health risks through vaccines and medications which might not have been sufficiently tested before being authorised in fast-track procedures. “These results need to be critically examined by public health authorities at all levels with a view to rebuilding public confidence in their decisions,” it said.

The investigation by the BMJ/The Bureau reveals a system struggling to manage the inherent conflict between the pharmaceutical industry, WHO, and the global public health system, which all draw on the same pool of scientific experts. Our investigation has identified key scientists involved in WHO pandemic planning who had declarable interests, some of whom are or have been funded by pharmaceutical firms that stood to gain from the guidance they were drafting. Yet these interests have never been publicly disclosed by WHO and, despite repeated requests from the BMJ/The Bureau, WHO has failed to provide any details about whether such conflicts were declared by the relevant experts and what, if anything, was done about them.

WHO says: “Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and a profit-driven industry. Similar considerations apply when experts advising the Organization have professional links with pharmaceutical companies. Numerous safeguards are in place to manage possible conflicts of interest or their perception.”

But a lack of transparency over conflicts of interests – coupled with a documented changing of the definition of a pandemic and unanswered questions over the evidence base for therapeutic interventions[1] – has led to the emergence of these conspiracies.

Another factor that has fuelled the conspiracies is the manner in which risk has been communicated. No one disputes the difficulty of communicating an uncertain situation or the concept of risk in a pandemic situation. But one world expert in risk communication, Gerd Gigerenzer, director of the Centre for Adaptive Behaviour and Cognition at the Max Planck Institute in Germany, told the BMJ/The Bureau: “The problem is not so much that communicating uncertainty is difficult, but that uncertainty was not communicated. There was no scientific basis for the WHO’s estimate of 2 billion for likely H1N1 cases, and we knew little about the benefits and harms of the vaccination.

The WHO maintained this 2 billion estimate even after the winter season in Australia and New Zealand showed that only about one to two out of 1000 people were infected. Last but not least, it changed the very definition of a pandemic.”

WHO for years had defined pandemics as outbreaks causing “enormous numbers of deaths and illness” but in early May 2009 it removed this phrase – describing a measure of severity – from the definition.[2]

Routes to the Council of Europe’s criticisms can be traced back to 1999, a pivotal year in the influenza world. In April that year WHO – spurred on by the 1997 chicken flu outbreak in Hong Kong – began to organise itself for a pandemic. It drew up a key document, *Influenza Pandemic Plan: The Role of WHO and Guidelines for National and Regional Planning*.

WHO’s first influenza pandemic preparedness plan was stark in the scale of the risk the world faced in 1999: “It is impossible to anticipate when a pandemic might occur. Should a true influenza pandemic virus again appear that behaved as in 1918, even taking into account the advances in medicine since then, unparalleled tolls of illness and death would be expected.”

In the small print of that document it states: “R Snacken, J Wood, L R Haaheim, A P Kendal, G J Ligthart, and D Lavanchy prepared this document for the World Health Organization (WHO), in collaboration with the European Scientific Working Group on Influenza (ESWI).” What this document does not disclose is that ESWI is funded entirely by Roche and other influenza drug manufacturers. Nor does it disclose that René Snacken and Daniel Lavanchy were participating in Roche sponsored events the previous year, according to marketing material seen by the *BMJ*/The Bureau.

Dr Snacken was working for the Belgian ministry of public health when he wrote about studies involving neuraminidase inhibitors for a Roche promotional booklet. And Dr Lavanchy, meanwhile, was a WHO employee when he appeared at a Roche sponsored symposium in 1998. His role at that time was in the WHO Division of Viral Diseases. Dr Lavanchy has declined to comment.

In 1999 other members of the European Scientific Working Group on Influenza included Professor Karl Nicholson of Leicester University, UK, and Professor Abe Osterhaus of Erasmus University in the Netherlands. These two scientists are also identified in Roche marketing material seen by this investigation which was produced between 1998 and 2000. Professor Osterhaus told the BMJ that he had always been transparent about any work he has done with industry. Professor Nicholson similarly has consistently declared his connections with pharmaceutical companies, for example, in papers published in journals such as the *BMJ* and *Lancet*.

Both experts were also at that time engaged in a randomised controlled trial on oseltamivir supported by Roche. The trial was subsequently published in the Lancet in 2000.3 It remains one of the main studies supporting oseltamivir's effectiveness – and one that was subsequently shown to have employed undeclared industry funded ghostwriters.[1]

The influence of the European Scientific Working Group on Influenza would continue as the decade wore on and the calls for pandemic planning became more strident. Founded in 1992, this "multidisciplinary group of key opinion leaders in influenza aims to combat the impact of epidemic and pandemic influenza" and claims links to WHO, the Robert Koch Institute, and the European Centre for Disease Prevention and Control, among others.[4] Despite the group's claims of scientific independence its 100% industry funding does present a potential conflict of interest. One if its roles is to lobby politicians, as highlighted in a 2009 policy document.[5]

At a pre-pandemic preparation workshop of the European Scientific Working Group on Influenza in January last year, Professor Osterhaus said: "I can tell you that ESWI is working on that idea [that is, convincing politicians] quite intensively. We have contact with MEPs [members of the European Parliament] and with national politicians. But it is they who have to decide at the end of the day, and they will only act at the request of their constituencies. If the latter are not prompted, nothing will happen."

The group's policy plan for 2006-10 specifically stated that government representatives needed to "take measures to encourage the pharmaceutical industry to plan its vaccine/antivirals production capacity in advance" and also to "encourage and support research and development of pandemic vaccine" and to "develop a policy for antiviral stockpiling." It also added that government representatives needed to know that "influenza vaccination and use of antivirals is beneficial and safe." It said that the group provided "evidence based, palatable information"; and also "networking/exchange with other stakeholders (eg, with industry in order to establish pandemic vaccine and antivirals contracts)." In the meantime, in Roche's own marketing plan, one goal was to "align Roche with credible third party advocates". They "leveraged these relationships by enlisting our third-party partners to serve as spokespeople and increase awareness of Tamiflu and its benefits".[6]

Tarbara Mintzes, assistant professor in the Department of Pharmacology and Therapeutics at the University of British Columbia, is currently part of a group working with Health Action International and WHO developing curricula for medical and pharmaceutical students on drug promotion and interactions with the industry, including conflicts of interest. She thinks that caution is advised when working with medical bodies of this sort.

"It is legitimate for WHO to work with industry at times. But I would have concerns about involvement with a group that looks like it is for independent academics that is actually mainly industry funded," she said, adding: "The Institute of Medicine has raised concerns about the need to have a firewall with medical groups. To me this does not sound like an independent group, as it is mainly funded by manufacturers."

She also thinks that there is a difference between the conflict of interest in having a clinical trial funded by a company and the conflict of interest in being involved in marketing a drug – for example, on a paid speakers bureau or in marketing material. “Some academic medical departments, for example Stanford University, have banned staff from being involved in marketing or being on a paid speakers bureau,” she said.

The presence of leading influenza scientists at promotional events for oseltamivir reflected not just the concern of an impending pandemic, but the excitement over the potential of a new class of drugs – neuraminidase inhibitors – to offer treatment and protection against seasonal influenza.

In 1999 two new drugs first came to market: oseltamivir, from Roche; and zanamivir, manufactured by what is now GlaxoSmithKline. The two drugs would battle it out over the coming years, with oseltamivir – aided by its oral administration – trumping its rival in global sales as the decade wore on.

The potential was quickly grasped. Indeed, that year Professor Osterhaus published an article proposing the use of neuraminidase inhibitors in pandemics: “Finally, during a possible future influenza pandemic, in view of their broad reactivity against influenza virus neuraminidase subtypes and the expected lack of sufficient quantities of vaccine, the new antivirals will undoubtedly have an essential role to play in reducing the number of victims”.[7]

He also warned that antivirals should not be seen as a replacement for vaccinations. “Close collaboration and consultation between, on the one hand, companies marketing influenza vaccines and, on the other, those marketing antivirals will therefore be absolutely essential. It is important that a clear and uniform message indicating the complementary roles of vaccines and antivirals is delivered.”

That article appeared in the European Scientific Working Group on Influenza’s bulletin of April 1999; Professor Osterhaus signs off with the affiliation of WHO National Influenza Centre Rotterdam, The Netherlands. Other experts soon followed suit – recommending the role neuraminidase inhibitors could play in any future pandemic – in both the academic literature and in the general media.

Food and Drug Administration

While the excitement over these drugs fuelled scientific symposiums, the US Food and Drug Administration (FDA) was less than convinced. The *BMJ*/The Bureau has since spoken to people from within the American and European drug regulators, the FDA and the European Medicines Agency (EMEA), who said that both regulators struggled with the paucity of the data presented to them for zanamivir and oseltamivir, respectively, during the licensing process. At the end of last year, the BMJ called for access to raw data for key public health drugs after the Cochrane Collaboration found the effectiveness of the drugs impossible to evaluate.[8] The group are continuing to negotiate access to what they say they need to fully assess the effectiveness of antivirals.

In the US, the FDA first approved zanamivir in 1999.[9] Michael Elashoff, a former employee of the FDA, was the statistician working on the zanamivir account. He told the *BMJ* how the FDA advisory committee initially rejected zanamivir because the drug lacked efficacy.

After Dr Elashoff’s review (he had access to individual patient data and summary study reports) the FDA’s advisory committee voted by 13 to 4 not to approve zanamivir on the grounds that it was no more effective than placebo when the patients were on other drugs such as paracetamol. He said that it didn’t reduce symptoms even by a day.

“When I was reviewing the data, I tried to replicate the analyses in their summary study reports. The issue was not of data quality, but sensitivity analyses showed even less efficacy,” he said. “The safety analysis showed there were safety concerns, but the focus was on if Glaxo had demonstrated efficacy.” Dr Elashoff’s view was that zanamivir was no better than placebo – and it had side effects. And when the FDA medical reviewer made a presentation, her conclusion was that it could either be approved or not approved. It was a fairly borderline drug.

There were influenza experts on the FDA's advisory committee and much of the discussion hinged on why a drug that looked so promising in earlier studies wasn't working in the largest trials in the US. One hypothesis was that people in the US were taking other drugs for symptomatic relief that masked any effect of zanamivir. So zanamivir might have no impact on symptoms over and above the baseline medications that people take when they have influenza.

Two other trials – one in Europe and one in Australia – showed a bit more promise. But there was a very low rate of people taking other medications.

"So in the context of not being allowed to take anything for symptomatic relief, there might be some effect of Relenza. But in the context of a typical flu, where you have to take other things to manage your symptoms, you wouldn't notice any effect of Relenza over and above those other things," Dr Elashoff said. The advisory committee recommended that the drug should not be approved.

Nevertheless, FDA management decided to overturn the committee's recommendation.

"They would feel better if there was something on the market in case of a pandemic. It wasn't a scientific decision," Dr Elashoff said.

While Dr Elashoff was working on the zanamivir review, he was assigned the oseltamivir application. But when the review and the advisory committee decided not to recommend zanamivir, the FDA's management reassigned the oseltamivir review to someone else. Dr Elashoff believes that the approval of zanamivir paved the way for oseltamivir, which was approved by the FDA later that year.

In Europe the EMEA was similarly troubled by the evidence for oseltamivir. By early 2002 Roche had sought a European Union-wide licence from the EMEA. It was a lengthy process, taking three meetings of the Committee for Medicinal Products for Human Use as well as expert panels, according to one of the two rapporteurs, Pekka Kurki of the Finnish Medicines Agency. Echoing the Cochrane Collaborations's 2009 findings6 Kurki told us: "We discussed the same issues that are still discussed today: does it show clinically significant benefits in treatment and prophylaxis of flu and what was the magnitude of the benefits presented in the RCTs? Our assessment and Cochrane's in 2009 are very similar with regard to the effect size in RCTs. The data show that the effects of Tamiflu were clear but not very impressive.

"What was unclear and is still unclear is what is the impact of Tamiflu on serious complications. Circulating influenza was very mild when Tamiflu was developed and therefore it is very difficult to say anything about serious complications. The data did not clearly show an effect on serious complications – it was not demonstrated by the RCTs."

In documents obtained under the freedom of information legislation, two of the experts who provided opinions during the EMEA licensing process have also featured in Roche marketing material: Annike Linde and Rene Snacken. In Dr Snacken's EMEA presentation dated 18 February 2002, he discussed the need for chemoprophylaxis and called for the use of oseltamivir during a pandemic. He made his presentation as a representative of the Belgian Ministry of Public Health. At the time Dr Snacken was also "liaison officer" for the European Scientific Working Group on Influenza. He also played a key role in the Belgian government during its pandemic planning, and he later became a senior expert at the Preparedness and Response Unit, European Centre for Disease Prevention and Control.

Annike Linde has confirmed in an email that she has had connections with Roche over a number of years. She made a presentation to the EMEA on "influenza surveillance" in her capacity as a representative of the Swedish Institute for Infectious Disease. Again, it is not clear what, if anything, she declared to the EMEA concerning her previous relationship with Roche.

Dr Linde, now the Swedish state epidemiologist, has told the *BMJ*/The Bureau that she received payments from Roche International in respect of various pieces of work she did for the company until 2002. She has subsequently given occasional lectures for Roche Sweden. All money she has received from Roche was given, Dr Linde says, to the Swedish Institute for Infectious Disease Control.

We asked the scientists whether they declared their relationship with Roche at the time to the EMEA. Neither has answered that question entirely satisfactorily. Dr Snacken has not replied to repeated emails posing this question. Dr Linde responded by telling the BMJ/The Bureau: "We contribute with our expertise to the regulatory agencies when asked. When we do so, a declaration of interest, where e.g. participation at advisory meetings at Roche, is given and evaluated by the regulatory agency." The *BMJ*/The Bureau requested Linde and Snacken's declaration of interest statements for the 2002 meeting from the EMEA unider the Freedom of Information Act. The EMEA was unable to provide statements for those particular people at that time.

Developing the guidelines

In October 2002 WHO convened a meeting of influenza experts at its Geneva headquarters. Their purpose was to develop WHO's guidelines for the use of vaccines and antivirals during an influenza pandemic.

Included at this meeting were representatives from Roche and Aventis Pasteur and three experts who had lent their name to oseltamivir's marketing material (Professors Karl Nicholson, Albert Osterhaus, and Fred Hayden).

Two years later the WHO published a key report from that meeting, *WHO Guidelines on the Use of Vaccines and Antivirals during Influenza Pandemics 2004*. The specific guidance on antivirals, *Considerations for the Use of Antivirals During an Influenza Pandemic*, was written by Fred Hayden. Professor Hayden has confirmed to the *BMJ*/The Bureau in an email that he was being paid by Roche for lectures and consultancy work for the company at the time the guidance was produced and published. He also told us in an email that he had received payments from GlaxoSmithKline for consultancy and lecturing until 2002. According to Prof Hayden: "DOI [declaration of interest] forms were filled out for the 2002 consultation."

The WHO guidance concluded that: "Based on their pandemic response goals and resources, countries should consider developing plans for ensuring the availability of antivirals. Countries that are considering the use of antivirals as part of their pandemic response will need to stockpile in advance, given that current supplies are very limited." Many countries around the world would adopt this guidance.

The previous year Professor Hayden was also one of the main authors of a Roche sponsored study that claimed what was to become one of oseltamivir's main selling points – a claimed 60% reduction in hospitalisations from flu, which the Cochrane Collaboration was later unable to verify.[8]

Our investigation has also identified relevant and declarable interests relating to the two other named authors of annexes to WHO's 2004 guidelines. Arnold Monto was the author of the annexe dealing with vaccine usage in pandemics. Between 2000 and 2004 – and at the time of writing the annexe – Dr Monto had openly declared honorariums, consultancy fees, and research support from Roche, 10‑12 consultancy fees and research support from GlaxoSmithKline[10,12-14]; and also research funding from ViroPharma.[15]

No conflict of interest statement was included in the annex he wrote for WHO. When asked if he had signed a declaration of interest form for WHO, Dr Monto told the BMJ/The Bureau: "Conflict of Interest forms are requested before participation in any WHO meeting".

Professor Karl Nicholson is the author of the third annex, Pandemic Influenza. According to declarations made by Professor Nicholson in the *BMJ*[16] and Lancet in 2003,[17] he had received travel sponsorship and honorariums from GlaxoSmithKline and Roche for consultancy work and speaking at international respiratory and infectious diseases symposiums. Before writing the annexe, he had also been paid and declared ad hoc consultancy fees by Wyeth, Chiron, and Berna Biotech.

Even though the previous year these declarations had been openly made in the Lancet and the *BMJ*, no conflict of interest statement was included in the annex he wrote for WHO. Professor Nicholson

told the BMJ/The Bureau that he last had "financial relations" with Roche in 2001. When asked if he had signed a declaration of interest form for WHO, Prof Nicholson replied: "The WHO does require attendees of meetings, such as those held in 2002 and 2004, to complete declarations of interest."

Leaving aside the question of what declarations experts made to WHO, one simple fact remains: WHO itself did not publicly disclose any of these conflicts of interest when it published the 2004 guidance. It is not known whether information about these conflicts of interest was relayed privately to governments around the world when they were considering the advice contained in the guidelines.

The year before WHO issued the 2004 guidance, it published a set of rules on how WHO guidelines should be developed and how any conflicts of interest should be handled. This guidance included recommendations that people who had a conflict of interest should not take part in the discussion or the piece of work affected by that interest or, in certain circumstances, that the person with the conflict should not participate in the relevant discussion or work at all. The WHO rules make provision for the director general's office to allow declarations of interest to be seen if the objectivity of a meeting has been called into question.[18]

The *BMJ*/The Bureau has asked WHO for the conflict of interest declarations for the Geneva 2002 meeting and those related to the guidance document itself. WHO told us that the query went directly up to Margaret Chan's office. "WHO never publishes individual DOIs [declaration of interest], except after consultation with the Office of the Director-General. In this case, we put in a request on your behalf but it was not granted. In more recent years, many WHO committees have published summaries of relevant interests with their meeting reports."

In a BMJ interview (see film on bmj.com), WHO spokesperson Gregory Hartl reiterated the fact that Dr Margaret Chan, "is very committed personally to transparency." Yet her office has turned down repeated requests for declaration of interest statements and declines to comment on the allegations that authors of the guidelines had declarable interests.

Nevertheless, Prof Hayden told the BMJ/The Bureau: "I strongly support transparency in declarations of interest, in part because this allows those reading documents, particularly ones authored by specific individuals (eg, Annexe 5) [the part he wrote], to make their own judgments about the possible relevance of any potential conflicts."

While experts need to work with industry to develop the best possible drugs for illnesses, questions remain about what level of involvement experts with industry ties should have in the formulation of public health policy decisions and guidelines. Professor Nicholson told the *BMJ*/The Bureau: "The WHO and decision makers must be informed of ongoing developments and research findings to ensure that they are as up to date as possible. Some of the most relevant expertise and information are held by companies or individuals with conflicts of interest. I understand the view that experts with conflicts of interest should not advise organisations such as the WHO. But to exclude such people from discussions could deprive WHO and decision makers of important new information."

But not everyone agrees. Barbara Mintzes is unequivocal about what role they should play. "No one should be on a committee developing guidelines if they have links to companies that either produce a product – vaccine or drug – or a medical device or test for a disease. It would be preferable that there are no financial ties when it comes to making big decisions on public health – for example, stockpiling a drug – and that includes if they have a currently funded clinical trial," she said.

She says that one solution is to consult the experts who are involved in industry, but not put them on any decision making committee. "You need a firewall," she added.

Indeed, Professor Harvey Fineberg, president of the Institute of Medicine and chairman of the panel reviewing WHO's pandemic management, takes a similarly hard line. His own institution went through a detailed review of how they interact with industry and experts with conflicts of interests last year.[19] "Sometimes publication of conflict of interests is enough – for example with a journal.

But if you are giving expert judgment to influence policy, revealing is not enough," he told the *BMJ*, referring to the Institute of Medicine's policy.

WHO also says that it takes conflicts of interests seriously and has the mechanisms in place to deal with them. But what action does it take and when does it judge a scientist to be too conflicted to play a leading role in the formulation of global health policy? Since WHO has not provided us with an answer to this question, we are left to guess.

As it stands, this situation is the worst possible outcome for WHO, according to Professor Chris Del Mar, a Cochrane reviewer and expert on WHO's Strategic Advisory Group of Experts on Immunization group. "If it proves to be the case that authors of WHO guidance which promoted the use of certain drugs were being paid at the same time by the makers of those drugs for other work they were doing for these companies that is reprehensible and should be condemned in the strongest possible terms."

WHO's endorsement of oseltamivir was not lost on Roche. In an advert placed by them for the drug in the main conference programme of the European Scientific Working Group on Influenza's 2005 conference in Malta, it says: "Antivirals will initially be the principal medical intervention in a pandemic situation and Roche is working as a responsible partner with governments to assist in their pandemic planning." The source reference for this is the *WHO Global Influenza Preparedness Plan*.

Throughout the following years, WHO would appear to have been inconsistent in how it treated conflicts of interest. Updated pandemic plans would continue to be prepared by experts who openly had work funded and acted as consultants to manufacturers of vaccines and antivirals. WHO produced its influenza preparedness plan in 2005, and in 2006 it constituted an interim Influenza Pandemic Task Force. No public declarations of interest have been made and to date no details have been provided by WHO in response to our requests.

WHO's stance that it does not publish declarations of interest from its experts is far from consistent. It is undermined, for example, by the position WHO adopts in relation to the Strategic Advisory Group of Experts on Immunization, its standing vaccine advisory body. Here, contrary to its approach to pandemic planning advisers, WHO does publish summaries of declarations of interest.

These seeming inconsistencies in WHO's approach to transparency and its handling of conflicts of interest extend into the workings of the Emergency Committee formed last year to advise the director general on the pandemic. The identities of its 16 members are unknown outside WHO. This secret committee has guided WHO pandemic policy since then – including deciding when to judge that the pandemic is over.

WHO says it has to keep the identities secret to protect the scientists. In a phone call to the *BMJ*/The Bureau in March, WHO spokesperson Gregory Hartl explained: "Our general principle is we want to protect the committee from outside influences."

The committee advised the WHO director general on phase changes and temporary recommendations. According to WHO, when the Emergency Committee met to discuss a possible move to a declaration of a pandemic, the meeting additionally included members who represented Australia, Canada, Chile, Japan, Mexico, Spain, the UK, and the US, eight countries that experienced widespread outbreaks at the time.

WHO says all members of the Emergency Committee sign a confidentiality agreement, provide a declaration of interests, and agree to give their consultative time freely, without compensation. However, only one member of the committee has been publicly named: Professor John MacKenzie, who chairs it.

This is a troubling stance: it suggests that WHO considers other advisory groups whose members are not anonymous to be potentially subject to outside influences, and it allows no scrutiny of the scientists selected to advise WHO and global governments on a major public health emergency.

Under the International Health Regulations framework, the membership of the Emergency Committee is drawn from a roster of about 160 experts covering a range of public health areas. This framework provides guidelines about how WHO deals with acute public health risks. The BMJ/The Bureau has identified approximately 15 scientists from the International Health Regulations roster with influenza expertise and has emailed them to ask if they were on the Emergency Committee. However, because of the confidentiality agreements they have signed, these scientists cannot acknowledge their membership of the committee, putting them in an invidious position.

David Salisbury, chair of WHO's Strategic Advisory Group of Experts on Immunization (SAGE) committee at the time of the pandemic and a member of the International Health Regulations, says the secrecy has caused problems for his group even though all of the details of SAGE are in the public domain. "SAGE members came in for unfair personal abuse by journalists," he told the *BMJ*/The Bureau.

"Given the importance of the advice, the transparency of the source of the advice was important. I believe it is necessary to keep confidential the source of advice if revealing details might put individuals at risk, for example when bioterrorism is being discussed. This does not seem to be the case for pandemic flu," he added.

The secrecy of the committee is also fuelling conspiracy theories, particularly around the activation of dormant pandemic vaccine contracts. A key question will be whether the pharmaceutical companies, which had invested around $4bn (£2.8bn, €3.3bn) in developing a vaccine, had supporters inside the emergency committee, who then put pressure on WHO to declare a pandemic. It was the declaring of the pandemic that triggered the contracts.

The *BMJ*/The Bureau can confirm that Dr Monto, Dr John Wood, and Dr Masato Tashiro are members of the Emergency Committee.

Although Dr Monto did not answer the question directly, his Infectious Disease Society of America biography states he is a member.[20]

Last year, according to figures made public in the US by GlaxoSmithKline, Professor Monto received $3000 speakers fees from the company in the period between the second quarter and the last quarter of 2009. As a national official of the Japanese government, Dr Tashiro says that he must "have nothing concerning conflict of interest with private companies." Dr John Wood works for the UK National Institute for Biological Standards and Control (NIBSC). Dr Wood, like Dr Tashiro, has no personal conflict of interests but he told the BMJ/The Bureau that as part of its statutory role in developing standards for measurement of biological medicines to ensure accurate dosing and carrying out independent control testing to assure their safety and efficacy, the institute must work closely with the pharmaceutical industry.

"The International Federation of Pharmaceutical Manufacturers and Associations has also made publicly available the nature of their close interaction with NIBSC and similar organisations in order to develop influenza vaccines," he said.[21]

Those who said that they were not on the committee include David Salisbury, Alan Hampson, Albert Osterhaus, Donato Greco, and Howard Njoo. Maria Zambon, from the UK's Health Protection Agency told the BMJ: "I undertake various advisory roles to WHO. Declaration of interest statements are prepared before undertaking such roles.

"The HPA Centre for Infection, as part of its role in national infectious disease surveillance, provision of specialist and reference microbiology and vaccine efficacy monitoring, works closely with vaccine manufacturers and biotechnology companies."

International Health Regulations review

WHO's own review into the operation of the International Health Regulations and WHO's handling of the pandemic is now being conducted by Harvey

Feinberg, president of the US Institute of Medicine, and will report its findings next year. Dr Chan and Professor Feinberg have both made clear the need for a thorough investigation. But questions are already arising about how independent the review will turn out to be. According to the International Health Regulations list in our possession, some 13 of the 29 members of the review panel are members of the International Health Regulations itself and one is the chair of the Emergency Committee. To critics that might suggest a somewhat incestuous approach.

Professor Mintzes does not agree with WHO's explanation that secrecy was needed to protect against the influence of outside interest on decision making. "I can't understand why the WHO kept this secret. It should be public in terms of accountability like the expert advisory committees," she said adding there are other ways of dealing with influence through strong conflict of interest provisions.

She also believes that the very nature of allowing a trigger point for vaccine contracts opens the system up unnecessarily to exploitation. "It seems a problem that this declaration might trigger contracts to be realised. There should be safeguards in place to make sure those with an interest in vaccine manufacturers can't exploit the situation. The WHO will have to look long and hard at this in future," she said.

The number of victims of H1N1 fell far short of even the more conservative predictions by WHO. It could, of course, have been far worse. Planning for the worst while hoping for the best remains a sensible approach. But our investigation has revealed damaging issues. If these are not addressed, H1N1 may yet claim its biggest victim – the credibility of WHO and the trust in the global public health system.

Deborah Cohen is features editor, BMJ dcohen@bmj.com
Philip Carter is a journalist, The Bureau of Investigative Journalism, London

Competing interests: PC declares no competing interests. DC has been paid expenses by WHO for giving talks at two conferences.

References are availiable on bmj.com

Hayden, Fred, from the University of Virginia, was the author of the key 2004 WHO document arguing for antiviral stockpiling. He was a Roche consultant at the time.

Linde, Annika, Swedish state epidemiologist, has had financial connections to Roche. She gave evidence to the EMEA while linked to Roche. She says she didn't keep any money.

Monto, Arnold, from Michigan University, had declared a financial relationship with Roche, GSK, and ViroPharma. This was not made public by WHO when he wrote its vaccine guidelines.

Nicholson, Karl, from Leicester University, had declared a financial relationship with various drug companies. This was not made clear by WHO when he wrote the Pandemic Influenza annexe.

Snacken, Rene, a Belgian public health official, appeared at Roche promotional events. He helped draft the first WHO pandemic plan and gave evidence to the EMEA about oseltamivir.

*The European Scientific Working Grou*p on Influenza is an industry funded society. It claims links to WHO and the ECDC. It also lobbies governments.

NEWS BBC

WHO swine flu experts 'linked' with drug companies

BBC, 4 June 2010
https://www.bbc.com/news/10235558

Key scientists behind World Health Organization advice on stockpiling of pandemic flu drugs had financial ties with companies which stood to profit, an investigation has found.

The British Medical Journal says the scientists had openly declared these interests in other publications yet WHO made no mention of the links. https://www.bmj.com/content/340/bmj.c2912.extract

It comes as a report from the Council of Europe criticised the lack of transparency around the handling of the swine flu pandemic.

A spokesman for WHO said the drug industry did not influence its decisions on swine flu.

Guidelines recommending governments stockpile antiviral drugs were issued by WHO in 2004.

The advice prompted many countries around the world into buying up large stocks of Tamiflu, made by Roche, and Relenza manufactured by GlaxoSmithKline.

A year after the swine flu pandemic was declared, stocks are left unused in warehouses and governments are attempting to unpick contracts.

Conflict of interest

The BMJ, in a joint investigation with The Bureau of Investigative Journalism, found that three scientists involved in putting together the 2004 guidance had previously been paid by Roche or GSK for lecturing and consultancy work as well as being involved in research for the companies.

Although the scientists involved had freely declared the links in other places and said WHO asked for conflicts of interest forms prior to expert meetings, the ties were not publically declared by WHO.

It is not clear whether these conflicts were notified privately by WHO to governments around the world, the BMJ said, and a request to see conflict of interest declarations was turned down.

In addition, membership of the "emergency committee" which advised WHO's director general Margaret Chan on declaring an influenza pandemic has been kept secret.

It means the names of the 16 committee members are known only to people within WHO, and as such their possible conflicts of interest with drug companies are unknown.

On its website, WHO says: "Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and a profit-driven industry.

"Similar considerations apply when experts advising the Organization have professional links with pharmaceutical companies.

"Numerous safeguards are in place to manage possible conflicts of interest or their perception."

ALJAZEERA

WHO overstated H1N1 threat: Links between WHO experts and drug firms that profited from H1N1 pandemic under scrutiny

Aljazeera, 4 June 2010
https://www.aljazeera.com/economy/2010/6/4/report-who-overstated-h1n1-threat

A joint report into the handling of the H1N1 outbreak has found that some scientists who advised governments to stockpile drugs, had previously been on the payroll of big drug companies.

The report, published in the British Medical Journal, found World Health Organisation (WHO) guidelines on the use of medicine to treat the virus were prepared by experts who had received consulting fees from the top two manufacturers of the drugs – Roche and GlaxoSmithKline.

The WHO's decision to name the flu a "pandemic" is also coming under scrutiny from European investigators, and stands accused of exaggerating the dangers of the H1N1 outbreak, which emerged in April last year.

Laboratory tests have confirmed more than 18,000 deaths from H1N1 infection, according to WHO figures, but the virus has turned out to be less deadly than feared.

Also, symptoms suffered by most people infected with the virus have been mild.

'Exaggerated scare story'

A report by the Council of Europe, also released on Friday, accused the WHO of a lack of transparency over the pandemic announcement – saying it wasted huge sums of money and provoked "unjustified fears".

Paul Flynn, the author of the report, told Al Jazeera that the WHO warnings were "exaggeration on stilts".

"The WHO changed the definition of the most serious pandemic for one that would include the possibility of a tremendous amount of deaths to one that wouldn't include that severity … and this is extraordinary.

"[The] announcement caused the world press to go into hysteria and tell people that we're going to see a plague like the 1918 one.

"There was never any scientific evidence to justify this exaggerated scare story.

"They frightened the world witless about this and caused this vast expense and disruption of health services," he said.

'Saving lives'

But Gregory Hartl, a WHO spokesman in Geneva, said the organisation does not believe any undue influence was exerted on its work.

"In April 2009, we knew very little about [this new virus] and our duty was a duty of care to save lives," he told Al Jazeera.

“So we were helping member states prepare for outcomes that were unknown at the time. We were lucky that afterwards the virus showed itself to be much milder than it was initially thought it could have been.

“Remember what would have happened had WHO and the world done nothing, and it turned out to be a virus on the scale of mortality of bird flu.”

The WHO initially urged rapid development of treatments and vaccines, fearing the virus had the potential to kill millions.

As a result wealthy countries spent billions on medicines which many believe are now unnecessary.

Across Europe, governments are now trying to resell their stockpiles of swine flu vaccine.

Emergency committee

An emergency committee of the WHO has been waiting for signs of how the virus is developing in the southern hemisphere winter before making a full pronouncement on its state.

The committee, composed of 15 external advisers, believes it is critical for countries to maintain vigilance concerning the pandemic, including necessary public-health measures for disease control and surveillance, Margaret Chan, the WHO director-general, has said in a statement.

Chan said that pandemic flu activity was expected to continue, and the committee would meet again by mid-July to review the status of the outbreak once more data from the winter influenza season in the southern hemisphere was available.

The panel met on Tuesday, but Chan delayed any announcement until Thursday as the committee, whose members were spread around the world for the meeting by teleconference, put the final touches to the wording of their recommendation.

Chan’s decision, based on the committee’s recommendation, means that the outbreak, widely known as swine flu, remains at phase six on the WHO’s pandemic scale, which has been at the top level of six since June 2009.

‘Profound misjudment’

WHO experts say the virus remains a threat to some vulnerable people, notably pregnant women, young children and those with respiratory problems, and such groups would continue to need vaccinations.

Fiona Godlee, the editor-in-chief of the British Medical Journal (BMJ), told Al Jazeera the findings were “not surprising” but that the public should be “shocked by this”.

“This was a major decision that affected governments around the world, vast sums of public money and private profit, and we need to really understand exactly the extent to which WHO’s advice was influenced by the pharmaceutical industry,” she said.

“The investigation by the BMJ suggests that there was substantial influence at a number of key stages in the declaration of the pandemic, the definition of the pandemic, the triggering of vaccine contracts around the world and advice to government to stockpile large numbers of expensive antiviral drugs.

“The extent of misjudgment was really very profound in this case.”

But WHO experts maintain that the HIN1 virus could spread easily among people if it were to mutate into a more dangerous or lethal form.

The virus is currently most active in parts of the Caribbean and Southeast Asia, and activity in Africa is low or sporadic.

The Washington Post

Rob Stein

Reports accuse WHO of exaggerating H1N1 threat, possible ties to drug makers

The Washington Post, 4 June 2010, 3:52 PM
https://www.washingtonpost.com/wp-dyn/content/article/2010/06/04/AR2010060403034.html
https://web.archive.org/web/20230318052528/https://www.washingtonpost.com/wp-dyn/content/article/2010/06/04/AR2010060403034.html

European criticism of the World Health Organization's handling of the H1N1 pandemic intensified Friday with the release of two reports that accused the agency of exaggerating the threat posed by the virus and failing to disclose possible influence by the pharmaceutical industry on its recommendations for how countries should respond.

The WHO's response caused widespread, unnecessary fear and prompted countries around the world to waste millions of dollars, according to one report. At the same time, the Geneva-based arm of the United Nations relied on advice from experts with ties to drug makers in developing the guidelines it used to encourage countries to stockpile millions of doses of antiviral medications, according to the second report.

The reports outlined the drumbeat of criticism that has arisen, primarily in Europe, of how the world's leading health organization responded to the first influenza pandemic in more than four decades.

"For WHO, its credibility has been badly damaged," wrote Fiona Godlee, the editor of the BMJ, a prominent British medical journal, that published one of the reports. "WHO must act now to restore its credibility."

A spokesman for the WHO, along with several independent experts, however, strongly disputed the reports, saying they misrepresented the seriousness of the pandemic and the WHO's response, which was carefully formulated and necessary given the potential threat.

"The idea that we declared a pandemic when there wasn't a pandemic is both historically inaccurate and downright irresponsible," said WHO spokesman Gregory Hartl in a telephone interview. "There is no doubt that this was a pandemic. To insinuate that this was not a pandemic is very disrespectful to the people who died from it."

The first report, released in Paris, came from the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe, which launched an investigation in response to allegations that the WHO's response to the pandemic was influenced by drug companies that make antiviral drugs and vaccines.

"The parliamentary assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level," the 18-page draft report states.

"It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large," according to the report.

The second report, a joint investigation by the BMJ and the Bureau of Investigative Journalism, which is based in London, criticized 2004 guidelines the WHO developed based in part on the advice of three experts who received consulting fees from the two leading manufacturers of antiviral drugs used against the virus, Roche and GlaxoSmithKline.

"We are left wondering whether major public health organizations are able to effectively manage the conflicts of interest that are inherent in medical science," the report states.

Hartl dismissed those charges. "WHO would say categorically that it believes that it has not been subject to undue conflict-of-interest. We know that some experts that come to our committees have contact with industry. It would be surprising if they didn't because the best experts are sought by all organizations," Hartl said. "We feel that the guidelines produced were certainly not subject to undue influence."

Several other experts also defended the agency.

"Twenty-twenty hindsight can always second guess the decisions of public health officials," said Jeffrey Levi, executive director of the Trust for America's Health, a private nonprofit group. "But this kind of condemnation of public health officials who made the most prudent decisions based on available knowledge could well backfire in future emergencies: I fear that public health officials will draw the lesson that they should wait for greater scientific certainty before responding in the future – and we could pay for that overcaution with many lives lost."

In response to the criticism, the WHO has launched two investigations, including one by an independent panel of experts led by Harvey Fineberg, who heads the Institute of Medicine at the U.S. National Academy of Sciences.

"These reports raise questions about potential, inappropriate influences on WHO decision-making in the assessment and response to the 2009 H1N1 pandemic and, more generally, question practices employed by WHO to guard against conflict of interest among its expert advisers," Fineberg said in an e-mail. "These topics are among those that will be fully considered by our review committee."

CIDRAP

Robert Roos and Lisa Schnirring

BMJ, European group criticize WHO pandemic actions

CIDRAP, 4 June 2010
http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/jun0410conflict.html

(CIDRAP News) – An article published by the *British Medical Journal* says three scientists who helped frame World Health Organization (WHO) guidance on pandemic influenza preparedness had consulted for pharmaceutical companies that stood to profit from the WHO guidance and that the WHO did not disclose the scientists' industry ties.

The lengthy report, published online yesterday, says the scientists had declared their industry connections in other publications, but the WHO did not reveal them in its guidance document, *WHO Guidelines on the Use of Antivirals and Vaccines During an Influenza Pandemic,* issued in 2004.

The report also raises other questions about the WHO's transparency and its management of potential conflicts of interest. In particular, it is critical of the WHO's refusal to reveal the names of the members of its Emergency Committee, which was set up to help guide the WHO response to the H1N1 pandemic, including when to change pandemic alert phases. The secrecy fuels conspiracy theories about issues such as the triggering of vaccine contracts, the article says.

In related developments, a committee of the Parliamentary Assembly of the Council of Europe (PACE) today approved a report that denounced the response of the WHO and European national health agencies to the pandemic as an "unjustified scare" that led to a waste of public resources, according to a Council of Europe press release. PACE's social, health, and family affairs committee approved the report in Paris today, setting the stage for a debate on Jun 24 during PACE's summer session.

The WHO in recent months has repeatedly rejected charges of undue pharmaceutical company influence on its pandemic preparations and response and has said it has appropriate procedures for managing potential conflicts of interest. The agency recently commissioned a group of independent experts to review the WHO response to the pandemic.

WHO advisors named

The *BMJ* article was written by the journal's features editor, Deborah Cohen, and Philip Carter, a journalist with the London-based Bureau of Investigative Journalism.

The article lists the three experts who helped develop the WHO guidance as Fred Hayden, of the University of Virginia and the Wellcome Trust; Arnold Monto of the University of Michigan, and Karl Nicholson of the University of Leicester, England.

Hayden authored the part of the 2004 guidance document dealing with the use of antivirals in a pandemic, the article says. He told the *BMJ* that he was being paid by Roche, maker of oseltamivir (Tamiflu), for lectures and consulting when the guidance was produced. The guidance advised governments to consider making plans to ensure they would have a supply of antivirals in the event of a pandemic.

The article says Monto wrote an annex to the WHO guidance that covered vaccine usage in a pandemic. At the time, he was declaring receiving honorariums, consulting fees, and/or research support form three companies, Roche, GlaxoSmithKline (GSK), and ViroPharma, according to the report.

Nicholson wrote another annex, "Pandemic Influenza," to the WHO guidance, the article says. According to declarations he made in *BMJ* and *The Lancet* in 2003, he had received travel funding and honoraria from Roche and GSK for consulting and for speaking at medical conferences.

All three experts told the *BMJ* that the WHO required experts attending agency meetings to complete declarations of interest. But the article adds, "WHO itself did not publicly disclose any of these conflicts of interest when it published the 2004 guidance. It is not known whether information about these conflicts of interest was relayed privately to governments around the world when they were considering the advice contained in the guidelines."

The *BMJ* writers say they asked the WHO for the conflict-of-interest declarations for the meeting that launched the development of the 2004 guidance document. The request was turned down by WHO Director-General Margaret Chan.

Since 2004, according to the *BMJ*, the WHO has produced additional pandemic guidance prepared by experts who had received payments from manufacturers of antivirals and vaccines. These activities included a global preparedness plan in 2005 and an interim Pandemic Influenza Task Force in 2006.

The article also contends that the WHO is inconsistent in its approach to transparency and its management of possible conflicts of interest. While it has kept secret the names of its Emergency Committee members, the names of its Strategic Advisory Group of Experts (SAGE) on Immunization are public knowledge, and the agency publishes summaries of their declarations of interest.

Following a Jun 1 meeting of the Emergency Committee, the WHO yesterday announced it would maintain the current phase 6 pandemic alert for the time being. In the announcement, Chan said the agency guards the names of the committee members "to protect the integrity and independence of the members while doing this crucial work," but promised to reveal them eventually.

The agency told the *BMJ* it protects the names of the Emergency Committee members to shield them from being influenced or targeted by industry.

The *BMJ* article also raises questions about the quality and disclosure of data that led to the licensing of oseltamivir and zanamavir (Relenza) in Europe and the United States, a topic that the journal covered in a review in December. At that time the journal said it couldn't get access to manufacturer data on the two drugs. Since then, staff members of the US Food and Drug Administration and the European Medicines Agency have said the two agencies struggled with the "paucity" of data on zanamivir and oseltamivir, respectively, during the licensing process, the article says.

Call for transparency supported

Steven Miles, MD, a bioethicist at the University of Minnesota Medical School in Minneapolis, said the *BMJ* article shows that the WHO needs to be more transparent about its advisors' potential conflicts of interest and the data it relies on.

"The bottom line is that the WHO is looked to for health policy by the world community, including many countries which do not have the capacity to evaluate the health policy and technical questions that they turn to the WHO for guidance on," he said.

"For this reason the WHO has to have the strongest possible standard both with regard to managing conflicts of interest and transparency regarding the origins of its recommendations," he added. "That includes disclosure not only of conflicts of interest bearing on its experts, but also transparency regarding the data they're relying on.

"In this circumstance it appears that neither was present – that there was no disclosure of industry ties of experts, but also that at least some of the data they were relying on was from industry-funded studies which were under proprietary control."

Miles said the fact that the three experts' connections with industry were known because of their declarations in other publications doesn't excuse the WHO from listing those ties in its guidance document.

'It's not enough if you disclose in one location if you don't disclose in all the locations where you publish," he said. Also, many of the journals in which the experts publish are not open-source journals, so many of the users of WHO guidelines, such as health officials in countries like Thailand or Nepal, would not have access to the publications in which disclosures were made, he added.

In defense of the WHO

The WHO was defended today by Michael T. Osterholm, PhD, MPH, director of the University of Minnesota Center for Infectious Disease Research and Policy, which publishes CIDRAP News.

Osterholm said the WHO needs to rely on leading experts on issues such as antivirals, and such experts will often have some ties to industry. He also said the *BMJ* writers presented no evidence that the industry connections of its advisors led to any inappropriate actions or recommendations by the WHO.

"Over the years there's been a small group of researchers who have concentrated in antiviral treatment and prevention for flu. Why should it be surprising that they may have worked with drug companies on these drugs?" he said. "To exclude them would be to exclude the universe of expertise."

"Today it's very easy to do science witch hunts or character assassination by inference. There's no evidence whatever that any of these individuals acted improperly, nor did WHO," Osterholm added.

If the WHO wanted authoritative information on the use of antivirals, he said, "I can't think of anybody in the world who would know more about it" than Hayden. "Is there any evidence that Fred or anyone like him recommended drugs that benefited him financially?"

Osterholm said he is very supportive of transparency and disclosure, while asserting that the WHO has systems in place to prevent conflicts of interest from distorting recommendations or votes. Ultimately, he said, the relevant decisions were made by the WHO itself, not by its expert advisors.

Council of Europe report

The PACE committee report denouncing the pandemic response by the WHO and European governments was produced by committee member Paul Flynn, a Labour member of the British parliament.

The Council of Europe, a group separate from the European Union, works on issues such as civil rights, economics, and democracy. The group was established after World War II and is made up of elected officials from 47 nations.

The committee's report charges that there were "grave shortcomings" in the transparency of decision making during the pandemic, which they say raises questions about pharmaceutical industry influence. They questioned why the WHO emergency group and European advisory groups didn't publicize the names and conflict-of-interest declarations of their members.

Fiona Godlee, editor-in-chief of the *BMJ*, appeared before the committee today to detail the journal's report that scientists with drug industry ties helped WHO develop guidelines on flu vaccine stockpiling.

The PACE committee's report recommends several measures designed to improve transparency and safeguard against what it says is undue influence. The group also calls for a public fund to support independent research and expert advice, possibly funded by the pharmaceutical industry, and closer collaboration with the media to avoid sensationalistic coverage of public health events.

Before and during a PACE committee hearing in January, the WHO defended itself from the accusations. Keiji Fukuda, MD, special advisor on pandemic influenza to the WHO director-general, said the new virus that quickly swept the globe required an unprecedented global cooperation from wide-ranging groups, including pharmaceutical companies.

He said the International Health Regulations (IHR) provide an orderly framework for assessing and declaring a pandemic.

A pharmaceutical company representative also rejected the committee's charges at its hearing in January. Dr Luc Hessel, chairman of the European Vaccine Manufacturers Public Health Policy and Advocacy working group, said vaccine companies delivered a safe, effective vaccine in a timely manner, as countries asked them to do, based on the best information they had at the time.

He said many governments had preexisting contracts for pandemic vaccine to avoid difficult negotiations and ease the response during a public health emergency. Hessel countered that vaccine companies have shouldered financial risks in advance of the pandemic by expanding production capacity.

Several top health officials have defended government and WHO actions in the wake of the PACE committee's criticisms. For example, British Heath Secretary Andy Burnham told the House of Commons in January that he would not apologize for preparing to protect the public during a pandemic, and Australia's chief medical officer, Jim Bishop, in a media report called some of the groups claims "historically and medically inaccurate" and said the WHO made its pandemic decisions based on cases and deaths in Mexico and the United States, not on pharmaceutical industry influence.

At the recent World Health Assembly, which wrapped up its work on May 21, representatives from several nations, including France, India, and the United States, also defended the WHO's pandemic actions, according to media reports. French health minister Roselyne Bachelot called criticism of the WHO's response unfair.

"The vaccine, which was the answer to a real danger, turned into a source of risk in the collective mind," Bachelot said, according to Agence France-Presse. "The effects of this smear campaign are potentially devastating."

Cohen D, Carter P. Conflicts of interest: WHO and the pandemic flu "conspiracies." BMJ 2010;340 (published online Jun 3)
https://web.archive.org/web/20100611012712/http://www.bmj.com/cgi/content/full/340/jun03_4/c2912

See also:

Jun 4 PACE statement
https://web.archive.org/web/20150503072254/https://wcd.coe.int/ViewDoc.jsp?Ref=PR455%282010%29&Language=lanEnglish&Ver=original&Site=DC&BackColorInternet=F5CA75&BackColorIntranet=F5CA75&BackColorLogged=A9BACE

Jan 14 CIDRAP News story "*WHO, vaccine group deny pandemic scare charges*"
https://web.archive.org/web/20100612173957/http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/jan1410who.html

Jan 26 CIDRAP News story "*European hearing airs WHO pandemic response, critics' charges*"
https://web.archive.org/web/20100129215453/http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jan2610council.html

Jun 3 WHO - Emergency Committee tatement
https://web.archive.org/web/20100610132423/http://www.who.int/csr/disease/swineflu/8th_meeting_ihr/en/index.html

The Gazette

Charlie Fidelman

Placebo medicine for a pandemic that never was

Montreal Gazette, 4 June 2010
https://montrealgazette.com/health/placebo-medicine-for-a-pandemic-that-never-was

June 8 update: For Dr Margaret Chan letter sent to the editors of BMJ in reference to their article on conflicts of interest at the WHO, please scroll down.

Remember the confusion over who should be first in line for the swine flu jab during in the slow roll out of vaccines? What about the ugly queue jumping ahead of pregnant women, young children and people with underlying medical problems?

Well, all that bad behaviour was for nought because, as it turned out later, there was enough vaccine to go around. Half the vaccine doses went to store rooms, wasted because government health agencies weren't ready to deliver them.

Second, the whole exercise might have been a giant waste of public health funds, one that was based on unjustified scares. Simply put, this was a pandemic that never was. And all those vaccines? The jab so many clamoured for so noisily was just a fancy placebo handed out on a massive scale.

That's what a report critical of the World Health Organization's handling of the H1N1 pandemic suggests. The report prepared by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE) and made public June 3 in Paris, had serious issues with transparency at the WHO and influence of the pharmaceutical industry on decisions taken.

Why did the WHO change its definition of a phase 6 pandemic? Instead of severity of illness and the number of deaths, it argued for distribution. And why didn't the WHO "amend its fear mongering" when early on it became evident in Mexico that HIN1 was a mild flu and not a killer, and the pattern world wide was similar? demanded British MP Paul Flynn, who prepared the report.

Earlier this year, in response to other criticisms of the WHO's H1N1 agenda, its director Dr. Margaret Chan dismissed allegations of ties to Big Pharma as "conspiracies" and the notion of a fake pandemic

Flynn's report coincided with a BMJ investigation, WHO and the pandemic flu "conspiracies" published earlier this week with an editorial on conflicts of interest and pandemic flu.

June 8 update: Here is the response of the World Health Organization (WHO) director-general Dr Margaret Chan in a letter sent to the editors of BMJ in reference to their article on conflicts of interest at the WHO.

To the Editors,

In the editorial accompanying the feature on conflicts of interest at WHO ,, the author notes that it is "almost certainly true" that the mildness of the H1N1 pandemic, compared with the severity long expected from a virus like H5N1, has contributed to the current critical scrutiny of WHO's decisions. As the editorial further states, this reality does not make it wrong to ask hard questions.

We fully agree. Good investigative journalism brings problems, and their potential consequences, into sharp focus and identifies the need for remedial action. Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and profit-driven industry. WHO needs to establish, and enforce, stricter rules of engagement with industry, and we are doing so. However, let me be perfectly clear on one point. At no time, not for one second, did commercial interests enter my decision-making.

I take issue with the assumption that WHO simply dismisses these hard questions as unfounded. In January 2010, I suggested that a Review Committee, an independent mechanism under the International Health Regulations, be used to evaluate WHO's performance during the influenza pandemic. This recommendation was accepted by members of the WHO Executive Board, and the Committee's work began on 12 April 2010. The Committee agreed to address criticism currently being levelled at WHO as part of its evaluation. I have publicly expressed my desire to see a critical, independent, and transparent assessment of WHO's performance.

The implication that WHO provoked unjustified fear also needs to be addressed. The record is otherwise, and not a matter of interpretation. On 11 June 2009, when I announced the start of the pandemic, I drew attention to the fact that the worldwide number of deaths was small, and clearly stated that we did not expect to see a sudden and dramatic jump in the number of severe or fatal infections. In every assessment of the pandemic, WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid and full recovery, even without medical treatment.

Concerning the members of the Emergency Committee that advised WHO on the pandemic, including phase changes, the names will be released when the Committee finishes its work, as has always been intended. Our decision not to make these names public was motivated by a desire to protect the experts from commercial or other influences. The members themselves welcomed this decision as a protective measure, and not as an attempt to veil their deliberations and decisions in secrecy. Records of all Emergency Committee meetings were kept, and these and all other documents pertaining to WHO's pandemic decisions and actions have been placed at the disposal of the Review Committee.

Without question, the BMJ feature and editorial will leave many readers with the impression that WHO's decision to declare a pandemic was at least partially influenced by a desire to boost the profits of the pharmaceutical industry. The bottom line, however, is that decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria. It is hard to bend these criteria, no matter what the motive.

Accusations that WHO changed its definition of a pandemic in order to accommodate a less severe event (and thus benefit industry) are not supported by the facts. The current pandemic preparedness plan, which includes phase definitions, was finalized in February 2009 following two years of consultations. A new strain of H1N1 was neither on the horizon nor mentioned in the document.

A full record and timeline of events leading to the publication of the 2009 plan have been placed at the disposal of the Review Committee. Should this Committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on.

Dr Margaret Chan
Director-General
World Health Organization

World Health Organization Scientists Linked to Swine Flu Vaccine Makers
Investigation raises questions about WHO's handling of pandemic

ABC News, 5 June 2009, 05:09 am
https://abcnews.go.com/Health/SwineFlu/swine-flu-pandemic-world-health-organization-scientists-linked/story?id=10829940

June 5, 2010 – Scientists who advised the World Health Organization on its influenza policies and recommendations – including the decision to proclaim the so-called swine flu a "pandemic" had close ties to companies that manufacture vaccines and antiviral medicines like Tamiflu, a fact that WHO did not publicly disclose.

The links between the advisors and the companies that make money from vaccines and flu treatments were detailed in a report published online by the British medical journal BMJ, which investigated the advisors' role in WHO's policy.

The report by Deborah Cohen, features editor of BMJ, and Philip Carter, a journalist with the Bureau of Investigative Journalism in London, acknowledged that flu experts do "need to work with industry to develop the best possible drugs for illnesses," but said that allowing industry experts to have a role in the formulation of public health policy was a slippery slope.

And worse, Cohen and Carter said, was the failure of WHO officials to disclose the conflicts of interest or even identify the members of its advisory committee.

In a statement, WHO's secretary-general Margaret Chan, MD, MPH, said the purpose of keeping the committee members anonymous "is to protect the integrity and independence of the members while doing this critical work – but also to ensure transparency by publicly providing the names of the members as well as information about any interest declared by them at the appropriate time."

And in the U.S. a spokesperson for the Department of Health and Human Services defended WHO's handling of the pandemic.

"The WHO handled the outbreak in a very measured and appropriate manner," he said. "Their decisions were driven by the existing and evolving conditions at the time and what the best scientific information was telling us. It's very easy to look back through a 20-20 lens and essentially be an armchair quarterback."

Addressing the possibility of industry-influence on WHO's decisions, the spokesman said, "The WHO based its decisions on strong public health considerations and I don't think there was any indication from our perspective that their decisions were influenced by industry in any way."

The H1N1 pandemic, which will mark its one-year anniversary on June 11, "could, of course, have been far worse," Cohen and Carter wrote. "Planning for the worst while hoping for the best remains a sensible approach. But our investigation has revealed damaging issues. If these are not addressed, H1N1 may yet claim its biggest victim – the credibility of the WHO and the trust in the global public health system."

And the medical journal wasn't the only entity going on record with a critical assessment of WHO. A report from the Council of Europe Parliamentary Assembly published on the same day the BMJ report was released called into question WHO's handling of the H1N1 pandemic.

An official Council of Europe inquiry led by Paul Flynn, a British member of parliament, concluded that the "Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level."

nature

Declan Butler

Flu experts rebut conflict claims

Nature, 8/10 June 2010, 465, 672–673
https://doi.org/10.1038/465672a

"Drug firms 'encouraged world health body to exaggerate swine flu threat'," screamed Britain's Daily Mail newspaper on 4 June. "2 European reports criticize WHO's H1N1 pandemic guidelines as tainted," headlined The Washington Post the next day. To judge from media coverage last week, a major scandal had been exposed in the handling of the H1N1 flu pandemic by the World Health Organization (WHO). But nothing could be further from the truth.

The news articles reported on two investigations: one by journalists at the BMJ and the Bureau of Investigative Journalism, a non-profit body in London launched in April; the other by the health committee of the Parliamentary Assembly of the Council of Europe (PACE) – a human-rights body based in Strasbourg, France, independent of the European Union.

Both reports allege that the WHO might have been unduly influenced by the pharmaceutical industry in declaring H1N1 flu a pandemic, and in backing widespread vaccination and stockpiling of antiviral drugs, a claim often made by conspiracy theorists. They also complain that a 2004 WHO pandemic-preparedness document did not reveal that some of its authors had been paid for work by pharmaceutical companies – although the scientists had declared their competing interests elsewhere.

Suspicious minds

Paul Flynn, a UK Labour Member of Parliament and rapporteur of the PACE report (see go.nature.com/G9CvVL), and Fiona Godlee, editor-in-chief of the BMJ, presented their reports at a press conference together in Paris on 4 June, with Flynn asserting that "this was a pandemic that never really was". Afterwards, he wrote on his blog: "One of the joys today was giving evidence with the editor of the splendid British Medical Journal. We have never met before but we cooed in harmony and just avoided saying it was the Pharmas that did it."

Both reports say that it is suspicious, for example, that the WHO has kept secret the names of its Emergency Committee, an expert group that advises the WHO on the status of international public-health emergencies, including the declaration of a flu pandemic. Gregory Hartl, a spokesman for the WHO, says that the secrecy of the Emergency Committee's membership is maintained to buffer its deliberations from outside pressure. The WHO says that it will make public the names, and any competing interests, once the pandemic is declared over.

"A key question will be whether the pharmaceutical companies, which had invested around $4 bn (£2.8bn, €3.3bn) in developing the swine flu vaccine, had supporters inside the emergency committee, who then put pressure on WHO to declare a pandemic," says the article in the BMJ (D. Cohen and P. Carter Br. Med. J. 340, c2912; 2010). "It was the declaring of the pandemic that triggered the contracts."

This is false. Many countries – including the United Kingdom, France, Belgium, Finland, Canada, the Netherlands and Switzerland – had already placed large orders for H1N1 vaccine weeks before the WHO declared H1N1 a pandemic on 11 June 2009. The United States, for example, ordered US$649 million of pandemic H1N1 influenza vaccine antigen and $283 million of adjuvant on 22 May 2009. So the Emergency Committee could not have influenced these in any way.

"You are absolutely right," conceded the authors of the articles in the BMJ when challenged with this timeline.

Both reports also seize on the WHO's April 2009 revision of its criteria on what constitutes a pandemic, which removed the need for an assessment of the 'severity' of the disease, based on estimates of future mortality. Flynn speculated in the Daily Mail that this was suspicious: "In this case, it might not just be a conspiracy theory, it might be a very profitable conspiracy." Neither report provides any evidence to substantiate its implication that the WHO rushed to declare a pandemic to boost pharmaceutical company sales. Moreover, the WHO says that the revisions were finalized in February 2009, before pandemic H1N1 was on the horizon.

Scientists interviewed by Nature early on in the pandemic noted that severity is impossible to pin down until many months after it starts. Also, pandemic viruses can mutate or reassort to become more severe, so initial estimates are in any case of limited use.

Clear firewall

The BMJ also notes that three scientists who were involved in the preparation of a 2004 WHO document, WHO Guidelines on the Use of Vaccines and Antivirals during Influenza Pandemics, had received payments from pharmaceutical companies, including research funding, or consultancy or speaker fees. The scientists told the BMJ that they had declared these competing interests to the WHO, although the WHO had not included these in its report.

Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy in Minneapolis, points out that the 2004 document was based on input from an international panel of 22 scientists and public-health officials, in response to the threat of the deadly H5N1 avian flu virus. "To suggest that the three scientists were able to direct and control the final recommendations is naive, and stated without a single shred of evidence," he says.

The BMJ also claims that industry funding of the European Scientific Working Group on Influenza (ESWI), a group of flu scientists that provided advice to the WHO, presented a "potential conflict of interest". It notes that several ESWI scientists also receive industry funding directly.

One of those scientists is Albert Osterhaus, a virologist at Erasmus Medical Centre in Rotterdam in the Netherlands, who chairs the ESWI. He says that the body has a "clear firewall" with its funders, and that it informs all partners about any of its competing interests – its sources of funding are also listed on its website. Private–public partnerships are essential in tackling pandemics, and excluding flu researchers with industry links would deprive advisory panels of world-class expertise, he says. "The critical thing is transparency," says Osterhaus. "I have always declared my own competing interests."

The BMJ acknowledges that the researchers had declared their interests elsewhere. But it takes issue with the WHO's not having included them in its pandemic-planning documents.

David Ozonoff, an epidemiologist at the Boston University School of Public Health in Massachusetts, says that the reports "smear" the scientists involved in pandemic planning by "insinuating" that they would have offered different advice had they not had a relationship with drug companies. "This is a pretty serious charge," he says.

"We think this is the researcher's reading into it, not necessarily ours," the BMJ authors respond.

Marc Lipsitch, an epidemiologist at Harvard School of Public Health in Boston, Massachusetts, says that the WHO's advice on the pandemic has been sound, and has reflected the state of scientific opinion. Comparing the situation with the ongoing Deepwater Horizon oil spill, Lipsitch says that "it is ironic, as we watch for the second time in five years the catastrophic results of 'best-case scenario planning' in the Gulf of Mexico, to have the WHO coming under criticism for planning for, and raising awareness of, the possibility of a severe pandemic. That is what public-health agencies should do, and what most did in this instance, and they should be commended for it."

World Health Organization

Margaret Chan

WHO Director-General's letter to BMJ editors

Geneva, WHO, 8 June 2010

https://web.archive.org/web/20101011195712/http://www.who.int/mediacentre/news/statements/2010/letter_bmj_20100608/en/index.html

Below you will find a copy of the letter Dr Margaret Chan, Director-General of the World Health Organization (WHO) sent to the editors of the BMJ, formerly *British Medical Journal*, in reference to their article on conflicts of interest at the WHO.

To the Editors,

In the editorial accompanying the feature on conflicts of interest at WHO, the author notes that it is "almost certainly true" that the mildness of the H1N1 pandemic, compared with the severity long expected from a virus like H5N1, has contributed to the current critical scrutiny of WHO's decisions. As the editorial further states, this reality does not make it wrong to ask hard questions.

We fully agree. Good investigative journalism brings problems, and their potential consequences, into sharp focus and identifies the need for remedial action. Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and profit-driven industry. WHO needs to establish, and enforce, stricter rules of engagement with industry, and we are doing so. However, let me be perfectly clear on one point. At no time, not for one second, did commercial interests enter my decision-making.

I take issue with the assumption that WHO simply dismisses these hard questions as unfounded. In January 2010, I suggested that a review committee, an independent mechanism under the International Health Regulations, be used to evaluate WHO's performance during the influenza pandemic. This recommendation was accepted by members of the WHO Executive Board, and the Review Committee's work began on 12 April 2010. The Committee agreed to address criticism currently being levelled at WHO as part of its evaluation. I have publicly expressed my desire to see a critical, independent, and transparent assessment of WHO's performance.

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Concerning the members of the Emergency Committee that advised WHO on the pandemic, including phase changes, the names will be released when the Committee finishes its work, as has always been intended. Our decision not to make these names public was motivated by a desire to protect the experts from commercial or other influences. The members themselves welcomed this decision as a protective measure, and not as an attempt to veil their deliberations and decisions in secrecy. Records of all Emergency Committee meetings were kept, and these and all other documents pertaining to WHO's pandemic decisions and actions have been placed at the disposal of the Review Committee.

Without question, the BMJ feature and editorial will leave many readers with the impression that WHO's decision to declare a pandemic was at least partially influenced by a desire to boost the profits of the pharmaceutical industry. The bottom line, however, is that decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria. It is hard to bend these criteria, no matter what the motive.

Accusations that WHO changed its definition of a pandemic in order to accommodate a less severe event (and thus benefit industry) are not supported by the facts. The current pandemic preparedness plan, which includes phase definitions, was finalized in February 2009 following two years of consultations. A new strain of H1N1 was neither on the horizon nor mentioned in the document.

A full record and timeline of events leading to the publication of the 2009 plan have been placed at the disposal of the Review Committee. Should this Committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on.

Dr Margaret Chan
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E-mail: flumedia@who.int

See also: Editorial: "Conflicts of interest and pandemic flu". – BMJ 2010;340:c2947
https://web.archive.org/web/20100919120611/http://www.bmj.com/content/340/bmj.c2947.full

AFP

WHO Chief defends management of swine flu pandemic

AFP, The Flu Case, 8 June 2010 13:13
https://web.archive.org/web/20100814170432/http://www.theflucase.com/index.php?option=com_content&view=article&id=3675%3Awho-chief-defends-management-of-swine-flu-pandemic&catid=1%3Alatest-news&Itemid=64&lang=en

Geneva – The head of the World Health Organization on Tuesday defended the agency's handling of the swine flu pandemic, rejecting a top medical journal claims that it was marred by commercial interests.

"At no time, not for one second, did commercial interests enter my decision-making," said Margaret Chan, WHO director-general, in a letter sent to the British Medical Journal, following the publication's article.

The BMJ had said in a report last week that the WHO's actions on the pandemic was deeply marred by secrecy and conflicts of interest with drug companies for some experts advising the agency.

The report also revealed that at least one member of the secret, 16-member "emergency committee" formed last year to advise the WHO on whether and when to declare a pandemic received payment during 2009 from drugmaker GlaxoSmithKline.

Chan said that the names of the emergency committee had been kept secret in order to "protect the experts from commercial or other influences" and not to withhold information about their deliberations.

She also challenged the journal's claim that the WHO provoked unjustified fear about the pandemic.

"The record is otherwise, and not a matter of interpretation," said Chan, pointing to her announcement when declaring the pandemic that the worldwide fatality rate was low.

"I take issue with the assumption that WHO simply dismisses these hard questions as unfounded," she said, pointing out that a committee had been set up to examine the agency's handling of the pandemic.

Harvey Fineberg, chairman of the WHO's committee of external experts reviewing the handling of the pandemic, on Monday welcomed the BMJ's report and said it would be "fully considered by our Review Committee."

The committee is due to release its findings by the beginning of 2011.

NBC NEWS

Eliane Engeler

Drug companies no influence in swine flu?

NBC News // The Associated Press, 8 June 2010, 10:38 PM +08
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The head of the World Health Organization on Tuesday strongly rejected suggestions that her decisions about swine flu were influenced by advisers' links to pharmaceutical companies.

The head of the World Health Organization on Tuesday strongly rejected suggestions that her decisions about swine flu were influenced by advisers' links to pharmaceutical companies.

"At no time, not for one second, did commercial interests enter my decision-making," WHO Director-General Margaret Chan said.

She also dismissed claims the global health body had stirred unnecessary public fear over the pandemic.

Her statement came in response to an article in the British Medical Journal that questioned the way WHO managed conflicts of interest among its scientific advisers and the transparency of its advice to governments.

WHO's handling of the outbreak is being reviewed by a 29-member expert panel that will report its findings next year. Critics say many of the panelists are also trusted WHO advisers and government employees who could end up whitewashing any failures.

The names of the scientists who advised Chan on the threat posed by swine flu have never been published and WHO said they will only be released once the pandemic is declared over.

"Our decision not to make these names public was motivated by a desire to protect the experts from commercial or other influences," Chan said, adding that it was not an attempt to keep the panelists' deliberations secret.

WHO said it will make records of the advisers' meetings available to the review panel but hasn't indicated any willingness to release them publicly.

Chan insisted she was open to the panel's criticism. "Should this committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on."

Harvey Fineberg, the president of the Institute of Medicine in Washington, said the review panel which he heads will hear from critics of WHO when it next meets from June 30 to July 2.

A report published by the Council of Europe last week said the public health guidelines by WHO, European Union agencies and national governments led to a "waste of large sums of public money and unjustified scares and fears about the health risks faced by the European public." The report by the EU's human rights watchdog said decisions about the outbreak were poorly explained and not sufficiently transparen

Medscape

Robert Lowes

WHO Says Failure to Disclose Conflict of Interests of Pandemic Advisors was an "Oversight"

MedScape, 8 June 2010
https://web.archive.org/web/20101023150028/https://www.medscape.com/viewarticle/723191

The World Health Organization (WHO) committed an oversight when it failed to disclose conflicts of interest for scientists who have advised it on pandemic influenza policies, a spokesperson for the agency said today.

WHO collected so-called declarations of interest from the scientists in question, but never published them, agency spokesperson Gregory Hartl told *Medscape Medical News*.

"It was an oversight," said Hartl. "If we were using today's practices, we would have published the summary for the relevant interests. The way we handle [declarations of interest] is a work in progress."

Hartl's comments were in response to an article published June 4 in the *British Medical Journal* (BMJ) documenting the agency's failure to disclose conflicts of interest for its scientific advisors. The article's authors, *BMJ* features editor Deborah Cohen and journalist Philip Carter from the nonprofit, London-based Bureau of Investigative Journalism, write that this lack of transparency has fed a widespread conspiracy theory — namely, that WHO declared a "fake" pandemic to boost sales for pharmaceutical companies that manufacture antiviral drugs and the H1N1 vaccine.

A group called the Parliamentary Assembly of the Council of Europe (PACE) leveled the same criticisms at WHO in a report also issued June 4. PACE stated that WHO's handling of the H1N1 influenza pandemic has resulted in unjustified fears, "the waste of large sums of public money," and the possibility that the public will not heed agency recommendations the next time a pandemic strikes. The Council of Europe is a 47-member group distinct from the European Union.

In a letter to the *BMJ* that WHO released today, WHO Director-General Margaret Chan, MD, defended the integrity of her agency.

"At no time, not for 1 second, did commercial interests enter my decision making," Dr. Chan stated. She also said potential conflicts of interest are "inherent" in the relationship with public health agencies and for-profit businesses, and that WHO needs to establish and enforce "stricter rules of engagement with industry."

[Editor's Note: On June 10, WHO released this response to its critics.]

Industry observers have noted that neither the *BMJ* article nor the PACE report offer any evidence that anyone at WHO issued a recommendation or made a decision with an individual's or company's financial gain in mind.

WHO has convened a special review committee to investigate the possible influence that the private sector may have exerted on the agency and its committees. Dr. Chan asked the review committee, chaired by Harvey Fineberg, MD, PhD, president of the Institute of Medicine, to glean lessons from how WHO and the international community responded to the pandemic.

In a written statement released on June 4, Dr. Fineberg said his committee "welcomes the opportunity to learn from reports published today by the *British Medical Journal* and released by...the Parliamentary Assembly of the Council of Europe." Dr. Fineberg's committee is scheduled to deliver a final report to WHO in May 2011.

Critics Say Emergency Committee Should Not Operate in Anonymity

BMJ authors Deborah Cohen and Philip Carter assert that WHO drafted a series of plans to combat future influenza pandemics with the help of scientists who had financial ties to Roche and GlaxoSmith-Kline – manufacturers of the antiviral drugs oseltamivir (*Tamiflu*) and zanamivir (*Relenza*). However, WHO did not disclose these links, according to Cohen and Carter.

The plans, which date back to 1999, included guidelines published in 2004 that recommended stockpiling antivirals in preparation for a pandemic. There were no conflict of interest statements for 3 contributing scientists who had received honorariums, consultancy fees, research support, and travel sponsorship from the 2 antiviral manufacturers, write Cohen and Carter.

Furthermore, the *BMJ* authors criticize WHO for not identifying the members of its Emergency Committee, which has advised the WHO director-general on the influenza pandemic. When Dr. Chan declared on June 11, 2009, that H1N1 disease activity had reached the full-blown pandemic level on the agency's pandemic scale, she based her decision on the committee's recommendation.

WHO has defended giving anonymity to the members of the committee for the sake of shielding them from outside influences, but Cohen and Carter point out that the agency does not hide the identity of members of other key committees, such as the Strategic Advisory Group of Experts on Immunization.

In her letter to the *BMJ*, Dr. Chan said WHO would release the names of the Emergency Committee members once their work is over, as the agency had intended all along. Furthermore, the special review committee investigating WHO's handling of the pandemic will have access to records of all Emergency Committee meetings.

WHO Did Not Exaggerate Pandemic's Severity, Secretary-General Says

The lack of transparency about the Emergency Committee ranks high on the list of complaints in the report released by PACE. It stated that committee members with conflicts of interest could have done vaccine manufacturers a favor by declaring that a pandemic was underway. This declaration triggered "sleeper contracts" for European nations to purchase prearranged quantities of vaccine, according to the report.

WHO made it easier to justify the declaration by redefining a pandemic, PACE stated. Before May 4, 2009, according to PACE, WHO's Web site said that "an influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." However, WHO removed the qualifying reference to "enormous number of deaths and illness" after it revised its pandemic preparedness plan. Now the agency Web site says that influenza pandemics "can be either mild or severe in the illness and death they cause."

Dr. Chan denied in her letter to the *BMJ* that WHO revised its definition of a pandemic "to accommodate a less severe event and thus benefit industry." The agency, she said, completed its current pandemic preparedness plan along with its definition of a pandemic in February 2009, before "a new strain of H1N1 was on the horizon."

In addition, WHO spokesperson Gregory Hartl told *Medscape Medical News* that the previous agency description of a pandemic with the reference to "enormous numbers of deaths and illness" was just that — a description, not an official definition.

"It's not a definition, but we recognize that it could be taken as such," said Hartl. "It was the fault of ours, confusing descriptions and definitions."

Although WHO eliminated disease severity as a defining feature of an influenza pandemic, the agency nevertheless stands accused of exaggerating the virulence of the H1N1 pandemic, which has killed fewer people than seasonal flu in the United States does on an annual basis. Dr. Chan said in her letter to the *BMJ* that when she declared a pandemic in June 2009, she noted that the number of deaths at that point was small and that WHO did not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

"In every assessment of the pandemic," she stated. "WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid recovery, even without medical treatment."

Pandemic Was Not a Fake, Says Department of Health and Human Services Spokesperson

WHO has not lacked for defenders as it catches flak from the European sector.

"WHO handled the H1N1 outbreak in a measured and appropriate way, and there was no indication that any of their decisions were influenced by industry," Bill Hall, a spokesperson for the US Department of Health and Human Services, told *Medscape Medical News*. "Their decisions were driven by the existing and evolving conditions using the best scientific information available at the time."

Hall also said it was "wrong and flat-out irresponsible" to call the outbreak a fake pandemic.

Others such as Michael Osterholm, PhD, MPH, director of the University of Minnesota Center for Infectious Disease Research and Policy (CIDRAP), contend that public health agencies such as WHO cannot easily avoid the problem of conflict of interest because scientific experts often have ties to industry.

"Over the years there's been a small group of researchers who have concentrated in antiviral treatment and prevention for flu," the publication *CIDRAP News* recently quoted Dr. Osterholm as saying. "Why should it be surprising that they may have worked with drug companies on these drugs? To exclude them would be to exclude the universe of expertise."

Dr. Osterholm noted that he supported transparency and disclosure when conflicts of interest do arise.

THE GLOBE AND MAIL

Caroline Alphonso

World Health Organization fires back at critics of H1N1 response
Director-General Margaret Chan says
drug companies' interests didn't shape decisions 'for one second'

Globe and Mail, 8 June 2010, 7:17 PM EDT
https://web.archive.org/web/20100610061011/http://www.theglobeandmail.com/life/health/world-health-organization-fires-back-at-critics-of-h1n1-response/article1596903/

With the H1N1 flu all but over in many parts of the world and questions about the World Health Organization's handling of the pandemic beginning to mount, the head of the global health body has come out swinging at her critics.

Director-General Margaret Chan rejected claims that the WHO provoked unnecessary fear, and then, directing her comments to an article published in a prominent British medical journal, she dismissed suggestions that her decisions on the pandemic were influenced by ties to the pharmaceutical industry.

"At no time, not for one second, did commercial interests enter my decision-making," Dr. Chan said in a statement Tuesday.

Her comments are in response to last week's report in the BMJ that said three scientists at the WHO received payments from Roche and GlaxoSmithKline, manufacturers of antiviral drugs, and also helped prepare pandemic guidelines in 2004 that included the use of antivirals. The WHO did not publicly disclose their conflicts of interests, the journal stated. Further, the journal asked why the names of those who sit on the emergency committee and advise Dr. Chan are shrouded in secrecy.

In an accompanying editorial, BMJ editor Fiona Godlee said the WHO's credibility had been damaged. "Recovery will be fastest if it publishes its own report without delay or defensive comment; makes public the membership and conflicts of interest of its emergency committee; and develops, commits to, and monitors stricter rules of engagement with industry that keep commercial influence away from its decision making," Dr. Godlee wrote.

The WHO's handling of the outbreak is being reviewed by an independent committee, which will likely report back by next year. In the meantime, Dr. Chan said the BMJ article leaves an unfair impression that the WHO's decision to declare a pandemic was partially motivated by a desire to fatten the pockets of the pharmaceutical industry, which stood to profit from the sale of the vaccine and anti-viral medications.

"The bottom line, however, is that decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria. It is hard to bend these criteria, no matter what the motive," she said.

The review committee, she said, will examine the events leading up to the pandemic and the WHO will be open to its recommendations and criticisms. "Should this committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on," Dr. Chan said.

She added that the names of members on the emergency committee will be made public once their work is completed, and that the reason not to identify them beforehand is to protect them from commercial or other influences.

Influenza activity has remained low in Canada for the past few months, leaving the federal government with millions of doses of unused pandemic vaccine. A report by the Council of Europe last week accused the WHO of exaggerating the threat of H1N1, unnecessarily scaring the public and causing countries to waste millions of dollars fighting it.

Dr. Chan said that when she announced the start of the pandemic on June 11 of last year, she also made mention of the fact that the number of deaths was small. “In every assessment of the pandemic, WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid and full recovery, even without medical treatment,” Dr. Chan said.

CIDRAP

Robert Roos

WHO director replies to *BMJ* critique of pandemic actions

CIDRAP, 8 June 2009
https://web.archive.org/web/20100610022027/http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/jun0810chan.html

Jun 8, 2010 (CIDRAP News) – The head of the World Health Organization (WHO), responding today to recent criticism of WHO policies regarding conflicts of interest and transparency, said the agency needs to tighten its rules for relations with industry but insisted that commercial interests never influenced her decisions regarding the H1N1 influenza pandemic.

WHO Director-General Margaret Chan released a letter she wrote to the *British Medical Journal* (*BMJ*), which published a lengthy investigative report and accompanying editorial last week that were critical of the WHO. The report said that when the WHO in 2004 published guidance on use of vaccines and antivirals in a flu pandemic, it did not disclose the industry ties of three key scientists who helped develop the guidance (though the scientists declared those ties in other publications). The report also criticized the WHO for withholding the names of members of the emergency committee that has advised the agency on pandemic alert phase decisions.

In her letter of response, Chan wrote, "Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and profit-driven industry. WHO needs to establish, and enforce, stricter rules of engagement with industry, and we are doing so. However, let me be perfectly clear on one point. At no time, not for one second, did commercial interests enter my decision-making." The letter does not specify what steps the agency is taking to strengthen conflict-of-interest policies.

Chan also objected to what she called "the assumption that WHO simply dismisses these hard questions as unfounded," pointing to the agency's recent commissioning of a committee of outside experts to review the WHO's pandemic performance. The committee plans to address recent criticisms of the WHO over the pandemic, she noted.

In addition, Chan rejected "the implication that WHO provoked unjustified fear" about the H1N1 virus. She said that when she declared the pandemic under way on Jun 11, 2009, "I drew attention to the fact that we did not expect to see a sudden and dramatic jump in the number of severe or fatal infections. In every assessment of the pandemic, WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid and full recovery, even without medical treatment."

Concerning the identities of the Emergency Committee members, Chan essentially reiterated points she has made previously: that the WHO wants to protect the members from commercial or other pressures and that the names will be released when the committee's work is done. Records of the committee meetings and of all other documents related to the WHO's pandemic actions have been provided to the review committee, she added.

She said the *BMJ* pieces give the clear impression that the WHO's declaration of the pandemic was influenced to some degree by a desire to boost the pharmaceutical industry. "The bottom line, however, is that the decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria," she wrote. "It is hard to bend these criteria, no matter what the motive."

Chan also denied the allegation that the WHO "changed its definition of a pandemic in order to accommodate a less severe event (and thus benefit industry)." She said the current WHO pandemic plan, with its phase definitions, was completed in February 2009, about 2 months before the H1N1 virus emerged. The *BMJ* article alleged that the agency changed its definition of a pandemic in May 2009, dropping a portion that said pandemics cause "enormous numbers of deaths and illness."

Chan's letter does not refer specifically to another recent critique of the WHO's pandemic actions, from a committee of the Parliamentary Assembly of the Council of Europe (PACE). That report, released Jun 4, denounced the pandemic response by the WHO and European health authorities as an unwarranted scare that led to a waste of public resources. The report is expected to be debated at a PACE session Jun 24.

In related developments, another allegation made in the BMJ article – that the declaration of a pandemic was what triggered orders for H1N1 vaccine – was addressed today in a news report in *Nature.* The *BMJ* report speculated that pharmaceutical company supporters on the WHO Emergency Committee may have pushed for a pandemic declaration because this would trigger vaccine contracts. But the *Nature* story by Declan Butler points out that many countries, including the United States, Britain, France, and Canada, ordered large amounts of H1N1 vaccine well before the pandemic declaration on Jun 11, 2010. The story says the *BMJ* authors conceded this point when challenged.

GULF NEWS

WHO: Pharma interests didn't influence flu verdict
WHO director-general rejects claims her decisions about swine flu were biased

Gulf News, 8 June 2010, 16:44 AP
https://gulfnews.com/world/europe/who-pharma-interests-didnt-influence-flu-verdict-1. 638441

Geneva: The head of the World Health Organization on Tuesday strongly rejected suggestions that her decisions about swine flu or H1N1 were influenced by advisers' links to pharmaceutical companies.

"At no time, not for one second, did commercial interests enter my decision-making," WHO Director-General Margaret Chan said.

She also dismissed claims the global health body had stirred unnecessary public fear over the pandemic.

Her statement came in response to an article in the British Medical Journal that questioned the way WHO managed conflicts of interest among its scientific advisers and the transparency of its advice to governments.

WHO's handling of the outbreak is being reviewed by a 29-member expert panel that will report its findings next year. Critics say many of the panelists are also trusted WHO advisers and government employees who could end up whitewashing any failures.

The names of the scientists who advised Chan on the threat posed by swine flu have never been published and WHO said they will only be released once the pandemic is declared over.

"Our decision not to make these names public was motivated by a desire to protect the experts from commercial or other influences," Chan said, adding that it was not an attempt to keep the panelists' deliberations secret.

WHO said it will make records of the advisers' meetings available to the review panel but hasn't indicated any willingness to release them publicly.

Chan insisted she was open to the panel's criticism. "Should this committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on."

Harvey Fineberg, the president of the Institute of Medicine in Washington, said the review panel which he heads will hear from critics of WHO when it next meets from June 30 to July 2.

A report published by the Council of Europe last week said the public health guidelines by WHO, European Union agencies and national governments led to a "waste of large sums of public money and unjustified scares and fears about the health risks faced by the European public."

FIERCE Pharma

WHO hits back over H1N1 conflict of interest claims

FIERCE, 9 June 2010, 4:50 pm
https://www.fiercepharma.com/vaccines/who-hits-back-over-h1n1-conflict-of-interest-claims

Earlier this week, the head of the World Health Organization defended her body's response to the swine flu outbreak, rejecting accusations made recently in a BMJ report that commercial interests influenced its decision-making. "At no time, not for one second, did commercial interests enter my decision-making," Director-General Margaret Chan said in a statement Tuesday, as quoted by the *Globe and Mail*.

Her comments came after the publication of a *BMJ* report that pointed out three scientists at the WHO received payments from Roche and GlaxoSmithKline, manufacturers of antiviral drugs, and also helped prepare pandemic guidelines in 2004 that included the use of antivirals. The WHO failed to disclose their conflicts of interests, the journal stated. The journal also asked why the names of those who sit on the emergency committee and advise Dr. Chan aren't public.

BMJ editor Fiona Godlee questioned the WHO's credibility, adding, "Recovery will be fastest if it publishes its own report without delay or defensive comment; makes public the membership and conflicts of interest of its emergency committee; and develops, commits to, and monitors stricter rules of engagement with industry that keep commercial influence away from its decision making."

Firing back, Chan maintained that *BMJ* pieces give the clear impression that the WHO's declaration of the pandemic was influenced to some degree by a desire to boost the pharmaceutical industry – a charge she adamantly denies. "The bottom line, however, is that the decisions to to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria," she writes, as quoted by a Center for Infectious Disease Research & Policy report. "It is hard to bend these criteria, no matter what the motive."

She added that the names of members on the emergency committee will be made public once their work is completed, and that the reason not to identify them beforehand is to protect them from commercial or other influences.

Separately, Gregory Hartl, a spokesman for the agency, told *Medscape Medical News* that the body committed an oversight when it failed to disclose conflicts of interest for scientists who have advised it on pandemic influenza policies. "It was an oversight," said Hartl. "If we were using today's practices, we would have published the summary for the relevant interests. The way we handle [declarations of interest] is a work in progress."

CBC

H1N1 decision free of money interest: WHO

CBC News // The Associated Press, 9 June 2010, 10:50 AM EDT
https://www.cbc.ca/news/science/h1n1-decision-free-of-money-interest-who-1.932200

The head of the World Health Organization says her decisions about swine flu were not influenced by advisers' links to pharmaceutical companies, which were pointed out in a critical journal article this month.

The article last week in the BMJ, formerly known as the British Medical Journal, pointed out that WHO did not disclose potential conflicts of interest among some of the experts involved in writing guidelines for pandemic flu preparations.

Three scientists out of 22 who worked on the guidelines were named as having received some money from pharmaceuticals. The scientists did not work at the drug companies, but were paid for things like speaking at meetings sponsored by them.

The guidelines recommend, among other things, that countries consider buying antivirals and vaccines to combat a pandemic.

The authors of the BMJ article suggest, without providing direct evidence, that these scientists' ties to pharmaceutical companies influenced WHO's recommendation that countries buy drugs and vaccines – adding to those drug companies' profits.

"Our investigation has revealed damaging issues," wrote Deborah Cohen of BMJ and journalist Philip Carter. "These conflicts of interest have never been disclosed by WHO."

WHO's handling of the outbreak is being reviewed by a 29-member expert panel that will report its findings next year. Critics say many of those panelists are also trusted WHO advisers and government employees who could end up whitewashing any failures.

"At no time, not for one second, did commercial interests enter my decision-making," WHO director-general Margaret Chan said Tuesday.

Pandemic definition questions

Chan insisted she was open to the panel's criticism.

"Should this committee decide that the current definition of a pandemic and the phases leading up to its declaration need to be tightened or otherwise revised, this will be another recommendation that we will welcome, and act on."

The U.S. Health and Human Services department defended the UN body.

"WHO handled the outbreak in a very measured and appropriate manner," said Bill Hall, an HHS spokesman.

"Their decisions were driven by the existing and evolving conditions at the time."

He said there was "no indication whatsoever that any of their decisions were influenced by industry."

Other leading officials agreed.

"There was nothing in those guidelines that was not based on the best science available," said Michael Osterholm, a flu expert at the University of Minnesota who has advised the U.S. on pandemic preparations. He said the scientists consulted were the world's top flu experts and to not include them would have been a major flaw.

Osterholm said that because flu viruses are unpredictable, it was impossible for anyone to predict last spring that swine flu would not evolve into a more lethal strain.

He slammed the BMJ article, calling it "irresponsible and reckless," and said its authors had not substantiated their claims WHO behaved inappropriately during the pandemic.

"It's akin to shouting 'fire' in a crowded theatre without regard to the consequences," Osterholm said.

He said while WHO should be subjected to the highest scrutiny, BMJ's accusations had done "untold damage to the public health infrastructure of the world."

Harvey Fineberg, the president of the Institute of Medicine in Washington, said the review panel which he heads will hear from critics of WHO when it next meets from June 30 to July 2.

A report published by the Council of Europe last week said the guidelines from WHO, European Union agencies and national governments led to a "waste of large sums of public money and unjustified scares and fears about the health risks faced by the European public."

The agency is not an EU body.

PharmaTimes online

Kevin Grogan

WHO chief rejects claim of pharma influence over swine flu

PharmaTimes, 9 June 2010
https://pharmatimes.com/news/who_chief_rejects_claim_of_pharma_influence_over_swine_flu_983107/

The World Health Organisation has hit back at allegations made about its handling of the swine flu pandemic and specifically the accusation that guidance given was influenced by pharmaceutical companies.

The World Health Organisation has hit back at allegations made about its handling of the swine flu pandemic and specifically the accusation that guidance given was influenced by pharmaceutical companies.

The swine flu row broke out again at the end of last week after a report from the Council of Europe stated that the handling of the H1N1 flu pandemic by the WHO, as well as European Union agencies and governments led to a “waste of large sums of public money, and unjustified scares and fears’ about the health risks faced. That report was preceded by a joint investigation by the BMJ and The Bureau of Investigative Journalism, which claimed that researchers advising the WHO over preparations for a swine flu pandemic had done paid work for pharmaceutical firms “who stood to gain from the guidance these scientists were preparing”.

The BMJ article also mentioned the “secret ‘emergency committee’ which advised the agency, declaring that the names of the 16 committee members “are known only to people within the WHO, and as such their possible conflicts of interest with drug companies are unknown”.

The latter criticised the WHO’s alleged lack of transparency, prompting Margaret Chan, its director-general, to write to the editors of the BMJ in reference to the article on conflicts of interest. She states in the letter: “let me be perfectly clear on one point. At no time, not for one second, did commercial interests enter my decision-making”.

Dr Chan goes on to say that concerning the members of the emergency committee that advised the WHO on the pandemic, “the names will be released when the committee finishes its work, as has always been intended”. She added that “our decision not to make these names public was motivated by a desire to protect the experts from commercial or other influences. The members themselves welcomed this decision as a protective measure, and not as an attempt to veil their deliberations and decisions in secrecy”.

The WHO chief also stated that the BMJ feature will leave many readers with the impression that the decision to declare a pandemic “was at least partially influenced by a desire to boost the profits of the pharmaceutical industry. The bottom line, however, is that decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria. It is hard to bend these criteria, no matter what the motive”.

Dr Chan concluded by saying accusations that the WHO changed its definition of a pandemic “in order to accommodate a less severe event (and thus benefit industry) are not supported by the facts”. The current pandemic preparedness plan was finalised in February 2009 following two years of consultations and “a new strain of H1N1 was neither on the horizon nor mentioned in the document”.

World Health Organization

The international response to the influenza pandemic: WHO responds to the critics

Geneva, WHO, 10 June 2010.
https://web.archive.org/web/20100830152255/http://www.who.int/csr/disease/swineflu/notes/briefing_20100610/en/index.html

Pandemic (H1N1) 2009 briefing note 21
Background

10 June 2010 | Geneva - On Friday 4 June 2010, the BMJ, formerly *British Medical Journal*, and the Parliamentary Assembly of the Council of Europe (PACE) simultaneously released reports critical of the World Health Organization's handling of the H1N1 pandemic. WHO takes the issues and concerns that were raised seriously and wishes to set the record straight on several points.

Is this a genuine pandemic?

The outbreaks of infection with the new H1N1 virus, which have been confirmed in virtually every country and territory in the world, differ from seasonal influenza in distinct ways. These differences meet the criteria for an influenza pandemic.

1. The first human infections with the new H1N1 virus were confirmed in April 2009. Analysis of laboratory samples showed that the new virus had never before circulated in humans. This is a virus of animal origin with a unique mix of genes from swine, bird, and human influenza viruses. The genetic composition of this virus is distinctly different from that of the older H1N1 virus that has been causing seasonal epidemics since 1977.

2. As the virus spread, it demonstrated epidemiological patterns not seen during seasonal epidemics of influenza. Widespread, high levels of infection with the new virus occurred during the summer in the northern hemisphere in multiple countries, followed by even higher levels during the fall and winter months. In countries with a temperate climate, seasonal epidemics typically taper off in the spring and end before summer.

3. The pattern of illness and death caused by the H1N1 virus differed in striking ways from that seen during seasonal influenza. During seasonal epidemics, more than 90% of deaths occur in the frail elderly. The H1N1 virus affected a younger age group in all categories: those most frequently infected, those requiring hospitalization, those requiring intensive care, and those dying from their infection.

A frequent cause of death was viral pneumonia, caused directly by the virus and difficult to treat. During seasonal epidemics, most cases of pneumonia are caused by secondary bacterial infections, which usually respond well to antibiotics. While many of those who died had underlying medical conditions associated with a higher risk, many others who died were previously in good health.

4. The new H1N1 virus rapidly crowded out other circulating influenza viruses and appears to have displaced the older H1N1 virus. This phenomenon is distinctly seen during pandemics.

5. Early studies showed that antibodies to H1N1 seasonal influenza did not protect people from infection with the new virus. This finding provided critical evidence that the virus was new to the human immune system. Later studies in some countries determined that around one third of people older than 65 years had some immunity to the virus. Younger people, however, had no such protective immunity.

Did WHO remove severity from the definition of a pandemic?

WHO regards severity as an important feature of pandemics and a critical factor when deciding on which actions to take. However, WHO has not required a set level of severity as part of its criteria for declaring a pandemic. Experience shows that all pandemics cause excess deaths, that severity can change over time, and that severity can vary according to location and population.

WHO has published three definitions of an influenza pandemic in the context of phases of pandemic alert. These definitions were contained in broader guidelines for pandemic preparedness issued in 1999, 2005 and 2009. Research on influenza pandemics and pandemic viruses increased considerably following the first human cases of infection with the H5N1 avian influenza virus in 1997. Definitions changed over time in line with this evolving knowledge and the need to increase the precision and practical applicability of phase definitions.

The 2009 guidelines, including definitions of a pandemic and the phases leading to its declaration, were finalized in February 2009. The new H1N1 virus was neither on the horizon at that time nor mentioned in the document.

The media make frequent reference to a 2003 document, available on the WHO web site, stating that an influenza pandemic results in "enormous numbers of deaths and illness". At the time, this was considered a likely scenario should the highly lethal H5N1 avian influenza virus develop an ability to spread readily among humans, but it was never a formal definition.

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Did WHO exaggerate the threat?

When WHO Director-General Dr Margaret Chan announced the start of the pandemic, on 11 June 2009, she expressed the view that the pandemic would be of moderate severity. She further noted the relatively small number of deaths worldwide, and clearly stated that "we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections."

In every assessment of the pandemic, WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid and full recovery, even without medical treatment.

WHO also noted, early on, that influenza viruses are unstable and can undergo rapid and significant mutations, making it difficult to predict whether the moderate impact would be sustained. This uncertainty, which persuaded WHO and many national health authorities to err on the side of caution, was further enforced by the behaviour of past pandemics, which varied in their severity during first and second waves of international spread.

Were any WHO pandemic decisions made to increase industry profits?

No. Allegations that WHO declared a pandemic to boost the profits of the pharmaceutical industry arise from WHO's use of expert advisers and the way declarations of interest from these experts are handled. No evidence of any specific instance of wrongdoing has emerged from recent enquiries.

What safeguards are in place to guard against conflicts of interest?

Potential conflicts of interest are inherent in any relationship between a normative and health development agency, like WHO, and profit-driven industry. Advice from top experts is sought by industry as well as by agencies like WHO that need to issue guidance based on the best expertise. Many experts who advise WHO have ties with industry, and these ties can range from funding to conduct research, to paid consultancies, to participation in conferences sponsored by industry.

WHO has systems in place to protect the Organization from advice biased by commercial interests. WHO requires all expert advisers to declare their professional and financial interests when they participate in advisory groups and consultations. WHO assesses declared interests to determine whether a potential conflict or a potential perception of conflict exists. Where necessary, WHO requests more detailed information and then decides on the appropriate action to be taken.

The publication of summaries of relevant interests following meetings is inconsistent and needs to be made routine. WHO further acknowledges that safeguards surrounding engagement with industry need to be tightened, and is doing so.

What is the function of the Emergency Committee and why have the names of its members not been disclosed?

The International Health Regulations (IHR) contain a set of requirements that are legally binding for WHO and the 194 States Parties of the IHR. The IHR call upon the WHO Director-General to convene an Emergency Committee, drawn from a standing roster of IHR experts, to provide WHO with independent guidance during public health emergencies of international concern, such as an influenza pandemic. The IHR came into force in 2007.

The emergence of the new H1N1 virus prompted the first convening of an Emergency Committee under the IHR. At that time, WHO debated whether or not to publicly disclose the names of members, and faced a dilemma. On one hand, the names of members of other advisory groups are made public after they meet; the identification of persons offering guidance adds transparency to their advice and subsequent WHO decisions. On the other hand, experiences during the SARS outbreak demonstrated the considerable economic and social disruption caused by some public health emergencies, meaning that experts could well be lobbied or pressured for commercial or political reasons, potentially compromising the objectivity of their advice.

After considering these issues, WHO decided to apply its usual practice of disclosing the names of experts after an advisory body has completed its work. The members themselves welcomed this decision as a protective measure, and not as an attempt to veil their deliberations and decisions in secrecy. However, given the duration of the pandemic, the Emergency Committee has held a number of meetings over more than a year, rather than a single meeting like most advisory groups, thus delaying even further the release of the names of its members.

WHO is now fully aware that this decision has fostered suspicion that the Committee might be providing guidance shaped by commercial interests or pressures. Names of members and a summary of relevant declarations of interest will be made public when the Committee advises that the pandemic has ended. Procedures for revealing names of members of future Emergency Committees are under review.

What evidence supports a role for antiviral drugs during an influenza pandemic?

Given widespread population vulnerability to infection, an influenza pandemic presents health authorities with a significant challenge in finding ways to protect populations. From the outset, WHO has recommended a wide range of measures, including hand washing, respiratory hygiene, and not travelling or going to work when ill, and has offered advice on the clinical care of patients and the use of antiviral drugs and vaccines.

At the start of the pandemic, data from the Centers for Disease Control and Prevention (USA) showed that the new virus was sensitive to oseltamivir and zanamivir. Prior to the pandemic, WHO had developed guidelines for the treatment of severe influenza infections caused by the avian H5N1 influenza virus. These two factors allowed WHO to rapidly issue guidelines for use of antivirals in the context of H1N1 pandemic influenza, with emphasis on the treatment and prevention of severe illness.

Over the course of the pandemic, an increasing volume of clinical data has been published in peer-reviewed medical journals. These studies confirm that prompt use of antivirals correlates with improved recovery from illness and fewer deaths. Evidence shows that antivirals have been especially effective for treating patients at increased risk of developing complications from H1N1[1].

February 2010: WHO Guidelines for Pharmacological Management of Pandemic (H1N1) 2009 Influenza and other Influenza Viruses

Was a WHO meeting held in 2002 on influenza vaccines and antiviral drugs influenced by industry?

In 2002, WHO convened a consultation with experts to develop a document, WHO guidelines on the use of vaccines and antivirals during influenza pandemics, which was published in 2004. Some critics have alleged that certain experts who participated in the meeting and the drafting of the guidelines had ties with industry interpreted as conflicts of interest. In line with WHO policy, all experts who participated in this meeting were required to submit a declaration of interest form and all such forms were duly reviewed by WHO. However, a summary of relevant interests was not issued together with the publication. WHO regrets this oversight.

Since that time, a number of administrative and legal changes have been implemented to strengthen procedures for addressing potential conflicts of interest that might influence the advice provided to WHO. WHO is committed to tightening these procedures further and ensuring their more consistent application.

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[1] See for example: Siston et al. Pandemic 2009 Influenza A(H1N1) virus illness among pregnant women in the United States. *Journal of the American Medical Association,* 2010, 303: 1517-1525

THE WALL STREET JOURNAL.

Katherine Hobson

WHO Responds to Critics on Handling of H1N1 Pandemic

WSJ, 10 June 2010 1:24 pm ET

WHO has taken its jabs over how it handled the H1N1, aka swine flu, pandemic. The line of criticism goes like this: WHO hyped a not-very-deadly virus by declaring an influenza pandemic on the advice of people who had financial relationships with drug makers.

The journal BMJ last week published a feature and an editorial criticizing the organization for taking advice from experts with "declarable financial ties with drug companies that were producing antivirals and influenza vaccines," and for failing to name the members of an emergency committee advising officials on when to declare a pandemic.

Margaret Chan, WHO's director-general, responded in a letter to the editors of BMJ Tuesday, saying names of the emergency committee members are always kept confidential until "it's finished its work" to avoid "commercial or other influences." And, she says, while WHO needs to better manage potential conflicts of interest, "At no time, not for one second, did commercial interests enter my decision-making."

Today there was another response from WHO, addressing critics more generally. The group says that H1N1 did indeed meet the criteria for a pandemic, citing its status as a new virus to humans that produced unusual infection, morbidity and mortality patterns. (The notion that a pandemic must include a huge number of deaths and illnesses was never officially part of the definition, WHO says.) Defenders of WHO have also spoken up this week.

On Tuesday, Nature reported that many countries had already placed orders for vaccine before a pandemic was declared. And it said that just three of 22 scientists involved with a 2004 document on the use of antivirals and vaccines during a pandemic had declared conflicts of interest.

The Minnesota Post's Second Opinion blog today quotes Michael Osterholm, director of the University of Minnesota's Center for Infectious Disease Research Policy, who calls some of the criticisms in the BMJ and a similar report "reckless and irresponsible." A bioethics expert from the same university says that while expertise is often found in people with industry ties, WHO needs to make those potential conflicts transparent to everyone.

...

thebmj

Tom Jefferson, Peter Doshi

WHO and pandemic flu. Time for change, WHO

BMJ, 29 June 2010; 340:c3461
doi: 10.1136/bmj.c3461. PMID: 20587572

The World Health Organization has long term relationships with the pharmaceutical industry[1, 2] and even conceives of industry as a “partner.”3 Now Cohen and Carter show that WHO chose not to disclose financial conflicts of interest among industry sponsored experts guiding its influenza policy.[4] In her reply Margaret Chan, WHO's director-general, writes: “At no time, not for one second, did commercial interests enter my decision-making," she said.

...

thebmj

Ron Law

WHO and pandemic flu. There was also no new subtype

BMJ. 29 June 2010; 340:c3460.
doi: 10.1136/bmj.c3460. PMID: 20587571

Cohen and Carter state that the World Health Organization changed the definition of an influenza pandemic by excluding reference to the words “with enormous numbers of deaths and illness.”[1] However, the WHO also dropped the requirement for a new subtype, meaning that many seasonal flu viruses could be classified as pandemic influenza. A search of online web archives reveals that the WHO website had the erased definition from at least January 2003 to July 2008.[2]

New seroprevalence studies show that substantial proportions of society had pre-existing protective antibodies across age groups. A government study estimates that 1.26 million New Zealanders, or 29%, were immune to the pandemic influenza virus by March 2010.[3]. About 480 000 people had some immunity before the 2009 pandemic wave, mostly in the older age groups. An additional 780 000 were estimated ...

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Washington DC

Deborah Dupre

Vaccine global criminal cabal exposed in report

Examiner, 4 July 2010, 9:07 AM
https://web.archive.org/web/20100609143028/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2010m6d4-Vaccine-global-criminal-cabal-exposed

Evidence of the global criminal cabal conducting the H1N1 swine flu vaccine operation was revealed this week. The evidence shows that the World Health Organization (WHO) knew Big Pharma paid swine flu scientists for data used to declare a pandemic.

Millions of people took the swine flu vaccine that drug companies had paid scientists to report were needed and safe, profiting Big Pharma billions of dollars according to the June 3, 2010 investigative report by British Medical Journal and Bureau of Investigative Journalism, the not-for-profit reporting unit.

"The issue of transparency has risen to the forefront of public health debate after dramatic predictions last year about a swine flu pandemic did not come true," reports the Guardian UK.

"The cabinet office has launched an inquiry into the cost to the taxpayer of the panic-buying of drugs.

"Although the experts consulted made no secret of industry ties in other settings, declaring them in research papers and at universities, the WHO itself did not publicly disclose any of these in its seminal 2004 guidance.

"In its note, the WHO advised: 'Countries that are considering the use of antivirals as part of their pandemic response will need to stockpile in advance.'

In January 2010, the Council of Europe launched its investigation into whether the swine flu was faked by World Health Organization (WHO) to boost vaccine manufacturers' profits at the expense of unwitting people globally who obediently took the vaccine.

The inquiry, held in Strasbourg, France, vindicated a worldwide movement of insiders, experts and elected officials who have been persecuted by the global criminal cabal for accusing WHO of fraud by misleading the world into buying and administering millions of dangerous, unnecessary vaccines. (See Niko Kyrikou, *Swine Flu Didn't Fly*, Truthout, Jan. 27, 2009)

Kyrikou writes that as late as January 22, the WHO was still defending its advisory. It "issued a statement calling allegations that it irresponsibly stoked H1N1 fears, 'scientifically wrong and historically incorrect.' The statement defends figures the WHO publicized on transmission rates, mortality and the virulence of swine flu."

'The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work.'

Gary Null, other health experts and health workers filed a lawsuit againt FDA charging that FDA failed to scientifically prove the H1N1 vaccines are safe or efficient. Many of these individuals who uphold the precautionary Hippocratic Oath of "First Do no Harm" have been persecuted through black operations.

In a private conversation with one of the nation's leading health advocates, the writer learned about spying and interrogations that occurred with people interviewed in a documentary exposing high-level corruption.

The global criminal cabal is operating at every level of society, from highest levels down to local health departments that knowingly promote unsafe and unnecessary vaccines.

Kirikou reports, "One high-level, long-term WHO employee, who preferred to remain anonymous for job security, described the WHO as follows:

'WHO is infested by corruption. There is big corruption, like the management of H1N1, and there is small corruption; and between the big and the small corruption there is [corruption] in all imaginable forms. Unfortunately, it's not only the WHO.'"

Tied to the vaccine makers, the Center for Disease Control's PR company used a sophisticated and powerful H1N1 'swine flu' vaccine multimedia marketing campaign to exploit the public, particularly effective on society's most vulnerable.

Also working for the global cabal are network news stations, with few exceptions. This week's report is another clarion call to believe TV "news reporters" at one's own peril.

SPIEGEL Wissenschaft

Cinthia Briseño

Wie die WHO das Vertrauen der Verbraucher verseucht

Spiegel, 11 August 2010, 15.15 Uhr
https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-pandemie-wie-die-who-das-vertrauen-der-verbraucher-verseucht-a-699427.html

Hat die Pharmaindustrie die Schweinegrippepanik mit Zahlungen an Wissenschaftler geschürt? Drei Seuchenexperten der Weltgesundheitsorganisation haben Geld von Konzernen erhalten. Jetzt verteidigt sich die WHO in einem offenen Brief - für Transparenz sorgt sie damit aber nicht.

Diese Reaktion war zu erwarten. Gerichtet war sie an die Redakteure der Fachzeitschrift "British Medical Journal" ("BMJ"). Ein offener Brief, unterzeichnet von Margaret Chan, der Generaldirektorin der Weltgesundheitsorganisation (WHO). Ein Brief, der alle Vorwürfe zerstreuen soll. Vorwürfe, die vor wenigen Tagen publik wurden und erneut den Umgang der WHO mit der Schweinegrippe kritisieren. Chan aber kontert: "Zu keiner Zeit, nicht für eine Sekunde, sind meine Entscheidungen von kommerziellen Interessen beeinflusst worden."

Am Freitag hatte das britische Medizinmagazin zusammen mit der englischen Journalisteninitiative Bureau of Investigative Journalism (BIJ) einen Bericht mit brisantem Inhalt veröffentlicht.
https://www.bmj.com/content/340/bmj.c2912.extract

Das Papier dreht sich im Wesentlichen um eine Entscheidung, die am 11. Juni 2009 fiel und die weltweit weitreichende Folgen mit sich brachte. Es geht um den Tag, an dem die WHO die Schweinegrippe zur Pandemie, einer Seuche der WHO-Stufe 6, erklärte.

In dem Bericht heißt es, einige der Autoren, die an den Richtlinien der WHO zum Umgang mit Grippepandemien mitgewirkt haben, hätten zur gleichen Zeit Geld von den Pharmafirmen GlaxoSmithKline _(GSK) und Roche erhalten. GSK ist Hersteller des Impfstoffs Pandemrix, der gegen die Schweinegrippe zum Einsatz kam. 2007 hatte sich Deutschland dem britischen Konzern gegenüber vertraglich verpflichtet, den GSK-Pandemie-Impfstoff zu kaufen, sobald Phase 6 ausgerufen wird. Roche vertreibt das Grippemedikament Tamiflu (Wirkstoff Oseltamivir).

Vorwürfe dieser Art sind nicht neu. "Für die Regierungen, die WHO und die Pharmaindustrie ist es natürlich ideal, eine harmlose Erkrankung als Weltbedrohung aufzubauen, gemeinsam davon zu profitieren und am Ende sich gegenseitig zu beglückwünschen, wie gut doch durch die enge Zusammenarbeit die Bedrohung abgewendet wurde", hieß es im September 2009 in der Zeitschrift "Der Arzneimittelbrief".

Zahlreiche Geldflüsse

Auch der SPIEGEL berichtete im März diesen Jahres über mögliche Interessenskonflikte: So erhält Roy Anderson, einer der wichtigsten wissenschaftlichen Berater der britischen Regierung von GSK ein Jahresgehalt von mehr als 130.000 Euro - bereits am 1. Mai 2009 erklärte Großbritannien die Schweinegrippe zur Pandemie. Zufall? https://www.spiegel.de/spiegel/a-682149.html

Die Pharmaindustrie finanziert sogar einen eigenen Wissenschaftlerverband, die European Scientific Working Group on Influenza, an deren Spitze Albert Osterhaus vom Erasmus Medical Center in Rotterdam steht. Osterhaus ist einer der einflussreichsten WHO-Berater in Sachen Grippeimpfung.

Seit klar wurde, dass die Schweinegrippe doch weitaus harmloser verlaufen würde, als es die düsteren Prognosen der WHO vorhergesagt hatten, haben WHO-Mitglieder immer wieder beteuern müssen, dass die Pharmaindustrie ihre Entscheidungen nicht beeinflusst habe. Das "BMJ" aber brachte neue Verbindungen ans Tageslicht. Wie etwa die des Mediziners Fred Hayden von der University of Virginia, der 2004 von Roche Honorare für Vorträge und Beratertätigkeiten erhalten habe.

Diese Zahlungen hat Hayden dem "BMJ" gegenüber bestätigt. Pikant: Der Forscher hielt seine Vorträge zu einer Zeit, als die WHO gerade ihre Richtlinien über den Einsatz von Impfstoffen und Medikamenten während einer Grippepandemie veröffentlichte. Eines der Kapitel hatte Hayden verfasst. Darin wird empfohlen, die Länder sollen sich Vorräte an Medikamenten anlegen.

Derartige Interessenskonflikte bestünden bei mindestens drei der Richtlinienautoren, schreibt das "BMJ". In allen drei Fällen konnten die Redakteure nachweisen, dass die Wissenschaftler gleichzeitig zu ihrer WHO-Tätigkeit auf den Gehaltslisten von GSK und Roche standen.

Die Autoren des "BMJ"-Berichts störten sich allerdings nicht so sehr an den Interessenkonflikten an sich. Vielmehr kritisieren sie die mangelnde Transparenz der WHO in Fällen, in denen Influenza-Experten neben ihrer Beratertätigkeit auch Verbindungen zur - von der Grippe profitierenden - Pharmaindustrie unterhalten.

Undurchsichtige Kriterien

Aber hat die WHO von den Interessenskonflikten überhaupt gewusst? Auch das sei nicht klar, heißt es im "BMJ"-Artikel. Ebenso wenig sei offen dargelegt, nach welchen Kriterien die WHO die Experten als Berater zulässt.

Derzeit lässt die beschuldigte Behörde den Umgang mit der Schweinegrippe von unabhängigen Experten überprüfen. "Wir wollen wissen, was gut lief. Wir wollen wissen, was schief lief, und idealerweise warum", sagte Margret Chan im April 2010 in Genf. Der Bericht des 29-köpfigen Expertengremiums wird im kommenden Jahr erwartet. Doch Kritiker bemängeln, dass viele der Mitglieder des Aufsichtsgremiums zugelassene WHO-Berater oder Regierungsmitglieder seien. Die Befürchtung: Das Komitee könnte seine Erkenntnisse weißwaschen.

Die WHO müsse striktere Regeln erstellen, wie man mit Verflechtungen zur Industrie umzugehen habe, räumt Chan in ihrem offenen Brief ein. "Wir tun das bereits." Und doch hinterlässt die Generaldirektorin Zweifel daran. Indem sie etwa weiterhin die 15 Mitglieder des Notfallkomitees geheim hält, das der WHO bei der Einstufung der Pandemie als Berater zur Seite stand. Die Namen dieses Gremiums würden öffentlich gemacht, wenn das Komitee seine Arbeit abgeschlossen habe, schreibt Chan. Das sei von Anfang an so geplant gewesen.

Weiter schreibt die WHO-Chefin, man habe die Namen geheim gehalten, "um die Experten vor kommerziellen und anderen Einflüssen zu schützen." Damit seien die Mitglieder einverstanden gewesen. Zudem habe man die Aufzeichnungen aller Meetings aufgehoben und zusammen mit allen anderen relevanten Dokumenten dem Kontrollgremium zur Verfügung gestellt.

Geheimsache Pandemie

Die "Neue Zürcher Zeitung" schreibt in ihrer Ausgabe vom Mittwoch unter Berufung auf den WHO-Pressesprecher für H1N1, Gregory Hartl, das Notfallgremium werde das nächste Mal im Juli tagen. Möglicherweise wird es dann darüber zu entscheiden haben, ob die Pandemie nun offiziell vorbei ist oder nicht. Bis dahin jedenfalls bleiben die Namen der Mitglieder Geheimsache. Erst in der Mai-Ausgabe des Fachblatts "New England Journal of Medicine" schrieben die WHO-Autoren der Pandemie-Richtlinien in einem Bericht über die Seuche, das Virus sollte noch immer genau betrachtet werden.

In einem Punkt mag Margret Chan Recht haben: Wenn sie sagt, der "BMJ"-Bericht werde bei vielen Lesern den Eindruck erwecken, die Pandemie-Entscheidung sei industriell beeinflusst gewesen. Aber sie bleibt bei ihrem Standpunkt, die Entscheidung, die WHO-Seuchenstufe zu erhöhen, basiere ausschließlich auf klaren virologischen und epidemiologischen Gesichtspunkten.

Virologen und andere Mediziner teilen diese Meinung. Susanne Stöcker, die Sprecherin des Paul-Ehrlich-Instituts (PEI) etwa, glaubt nicht an die Abhängigkeit der WHO-Berater: "Ich bin überzeugt, dass die Pharmaindustrie an Impfungen weniger verdient als an nicht geimpften Menschen, die erkranken", wurde sie kürzlich in "Bild der Wissenschaft" zitiert.

Es ist jetzt an dem unabhängigen Untersuchungskomitee, den Pandemiefall Schweinegrippe gründlich aufzuarbeiten und die richtigen Lehren und Konsequenzen daraus zu ziehen. Transparenz sollte dabei an oberster Stelle stehen. Margret Chan ist immerhin fest entschlossen, die WHO-Richtlinien zu Pandemien zu ändern, wenn das Gremium zu dem entsprechenden Schluss kommt. "Das wäre eine weitere Empfehlung, die wir begrüßen und nach der wir handeln würden."

NaturalNews.com
Natural Health, Natural Living, Natural News

Mike Adams

WHO list reveals flu advisors with financial ties to pharma, vaccine manufacturers

Natural News, 11 August 2010
https://www.naturalnews.com/029441_vaccine_manufacturers_advisors.html

After months of stalling, the World Health Organization (WHO) has finally revealed the names of key pandemic advisors who influenced its decision to declare a phase six pandemic last year – a decision that resulted in a financial windfall for vaccine manufacturers. As you'll see here, that list includes at least five expert advisors received money from vaccine companies.

Here's who received money from Big Pharma and then influenced the WHO decision to declare a pandemic:

Arnold Monto is a professor from the United States who has received money from virtually all the major vaccine manufacturers: GSK, Novartis, Roche, Baxter and Sanofi Pasteur. He has specifically been given grant money by Sanofi Pasteur to study influenza vaccines.

Nancy Cox works for the US Centers for Disease Control, which already maintains a pro-vaccine stance while utterly ignoring the importance of vitamin D in halting infectious disease. Nancy took funds from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) to conduct work on vaccines.

John Wood works at Britain's National Institute for Biological Standards and Control (NIBSC). They've taken money from Sanofi Pasteur, Novartis and several other companies focused on influenza vaccine research.

Maria Zambon is a professor at the UK Health Protection Agency Centre for Infection. She has received money from Sanofi, Novartis, CSL, Baxter and GSK.

Neil Ferguson is also a professor, and he has accepted money from Roche and GSK Biologicals.

There may be more to this story, too: The financial ties explained here are merely the ones that these people chose to publicly disclose to WHO. There may yet be other ties that currently remain a secret and will have to be dug up by some determined reporter...

What's the problem with financial ties, anyway?

Why does it matter that WHO advisors took money from vaccine companies? It's simple: The decision to declare H1N1 swine flu to be a phase 6 pandemic was made by the WHO under advisement from these very people who received money from vaccine companies. And that decision, we now know, resulted in a windfall of profits for the vaccine companies.

Those profits, in turn, were burdened by the taxpayers whose expenditures were largely worthless because a huge portion of those vaccines are now expiring and have to be destroyed. The money was wasted, in other words.

It all has the makings of a grand global con: The WHO enlists advisors with financial ties to the vaccine industry to decide whether a pandemic is under way and then conveniently follows their

advice in making a decision that many health experts around the world have been questioning from the start. It all has the appearance of medical corruption, and it looks like WHO decisions are based more on politics than medical science.

It was politically convenient, in other words, to declare a stage six pandemic. And if these WHO advisors have already received money from vaccine manufacturers, it's certainly within the realm of possibility that they would soon be financially rewarded with yet more payoffs. (You scratch my back and I'll scratch yours...)

The appearance of corruption

The unfortunate upshot of all this is that even if these WHO advisors are completely innocent, their financial ties still create the appearance of corruption. And that means the WHO is losing credibility that may compromise its integrity when a real pandemic comes along. If the world can't trust the World Health Organization, in other words, then who should countries look to for real answers on pandemics and infectious disease?

Sadly, even the CDC in the US has now clearly positioned itself as an "anti-nutrition, pro-vaccine" organization, too. Ignoring the huge importance of vitamin D and the support of the human immune system, many CDC experts have also either been on the payrolls of vaccine manufacturers or are looking to join Big Pharma when offered a job. The former head of the CDC, Dr. Julie Gerberding, was recently offered a position as the president of Merck's vaccine division
=> https://www.naturalnews.com/027789_Dr_Julie_Gerberding_Merck.html

The frustrating fact is that modern medicine has been subverted by Big Pharma. The vaccine industry practically runs the CDC and WHO – or at the very least, it heavily influences decisions by these two organizations. As a result, the so-called "scientific" decisions made by these organizations have very little to do with actual science but everything to do with protecting (and expanding) the profits of vaccine manufacturers.

And when public health policy is decided based on corporate profits, the people will always suffer.

Did you notice that the list of WHO advisors did not include even a single naturopathic physician? Not a single holistic nutritionist? There was nobody on the board that brought a pro-nutrition point of view to the discussions. And you know why nutritionists and naturopaths weren't invited to join the WHO advisory board? Because the WHO has already pre-decided it doesn't want to hear those points of view. It has stubbornly decided to entertain only vaccines as the solution to virtually all infectious disease.

And if you only invite vaccine pushers to the table, guess what kind of advice you're going to get? "Push more vaccines!"

Asking a bunch of vaccine experts whether you should declare a pandemic is sort of like asking your insurance agent whether you need more insurance. Well of course you do!

No wonder the WHO has lost so much credibility. It refuses to look at real solutions that might work for poor nations (such as low-cost vitamin D supplements) while strongly favoring the high-profit operations of the vaccine industry. That's why the WHO simply can't be trusted anymore. It has now become a pawn of the pharmaceutical industry that will always make decisions that favor the financial interests of Big Pharma.

See the WHO list of advisors here: => see below
https://web.archive.org/web/20100812193029/http://www.who.int/ihr/emerg_comm_members_2009/en/index.html

brisbane times

Julia Medew

Call to examine connections of swine flu experts

Brisbane Times, 13 August 2010, 3.00 am
http://www.brisbanetimes.com.au/national/call-to-examine-connections-of-swine-flu-experts-20100812-121i6.html

An Independent inquiry should look at Australia's swine flu pandemic response, including whether expert advisers had conflicts of interest involving drug companies, an infectious disease expert has said.

Professor Peter Collignon from the Australian National University said pharmaceutical companies could have influenced the government's response to the pandemic last year, especially if its advisers had worked with the industry.

He said the government should release the names of all the advisers it relied on during the pandemic, including their previous and current dealings with pharmaceutical companies to ensure transparency.

"A lot of people who make decisions indirectly are involved in pharmaceutical companies doing the research for them or whatever, so it's very difficult to separate conflicts of interests in the decision makers," Professor Collignon said. "What we need is very transparent dealings. Those on the committees making decisions, we need to know who they are and the details of what contacts they have with the pharmaceutical industry."

The call came as the World Health Organisation revealed that five of its 15 pandemic experts had received support from the industry, including for flu vaccine research.

A spokeswoman for the Federal Department of Health said she would not name the more than 50 experts who had contributed to the government's response because it was standard practice for them "to agree to confidentiality and conflict of interest provisions".

The spokeswoman said a thorough review of Australia's response, including lessons learned, would be made public. She would not say whether the review would be independent.

After repeated calls for the WHO to release the details of its advisers, it published a list of the 15 members of its emergency committee headed by Australian tropical diseases professor John Mackenzie - the only member named during the outbreak.

The advisers came from Africa, Asia, Europe, Latin and North America, the list posted on the WHO's website showed.

Most were scientific researchers and epidemiologists, along with a Senegalese diplomat, public health officials from Thailand and Chile and two specialists on international air travel and health.

Critics had raised concerns about potential conflicts of interest that might have helped the drugs industry influence decisions on huge orders for special vaccines against A(H1N1) flu.

The WHO has always denied those claims, underlining that it had vetted members and maintained secrecy over their identities to protect them from undue pressure during the outbreak.

Mail Online

Sophie Borland

Swine flu advisers' ties to drug firms: Five WHO experts linked with vaccine producers

Daily Mail, 13 August 2010, 07:34 BST
https://www.dailymail.co.uk/health/article-1302505/WHO-swine-flu-advisers-ties-drug-firms-Experts-linked-vaccine-producers.html

A third of the experts advising the World Health Organisation about the swine flu pandemic had ties to drugs firms, it has emerged. Five of the 15 specialists who sat on the emergency committee had received funding from pharmaceutical giants, or were linked to them through their research. The revelation will prompt speculation that the 'pandemic' was wildly overestimated and largely fuelled by the drugs industry who stood to benefit from the panic.

Last month it emerged that the Government had squandered more than £1.2 billion tackling swine flu - most of it going towards vaccines following experts' dire predictions that as many as 65,000 Britons would die. In fact the virus claimed just 457 lives - a third of those killed every year by ordinary seasonal flu.

But today it emerged that many of the scientists on the WHO's emergency panel had links with firms including GlaxoSmithKline, who made millions manufacturing swine flu vaccines. It follows revelations by the Daily Mail earlier this year that more than half of the scientists advising the British Government's own taskforce on the pandemic had links to drugs giants.

One of the 15 scientists advising the WHO was British professor N**eil Ferguson -** who last year warned the pandemic would be so bad all schools would need to close. It has since emerged that Professor Ferguson had acted as a consultant for Roche, who makes Tamiflu, as well as GSK Biologicals until 2007.

Professor **Maria Zambon**, who was also on the panel, from UK Health Protection Agency's Centre for Infection, said she received funding from several vaccine makers, including Sanofi, Novartis, CSL, Baxter and GSK. During the outbreak last year Professor Zambon warned that up to a third of school children in Britain had the virus without knowing as they did not have symptoms.

Meanwhile US professor **Arnold Monto** admitted he had done research for GlaxoSmithKline, Baxter, the two firms contracted to make the jabs, as well as Roche, which makes Tamiflu. He had also done work for two other large firms Novartis and Sanofi Pasteur.

Critics warned that there was serious conflict of interest amongst these experts whose advice had led to the waste of vast sums of taxpayer's money. Labour MP Paul Flynn said: 'A year ago, these experts told us the world was facing a grave health emergency. 'On this occasion, regrettably, they got it wrong: their advice led WHO, the EU and national governments to vastly overrate the seriousness of the H1N1 epidemic, wasting large sums of public money and scaring the world unnecessarily.

'With such conflicting pressures, we need to be absolutely certain that the advice of such experts is based on solid scientific evidence and is driven solely by the need to protect public health. The only way to do that is through total transparency.

'When a future pandemic is declared, the public has a right to know, from the outset, who is recommending such a drastic step – as well as any links they may have to the pharmaceutical industry, which stands to profit from such a recommendation.'

Another expert **Nancy Cox**, from the US Centers for Disease Control, admitted she had received funding from the drugs industry group, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) for flu vaccine research and work on viruses.

British scientist **John Wood** admitted that his research unit at Britain's National Institute for Biological Standards and Control (NIBSC), had undertaken work for Sanofi Pasteur, CSL, IFPMA, Novartis and Powdermed on influenza vaccine.

The panel were instrumental in advising the WHO to officially declare swine flu as the first pandemic in 40 years last June.

Earlier this year it emerged that 11 of the 20 members of the Scientific Advisory Group for Emergencies, which advised the British Government on swine flu, had done work for the pharmaceutical industry or were linked to it through their universities.

A spokesman for the WHO denied that the experts' work gave rise to a conflict of interest.

JIM Journal of Integrative Medicine

Journal of Integrative Medicine

Søren Ventegodt

Why the Corruption of the World Health Organization (WHO) is the Biggest Threat to the World's Public Health of Our Time

J Integrative Med Ther, January 2015, 2(1): 1-5
DOI: 10.13188/2378-1343.1000004

Abstract

In the scientific community it is generally accepted that metaanalyses are more accurate than single studies and independent studies more trustworthy than industrial studies.

It is therefore understandable that Cochrane reviews, meta-analyses based on rigid protocol and independent origin, have the highest quality in medical research.

It is therefore unfortunate that Cochrane reviews seems systematically to conflict with the information and recommendations from the World Health Organization (WHO).

A number of the drugs and vaccines recommended by WHO, especially the drugs used in psychiatry, are in Cochrane reviews found to be harmful and without significant clinical effect. Since whose recommendations are followed by many people in the member states, it could indeed lead to patients getting the wrong medication and many patients have severe adverse effects, because of these drugs.

To solve this serious public health problem it is recommended to revise the WHO-system, which in fact has been proven weak to the interests of the pharmaceutical industry.

We therefore believe that the WHO's recommendations regarding medicine in its "list of essential medicines" and other drug directories are biased and not reliable as a source of information on medicine

...

The 2009 Pandemic (Swine Flu)

...

Conclusions

Today a&er the Swine Flu Scandal it seems that the pharmaceutical industry has gained control over the WHO system, leading to an extreme bias towards the use of not only ine%ective and unnecessary in$uenza vaccines and medicines, but also to the use of antipsychotics, antidepressant, antianxiety and other psychopharmacological drugs, cytotoxic anti-cancer chemotherapy, and a number of other drugs,which according to independent meta analyses and Cochrane reviews are found to be without signi!cant bene!cial effect – and ofen harmful.

We recommend a fundamental revision of the WHO-system that has proven itself weak to the interests of the pharmaceutical industry.

Channel 4 News exposes Swine Flu scandal in 2010

YouTube, 15 September 2020.
https://www.youtube.com/watch?v=q9qeLcq3y8w

Channel 4's John Snow reports on the Council of Europe's investigation into the manufactured swine flu hoax. The former Chair of the Sub-committee on Health of the Parliamentary Assembly Dr Wolfgan...

Channel 4's John Snow reports on the Council of Europe's investigation into the manufactured swine flu hoax. The former Chair of the Sub-committee on Health of the Parliamentary Assembly Dr Wolfgang Wodarg had accused the World Health Organization (WHO) of lowering the definition of a pandemic in order for the pharmaceutical companies and their shareholders to rake in massive at the expense of tax payers in targeted countries.



[There is a Transcript]

It is one of the greatest medical scandals of the century according to a leading health expert in Brussels the council of Europe. Health chief has accused major pharmaceutical firms of organizing a campaign of panic and unduly influencing world health organization decisions and with European countries now burdened with bills for millions of unwanted doses of the swine flu vaccine he wants an investigation.

Our science correspondent Tom Clark has this report flu viruses can spread 64 000 people dead tens of thousands hospitalized a country crippled by a virus the prediction to the impact of swine flu on Britain were grim the government's response spending hundreds of millions of pounds on antiviral drugs and vaccines adverts and leaflets. But 10 months into the pandemic only 355 Britons have died and globally the virus hasn't lived up to our fears were governments misled into preparing for the worst politicians.

In Brussels are now asking for an investigation into the role pharmaceutical companies played in influencing political decisions that led to a swine flu spending spree. There must be a process to get more transparency how the decisions in the in the who Harvard function and who is influencing the decisions of the who and what is the role of pharmaceutical industry there. I'm very suspicious about the processes which are behind this pandemic.

The council of Europe committee want the investigation to focus on the world health organization's decision to lower the threshold required for a pandemic to be formally declared. The world is now at the start of the 2009 influencer pandemic when this happened in June last year, governments had to activate huge pre-prepared contracts for drugs and vaccines with manufacturers.

They also want to probe ties between key who advisers and drug companies who is deciding what the risk is this is the pharmaceutical companies who want to sell drugs or is it someone making a decision based on the perceived danger. In this case it appears that the danger was vastly exaggerated and wasn't exaggerated by the pharmaceutical companies in order to make money.

Our government like many others is now paying the price for being prepared citing commercial confidentiality. The department of health won't actually tell us how much swine flu vaccine they actually ordered but it's thought contracts were signed for 90 million doses yet fewer than 4 million people in the UK have actually had the jab. Officials here are now in negotiation with their key supplier black so smith cline to see if they can't rewrite that very expensive contract.

Britain is now trying to cancel orders for 60 million doses of the jab but we're not the only country awash with vaccine. France ordered 94 million doses it's now trying to cancel contracts for 50 million of those. Germany is trying to cancel orders for 25 million doses and the Netherlands has announced it will sell 19 million of the 34 million vaccines it's ordered last month. An investigation by channel 4 news raised serious questions about the government's decision to order millions of doses of the drug Tamiflu and the possibility of pharmaceutical industry influence on decision-making. Today the department of health defended its pandemic purchasing decisions telling us in a statement they were based on independent scientific advice to ensure the country against the worst possible effects of a pandemic.

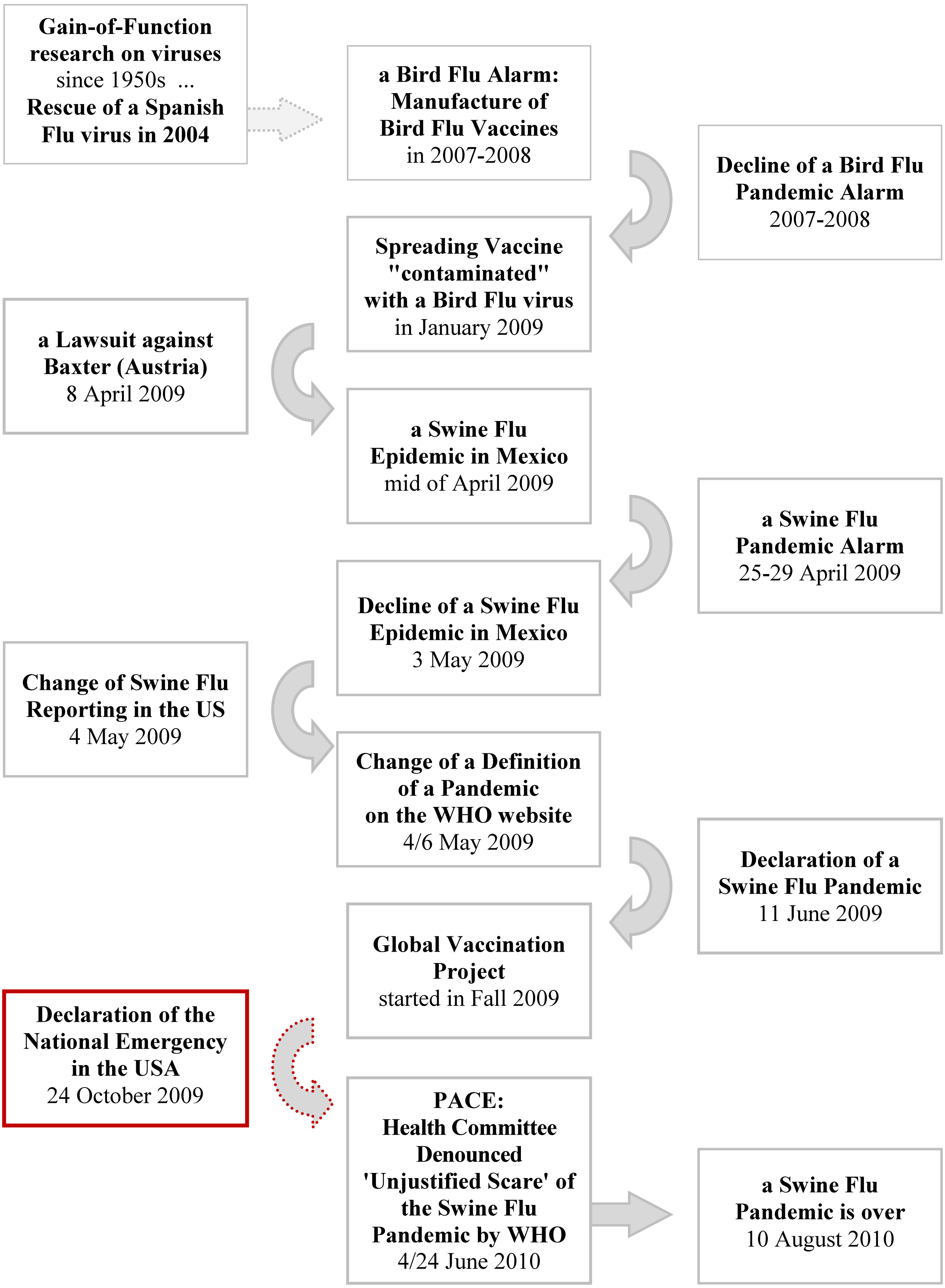


Chapter 9

Global
Vaccination Campaign



Roadmap
of the Swine Flu Pandemic



TN SONS OF LIBERTY

Joey Fuller

State of Emergency over the Swine Flu?!?

TN Sons of Liberty Blog, 24 October 2009

https://web.archive.org/web/20210126193508/http://tnsonsofliberty.blogspot.com/2009/10/state-of-emergency-over-swine-flu.html

Here is an excerpt from the Infowars article on Obama's declaration of National Emergency over the Swine Flu:

"U.S. President Barack Obama has signed a proclamation declaring 2009 H1N1 swine flu a national emergency, the White House said on Saturday.

The proclamation, which Obama signed on Friday night, will make it easier for U.S. medical facilities to handle a surge in flu patients by allowing the waiver of some requirements of Medicare, Medicaid and other federal health insurance programs as needed, the White House said in a statement.

The U.S. Centers for Disease Control and Prevention said on Friday that H1N1 swine flu has become widespread in 46 of the 50 U.S. states, a level comparable to the peak of ordinary flu seasons but far earlier and with more waves of infection expected.

The White House statement said the declaration was intended to prepare the country in case of "a rapid increase in illness that may overburden health care resources" and was similar to disaster declarations issued before hurricanes hit coastal areas.

Seasonal flu normally peaks sometime between late November and early March. Swine flu has hit young adults and children the hardest, while seasonal flu normally is more dangerous for people over age 65. H1N1 has killed more than 1,000 Americans and put more than 20,000 in the hospital in the United States since it emerged earlier this year, the CDC said. But health officials are quick to note that the actual number of cases cannot be measured.

Even though the H1N1 pandemic appears to have peaked out, U.S. President Barack Obama has now declared a national emergency over swine flu infections. The reasoning behind such a declaration? According to the White House, it's designed to "allow hospitals to better handle the surge in patients" by allowing them to bypass certain federal laws.

Emergency powers trump the Bill of Rights

That's the public explanation for this, but the real agenda behind this declaration may be far more sinister. Declaring a national emergency immediately gives federal authorities dangerous new powers that can now be enforced at gunpoint, including:

• The power to force mandatory swine flu vaccinations on the entire population.

• The power to arrest, quarantine or "involuntarily transport" anyone who refuses a swine flu vaccination.

• The power to quarantine an entire city and halt all travel in or out of that city.

• The power to enter any home or office without a search warrant and order the destruction of any belongings or structures deemed to be a threat to public health.

• The effective nullification of the Bill of Rights. Your right to due process, to being safe from government search and seizure, and to remain silent to avoid self-incrimination are all null and void under a Presidential declaration of a national emergency."

Update: There is no emergency. I assure you that the Swine Flu has been relatively mild. I have taken care of over 100+ patients with the Swine Flu and I did not get infected. There have been deaths from the Swine Flu. Three deaths that are possibly linked to the Swine Flu in Tennessee. They have not been confirmed, only suspected.

Let's put this 'national emergency' in perspective. In 2008 Tuberculosis killed 1.7 million people worldwide. In 2008 The Regular/Seasonal Flu killed 30,000 people worldwide according to the CDC. It is almost Spring in Australia right now, and their Swine Flu/Regular Flu season is winding down... They had 200 deaths from the Swine Flu in a population of 22 million.

The majority of stories on Mass Media Television (Fox, ABC, CNN) are reporting shortages of the Swine Flu Vaccine. They report long waits at the Health Clinics. They show Americans smiling and waiting, old, young, children, and pregnant women standing in endless lines. They show smiling nurses giving shots, and Doctors with grave expressions endorsing the Swine Flu vaccines and stating how it is your responsibility as a good citizen to get your shot.

The recent reporting on the *shortage of the swine flu vaccine*... Is because no one wants to get vaccinated! A lot of people I talk to ... Doctors, nurses, teachers...will not take the vaccine. They feel it is dangerous, rushed, and it is unnecessary due to the mildness of the Swine Flu illness.

In order to increase vaccinations the general public must be *scared into* taking their shots. Thus, more stories of vaccine shortages, artificially created numbers of Swine Flu deaths, and no coverage of Medical Professionals who speak out against the Swine Flu Vaccine and the potential dangers associated with it.

The Federal Govt. does not want to lose money off of this...They have signed several multi million dollar contracts with various drug companies to manufacture and distribute these vaccines. What are they going to do with unused vaccines? It would be a public relations nightmare and financial folly if the majority of Americans refused the vaccine.

One more thing on the Swine Flu and Pregnancy...Do you recall the recent hype for Pregnant women to get their Swine Flu Vaccine? I have talked to local OB and ER physicians who highly recommended that pregnant women get the Swine flu Vaccine and have seen many Mainstream Media News reports stating that the Swine Flu was especially targeting Pregnant Women and they should definitely be vaccinated...despite the fact that many drugs...Alcohol, certain narcotics,certain antibiotics are very dangerous for a pregnant woman to take...and cross the fetal placenta barrier and can harm/kill the unborn child. *So why would you take a rushed unneccessary vaccine*:

sanofi pasteur	**10 September 2009_v0.3**
449/454 Influenza A (H1N1) 2009 Monovalent Vaccine	**LE5860-5862**

Here is a quote from the package insert of the H1N1 vaccine:

8.1 Pregnancy
"Pregnancy Category C: Animal reproduction studies have not been conducted with influenza A (H1N1) 2009 Monovalent Vaccine or Fluzone vaccine. It is also not known whether these vaccines can cause fetal harm when adminstered to a pregnant woman or can affect reproduction capacity. Influenza A (H1N1) 2009 Monovalent Vaccine should be given to a pregnant woman only if clearly needed."

=> See: Influenza A (H1N1) 2009 Monovalent Vaccine LE5860-5862. – Sanofi Pasteur, 10 September 2009, Vol. 3, 449/454. [... *Confidential/Proprietary Information* ...p.]

Information about Australia was taken from the New American Magazine October 26, 09 edition entitled 'The Swine Flu and You"...

Los Angeles Times

Janet Hook

Obama declares swine flu a national emergency

The Los Angeles Times, 25 October 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-oct-25-na-national-flu-emergency25-story.html

Washington – President Obama on Saturday declared the swine flu outbreak a national emergency, a procedural step designed to allow healthcare providers to speed treatment and slow the spread of the disease.

The action gives Secretary of Health and Human Services Kathleen Sebelius temporary authority to grant waivers that would expedite steps such as setting up off-site emergency rooms to treat potential flu victims apart from other patients.

Administration officials said the move was not made as a result of any particular development, but as a preemptive measure to ensure that the tools for a quick response were in place.

"The potential exists for the pandemic to overburden healthcare resources in some localities," the White House announcement said. "Thus, in recognition of the continuing progression of the pandemic, and in further preparation as a nation, we are taking additional steps to facilitate our response."

According to the Centers for Disease Control and Prevention, 46 states have reported widespread incidence of the swine flu, also known as H1N1. Since the outbreak of the pandemic in April, there have been more than 20,000 hospitalizations from laboratory-confirmed infections and more than 1,000 deaths.

The declaration is the second step in the government's response effort. In late April, HHS declared a public health emergency, which allowed the government to release antiviral medications from federal stockpiles to states that might need them.

The national emergency declaration allows Sebelius, on a case-by-case basis, to waive federal rules governing routine medical operations if requested by doctors or hospitals.

For example, to isolate infected patients, some hospitals are planning to establish separate treatment locations in off-site tents or community centers. But without a waiver of current rules, the hospital may not get federal reimbursement if the facility is too far from its property. Hospitals could also ask for a waiver of paperwork procedures if they are besieged by flu patients.

"If there's a surge in patients, you want to be able to put in place more efficient methods of triaging and treating people," said Reid Cherlin, a White House spokesman. "It's a priority for providers not to have to waste time on the phone with federal managers."

THE FLU CASE

German "swine flu" jab campaign to start with government officials today

DDP // The Flu Case, 25 Oktober 2009, 13:46 Uhr

https://web.archive.org/web/20091031085952/http://www.theflucase.com/index.php?option=com_content&view=article&id=1372%3Agerman-qswine-fluq-jab-campaign-to-start-with-government-officials-today&catid=1%3Alatest-news&Itemid=64&lang=en

München (ddp). In Deutschland beginnt am Montag (26. Oktober) die Impfung gegen die Schweinegrippe. Das Bundesgesundheitsministerium hatte vor wenigen Tagen die Bevölkerung aufgerufen, sich an der größten Impfaktion in der Geschichte der Bundesrepublik zu beteiligen.

Nach Behördenangaben werden zunächst die wichtigsten Funktionsträger, die Angehörigen von Bundeswehr, Bundespolizei und der Krisenstäbe sowie die Beschäftigten in Krankenhäusern, Arztpraxen und Laboren immunisiert. Danach ist die Impfung gefährdeter Gruppen vorgesehen, zu denen nach Ministeriumsangaben 30 Prozent der Bevölkerung gehören. Ab Ende November können sich dann voraussichtlich auch alle anderen impfen lassen.

Das Berliner Robert-Koch-Institut (RKI) hatte zuletzt mitgeteilt, dass die Zahl der gemeldeten Schweinegrippe-Fälle wieder auf fast 1600 innerhalb einer Woche angestiegen ist. Das seien doppelt so viele wie im Frühherbst, als es 700 bis 800 neue Fälle wöchentlich waren. Nach RKI-Angaben gab es bislang 25 000 Fälle der sogenannten Neuen Grippe in Deutschland, darunter drei Todesfälle.

Kinder im Alter zwischen sechs Monaten und zehn Jahren erhalten zwei Impfungen mit jeweils der halben Dosis, die 10- bis 60-Jährigen werden zunächst einmal geimpft, die älteren Menschen zweimal. Ende Januar sollen die Impfungen bundesweit abgeschlossen sein.

Der Vorsitzende der Ständigen Impfkommission (STIKO), Friedrich Hofmann, forderte am Wochenende die Ärzte auf, sich unabhängig von ihrer persönlichen Meinung impfen zu lassen. Schließlich trage medizinisches Personal eine besondere Verantwortung gegenüber jenen häufig immungeschwächten Patienten, mit denen es in Kontakt komme, sagte er dem Nachrichtenmagazin «Focus». Hofmann argumentierte: «Ein Arzt kann Virusträger sein und ungewollt Menschen anstecken, denen die Infektion mehr zu schaffen macht.» In den vergangenen Wochen hatten Ärztevertreter nicht nur die dem Impfstoff beigemengte Verstärkersubstanz, sondern auch die Notwendigkeit der Aktion selbst in Frage gestellt.

=>

German "swine flu" jab campaign to start with government officials today

The mass "swine flu" vaccine campaign is starting in Germany, today, Monday, October 25th with government officials, the German military, police and members of pandemic crisis committees to receive Baxter's Celvapan.

Baxter dropped mercury and squalene from its "swine flu" jab mix at the last moment apparently following protests from the German army and states.

Baxter's Austrian facility contaminated 72 kilos of seasonal flu with the live bird flu virus this February in an act that indicates criminal intent because of the need for the company to adhere to biosafety level three regulations when handling the bird flu virus supplied by WHO.

Because no substantial inquiry or overhaul of Baxter's safety procedures was made, another case of contamination cannot be ruled out.

Also, there are reports that nanochips have been inserted into the "swine flu" jab or syringe.

Richard Knox

Swine Flu Vaccine Shortage: Why?

NPR, 26 October 2009, 6:00 AM ET
https://www.npr.org/2009/10/26/114156775/swine-flu-vaccine-shortage-why

Millions of Americans already have been infected with swine flu. Forty-six states have widespread flu, and the president has declared a national emergency. But only recently have U.S. health officials discovered why manufacturers can't deliver as much swine flue vaccine as expected.

Officials at the Centers for Disease Control and Prevention say for months, the companies didn't realize how far short their vaccine "yields" were falling. That's because they didn't have the chemicals – called reagents – that would have told them how much active ingredient they had in their vaccine production vats.

"To really understand how much product you have, you need to do potency tests," says Dr. Anne Schuchat, chief of the CDC's National Center for Immunization and Respiratory Diseases. She says reliable tests used to measure potency were delayed.

"When they were run, the manufacturers basically found out that the product they had was actually less than they thought they had," Schuchat said in an interview with NPR. "That wasn't something we knew a long time ago. That's relatively recent."

NPR's Robert Krulwich and medical animator David Bolinsky explain how a flu virus can trick a single cell into making a million more viruses.

On top of that, there were glitches in new machines manufacturers installed to put vaccine in vials and package the vials. So there was an unexpected bottleneck in the so-called fill-and-finish part of getting vaccine out the door.

The CDC didn't realize the combined effect of these problems until mid-October. That's when it revised its projected swine flu vaccine delivery dates downward.

The problems have left local public health officials frustrated and bewildered.

"The vaccine situation is quite frustrating," says Dr. Jonathan Fielding, the health commissioner for Los Angeles County.

"The numbers we were asked to anticipate and plan for have turned out to be gross overestimates of what has been supplied to us," Fielding says. "I don't understand what the issues are with the manufacturers, that from one week to the next they can't give us more accurate estimates."

Los Angeles County got its first delivery of vaccine against the new H1N1 flu last week. It got 300,000 doses for a city of 10 million, with no real idea of when to expect more. Two-thirds went to private health care providers, one-third to free public clinics.

Fielding says before now the county canceled dozens of vaccine clinics. When the first ones opened this past weekend, demand was brisk. People had to wait up to three hours to get a flu shot, and Fielding says he saw few people drop out of line.

Vaccine yield problems with swine flu are not new. Last July, vaccine manufacturers reported problems in growing the new H1N1 virus - or, rather, a hybrid of the swine flu virus and a standard vaccine virus strain - in chicken eggs. That's a crucial step in the current technology for making flu vaccines.

However, CDC scientists thought those problems had been overcome. Unfortunately, not so. *The Wall Street Journal* reported on Saturday that some vaccine manufacturers have had only one-fifth the viral yield from chicken eggs that they expected.

Some manufacturers are reportedly working with a different "seed" strain of vaccine virus that gives better yields.

Meanwhile, the flu virus is spreading rapidly. No one knows when to expect the crest of this wave of the swine flu pandemic — the second wave since the new virus first appeared last April. Scientists at the University of Washington predict it will be sometime in November. Others decline to make projections.

Vaccine production won't be able to catch up very soon. The CDC's Schuchat says that raises an obvious question.

"People wonder whether, when the vaccine is available for you or those in your family, will it be too late for that vaccine to give you any benefit?" she acknowledges.

"It's hard to make an argument that the vaccine is going to protect very many people at the rate it's coming out," says Dr. Marc Lipsitch of the Harvard School of Public Health, a CDC consultant. "Much of this wave will be over by the time most Americans have access to the vaccine."

Schuchat disagrees. She says even when this wave of swine flu peaks, there will still be time for many people to get vaccinated.

"A key point is that when the peak occurs in any one area, half the people who are going to become infected haven't yet become infected," Schuchat says.

Fielding, the Los Angeles County health commissioner, thinks Schuchat is right.

"I don't think it's too little, too late," Fielding says. "I think it's too little. Obviously for people who get sick or who get very seriously ill, it's too late. But for many others, I think it's going to arrive in time to help prevent disease."

Dr. Donald Burke, dean of the University of Pittsburgh's School of Public Health, thinks swine flu vaccine will not come in time to protect most Americans against the current wave of infection. But he thinks there is a "very real possibility" of a third wave of swine flu in December or after the first of the year.

"So even if we see a peak now, I will stand with the recommendation to get vaccinated," Burke says. Some think if enough children get vaccinated in November and December, that could prevent or blunt a third wave.

But CDC officials are currently chary of predicting when the vaccine will be available in quantities sufficient to protect the 159 million Americans who are considered at highest risk of the new H1N1 flu.

"Given how far off some of the projections have been from what we have now," CDC director Thomas Frieden said ruefully last week, "I would prefer to just take it one day at a time, one week at a time."

LE MATIN.ch

Victor Fingal

Onze millions de doses en trop

Le Matin, 26 octobre 2009, 22h34
https://web.archive.org/web/20091029093529/http://www.lematin.ch/actu/suisse/onze-millions-doses-183278

Il suffirait de vacciner deux millions de personnes en Suisse pour faire face à la grippe A. Mais l'Office fédéral de la santé publique a commandé 13 millions de doses dont on ne sait que faire.

Le vaccin contre la grippe A s'apprête à débarquer en Suisse au début du mois prochain. Mais il traîne avec lui une odeur de soufre. Déjà l'Office fédéral de la santé publique (OFSP) ploie sous la critique: pourquoi avoir commandé 13 millions de doses pour 7,5 millions d'habitants alors que le même office recommande aujourd'hui de faire vacciner uniquement deux millions de personnes (professionnels de la santé, enfants, malades chroniques, etc.)? Sans parler de la mauvaise adhésion du public au vaccin: des récents sondages affirment que dans le meilleur des cas seule la moitié de la population accepterait de se faire immuniser contre le virus H1N1.

Un vrai scandale du point de vue de Beda Stadler, directeur de l'Institut d'immunologie de l'Hôpital de l'Ile à Berne: «Nous savons aujourd'hui qu'un seul vaccin par personne suffit et qu'il n'est plus besoin de vacciner la population entière. Que va-t-on faire des stocks restants?»

Cette question, nous avons voulu la poser directement à l'OFSP. «Nous ne pouvons pas répondre aujourd'hui, affirme sans sourciller Jean-Louis Zürcher, responsable de la communication de l'OFSP. Nous dévoilerons seulement vendredi notre stratégie. Peut-être faudra-t-il vacciner quand même toute la population.»

Privilège de pays riche

Pour l'OFSP, pas question de jouer avec la sécurité. La Suisse doit se réserver la possibilité de pouvoir vacciner deux fois contre la grippe A, si besoin. Histoire d'être prêt pour le cas où le virus deviendrait plus virulent. Claire-Anne Siegrist, professeure aux Hôpitaux universitaires de Genève et présidente de la Commission fédérale pour les vaccinations, avait même avoué à 24 heures que «c'est un privilège de pays riche».

Ahurissant. Depuis des mois des scientifiques du monde entier - l'Organisation mondiale de la santé en tête - s'accordent pour affirmer que la grippe A est passée de meurtrière à bénigne. Le professeur français Bernard Debré avançait même la thèse que la grippe A était «peut-être même un peu moins dangereuse que la grippe saisonnière».

Face à cette réalité, l'OFSP refuse encore d'admettre qu'il s'est fourvoyé, alors que même des défenseurs d'horizons politiques aussi différents que le conseiller national PLR Christian Lüscher ou son collègue sous la Coupole, le médecin socialiste Jean-Charles Rielle, estiment que l'office «a peut-être péché par excès de précaution».

Sans jouer sur les mots, une autre réalité se dessine. La campagne de prévention, les vaccinations et les hospitalisations vont coûter dans les 130 millions de francs, dont 84 uniquement pour les doses. Le tout à la charge du contribuable. Deux contrats ont été signés avec les laboratoires de Novartis et

avec ceux du britannique GlaxoSmithKline. Mais les clauses de ces contrats sont suffisamment bien gardées pour que l'on ne sache pas si la Suisse s'est engagée définitivement à acheter les 13 millions de doses.

La suisse ne produit plus de vaccins

D'autres pays ont opté pour une solution plus intelligente et n'hésitent pas à le faire savoir (lire encadré). Ainsi en Autriche, une première distribution de 500'000 doses est livrée actuellement, mais Vienne s'est réservé une option pour la livraison d'un maximum de 16 millions de doses. Une clause qui n'a pas besoin d'être honorée si le besoin ne s'en fait pas sentir.

«La Suisse ne serait pas placée dans une situation inconfortable si elle n'avait pas abandonné, il y a quelques années, la fabrication de vaccins», souligne Beda Stadler. En clair, les doses sont concoctées par des laboratoires situés à l'étranger. Mais ce handicap n'aurait quand même pas obligé la Suisse à signer un contrat portant sur 13 millions de doses. «La technique de fabrication de ces vaccins, poursuit le directeur de l'institut bernois, est basée sur une technique des oeufs embryonnés. La production se fait au fur et à mesure et peut être arrêtée à tout moment.»

Est-ce qu'on en fait trop?

Reste que trop de précautions provoquent aussi des dégâts collatéraux. D'après le Pr Bernard Hirschel, chef de l'unité VIH-sida aux HUG, qui avait posé la question lors d'un colloque de médecins: «Pensez-vous que l'on en fait trop au sujet de la grippe A?» La réponse avait fusé: oui à 72%. «Nous avons pourtant des précédents avec d'autres craintes, souligne le professeur. Des agriculteurs ont perdu des cheptels entiers, le travail de leur vie, quand on a abattu des troupeaux inutilement à cause de la peur de la vache folle.»

THE FLU CASE

Swiss controversy regarding the need to vaccinate against "swine flu"

The Flu Case, 27 October 2009

https://web.archive.org/web/20091031090604/http://www.theflucase.com/index.php?option=com_content&view=article&id=1418%3Aswiss-controversy-regarding-the-need-to-vaccinate-against-qswine-fluq&catid=1%3Alatest-news&Itemid=64&lang=en

The Swiss newspaper Le Matin has criticised the decision by the government to buy 13 million doses of "swine flu" vaccination for the population of 7.5 million people when health experts have said that vaccines for two million people would be enough to stop the "swine flu pandemic.

In addition, the newspaper notes that the contracts that the Swiss government has sealed with the pharmaceutical companies Novartis and GlaxoSmithKline are confidential and no one knows what the precise terms and conditions surrounding the purchase of the vaccines from factories located outside Switzerland are.

Le Matin estimates that the vaccination campaign could cost as much as 130 million francs, with the vaccines alone costing 84 million francs.

Recent polls show that only half the Swiss people at most have said that they would be willing to take the "swine flu" jab.

Bedda Stadler, Director of the Institute of Immunolog at the l'Hôpital de l'Ile in Berne said: "We know today that one vaccine for each person will be enough and there is no need to vaccinate the entire population. What are we going to do with all the surplus stocks?"

Jean-Louis Zürcher of the Swiss federal government's public health office did not give Le Matin

TIME

Tristana Moore

In Germany, a Better Vaccine for Politicians?

Time, 27 October 2009
https://content.time.com/time/health/article/0,8599,1932366,00.html

Critics are calling it a two-tier health system – one for the politically well connected, another for the hoi polloi. As Germany launched its mass-vaccination program against the H1N1 flu virus on Monday, the government found itself fending off accusations of favoritism because it was offering one vaccine believed to have fewer side effects to civil servants, politicians and soldiers, and another, potentially riskier vaccine to everyone else. The government had hoped that Germans would rush to health clinics to receive vaccinations against the rapidly spreading disease, but now rising anger over the different drugs may cause many people to shy away.

Amid growing fears of a possible global flu pandemic, the German government prepared for its mass-vaccination campaign earlier this year by ordering 50 million doses of the Pandemrix vaccine, enough for a double dose for 25 million people, about a third of the population. The vaccine, manufactured by GlaxoSmithKline, contains an immunity-enhancing chemical compound, known as an adjuvant, whose side effects are not yet entirely known. Then, after a report was leaked to the German media last week, the Interior Ministry confirmed that it had ordered a different vaccine, Celvapan, for government officials and the military. Celvapan, which is made by U.S. pharmaceutical giant Baxter, does not contain an adjuvant and is believed to have fewer side effects than Pandemrix.

Anger at the news was widespread in Germany. "If mass vaccination is considered to be necessary, then everyone should be treated the same way," says Birgitt Bender, health spokeswoman for the Green Party. Ulrike Mascher, head of the VdK social-welfare association, says giving government officials a vaccine that's different from that given to the rest of the population sent the "wrong signal" and gives many people "the impression that they are second-class patients." A story on the front page of the mass-circulation *Bild* newspaper accused the government of giving "second-class medicine" to regular Germans.

Doctors and medical experts are divided over the safety of Pandemrix. While some say it's the best vaccine available, others have serious misgivings about it. "The Pandemrix vaccine can't be recommended for pregnant women or young children because it has an increased risk of side effects. Pandemrix has an adjuvant which hasn't been tested sufficiently up until now," Alexander Kekulé, a virologist at the University of Halle, tells TIME. "Celvapan is a whole-virus vaccine, which has fewer side effects than Pandemrix, but it leads more often to fever or local swelling when compared with the normal seasonal-flu vaccine," he adds. Although Kekulé calls the government's handling of the vaccination program a "scandal," he says government officials and soldiers are not necessarily getting a better deal with Celvapan. "Neither Celvapan nor Pandemrix are ideal," he says.

At least 26,000 people have been infected with swine flu in Germany, resulting in three deaths. Although the majority of patients have experienced only mild flulike symptoms, a steady increase in the number of cases of H1N1 in recent months has raised alarm across the nation. In its latest report, the Robert Koch Institute, the federal agency for infectious diseases, said new cases in Germany

have jumped to about 1,600 each week, double the 700 to 800 weekly cases reported in early autumn. With the onset of winter, when seasonal-flu infections typically peak, many experts are concerned that H1N1 infections will spike dramatically. Klaus Osterrieder, a virologist at the Free University of Berlin, now fears that with the worries over the possible risks associated with Pandemrix, many people will avoid getting a vaccine altogether. According to a survey conducted on Oct. 23 by the Emnid Institute, only 13% of Germans said they wanted to receive a swine-flu vaccine this winter.

"The public debate is bad because it raises questions about the whole vaccination program," Osterrieder says. If the government doesn't find some way to remedy the current public relations disaster and clear up the confusion over the different swine-flu vaccines, it could be faced with an even greater emergency, especially if the country's hospital wards start overflowing with flu patients in the coming months.

NEWS BBC

How not to run an immunisation campaign

BBC, Fergus Walsh, 27 October 2009, 15:20 UK time
https://www.bbc.co.uk/blogs/thereporters/ferguswalsh/2009/10/how_not_to_run_an_immunisation_campaign.html

Just days after the UK began vaccinating priority groups against H1N1 swine flu, Germany began its immunisation campaign.

Both countries have bought vaccines from the same two manufacturers, GSK (Pandemrix) and Baxter (Celvapan).

A man receives a vaccination against H1N1 swine flu in Berlin. But whereas the vaccination programme seemed to get off to a smooth start here, it was quite another matter in Germany.

The difference is that in Germany, ministers, government officials and the armed forces are getting Celvapan, while the general public will receive Pandemrix.

This has led to complaints of a two-tier health service, but a government spokesman said it was simply the results of different departments making their purchases without coordinating.

In the UK, *ministers are not eligible for swine flu jabs* unless they fall into one of the priority groups (and if they do they will get the same jab as the public).

Likewise 15,000 British troops in Afghanistan are to receive Pandemrix.

Indeed, there are so few doses available of the Baxter jab in the UK that it is being reserved largely for those with a severe egg allergy. Unlike the GSK jab, it is not grown in eggs.

The German Chancellor Angela Merkel has made it clear that if she is advised to be immunised by her doctor, then she will get the Pandemrix vaccine, intended for the general public.

The BBC's Tristana Moore filed a report from Berlin on the row which you can watch here.

Much of the debate in Germany centred on the fact that Pandemrix contains an adjuvant, a booster chemical, called AS303 which I wrote about in my last post.

GSK has just released new data on Pandemrix and forecast that by the end of this week nearly 500,000 people across Europe will have been immunised with the vaccine.

It also published results from a small trial in Belgium suggesting that the vaccine is effective in the elderly as well as younger age groups.

This is important because some studies of seasonal flu vaccines have shown that they are less effective in older age groups.

The row in Germany is a reminder of how easy it is to undermine public confidence in healthcare.

Ministers and officials need to ask themselves, "what might people think?" with any decision they make.

Whilst it may have been a perfectly innocent purchasing decision that led to ministers and the armed forces being allocated a different vaccine to the general public, it doesn't look good. Forget the fact that both vaccines have been licensed by the European Medicines Agency.

However efficiently Germany conducts its H1N1 swine flu programme in the coming months, damage has been done and it will undoubtedly put some people off having the jab.

THE FLU CASE

Alert Canadian
Toxic Ingredients in the Arepanrix H1N1 Vaccine Harm Your Health

The Flu Case, 27 October 2009, 18:12
https://web.archive.org/web/20091031083251/http://www.theflucase.com/index.php?option=com_content&view=article&id=1419:alert-canadians-toxic-ingredients-in-the-arepanrix-h1n1-vaccine-harm-your-health&catid=41:highlighted-news&Itemid=105&lang=en

Health Canada has authorized the sale of Arepanrix™ H1N1 vaccine based on no conclusive clinical testing. The authorization is based on the Health Canada review of available data on the quality, safety and immunogenicity of similar vaccines, which established the benefit/risk profile in favour of inoculating the Canadian population.

Read the Notice of Decision issued by Health Canada. The decision by the Health Minister was based on a belief (not qualified or informed) that immediate action is required to deal with the H1N1 risk. The assertion that the decision is based on limited clinical testing is being misapplied. There has been NO conclusive results from any clinical trials on the Arepanrix H1N1 vaccine.

This report is designed to inform you how the risks outweigh the benefits of the vaccine. It will demonstrate how the Health Canada assessment is flawed and contradictory to established research on the detrimental health effects of the vaccine ingredients contained in Arepanrix.

Description and Composition

Arepanrix™ H1N1 (AS03-adjuvanted H1N1 pandemic influenza vaccine) is a two-component vaccine consisting of an H1N1 antigen (as a suspension), and an AS03 adjuvant (as an oil-in-water emulsion).

The virus is inactivated followed by formaldehyde treatment and disrupted with sodium deoxycholate.

Preservative content:

5µg (micrograms) Thimerosal USP per 0.5mL dose or 2.5 micrograms organic mercury (Hg) per 0.5mL dose

Adjuvant:

The AS03 adjuvant system is composed of DL-α-tocopherol, squalene and polysorbate 80 in a 3mL vial:

DL-α-tocopherol: 11.86 milligrams/0.5mL dose
Squalene: 10.69 milligrams/0.5mL dose,
Polysorbate 80: 4.86 milligrams/0.5mL dose

Analysis of Ingredients

Formaldehyde

According to the Australian National Research Council, fewer than 20% but perhaps more than 10% of the general population may be susceptible to formaldehyde and may react acutely at any exposure level.

More hazardous than most chemicals in 5 out of 12 ranking systems, on at least 8 federal regulatory lists, it is ranked as one of the most hazardous compounds (worst 10%) to ecosystems and human health (Environmental Defense Fund).

Formalyn a 37 percent solution of gaseous formaldehyde which includes methano (used in vaccines as a tissue fixative) is considered a hazardous compound, and its vapor is toxic.

In the body, formaldehyde can cause proteins to irreversibly bind to DNA. Laboratory animals exposed to doses of inhaled formaldehyde over their lifetimes have developed more cancers of the nose and throat than are usual, as have workers in particle-board sawmills… Formaldehyde is classifed as a probable human carcinogen by the U.S. Environmental Protection Agency and as a known human carcinogen by the International Agency for Research on Cancer.

Sodium Deoxycholate

Sodium Deoxycholate is a water soluble ionic detergent/bile salt which causes cell death and symptoms such as burning, redness, and swelling. It has been shown to weaken the blood-brain-barrier (BBB) and subsequently activate seizures. It has demonstrated synergistic toxicity with antifungal drugs.

Detergents and emulsifiers promote tumors and cause cells to leak or explode by weakening their walls, with no mechanism for regulating destructive activity. These chemicals are not completely purified out of the final vaccine product, so they enter the body at the time of injection.

Detergents are used extensively in cell research precisely because of their ability to break cells open for further analysis. This catastrophically mimics the membrane attack complex (MAC). Detergents hit cells at random and continue destroying cells regardless of which call off the attack.

Sodium Deoxycholate is completely foreign to the relationships that define and make up the delicate balance of the immune system. It systematically disrupts these relationships to negate the optimal function and design of immune responses.

Thimerosal

Thimerosal has powerful and damaging effects on cells of the nervous and immune systems in mammals including humans. Its effect may vary depending on the dose, the genetics of the individual, and the timing of exposure. The mercury dose from thimerosal produces acute and often deadly ethylmercury blood levels.

Organic forms of mercury are well-known neurotoxic agents and far more dangerous than inorganic mercury sources. Exposure to organic mercury produces predominantly central nervous system (CNS) effects that are commonly severe and can induce prolonged unconsciousness, coma and death. (See: Acta Chim. Slov. 2004, 51, 361-372)

After only 2 hour exposures, thimerosal at micromolar concentrations causes neuronal membrane damage and alterations leading to cell death in immune T-cells.

Thimerosal alters the functioning of critical neurotransmitters necessary for proper brain functioning.

Thimerosal causes DNA fragmentation of neuronal cells and disrupts neuronal growth factor signaling at micromolar and even nanomolar concentrations. It also causes DNA methylation and attentional pathways at nanomolar concentrations, leading to alterations in brain function.

Under microscopic magnification the following video presentation by the University of Calgary demonstrates the immediate damage mercury does to the structure of brain cells.

Squalene in AS03 adjuvant

Too dangerous for human use, Squalene is not officially licensed for use in the United States or Canada. Oil adjuvants like squalene have been ordinarily used to inflict diseases in animals – for experimentation and study. According to anthrax vaccine expert Gary Matsumoto and other reliable sources, the US military used an unlicensed, experimental anthrax vaccination laced with squalene, with disastrous consequences, including Gulf War Sydrome.

"There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories in the US, Europe, Asia and Australia, documenting that squalene-based adjuvants can induce autoimmune diseases in animals, observed in mice, rats, guinea pigs and rabbits. Sweden's Karolinska Institute has demonstrated that squalene alone can induce the animal version of rheumatoid arthritis. The Polish Academy of Sciences has shown that in animals, squalene alone can produce

catastrophic injury to the nervous system and the brain. The University of Florida Medical School has shown that in animals, squalene alone can induce production of antibodies specifically associated with systemic lupus erythematosus" writes Matsumoto.

Oil-based vaccination adjuvants like squalene have been proved to generate concentrated, unremitting immune responses over long periods of time according to a 2000 article in The American Journal of Pathology. The study demonstrated that a single injection of the adjuvant squalene into rats triggered a chronic, immune-mediated joint-specific inflammation, also known as rheumatoid arthritis. The researchers concluded the study raised questions about the role of adjuvants in chronic inflammatory diseases.

Polysorbate 80

Polysorbate 80 is similar to Sodium Deoxycholate in its ability to increase cell permeability, damage, and bursting. After injection it can rapidly metabolize into sorbitol and ethylene oxide which is much more toxic than the original chemical. When Polysorbate 80 breaks down there are 20 moles of ethylene oxide for every mole of sorbitol. These polysorbates have been shown to cause dangerous, sometimes fatal effects, when given through a needle. Changes in heart function can occur immediately. The blood-brain-barrier (BBB) can be weakened and penetrated, followed by seizures and even death. Polysorbates demonstrate synergistic toxicity with a wide range of chemicals.

Polysorbate 80 has been found to negatively affect the immune system and cause severe anaphylactic shock which can kill. According to Annals of Allergy, Asthma and Immunology, Volume 95, Number 6, December 2005 , pp. 593-599(7), "it is of current relevance as a 'hidden' inductor of anaphylactoid reactions", and "Polysorbate 80 was identified as the causative agent for the anaphylactoid reaction of nonimmunologic origin in the patient. The study included a pregnant woman who suffered anaphylactic shock after being given a IV drip of multi-vitamins containing polysorbate 80.

In addition to this, there have been studies in Food and Chemical Toxicology which showed that Polysorbate 80 causes infertility. Baby female rats were injected with polysorbate 80 at days 4-7 after birth. It accelerated the maturing of the rats and caused changes to the vagina and womb lining, hormonal changes, ovary deformities and degenerative follicles.

According to the World Intellectual Property Organization, which is part of the United Nations, scientists from the organization are developing vaccines specifically to damage fertility as a method of contraception. A suggested ingredient for the vaccine is Polysorbate 80 (also known as tween 80). As it is a preferred ingredient, scientists are obviously aware of its ability to cause infertility.

Discussion

There are currently NO clinical trials or results which have validated the long-term safety and efficacy of the Arepanrix H1N1vaccine and its integrated AS03 adjuvant. Regulatory health agencies are refusing to acknowledge this fact or the nature of toxicity levels associated with Arepanrix and its ingredients. The well documented toxicity evidence for each ingredient presented above is simply being ignored.

A simple search on the ClinicalTrials.gov website shows that three "Rapid Evaluation" studies for Arepanrix H1N1vaccine have not even initiated recruiting as of the date this article was published.

etc. ...

NBC NEWS

Maggie Fox

H1N1 vaccine makers struggle with U.S. shot

NBC News, 27 October 2009 // 28 October 2009, 2:49 am + 08
https://www.nbcnews.com/id/wbna33494844

GlaxoSmithKline has yet to get U.S. government approval for its swine flu vaccine, the company said on Tuesday, while

Novartis said it was still struggling to make vaccines.

A U.S. senator accused the Health and Human Services department of over-promising how many and how quickly H1N1 vaccines could be delivered, as disgruntled people lined up outside clinics across the United States seeking immunization.

The United States has contracted with its five suppliers of seasonal influenza vaccine to also deliver H1N1 vaccine, but has sharply cut initial estimates of how much will be delivered this month and next. HHS says companies are having more trouble than anticipated making the vaccine, which is grown in chicken eggs using 50-year-old technology.

Glaxo, which signed a broad agreement earlier this year with HHS for $250 million of pandemic products including vaccines, says its vaccine has yet to be approved by FDA, although it submitted it in September. – "We are working with the HHS to determine how we can best meet their needs and final shipping dates will not be known until these discussions and the regulatory approval process have been completed," said Glaxo spokeswoman Claire Brough.

Australian vaccine maker CSL said the FDA had released five lots of its vaccine. "In terms of H1N1 vaccine production, CSL is working as quickly and efficiently as possible to manufacture H1N1 vaccine antigen and is making good progress," a spokeswoman said in an e-mail.

Part of the problem is the "seed" strain – the virus sample sent to companies to make vaccine with – did not grow particularly well in eggs. – "The company is using a new H1N1 virus seed strain which is providing better yields than the original seed strain that all manufacturers were given back in May. This is helping CSL produce more vaccine antigen more quickly than before," the spokeswoman said. She said a new U.S. facility in Illinois got FDA approval in September and was now packaging vaccines.

Novartis was also struggling. – "Yes the yields are lower than initially expected, with delays to the volume available," said spokesman Eric Althoff, adding that the Swiss group had informed the U.S. government about the lower yields through the whole process.

Only half expected doses distributed

HHS initially predicted it would have distributed 40 million doses of vaccine by the end of October, but only 22 million have been parceled out.

AstraZeneca's MedImmune unit has had no trouble producing nasal spray vaccine, which was the first available to the U.S, market, while Sanofi-Aventis said on Friday it was on track to deliver more than 75 million doses.

Maine Republican Susan Collins asked why the estimates were so far off. – "I am troubled that HHS has assured the public since August that the government would have enough vaccine to meet demand," she said in a letter to Health and Human Services Secretary Kathleen Sebelius, released late on Monday. "It now appears that much of the vaccine could arrive only after many people have already been infected with H1N1."

Collins cited a Purdue University study that predicted that nearly 60 percent of the American population would be infected with H1N1, of whom a third would fall ill, and that last week would see the peak of infections.

"It seems that HHS gave its assurance of sufficient supply in August without adequate information to make such a commitment," she said.

An HHS spokesman had no immediate comment

REUTERS

Maggie Fox

Companies struggling to get H1N1 vaccine to US

Reuters, 27 Oct 2009

https://www.reuters.com/article/idUSN27254188/- this page has been deleted

See: https://afludiary.blogspot.com/2009/10/kinks-in-vaccine-pipeline.html?m=1

Washington, Oct 27 (Reuters) - GlaxoSmithKline has yet to get U.S. government approval for its swine flu vaccine, the company said on Tuesday, while Novartis said it was still struggling to make vaccines. ...

Reuters
https://www.reuters.com › article › idUSN27254188

Companies struggling to get H1N1 vaccine to US - Reuters

WASHINGTON, Oct 27 (Reuters) - GlaxoSmithKline has yet to get U.S. government approval for its swine flu vaccine, the company said on Tuesday, while Novartis said it was still struggling to make vaccines.

27 Oct 2009

Richard Schabas, Neil Rau

Flu vaccine may come too late

The Globe and Mail, 27 October 2009
https://www.theglobeandmail.com/opinion/flu-vaccine-may-come-too-late/article4291125/

Should you be immunized against the H1N1 influenza? That depends on who you are, where you live and when you ask. Notwithstanding the increasingly hard sell from some public-health authorities, the truth is that the vaccine will be too late to be of real value for many Canadians.

H1N1 is already active in many parts of Canada. It's an early flu season, but a relatively mild one. "Mild" still means that more than a million Canadians will get a little sick and a small number will get very ill. But this is no more than we expect every year from influenza.

We had the measure of H1N1 even before we had a vaccine. Our health-care system will not be overwhelmed. Commerce will not grind to a halt. Women are no more vulnerable than men. Mortality rates are highest in people of middle age or older.

Two-thirds of severe illness and death will be in people with serious underlying medical problems.

Healthy people have little to fear from H1N1. The virus itself has not changed. About one in 20 will develop an unpleasant but short-lived "flu." Their chances of dying from H1N1 are about 1 in 250,000. The same healthy person is about 20 times more likely to die this year from a motor-vehicle crash.

Over the next few weeks, we will see a few more deaths in otherwise healthy young people – because more people are getting infected than in a usual flu season. Unfortunately, these individual tragedies will be blown out of proportion by the media.

In addition to people with underlying medical problems, H1N1 tends to be more severe in pregnant women and in children under the age of 5. Babies under six months of age are also vulnerable but cannot be immunized. (People living with a young baby should be immunized to avoid bringing the virus home.)

The Canadian government is boasting that there is enough vaccine for everyone. This is a tad disingenuous. The vaccine is arriving in weekly aliquots of two million to three million doses. We don't actually have enough vaccine to immunize everyone right now. And, as it turns out, timing is a crucial issue for many Canadians.

Local flu outbreaks typically peak within four or five weeks and then drop off rapidly. The vaccine takes time – probably a week – to provide protection after it is given. When H1N1 is gone, it's almost certainly gone for this flu season.

The worst of H1N1 will have passed from some areas of Canada - Southern Ontario and the lower mainland of British Columbia, at least - before healthy people can even roll up their sleeves.

The new adjuvanted influenza vaccine is safe and effective. The risk of a significant reaction is extremely small. But we don't immunize people just because we can. We're supposed to base our recommendations on expectations of benefit.

Quite appropriately, public-health authorities are giving priority to immunizing the most vulnerable. They should get immunized as quickly as possible. Two-thirds of all immunization benefits will come from protecting these small groups. Everyone else should wait. It's far too late to apprehend the outbreak anyway.

So what about the healthy general public?

If the vaccine becomes available to you before H1N1 hits your part of the country, then it's entirely reasonable to be immunized. It's also reasonable to take a pass. The anticipated benefits from immunization are very small, and the risks are tiny. But if H1N1 has already peaked in your community, these benefits drop off dramatically. It's too late.

But there is a place where our surplus Canadian vaccine - all 30 million doses or so - can do some real good. Send it to developing countries that will soon face a second wave of H1N1 without a vaccine, antiviral drugs or intensive-care units to assist their most vulnerable.

There's still time to do that.

CTV NEWS

Rush for vaccine puts high-risk groups at risk: experts

CTV News, 28 October 2009, 7:19 PM EDT
https://www.ctvnews.ca/rush-for-vaccine-puts-high-risk-groups-at-risk-experts-1.448144?cache=wcoseppn%3FclipId%3D89925

Some flu experts are warning that with long lineups at flu vaccination clinics, those who need the vaccine the most are at risk of not getting it.

Across the country, vaccine clinics have been overwhelmed, with some patients being turned away because supplies have temporarily run out, and others reporting waits of more than two hours.

Many are complaining that those who need the vaccine the most – pregnant women, children under five years of age and those with chronic illnesses – are not being given first priority for the shots.

Health officials have said that anyone who want the vaccine can receive it, so clinics are not "triaging" patients to allow high-risk groups to get it first. Instead, officials are relying on the honour system, asking healthy, low-risk group to stay away from the clinics until those who need the vaccine the most can get it.

In an editorial in today's *Globe and Mail*, infectious disease experts Drs. Richard Schabas and Neil Rau say that while the federal government is boasting that there is enough vaccine for everyone, "this is a tad disingenuous."

"The vaccine is arriving in weekly aliquots of two million to three million doses. We don't actually have enough vaccine to immunize everyone right now," they write.

And, they note, timing is of the essence for those most at risk of serious complications of swine flu.

Local flu outbreaks typically peak within four or five weeks and then drop off rapidly. And in some areas of the country, outbreaks might already be beginning to peak.

"The worst of H1N1 will have passed from some areas of Canada – Southern Ontario and the lower mainland of British Columbia, at least – before healthy people can even roll up their sleeves," they write.

The fact that the vaccine takes about 10 days to fully protect from infection will extend the lag time even further, says Rau. In comments made to CTV's Canada AM Wednesday, he said the most vulnerable will probably be okay if they can get the vaccine within the next week. But two weeks from now may be too late for them.

"If we start to target the entire population with the vaccination campaign, we will not be able to get to everyone," he said.

The high demand for the vaccine has caught many health officials off-guard, and comes in spite of a recent Strategic Counsel poll that found that only half of Canadians wanted the vaccine. That survey, for CTV and *The Globe and Mail*, suggested 51 per cent of Canadians did not plan on getting immunized.

But the sudden death this week of an otherwise healthy boy in southern Ontario, along with other deaths in Ontario and Saskatchewan has made many parents worried, with some telling CTV News that their ambivalence to the vaccine was erased when they heard about those deaths.

The deaths have also been followed by a sudden a stampede to children's hospitals, some are reporting.

The emergency room at Toronto's Hospital for Sick Children has seen a big surge in patients. While the hospital's Dr. Anne Matlow wouldn't provide an exact figure, she says the volume of cases is similar to what they see during peak flu season – which usually comes much later in the year.

And the Children's Hospital of Eastern Ontario says it saw a 49 per cent jump in emergency room visits over the last week, with a 100 per cent rise in visits Monday alone.

Matlow says many of the patients coming to the ER with respiratory illness have H1N1 but most of the cases are mild and most children are being sent home.

Rau noted that while the recent deaths are tragic, they weren't unexpected and are not a reflection of a sudden increase in virulence of H1N1. – "It would seem that this flu is attacking young healthy people. But the truth is this is the medical equivalent of being struck by lightning. This is still an incredibly rare event," Rau insisted.

He says the death should remind people in high-priority groups to get the vaccine as quickly as they can, but it shouldn't worry otherwise healthy people that the virus is going to kill them as well.

As for the sudden interest in the vaccine, he encourages those who are most at risk to get the vaccine but he also reminds that all of the southern hemisphere braved swine flu this past summer, with low rates of death. – "Australia faced their entire outbreak, full-blast, without a vaccine in hand," he noted.

Advice to travellers

Meanwhile. federal health officials are advising that people feeling ill with flu should postpone travel plans.

In a news conference Wednesday, Dr. David Butler-Jones, the chief public officer of health advised that if people are ill and can't avoid travel, they should consider driving to their destination rather than risk the health of others on public transit.

Health Minister Leona Aglukkaq added the government is encouraging travel companies to make it easier for people to re-book flights and buses if they have to cancel because of sickness.

Her officials are also sending guidelines to travel companies to help them cope with the H1N1 virus. These guidelines suggest regular cleaning of public areas in stations and vehicles and say companies should provide hand-washing facilities for passengers and crews.

The Guardian

Kathryn Hopkins

Swine flu vaccine expected to boost GSK

The Guardian, 28 October 2009, 18.02 GMT
https://www.theguardian.com/business/2009/oct/28/swine-flu-vaccine-boosts-glaxosmithkline

GlaxoSmithKline forecasts that sales of swine flu vaccine Pandemrix will hit £1bn in fourth quarter of the year.

Swine flu vaccines are set to provide a sharp boost to GlaxoSmithKline's sales, the pharmaceuticals giant said today.

GSK, which has already sold 440m doses of its swine flu vaccine Pandemrix worldwide, said that sales would hit £1bn this quarter.

The company said today that third-quarter revenues rose 15% while earnings per share were up 13%, just below forecasts, but the results do not yet include figures for its Pandemrix vaccination for the H1N1 virus. Sales were boosted by flu drug Relenza, which made up for losses to generic competition in other products.

GSK confirmed in July that the vaccination would cost developed countries around €7 for each dose, but has declined to reveal production costs amid speculation that Pandemrix costs as little as £1 a dose to make.

Andrew Witty, GSK's chief executive, said: "In Europe, we received approval for Pandemrix, our pandemic H1N1 vaccine. This follows more than 10 years of investment and effort into research of pandemic influenza. To date we have announced orders worldwide for approximately 440 m doses of the vaccine."

Fears are growing of a winter surge in the pandemic after the estimated number of new cases of swine flu in the UK almost doubled last week to 53,000, bringing the total number of cases to 435,000. Deaths of people in the UK suffering from swine flu rose to 128, with 93 deaths in England, 21 in Scotland, eight in Northern Ireland and six in Wales.

President Obama declared a national emergency in the US earlier this week as swine flu deaths soared to 1,000. Government officials in the US have been offering free vaccines against swine flu, delivering millions of doses to concerned citizens.

NaturalNews.com
Natural Health, Natural Living, Natural News

Mike Adams

Swine flu peaks out before vaccines even make it into widespread distribution

Natural News, 28 October 2009
https://www.naturalnews.com/027347_flu_vaccine_vaccines.html

Swine flu infections have peaked out in the USA, even before drug companies could get their vaccines injected into everyone. According to CDC findings announced recently in Atlanta, one in five U.S. children have already experienced the flu this month, and most of those were likely H1N1 swine flu cases, the CDC says.

This comes from a survey of over 10,000 U.S. households conducted by the CDC.

Meanwhile, flu vaccine shipments are way behind schedule. There have been supply problems from the start, and as of right now, relatively few Americans have yet been injected with the swine flu vaccine. (Many have stood in line for hours trying to be injected, but were told to go home with the vaccine ran out.)

Out of nearly 14,000 suspected flu cases tested during the week ending on October 10, 2009, 99.6% of those were influenza A, and the vast majority of those were H1N1 swine flu infections. (http://www.cdc.gov/flu/weekly/) This is a very strong indication that swine flu infections have peaked during October, 2009.

Further supporting that notion, researchers from Purdue University just published a paper in the October 15 issue of Eurosurveillance (a science journal about communicable disease) in which researchers stated that the H1N1 swine flu epidemic would peak during "week 42" (the end of October). Week 42 just passed. It's over.

The AJC is also reporting this week that swine flu is "retreating" in Georgia, where hospital visits from the flu are markedly down and fewer illnesses are being reported in schools, too.
=> https://web.archive.org/web/20091029100925/http://www.ajc.com/health/swine-flu-levels-off-174477.html

Even the WHO is reporting a downward trend in many areas, saying, "In tropical areas of the world, rates of illness are generally declining, with a few exceptions. ...In tropical Asia, of the countries that are reporting this week, all report decreases in respiratory disease activity."
=> https://web.archive.org/web/20091025124124/http://www.who.int/csr/don/2009_10_23/en/index.html

Meanwhile, even as the swine flu infection peaks out, the shortage of swine flu vaccines means few people have yet been vaccinated. The shortage is causing "chaos" in clinics across the country, news reports say, and flu vaccination events have been cancelled due to the non-arrival of expected vaccines.

And what, exactly, is causing this shortage of vaccines? According to Health and Human Services Secretary Kathleen Sebelius, they're being caused by "production failures" at the drug manufacturing facilities.

Too little, too late

Is she serious? People are lining up to be injected with chemicals made by companies that are suffering "production failures?" If these companies can't meet the production targets they already promised, how can we expect them to meet the safety targets they promised?

The bigger point, though, is that by the time vaccines are available for everyone, most people will have already been exposed to the H1N1 virus and therefore won't even need a vaccine. There's also evidence that previous exposure to seasonal flu may confer some natural immunity to H1N1, meaning that vaccines may be redundant from the start. =>
https://web.archive.org/web/20091030044528/https://www.naturalnews.com/027337_H1N1_viruses_natural_immunity.html

Delivering vaccines to the public after the pandemic peaks and wanes is sort of like putting on your seatbelt after a head-on collision. (This metaphor assumes, just for the moment, that swine flu vaccines actually work. Even though they don't.)

Through the coming holiday season, we'll all get to watch the CDC, the FDA and drug companies desperately try to push vaccines onto people, most of whom are already immune to H1N1 because they were exposed during the peak of the pandemic. This will be quite entertaining to observe because you'll get to watch health authorities in action, attempting to fabricate an emergency when the pandemic threat has already faded. To maximize vaccinations (and therefore Big Pharma revenues), they'll need to keep pushing the pandemic fears through the winter months while hoping that no one notices the H1N1 pandemic has evaporated.

Predictably, the big push at that point will be based on the following logic: "Even if you were already exposed to H1N1, getting a vaccine shot can't hurt. Might as well get one!"

The CDC, which once promised 150 million vaccines by mid-October has pushed its prediction to year's end. Unless some new H1N1 mutation is released into the population by some bioterrorist group, it's fairly obvious that the swine flu will have fizzled out by the time Christmas rolls around.

How to dispose of a hundred million doses of a useless vaccine...

So what will all these clinics do with all the millions of doses of vaccines that nobody really needs at that point? It might seem prudent to dump them down the river, except for the fact that their chemical additives and preservatives make many vaccines qualify as "hazardous waste" according to EPA regulations. It's illegal to toss them into rivers or even dump them down the drain... it's perfectly legal, though, to inject them into the body of a six-year-old.

Why don't they just save the vaccines for next year? They'll be useless, of course, but no more useless than they already are this year. Just save up all the vials and unleash another swine flu scare next fall to get rid of the inventory! (Don't laugh. These people might actually take the idea seriously)

You gotta love the pharmaceutical industry. After forty years of research into cancer (and tens of billions of dollars spent on it), they have yet to find a cure for any cancer at all. And with the swine flu fiasco, they almost managed to come up with a vaccine, but the human immune system – combined with a nation full of sneezers and spreaders – beat them to it.

It must really be depressing to wake up one day as a pharmaceutical company executive and realize you're irrelevant... and that your "lifesaving" products are obsolete before they even hit the streets. Of course, the ridiculously high pay might make up for some of that, and if you get really depressed, you can always take your own company's pills if you're willing to brave the suicide risk. But in the end, the simple fact is that human beings would be better off of the drug companies didn't exist.

The fact that H1N1 swine flu has already peaked out before the bulk of the vaccine shipments have even arrived proves, once again, how utterly pathetic and medically useless flu vaccines are in the first place. There is nothing a flu vaccine can do that simple vitamin D can't do better, and the sad truth is that the entire flu vaccine industry is built on medical quackery and marketing propaganda.

NZZ Online

Verspätete H1N1-Impfaktion:
Grossflächige Impfung auf Anfang Dezember verschoben

Neue Zürcher Zeitung, 28 Oktober 2009
https://web.archive.org/web/20091031110210/http://www.nzz.ch/nachrichten/schweiz/verspaetete_h1n1-impfaktion_1.3933952.html

In einigen Ländern hat die Impfaktion gegen die Schweinegrippe bereits begonnen. Warum es in der Schweiz zu einer Verzögerung kommt, ist nicht ganz klar.

Während in mehreren europäischen Ländern die Impfaktionen gegen die Schweinegrippe bereits angelaufen sind, etwa in Deutschland, Österreich, Frankreich und Grossbritannien, wartet die Schweiz immer noch auf eine Zulassung der bestellten Impfstoffe. Am Dienstag berichtete «20 Minuten» von einem Brief des VBS an Dienstpflichtige, die zu einer Impfaktion einrücken sollten. Die Aktion werde auf Anfang Dezember verschoben, angeblich, weil der Hersteller nicht wie geplant Mitte Oktober, sondern erst Anfang Dezember liefern könne.

Das BAG schweigt sich aus

Diese Information stimme nicht ganz, sagt der Pressesprecher des Bundesamts für Gesundheit (BAG), Jean-Louis Zürcher. Es liege nicht daran, dass die Hersteller nicht liefern könnten. Man habe immer kommuniziert, dass die Impfstoffdosen gestaffelt eintreffen würden. So könnten die Risikogruppen auch schon früher geimpft werden – der Grossteil der Bevölkerung wahrscheinlich aber erst Anfang Dezember, mehr wolle er dazu jetzt nicht sagen. Am kommenden Freitag will das BAG informieren, wann, wer und mit welchem Impfstoff geimpft werden soll.

Geringer Zeitdruck

Warum sich die Impfaktion verzögert, ist nicht ganz klar. Die europäische Zulassungsbehörde hat einen der Impfstoffe, von dem die Schweiz acht Millionen Dosen bestellt hat, bereits Ende September zugelassen. Dabei handelt es sich um «Pandemrix» von der Firma GlaxoSmithKline. Seitdem wartet man in der Schweiz auf eine Zulassung durch das Heilmittelinstitut Swissmedic. Diese wird nun auf Ende Woche erwartet. Dass sich die Behörde mit dem Prozedere so viel Zeit liess, liegt womöglich daran, dass die Pandemie weniger schlimm ist, als man ursprünglich gedacht hatte, und eine sorgfältige Überprüfung der Impfrisiken deshalb sinnvoll erschien.

Offen ist allerdings, warum es danach so lange dauern soll, bis genügend Impfstoff für die breite Bevölkerung geliefert werden kann. An Lieferengpässen soll es laut einem Pressesprecher von GlaxoSmithKline nicht liegen. Mehr dürfe er dazu aber nicht sagen. Auch das BAG wollte dazu keine Auskunft geben und verwies auf die Pressekonferenz vom kommenden Freitag.

Switzerland to delay start of the "swine flu" vaccination campaign until December

The Flu Case, 29 October 2009
https://web.archive.org/web/20100205022558/http://theflucase.com/index.php?option=com_content&view=article&id=1451%3Aswitzerland-to-delay-start-of-the-qswine-fluq-vaccination-campaign-until-december&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Swiss authorities have postponed the start of its mass swine flu vaccination campaign until the beginning of December reports the Neue Zürcher Zeitung.

The newspaper reports that some authorities are sending out letters to staff telling them that the vaccine campaign has been delayed until December because pharma companies cannot deliver enough vaccines.

The report comes at a time of growing concern over the safety of GlaxoSmithKline's Pandemrix swine flu jab and Novartis's Celtura jab, which was unexpectedly not given market approval by the Swiss drug regulator Swissmedic last week over safety data and contamination worries.

A Swiss Health Ministry spokesperon Jean-Louis Zürcher, however, told the NZZ that the information about the postponement of the swine flu campaign "was not quite true" and that pharma companies had plenty of vaccine, fuelling the impression that there are growing divisions over the need and timing of mass "swine flu" jab campaign within Switzerland.

THE FLU CASE

Jimmy Walsh

State faces swine flu pandemic, warns FG

The Flu Case, 29 October 2009
https://web.archive.org/web/20100205022419/http://theflucase.com/index.php?option=com_content&view=article&id=1437%3Airish-qswine-fluq-vaccination-campaign-qshambles-a-mess-falling-apartq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

SEANAD Report: The State faces a potential swine flu pandemic, Liam Twomey (FG) warned. Anyone who did only a small amount of research would realise that the HSE's campaign in regard to the swine flu vaccination programme was an absolute shambles and was falling apart.

There were not l,800 doctors participating in the scheme. The HSE had been sending vaccine doses to general practitioners' surgeries, but no documentation whatsoever had been sent.

There was a serious need for the Minister for Health to actually say that she was responsible for something and she should look into what was going on "with this potential pandemic in our healthcare system. Because at this moment in time my gut instinct is that it is a mess."

Lisa McDonald (FF) said there was an urgent need for clarification on the availability of the vaccine for pregnant women. She had been contacted by a woman who lived next door to someone who had been stricken by the virus.

This woman, who was 32 weeks pregnant, had been told by her GP that he would not be providing the "vaccination". It was a disgrace that they were allowing vulnerable people to endure worry because of a lack of clarification which could, in her view, be provided quickly.

A Fine Gael move to have an emergency debate on how the December 9th budget should be framed, was defeated by a single vote – 25 to 24.

Dan Boyle (Green Party), deputy Government leader in the House, said he did not think any Senator should second guess what was likely to happen on December 9th. The Government was committed to a budget adjustment of €4 billion.

The circumstances demanded that such an adjustment be made, but how this was to be done had yet to be decided, added Mr Boyle.

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Your Online Insurance

Robert Fredricks

Will Fed. Government’s Proposed Mandatory Health Insurance Work?

Your Online Insurance, 29 October 2009
https://web.archive.org/web/20091106104458/http://www.youronlineinsurance.com/health-insurance/will-fed-governments-proposed-mandatory-health-insurance-work-141/

Understanding Health Reform

The Governments proposed mandatory health insurance has been the headline of most news media and on most Americans minds these past months. But, there have been many reports, studies and surveys that show Americans will most likely not comply with the mandate of health insurance as reported by the Insurance Research Council.

Most Americans are concerned about how the government office will enforce such a mandate as regulation is only as good as enforcement. Also reported in the recent studies of the Insurance Research Council is that some people are simply irresponsible and look to others to buy their insurance.

With the government proposed order of making it mandatory for all Americans to have health insurance, many wonder about the affordability for the insurance. As the nations unemployment rate rises, more and more people will drop those expenses necessary to make ends meet.

However, under the proposed health reform, those Americans who refuse to purchase health insurance could face monetary penalties. The fines speculated in the health reform bill currently being reviewed by Congress could reach $1,000 for offenders. The Congressional Budget Office has reported that these fines to offenders caught without health insurance could raise billions in dollars over a ten-year period.

What Will Be Considered Mandatory

The Federal Governments proposed *mandatory health insurance will mean mandatory vaccinations/immunizations*. The Center for Disease Control (CDC) says that for anyone who refuses to keep up-to-date vaccinations, under the new health reform, you will not be able to obtain any health care you may need until immunizations are current.

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=>

US government's proposed mandatory health insurance will mean mandatory vaccinations, reports Jazon Pearl.

The Flu Case, 9 November 2009, 07:27
https://web.archive.org/web/20100102050156/http://theflucase.com/index.php?option=com_content&view=article&id=1708%3Aus-governments-proposed-mandatory-health-insurance-will-mean-mandatory-vaccinations&catid=1%3Alatest-news&Itemid=64&lang=en

No Vaccinations = No Insurance = $1000 FINE
http://www.youtube.com/watch?v=YOfH2-1yCF0

Blackmail insurance. It will be mandatory to have health insurance if you don't take out a policy then you will be fined up to $1000. Here is the catch, to obtain heath insurance you will need to prove your vaccinations are up to date !

REUTERS

Jonathan Lynn

WHO experts say flu vaccines safe, one dose needed

Reuters, 30 October 2009, 9:49 PM GMT+8U
https://www.reuters.com/article/idUSTRE59T2D1/

Geneva (Reuters) **-** Only one dose of vaccine is needed for protection against pandemic H1N1 flu and the jabs have so far proved to be safe, the World Health Organisation said on Friday.

Health experts have been debating whether one or two shots are necessary to protect against H1N1, known as swine flu. The number of doses required is key to estimating how many vaccines are needed in total.

The WHO has repeatedly sought to reassure people around the world that the H1N1 vaccines being made by 25 different companies, with various formulations, are safe.

"All the reports received to date following vaccination – either in clinical trials or in mass vaccination campaigns – have hown that the safety profile of these pandemic vaccines is good and is very similar to the one which is known for seasonal influenza vaccine," said WHO expert Marie-Paule Kieny.

"Nothing special in terms of adverse events has been noted," Kieny, who heads the U.N. health agency's vaccine research, told journalists on a telephone conference.

Safe, Single Dose

Earlier this week, its Strategic Advisory Group of Experts on Immunisation (SAGE) examined vaccines for H1N1, which tends to affect teenagers and young adults most.

A statement from the Geneva-based WHO said the SAGE experts had found no signs of unusual "adverse events" – the technical terms for severe complications such as illness or death – from pandemic vaccines.

As a result, they said pregnant women, who are particularly vulnerable to H1N1, should be given the pandemic vaccines.

At least 5,712 people have died from confirmed cases of H1N1, WHO said in an update.

The SAGE committee recommended that a single dose of H1N1 vaccine should be used for adults and adolescents from age 10.

It said more studies were needed on the effectiveness of vaccines in children aged up to 10 years. Where national health authorities have made children a priority for vaccination, they should aim to vaccinate as many children as possible with a single dose, the group concluded.

The recommendation corresponds to WHO's estimate earlier this month that one dose suffices. Last week Europe's drug watchdog said two doses would be preferable.

In its statement, the WHO said 1 to 10 percent of patients who developed a serious illness needed hospital treatment. Of those, 10 to 25 percent needed treatment in an intensive care unit and 2 to 9 percent died.

Very young children are most likely to require hospital treatment for the flu strain.

The WHO declared H1N1 an unstoppable global pandemic in June. Kieny said it could still make sense for countries to close schools, as Ukraine has done after its first confirmed swine flu death, to slow the spread of the virus.

In most cases, the WHO said is safe to administer vaccines for H1N1 and regular seasonal flu together, but not when both were "live attenuated" vaccines such as nasal sprays.

WHO guidance on H1N1 vaccination is seen as pivotal for the pharmaceutical industry's investment decisions as well as government policies on purchasing and distributing vaccines.

Earlier this week GlaxoSmithKline said it would get a boost from H1N1 vaccine sales this year.

And Sanofi-Aventis raised its outlook for 2009 saying the swine flu vaccine could add about $500 million (302 million pounds) to its sales in the fourth quarter.

THE LANCET
Infectious Diseases

Rogier Bodewes, Joost H C M Kreijtz, Guus F Rimmelzwaan

Yearly influenza vaccinations: a double-edged sword?

Lancet Infect Dis. 30 October 2009 [Epub] Dec; 9 (12):784-8
doi: 10.1016/S1473-3099(09)70263-4
https://pubmed.ncbi.nlm.nih.gov/19879807/

Abstract
Yearly vaccination against seasonal influenza viruses is recommended for certain individuals at high risk of complications associated with influenza.

It has been recommended in some countries, including the USA, that all children aged 6-59 months are vaccinated against seasonal influenza.

However, it has been shown-mainly in animals-that infection with influenza A viruses can induce protective immunity to influenza A viruses of other unrelated subtypes. This so-called heterosubtypic immunity does not provide full protection, but can limit virus replication and reduce morbidity and mortality of the host.

This type of immunity might be relevant to human beings when a new subtype of influenza A virus is introduced into the population, such as the new influenza A H1N1 virus responsible for the present influenza pandemic and the highly pathogenic avian influenza H5N1 viruses that are causing an ever increasing number of human infections with high mortality rates.

Preventing infection with seasonal influenza viruses by vaccination might *prevent the induction of heterosubtypic immunity to pandemic strains*, which might be a disadvantage to immunologically naive people – e.g., infants.

Rue89

Sophie Verney-Caillat

H1N1: Bachelot sort les contrats des labos mais efface les prix

Rue89, 30 October 2009, 16H24
https://web.archive.org/web/20091101090325/http://www.rue89.com/2009/10/30/h1n1-bachelot-sort-les-contrats-des-labos-mais-efface-les-prix-124020

Le ministère de la Santé laisse filtrer les accords passés pour la fabrication de vaccins. Les sommes à payer ont été effacées.

Après avoir longtemps revendiqué le secret autour des contrats sur les 94 millions de doses de vaccins contre la grippe A/H1N1, le ministère de la Santé a fini par autoriser leur publication. Mais partielle, puisque les montants totaux et les montants des doses ont subi un coup de Tipp-Ex!

Ce jeudi, la commission d'accès aux documents administratifs, saisie par l'hebdomadaire Le Point, a demandé à l'établissement de préparation et de réponse aux urgences sanitaires (Eprus) , la grande pharmacie de l'Etat, signataire des marchés avec les laboratoires Baxter, GlaxoSmithKline, Novartis et Sanofi-Pasteur, de communiquer les contrats et leurs annexes.

Vingt-quatre heures après cette demande, le voile est levé : saisie par Rue89, l'Eprus nous a fourni les contrats accompagnés d'« éléments de contexte ».

Las, ces derniers, placés en tête du document, précisent qu'en vertu du « secret en matière commerciale et industrielle, notamment le secret des procédés », certaines mentions ont été effacées.

Roselyne Bachelot avait déjà révélé les prix des vaccins lors d'une audition devant les sénateurs. En les multipliant par le nombre de doses officiellement commandées on arrive à avoir une petit idée du montant des contrats.

- Sanofi-Pasteur : 175 millions d'euros (6,25 euros la dose)
- Novartis : 149,44 millions d'euros (9,34 euros la dose)
- GSK : 350 millions d'euros (7 euros la dose)
- Baxter : 500 000 euros (10 euros la dose)

Le total est de 674,9 millions d'euros hors taxes, ce qui fait 712 millions TTC. Un chiffre différent des 804 millions d'euros annoncés par la ministre, qui a eu la maladresse de « mal communiquer, en s'emmêlant les pinceaux sur la TVA, passée de 19,6 à 5,5% au moment de l'autorisation de mise sur le marché », remarque le député PS Gérard Bapt, rapporteur du budget de la sécurité sociale.

Une protection juridique en cas de recours

Pour Baxter, qui fournit les vaccins les plus chers, « aucun élément ne parait être communicable », indique l'Eprus.

On apprend aussi en lisant ces contrats que:

Les titulaires des marchés n'encourent aucune pénalité de retard lié à des rendements plus longs que prévus.

Pour Baxter, les paiements de l'Etat sont assez confortables puisque 20% du montant de la commande sont versés à la notification du contrat, 20% au démarrage de la première étude clinique, 40% au fur et à mesure des livraisons et 20% à l'obtention de l'autorisation de mise sur le marché (AMM) ou lors de l'utilisation des vaccins si celle-ci intervient avant l'AMM (ce qui veut dire que l'Etat imaginait pouvoir vacciner sans autorisation en bonne et due forme).

Pour le contrat avec GSK, ce dernier a exigé une « liste rouge » d'informations soumises à confidentialité, comme le prix par dose.

Dans les contrats avec Novartis et Sanofi Pasteur, une clause quasi léonine est ajoutée, qui protège juridiquement le laboratoire:
«A titre dérogatoire et considérant les circonstances exceptionnelles qui caractérisent le présent marché, l'Etat s'engage à garantir le titulaire [du contrat] contre les conséquences de toute réclamation ou action judiciaire qui pourraient être élevées à l'encontre de ce dernier dans le cadre des opérations de vaccination, sauf en cas de faute du titulaire ou sauf en cas de livraison d'un produit non conforme aux spécifications décrites dans l'autorisation de mise sur le marche.»

THE FLU CASE

French Health Ministry blanks out key figures from contract for swine flu jab

The Flu Case, 2 November 2009, 13:19
https://web.archive.org/web/20091109045241/http://www.theflucase.com/index.php?option=com_content&view=article&id=1556%3Afrench-health-ministry-blanks-out-key-figures-from-contract-for-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The contract that the French Health Minister Roselyne Bachelot sealed with pharmaceutical companies to supply the "swine flu" jab was made public last week following a freedom of information request - but with key figures blanked out by tipp ex on the grounds of the need to safeguard the commercial and industrial secrets of Novartis, Baxter, GlaxoSmithKline and Sanofi.

Bachelot, who worked for pharma companies for at least 12 years, has told parliament how much swine flu jabs will cost, allowing the following estimates to be made of how much companies will earn from the swine flu vaccination campaign:

- Sanofi-Pasteur: 175 million euros (6,25 euros per dose)
- Novartis: 149,44 million euros (9,34 euros per dose)
- GSK: 350 million euros (7 euros per dose)
- Baxter: 500 000 euros (10 euros per dose)

von Cyprian Zajac

Schweinisch viele Milliarden

20 Minutes Channel, 30 October 2009, 16:09
https://web.archive.org/web/20091103164301/http://www.20min.ch/finance/news/story/17434137

Für Novartis läuft das Geschäft mit der Schweinegrippe optimal: Wegen der allgemeinen Pandemie-Panik sind die Auftragsbücher übervoll. Die Kassen klingeln: Die Staaten übernehmen die «Werbekosten» und Novartis macht den Reibach – mit einer Marge von bis zu 50 Prozent.

Beim Schweizer Pharmagiganten Novartis türmen sich die Bestellungen. Bisher orderten Regierungen aus aller Welt insgesamt über 200 Millionen Ampullen des Impfstoffes gegen die Schweinegrippe. 30 – 40 Millionen Dosen des H1N1–Impfstoffs gehen in die USA. Bei einem Preis zwischen 5 und 20 Dollar pro Impfstoff würde der Pharmakonzern bis zu 2 Milliarden Dollar umsetzten können. ZKB-Analyst Michael Nawrath hält einen solchen Umsatz aber für sehr unwahrscheinlich: «Es fehlen wie bei jedem Impfstoffhersteller die Kapazitäten. Novartis ist lediglich in der Lage zwischen 90 und 120 Millionen Einheiten zu produzieren». Rechne man nun mit einem realistischen Durchschnittspreis von 10 Dollar und 100 Millionen produzierten Einheiten, resultiere ein Umsatz von einer Milliarde Dollar. «Zugegeben, das ist eher konservativ gerechnet», sagt Nawrath. Wie Novartis bereits verkündet hat, werden sich die Schweinegrippe-Umsätze in den Bilanzen des vierten Quartals 2009 und des ersten Quartals 2010 niederschlagen. Nawrath schätzt, dass dieses Jahr etwa 600+ Millionen und nächstes Jahr rund 400+ Millionen Dollar verbucht werden.

Der Basler Pharmakonzern produziert zwei Impfstoffe gegen den H1N1-Virus. Der eine heisst Focetria und wird aus Hühnereiern gewonnen. Diesen Impfstoff hat Swissmedic heute für die Schweiz zugelassen. Die EU und die USA haben das Novartis-Präparat bereits zugelassen. Der andere Impfstoff, Celtura, wird aus Zellkulturen gewonnen und ist in der Produktion günstiger, hierzulande aber noch nicht zugelassen «Es hat lange gedauert die Zulassung für Zelllinien, zur Herstellung von Medikamenten oder Impfstoffen, erteilt zubekommen», erklärt Nawrath.

Mögliche Stornierungen unproblematisch

Viele Länder, etwa die Schweiz, haben in der Aufregung um die Schweinegrippe bereits die doppelte Menge an Impfstoff bestellt, weil anfänglich mit zwei Impfungen pro Patient gerechnet worden war. Möglich ist daher auch die Stornierung von Bestellungen. Laut Nawrath ist dies für den Pharmahersteller aber kein Problem: «Novartis hat mehr als genug Orders. Zudem laufen noch Verhandlungen mit anderen Ländern», so der Analyst.

Attraktive Margen

«Das Geschäft mit Impfstoffen hat Margen von bis zu 50 Prozent», sagt Nawrath. Die Pandemie spielt dem Pharmagiganten in die Hände, denn für den Produzenten fallen weder Marketing- noch Verkaufskosten an. «Für dieses Jahr rechne ich wegen den Kosten für Forschung und Entwicklung mit einer Marge von etwa 30 Prozent», erklärt Nawrath. Novartis hat etwa eine halbe Milliarde in Infrastruktur investiert. Die Produktionsstätte in Liverpool wurde ausgebaut und eine neue Fabrik in den Staaten ist ebenfalls dazugekommen.

Der Verkauf des Impfstoffes wird laut Nawrath den Gewinn pro Aktie um 5 bis 10 Prozent erhöhen. Das sei bemerkenswert. =>

THE FLU CASE

Novartis rakes in profits from "swine flu" jab:
governments pay advertising and distribution costs

The Flu Case, 2 November 2009 13:34
https://web.archive.org/web/20091106034811/http://www.theflucase.com/index.php?option=com_content&view=article&id=1557%3Anovartis-rakes-in-profits-from-qswine-fluq-jab-governments-pay-advertising-and-distribution-costs&catid=1%3Alatest-news&Itemid=64&lang=en

Novartis is set to make bumper profits because of the "swine flu" jab, reports the Swiss media outlet 20 minutes.

Because governments are paying the costs of advertising and distributing the swine flu jab – and even giving the company immunity in case the product is "defect" - Novartis can book a high margin of its sales as pure profit.

Novartis could earn as much as 2 billion dollars from the orders for 200 million "swine flu" jabs it has received, it is estimated.

Blick

Beat Kraushaar

Impfzwang durch die Hintertür

Blick.ch, 1 November 2009, 17:15
https://web.archive.org/web/20091105053217/http://www.blick.ch/news/schweiz/aargau/impfzwang-durch-die-hintertuer-132293

Ohne Schweinegrippe-Impfung kein Lohn: Damit drohte das -aargauische Alters- und Pflegeheim Sunnhalde ihren Angestellten. Das geht zu weit, teilte das Staatssekretariat für Wirtschaft mit.

Leute in Pflegejobs sollen sich als Erste gegen die Schweinegrippe impfen lassen – damit das H1N1-Virus nicht auf Patienten überspringt. Doch gerade sie sind besonders impfresistent. Das wussten auch die Verantwortlichen des Alters- und Pflegeheims Sunnhalde in Untersiggenthal AG. Mit Druck wollte man das Pflegepersonal zur Impfung drängen.

Im Pandemie-Konzept des Heims, das SonntagsBlick vorliegt, wurde unverhohlen gedroht: Mitarbeiter die sich nicht impfen liessen, müssen beim Chef antraben. Dies zur «Klärung der Gründe und zur Unterzeichnung einer Bestätigung des Impf-Verzichts».

Im Falle einer Pandemie sahen die Sanktionen vor, dass Impf-Resistente nach Hause geschickt und deren Löhne gestrichen würden. Das Heim hätte den Zwangsurlaub als «unbezahlte Abwesenheit» taxiert. Als Alternative wird «der -Bezug von Ferien oder Überstunden» angeboten. Für das fehlende Personal wollte das Heim Zivil-dienstler rekrutieren. «Das kommt einem Impfzwang durch die Hintertür gleich», sagt ein Mitarbeiter.

Die Heimleitung hat sich bei ihren unzimperlichen Methoden auf den Rechtsdienst von Curaviva, dem Schweizer Verband für Heime und Institutionen, abgestützt.

Zu Unrecht, wie sich jetzt he-rausstellt. In einem Schreiben bezeichnet das Staatssekretariat für Wirtschaft (Seco) die angedrohten Massnahmen des Heimes als unzulässig. Und verweist darauf, dass im Streitfall das Arbeitsgericht abschliessend entscheiden müsse.

Die Heimleitung krebste nach SonntagsBlick-Recherchen zurück und korrigiert ihr Vorgehen. «Wir haben uns auf die rechtlichen Empfehlungen verlassen. Die scheinen aber tatsächlich auf wackligen Füs-sen zu stehen», sagt Heimleiterin ad interim Andrea Prati. Sollte der Fall eintreten, dass nicht -geimpftes Personal wegen der Pandemie zu Hause bleiben müsse, werde die Heimleitung den Lohn weiter zahlen, so Prati.

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THE FLU CASE

Swiss Old Person's Home prohibited from forcing Staff to get the Swine Flu jab by withholding pay

The Flu Case, 25 November 2009 12:24
https://web.archive.org/web/20100102020925/http://theflucase.com/index.php?option=com_content&view=article&id=2064%3Aswiss-old-persons-home-prohibited-from-forcing-staff-to-get-the-swine-flu-jab-by-withholding-pay&catid=1%3Alatest-news&Itemid=64&lang=en

The management of an old's persons home in Sunnhalde in Switzerland have been prohibited from cutting off pay to staff and sending them home if they refuse to take the swine flu jab by the local government, according to the newspaper Blick.

Clinical Trials Arena

Pandemrix – Adjuvanted H1N1 Influenza Vaccine

Clinical Trials Arena, 1 November 2009
https://www.clinicaltrialsarena.com/projects/pandemrix/?cf-view&cf-closed

Pandemrix is an adjuvanted vaccine used in the prevention of the H1N1 (swine flu) virus infection and has been developed by GlaxoSmithKline Biologicals (GSK). The vaccine is a combination of H1N1 virus antigens and the adjuvant system AS03. The drug works by enhancing the natural immunity of the body.

Phase I clinical trials of Pandemrix were completed and the results were submitted to the Committee for Medicinal Products for Human Use (CHMP) on 14 September 2009. On 25 September 2009, the CHMP and US Food and Drug Administration issued a positive opinion and recommended the drug's approval to the European Commission. The European Commission granted marketing authorisation for Pandemrix to GSK on 30 September 2009.

The World Health Organization (WHO) officially declared on 11 June 2009 that Pandemrix should be used only for the Influenza A (H1N1) flu pandemic.

On 15 May 2009, GSK received orders from the US, France and Finland for the supply of the vaccine and agreed to supply the UK Government with 60 million doses of vaccine, the French Government with 50 million doses of vaccine and Finland with 5.3 million doses of vaccine.

The total number of doses of Pandemrix ordered reached 291 million by July 2009. Out of these, 195 million doses of the vaccine worth $250m have to be supplied to the US Government as per the contract signed by GSK. Later, nine other countries ordered a further 96 million doses of Pandemrix.

It was expected that the first doses would be supplied to governments from September onwards and shipments between late 2009 and early 2010.

On 14 September 2009, GSK released the results of its first clinical trial, stating the use of its vaccine. By September 2009, the results of clinical trials on more than 39,000 people demonstrated that AS03 is safe when used with the influenza vaccine.

The authorisation of Pandemrix was allowed under 'Exceptional Circumstances', as the authorisation had to be awarded based only on Phase I clinical trials.

Swine flu (H1N1)

The swine flu (H1N1) virus first came to the attention of doctors when an outbreak started in Mexico during April 2009, then creating a news frenzy as the number of cases increased at an alarming rate.

The symptoms of the disease include high fever, cough, runny or stuffy nose, sore throat, body aches, chills, fatigue or tiredness, extreme diarrhoea and vomiting.

In April 2009, when it was confirmed that the flu can transmit from human to human, the WHO raised the worldwide flu alert level from four to five, a level away from full pandemic. On 12 June 2009, the level was increased to six because the virus had shown higher spread within a population for a sustained period.

By 8 July 2009, the WHO had reported a total of 94,500 cases of influenza A (H1N1) in humans in 122 countries.

Targeting swine flu

Pandemrix contains parts of the flu strain A/California/7/2009 (H1N1) v-like strain (X-179A) and also contains GSK's proprietary adjuvant system AS03. The AS03 adjuvant contains tocopherol (vitamin E). The clinical trials of the H5N1 influenza strain proved that the adjuvant provides protection even if the strain drifts. Pandemrix contains small amounts of haemagglutinins (proteins from the surface) of a virus called A(H1N1) v and allows the immune system to defend itself against a disease.

The vaccine is administered by injection into the shoulder muscle, preferably as two single doses at least three weeks apart. A single dose of the vaccine consists of 3.75ug of antigen and AS03.

Pandemrix should not be administered to people who have had an anaphylactic reaction to any of the components of the vaccine. The vaccine should be given only with a prescription.

The common side effects identified with the administration of Pandemrix are headache, joint and muscle pains, reactions at the site of the injection, fever and fatigue.

Clinical trials demonstrate efficacy of Pandemrix

A total of 16 clinical trials were designed and out of these the Phase I trials were completed. The Phase I trials were designed to check the tolerability and immunogenicity of the pandemic (H1N1) adjuvanted vaccine (containing 5.25ug of antigen) in comparison with an unadjuvanted (containing 21ug) test study formulation. These trials were conducted in Germany by GSK and involved 130 healthy volunteers between 18 and 60 years of age. All clinical trials have been designed to follow the subjects for up to a year to notice the safety of the vaccine.

The European Medicines Agency (EMEA) announced that there was less clinical experience available on adults to whom a higher amount of Pandemrix antigen was given. It also stated that there is no clinical experience in older people, children and pregnant women.

After the EMEA's announcement, GSK started conducting additional 15 studies in over 9,000 subjects. They included healthy adults in Europe, Canada and the US. The drug maker also announced that it will run initial trials in a healthy population but not in pregnant women.

Even though there is no clinical data for pregnant women and children, these groups are given major importance by the European Commission and WHO for the administration of the vaccine.

Results of the first clinical trials released by GSK in September 2009 stated that one dose of Pandemrix can generate a strong immune response that is higher than the immunogenicity criteria stated by international licensing authorities.

At first, Pandemrix was developed as a 'mock-up' vaccine, by selecting an H5N1 strain called A/Vietnam/1194/2004. The company noticed the ability of this mock-up vaccine as it increased the production of antibodies.

The mock-up vaccine was proven to produce the antibodies in a minimum of 70% of people on whom studies were carried out. This demonstrated that the vaccine provides an appropriate level of protection.

Based on the data provided by mock-up vaccine and strain drifts, the CHMP announced that Pandemrix has more benefits than risks for the prevention of swine flu.

Marketing commentary

When the Pandemrix vaccine first became available, it was expected that the demand would be greater than the supply. It is expected that the gap may reduce as more vaccine is released over time.

GSK is conducting meetings with more than 50 governments of developed and developing countries to determine supplies of Pandemrix. Meanwhile, governments are already evaluating and determining their vaccination policies and target groups within their specific countries.

GSK has allotted 20% of the Pandemrix production to its manufacturing facility in Canada, to distribute the vaccine to developing countries from September 2009. GSK is following the policy of tiered pricing for Pandemrix, based on the World Bank classification of countries and GAVI eligibility.

Rosselkhoznadzor / Press about us
Federal Service for Veterinary and Phytosanitary Surveillance

Russia to start swine flu vaccine tests on children on Monday

RIA Novosti, 2 November 2009
https://old.fsvps.gov.ru/fsvps/press/945.html?_language=en

Russia is planning to start testing swine flu vaccines on children on Monday, a deputy health minister said.Veronika Skvortsova said the results of clinical tests on adults showed the vaccines were safe.According to Russia's Health Ministry, four swine flu vaccines have been so far registered in the country.

A spokesman for the Microgen company involved in producing the vaccines said Russia's health watchdog Roszdravnadzor allowed testing the vaccines on children, adding the tests were set to be conducted at medical research institutions in the cities of St. Petersburg, Smolensk and Perm.

A spokesman for Petrovaks, another company involved in producing swine flu vaccines, earlier said the company was also ready to start testing the vaccines on children.

The production of two vaccines against swine flu has already started in Russia, with at least 35.5 million single doses expected to be produced by the end of the year.

Five deaths from the H1N1 virus have been so far registered in the country. Three fatalities were reported in the east Siberian city of Chita, one in Moscow, and another one in the Siberian Krasnoyarsk region. The total number of officially confirmed swine flu cases in the country has reached almost 1,900.

Russia's chief sanitary official, Gennady Onishchenko, earlier said the swine flu cases began growing considerably in October, traditionally the time for a seasonal flu outbreak. The country plans to start a swine flu vaccination program in December.

According to the World Health Organization, more than 5,700 people have died from swine flu worldwide, and the total number of officially confirmed cases has exceeded 440,000, as of October 25.

Large-scale immunization campaigns aimed at fighting swine flu are underway in several countries, including the United States and Japan.

reflector.com

New group helps US monitor swine flu shot safety

Reflector // The Associated Press, 2 November 2009, 09:32 a.m. EDT
https://web.archive.org/web/20091105030916/http://www.reflector.com/features/new-group-helps-us-monitor-swine-flu-shot-safety-931806.html

Washington – Independent health advisers begin monitoring safety of the swine flu vaccine on Monday, an extra step the government promised in this year's unprecedented program to watch for possible side effects.

Decades of safe influenza inoculations mean specialists aren't expecting problems with theswine flu vaccine, because it's made the same way as the regular winter flu vaccine. But systems to track the health of millions of Americans are being tapped to make sure – to spot any rare but real problems quickly, and to explain the inevitable false alarms when common disorders coincide with inoculation.

U.S. health officials have spotted no concerns to date, Dr. Bruce Gellin, head of the National Vaccine Program Office, told The Associated Press.

A specially appointed working group of independent experts will track the vaccine's safety, too. Although the group will deliberate in private meetings, starting Monday, its charge is to raise a red flag if members feel the feds miss anything.

"Given the rapidity with which this particular vaccine was rolled out, there seems to be an extra-special obligation to make sure things remain as uncomplicated as they have in the past," Dr. Marie McCormick of the Harvard School of Public Health, who chairs the working group, told the AP.

Vaccinations against the new flu, which scientists call the 2009 H1N1 strain, have begun more slowly than the Obama administration had hoped, with long lines for the nearly 27 million doses divided around the country so far. More is on the way, even as swine flu cases and hospitalizations continue to rise.

How many ultimately line up depends in part on public confidence in the vaccine's safety. While vaccine side effects always are monitored, the H1N1 inoculations are getting extra scrutiny in part because the last mass vaccinations against a very different swine flu, in 1976, were marred by reports of a rare paralyzing condition, Guillain-Barre syndrome.

A report in The Lancet British medical journal on Friday said the intense monitoring will be crucial for an additional reason: separating normal disease rates from real vaccine risks. For example, 2,500 miscarriages occur every day in the U.S., and about 3,000 heart attacks – and some are sure to coincide with vaccination yet not be caused by it.

Monday, McCormick's group will hear safety data from studies of the swine flu vaccine in more than 10,000 people, some conducted by the government and others by manufacturers.

"To date, no serious adverse events have suggested any safety signals with H1N1 vaccines," says a summary of the data – although it cautions that the studies aren't large enough to rule out any very rare risk.

That's where the additional monitoring comes in.

Initial reports to a beefed-up government database – where anyone can report any symptom, and serious ones get intense investigation – showed nothing unusual after the first 10 million vaccinations, Gellin said. Most reports were of sore arms and fever, plus some flu symptoms that suggested people already were infected when they got the shot, too late for it to help.

Gellin said one report of a death turned out to be caused by swine flu itself, not vaccine.

Other monitoring includes linking large insurance databases to state vaccine registries to track who visits a doctor and why after the shot, a program covering about 20 million people. Plus, there's specially targeted tracking of pregnant women, and work to tell if the risk of Guillain-Barre – which regularly strikes about 1 in every 100,000 people – really is increased slightly by flu vaccine or not.

If serious problems were to crop up, federal law makes vaccine manufacturers and health officials immune from lawsuits. But it allows for a compensation fund for proven serious side effects, just as happens today with routine child vaccinations. Health and Human Services officials are developing such a program for swine flu vaccine, just in case it's needed, spokesman Bill Hall said.

Government appoints Task Force to Handle H1N1 vaccine Propaganda

Prison Planet, 2 November 2009

https://web.archive.org/web/20091108072844/http://www.theflucase.com/index.php?option=com_content&view=article&id=1583%3Aus-government-appoints-vaccine-insiders-to-monitor-qswine-fluq-jab-safety&catid=1%3Alatest-news&Itemid=64&lang=en

Health advisers who previously dismissed vaccine-autism link will "explain false alarms" to public when injuries "coincide" with shots

The U.S. government has appointed what the media is ludicrously billing as an "independent" group of health advisors whose job it will be to whitewash adverse reactions to the swine flu vaccine and "explain" them to the public as mere coincidence.

Authorities have been busier honing their propaganda about the H1N1 inoculation program than they have dealing with the actual rollout of the vaccine. A $16 million dollar campaign to coerce Americans into taking the shot is falling flat on its face with increasing numbers rejecting the necessity to take the shot amidst concerns about its side-effects.

Health authorities have been desperately pushing the notion that the vaccine is safe as part of a gargantuan PR campaign, without explaining why well-connected members of the elite have had special access to an additive-free version of the shot that doesn't contain ingredients like mercury and squalene that are contained in the public version.
https://web.archive.org/web/20091125084144/http://www.infowars.com/german-chancellor-ministers-get-special-vaccine-without-soft-kill-ingredients

As a result of the dangers of the H1N1 vaccine becoming widely known, authorities are moving to get out ahead of the story by acknowledging that millions of health problems in the aftermath of a vaccination campaign will be blamed on the vaccine, citing the 1976 swine flu debacle when the shot proved far deadlier than the actual virus.

Back in September, Reuters reported on how public health officials were expecting "an avalanche of so-called adverse event reports, which are reports of death, illness or other health trauma," in the two weeks after people receive the vaccine.

https://web.archive.org/web/20100103013122/http://www.reuters.com/article/idUSTRE58F3A720090916

"We are going to be overwhelmed with potential events," said Mike Osterholm, a public health expert at the University of Minnesota.

Authorities therefore resolved to dismiss any connection to the swine flu shots a host of heart attacks, strokes and miscarriages that "will be blamed on the H1N1 vaccine".

Now the government has accelerated these efforts by appointing a group of "independent" experts to "track the vaccine's safety," according to an Associated Press report.

https://web.archive.org/web/20091105030916/http://www.reflector.com/features/new-group-helps-us-monitor-swine-flu-shot-safety-931806.html

The claim that the group is "independent" is a complete misnomer. How can a group appointed by and dictated its brief by the government be considered "independent"?

In addition, the group will be headed up by none other than Dr. Marie McCormick of the Harvard School of Public Health. McCormick and her affiliated organizations have routinely issued reports over the past 10 years supporting the government's position on the link between vaccines and autism, dismissing a correlation entirely despite overwhelming evidence that contradicts this notion. McCormick has been widely criticized by other health experts for her dogged denial of the link between vaccines and autism.

=> https://web.archive.org/web/20091007231108/http://www.prisonplanet.com/autism-explodes-as-childhood-vaccines-increase.html

So far from being "independent," the group is in fact appointed by the government and lead by one of the government's chief whitewash proponents in the context of vaccine dangers and side-effects.

The rollout of the vaccine has been limited to far fewer people than the government originally intended, partly due to a supply shortage and partly because more than half of Americans have refused to take the shot. The government's efforts to dismiss concerns about side-effects will likely kick into high gear when more batches of the vaccine become available.

The media is framing concerns about side-effects by concentrating on health problems in the immediate aftermath of the vaccination, thereby providing them with the ammunition to dismiss concerns about side-effects altogether if few cases of death or injury occur. However, the real concerns about the dangers of vaccines do not revolve around skin rashes or minor ailments, they relate to the longer term effect of the build-up of toxic mercury in the body as well as squalene and the cancerous animal cells that are admittedly contained in the vaccine. Symptoms could therefore take months or even years to manifest, enough time for a connection to the swine flu shot to be forgotten in the public eye. Expect this to be exploited to the maximum by the "independent" experts the government has appointed to whitewash dangers associated with the vaccine

THE FLU CASE

WHO worried by low take up of Swine Flu Jab

The Flu Case, 3 November 2009, 11:25
https://web.archive.org/web/20091109045338/http://www.theflucase.com/index.php?option=com_content&view=article&id=1573%3Awho-worried-by-low-take-up-of-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

WHO press officer Gregory Hartl said yesterday that the organisation was "seriously" worried by the low up take of the untested and toxic "swine flu" jab recommended by WHO in July after a meeting of the Geneva-based organisation's vaccine advisory board attended by executives from big pharma, including Baxter, Novartis and GSK.

In response to questions about a recent poll showing that 86.4 % of the people in Switzerland have no intention of taking the jab, Hartl said: "It is a reaction that is difficult to understand."

Hartl said that pregnant women were more at risk from the swine flu than from the swine flu jab even though there are no clinical data on the swine flu jab in pregnant women, and so he cannot have a factual basis for making such a statement.

In addition, he falsely claimed that the "swine flu" jab has no more side effects than the seasonal flu even though the European drug regulators, the EMEA, themselves state that the safety and efficacy of the jab will not be proven when it is administered to people under emergency regulations.

WHO supplied Baxter with the live bird flu virus that Baxter's Austrian subsidiary used to contaminate 72 kilos of seasonal flu, nearly triggerign a bird flu pandemic this February.

In the event of a pandemic level 6 emergency being declared by WHO as happened in June, WHO obtains special powers over country's health and police services and government.

Grippe porcine: l'OMS s'inquiète du refus de se faire vacciner

L'OMS est préoccupée par le refus de nombreuses personnes de se faire vacciner contre la grippe A(H1N1). La vaccination comporte beaucoup plus d'avantages que de risques, a affirmé un porte-parole. Elle est vitale pour les groupes à risques.

"C'est une réaction difficile à comprendre", pour le porte-parole de l'OMS Gregory Hartl, interrogé sur le récent sondage montrant que 86,4% des Suisses n'ont pas l'intention de se faire vacciner. "Que le vaccin ne soit pas utilisé par ceux qui en ont le plus besoin nous préoccupe sérieusement", a-t-il déclaré.

"La vaccination est la meilleure manière de lutter contre la pandémie et les avantages à se faire vacciner l'emportent largement sur les risques".

Il a insisté sur les femmes enceintes, qui en l'absence de vaccination, risquent de très sérieuses complications, et même une issue fatale, si elles sont infectées par le virus.

Les groupes à risques (femmes enceintes, enfants de moins de deux ans, malades chroniques) peuvent être très gravement malades en l'absence de vaccination, a souligné le porte-parole, en rappelant que la grippe porcine a déjà fait plus de 5700 morts dans le monde.

"Les effets secondaires du vaccin ne sont pas différents de ceux connus pour la grippe saisonnière. Lorsqu'il y en a, ils sont bénins et temporaires. Nous n'avons pas constaté de complications inattendues jusqu'ici", a assuré Gregory Hartl.

L'OBS

Sophie Verney-Caillat

Grippe A: Baxter dévoile la totalité de son contrat avec l'Etat

Rue89, 3 November 2009,13:45
https://web.archive.org/web/20091106013652/http://www.rue89.com/2009/11/03/grippe-a-un-depute-obtient-la-publication-complete-du-contrat-baxter-124489

C'est une victoire de la transparence de l'information. Le laboratoire Baxter, le seul à avoir négocié une clause de confidentialité sur son contrat avec l'Etat, vient d'autoriser sa publication ce mardi. Rue89 le diffuse en exclusivité.

Vendredi, nous avions rendu publics les contrats conclus entre les labos et l'Eprus, la pharmacie de l'Etat, pour un montant de 674,9 millions d'euros hors taxe. Mais pour Baxter, qui fournira 50 000 vaccins non-adjuvantés et fabriqués sur la base de souches entières, le Celvapan, au prix de 10 euros la dose, aucun élément n'était jusque-là communicable.

Baxter était plus ciblé que les autres laboratoires par les anti-vaccin depuis qu'en février du matériel viral de laboratoire avait été accidentellement contaminé par une souche de grippe aviaire dans un laboratoire en Autriche.

Le député Gérard Bapt (PS), rapporteur spécial du budget de la sécurité sociale à l'Assemblée nationale, a conseillé au laboratoire de « lever tout soupçon », et demandé personnellement au président français de la compagnie américaine d'autoriser cette publication. Il ajoute que:

«Contrairement à ce qu'affirme Madame Bachelot dans un communiqué repris par l'AFP, ce n'est pas elle qui a demandé la levée de la confidentialité, c'est moi qui ait convaincu le patron de la firme. Ma surprise est qu'il a levé la clause sur l'ensemble du contrat.»

«Le manque d'efficacité (…) pas une violation de la garantie»

Le contrat que nous publions aujourd'hui est donc plus complet que pour les autre laboratoires. Y est confirmée la responsabilité assumée par l'Etat en cas de recours juridique, mais Baxter semble particulièrement protégé puisqu'il est écrit que:

«La survenance d'effets indésirables attendus ou inattendus ou le manque d'efficacité ne constitueront pas une violation de la garantie» (page 5)

Baxter aurait par ailleurs droit au versement d'intérêts si l'Etat dépassait son délai de paiement.

L'absence d'obligation de résultat du laboratoire est criante:

«Baxter devra faire ses meilleurs efforts pour livrer les 50 000 doses avant la fin de l'année 2009. Baxter mettra en oeuvre tous les moyens commercialement raisonnables pour livrer 12 000 doses avant fin août. (…) Toutefois, le défaut de livraison ne sera pas constitutif d'une violation du présent marché». (page 7)

Une commande de 150 000 vaccins contre la méningocoque glanée au passage

On apprend aussi que l'Eprus, donc l'Etat, « ne pourra exercer aucun recours ni action en indemnisation contre Baxter» dans le cas où Baxter livrait des vaccins non conformes et ne parvenait pas à les remplacer dans un délai rapide.

Par ailleurs, Baxter obtient dans le même temps l'activation d'une commande pour 150 000 doses de vaccins NEISVAC (montant du marché : entre 1 et 3 millions d'euros), pour lesquels l'Etat avait mis une option en décembre 2008. Cela s'expliquerait par le fait que la grippe pandémique pourrait réactiver la méningite bactériennes à méningocoque C, selon le Haut Conseil de la Santé Publique.

Y est confirmé par ailleurs que la livraison de vaccins était prévue sans autorisation de mise sur le marché (AMM), en cas d'urgence -clause qui n'aura pas à être activée, l'AMM ayant été accordée.

=> Marché public n° EPRUS/09-36 relatif à l'acquisition de vaccins contre le virus H1N1.
https://web.archive.org/web/20091122075538/http://www.rue89.com/files/2009_11_03_Contrat_Baxter.pdf

THE FLU CASE

Baxter forced to disclose secret contract with French government: Company cannot be prosecuted

The Flu Case, 4 November 2009, 13:00

https://web.archive.org/web/20091122075538/http://www.rue89.com/files/2009_11_03_Contrat_Baxter.pdf
https://web.archive.org/web/20091108072430/http://www.theflucase.com/index.php?option=com_content&view=article&id=1592%3Abaxter-forced-to-disclose-secret-contract-with-french-government-company-cannot-be-prosecuted&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Baxter, the pharmaceutical company, cannot be prosecuted for any damage or death caused by its swine flu vaccines under the terms of the secret contract it sealed with the French government, it has emerged.

Baxter was forced to disclose the full contract after Gerard Bapt, a member of the finance committee of the French National Assembly, intervened.

The French government has kept the "swine flu" vaccine contract a secret for reasons of commercial confidentiality.

The contract reveals that Baxter can avoid all responsibility before the law for its 50,000 swine flu vaccines costing 10 euros each.

In addition, it shows that Baxter is set to deliver 150,000 vaccines against meningitus, a disease that can result in permament brain damage and death, as part of the French government's vaccination campaign against the "swine flu" pandemic.

The news that the French government took out an option to order Baxter's NESVAC meningococcal vaccines in such large quantities in December 2008 to tackle a pandemic will come as a suprise to many people. But a French public health body recommended the meningitus vaccines, allegedly because there was a higher risk of meiningococcal infection during a pandemic.

NESVAC contains 0.5 mg of an aluminium adjuvant, adding new toxic ingredients and dangerous viruses to the brew of Celvapan, Pandemrix and Focetria swine flu jabs.

The contract shows that Baxter does not even have to have regulatory authorisation to put its "swine flu" jabs on the French market.

The company has been given blanket immunity from any prosecution or penalties.

The government "will not have any recourse to any action of indemnity" against Baxter in case Baxter delivers vaccines that do not conform to standards, the contract states.

"Undesirable side effects, expected or not expected, or a lack of efficacy" cannot be the basis for any claim, says the contract.

Baxter sealed the contract with a special government health body set up in March 2007 to deal with national health emergencies called L'EPRUS (L'Etablissement de Preparation et de Reponse aux Urgences Sanitaires).

L'EPRUS, headed by Thierry Coudert, gains sweeping powers in the event of a pandemic emergency, including the power to conclude contracts with pharmaceutical companies.

Baxter's Austrian subsidiary was found to have contaminated 72 kilos of seasonal flu material with the live bird flu virus this February, nearly sparking a global bird flu pandemic according to the Times of India.

Because Baxter is required to implement biosafety level 3 standards when handling the bird flu, an accidental contamination can be ruled out.

The incident is the subject of a criminal investigation by the Austrian police, though so far no action appears to have been taken.

The contract is so loose that Baxter could theoretically contaminate its 50,000 swine flu vaccines destined for France with the live bird flu virus - and still face no prosecution.

The news that Baxter has been given carte blanche to deliver vaccines that do not even require regulatory approval and that the company cannot be prosecuted no matter what it does will fuel concerns that pharmaceutical companies and government bodies are working hand in hand to maximise profits while ignoring all public safety considerations.

The French Health Minister Roseylne Bachelot -- ultimately responsible for the operation of L'EPRUS – airbrushed her 12 years of employment for pharmaceutical companies from her CV, underlining the close but often hidden links between government officials and the pharma industry.

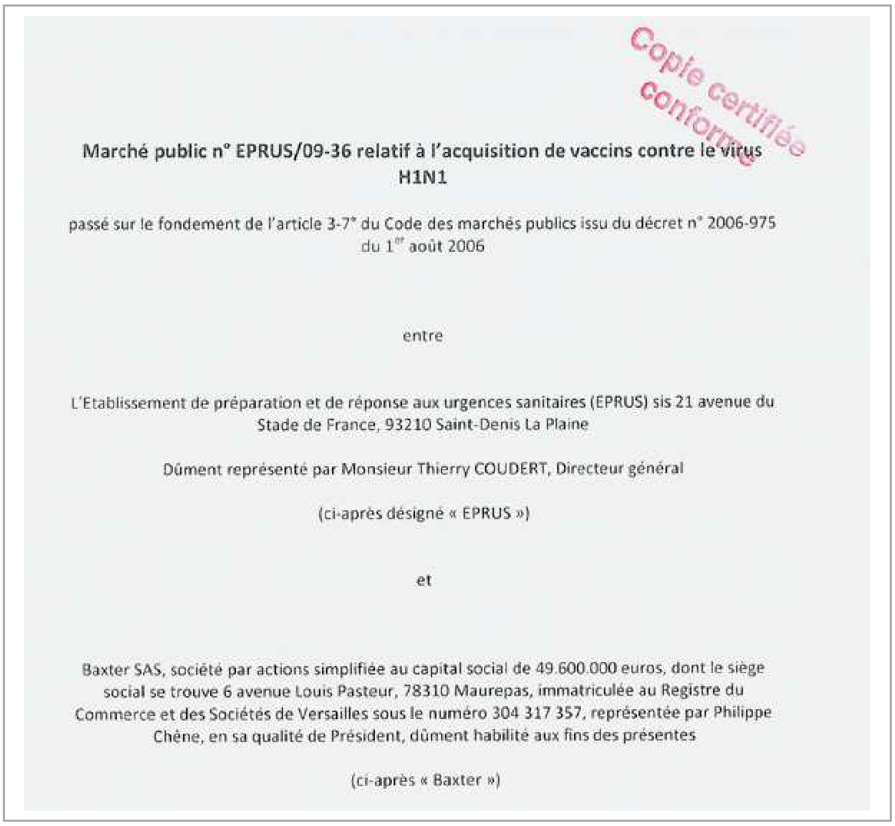
=> see above

Sophie Verney-Caillat

Grippe A: Baxter dévoile la totalité de son contrat avec l'Etat

Published on Rue89, 3 Novembre 2009, 13:45 // http://www.rue89.com

https://web.archive.org/web/20091108072430/http://www.theflucase.com/index.php?option=com_content&view=article&id=1592%3Abaxter-forced-to-disclose-secret-contract-with-french-government-company-cannot-be-prosecuted&catid=41%3Ahighlighted-news&Itemid=105&lang=en



Copie certifiée conforme

Marché public n° EPRUS/09-36 relatif à l'acquisition de vaccins contre le virus H1N1

passé sur le fondement de l'article 3-7° du Code des marchés publics issu du décret n° 2006-975 du 1er août 2006

entre

L'Etablissement de préparation et de réponse aux urgences sanitaires (EPRUS) sis 21 avenue du Stade de France, 93210 Saint-Denis La Plaine

Dûment représenté par Monsieur Thierry COUDERT, Directeur général

(ci-après désigné « EPRUS »)

et

Baxter SAS, société par actions simplifiée au capital social de 49.600.000 euros, dont le siège social se trouve 6 avenue Louis Pasteur, 78310 Maurepas, immatriculée au Registre du Commerce et des Sociétés de Versailles sous le numéro 304 317 357, représentée par Philippe Chêne, en sa qualité de Président, dûment habilité aux fins des présentes

(ci-après « Baxter »)

Bild

Angi Baldauf

Philipp Rösler: Lassen Sie sich gegen die Schweinegrippe impfen?

BILD, 4 Novembre 2009
https://www.bild.de/politik/2009/lassen-sie-sich-gegen-schweinegrippe-impfen-10344706.bild.html

Rösler rät zur Impfung: Der neue Gesundheitsminister Philipp Rösler rät den Deutschen zur Schweinegrippe-Impfung. Vor allem Kinder und Schwangere sollten es tun.

BILD: Her Minister, lassen Sie sich auch impfen?
Rösler: Ja, weil Impfen der beste Schutz ist. Ich habe mich diese Woche gegen die saisonale Influenza impfen lassen und Ende nächster Woche werde ich mich gegen die Neue Grippe – die so genannte Schweinegrippe – impfen lassen.

BILD: Es gibt in Deutschland für die Bürger einen anderen Impfstoff als etwa für Soldaten. Sind Verwirrungen da nicht programmiert?
Rösler: Es sind Impfstoffe von zwei unterschiedlichen Herstellern. Diese sind aber in ihrer Wirkung gleichwertig. Keiner ist besser oder schlechter. Alle in Deutschland verfügbaren Impfstoffe sind geprüft und sicher. Nebenwirkungen können immer vorkommen, aber die sind in der Regel nur vorübergehend.

BILD: Wird jeder geimpft, der sich impfen lassen möchte?
Rösler: Je mehr sich impfen lassen, desto größer ist der Schutz für uns alle. Die Ständige Impfkommission hat das bestätigt. Allerdings: Der Impfstoff liegt nicht auf Halde und für bestimmte Risikogruppen, das medizinische Personal, Polizei und Feuerwehr, ist die Impfung besonders wichtig. Deshalb werden zuerst diese Menschen geimpft und dann jeder, der das möchte.

BILD: Ist der bestellte Impfstoff ausreichend?
Rösler: Der bestellte Impfstoff wird nach und nach produziert und an die Bundesländer ausgeliefert. Es kann sein, dass vereinzelt Wartezeiten auftreten. Niemand muss sich Sorgen machen: Der Impfstoff wird laufend nachgeliefert.

BILD: Sollen sich Kinder und Schwangere impfen lassen?
Rösler: Grundsätzlich ist auch hier der Impfschutz wichtig. Im Gespräch mit dem Arzt oder der Ärztin muss hier in jedem Fall gesondert entschieden werden. Eine Schwangere, die in der Kita arbeitet, hat unter Umständen ein höheres Ansteckungsrisiko. Da kann impfen sinnvoll sein. Das gleiche gilt, wenn ein Kind etwa eine chronische Erkrankung hat.

BILD: Wie wird sich die Schweinegrippe entwickeln?
Rösler: Eine sichere Voraussage kann keiner machen. Die Experten erwarten, dass besonders mit der kälteren Witterung die Zahl der Infektionen zunimmt. Wir sehen, dass die Zahlen ansteigen. Deswegen ist Vorsorge wichtig: angefangen bei der persönlichen Hygiene wie häufigem Händewaschen bis zur Impfung. Die Impfung ist der beste Schutz vor der Neuen Grippe.

THE FLU CASE

Scientists, who work for WHO influenza laboratory, hold patent for bioengineered swine flu virus

The Flu Case, 4 November 2009, 14:07
https://web.archive.org/web/20100102040645/http://theflucase.com/index.php?option=com_content&view=article&id=1594%3Ascientists-who-work-for-who-influenza-laboratory-hold-patent-for-bioengineered-swine-flu-virus&catid=1%3Alatest-news&Itemid=64&lang=en

Two of the scientists who filed for a patent for a genetically engineered, artificial swine flu virus, work for WHO and St Jude's Children Research Hospital.

New Zealanders Robert Webster and Richard Webby are listed as patent holders for the US Patent Application 20090010962 - Genetically Engineered Swine Influenza Virus and Uses Thereof

Robert Webster holds the Rose Marie Thomas Chair in Virology at St. Jude Children's Research Hospital. He is also director of the World Health Organization Collaborating Center on the Ecology of Influenza Viruses in Lower Animals and Birds, the world's only laboratory designed to study influenza at the animal-human interface, according to Wikipedia.

Richard Webby is an Associate Member, St. Jude Faculty and a Director, World Health Organization Collaborating Center for Studies on the Ecology of Influenza in Animals and Birds, according to an entry on St Jude's website.

see below and above:

Genetically Engineered Swine Influenza Virus and Uses Thereof US Patent Application 20090010962

Patentstorm.us, Application Filed on 1 June 2005; Published on 8 January 2009
https://web.archive.org/web/20091103075557/http://www.patentstorm.us/applications/20090010962/claims.html

Inventors: Peter Palese, Adolfo Garcia-Sastre, Richard J. Webby, Juergen A. Richt, Robert G. Webster, Kelly M. Lager.

1. An attenuated swine influenza virus comprising a mutation in a swine influenza NS1 gene that diminishes the ability of the NS1 gene product to antagonize the cellular interferon response, and permits the attenuated virus, at a multiplicity of infection of 0.001, to grow to titers between approximately 3 fold to approximately 7 fold lower than wild-type swine influenza in pig cells, as determined approximately 5 days post-infection when propagated under the same conditions.

etc...

Dagbladet.no

Eiliv Frich Flydal

WHO bekymret for høye norske dødstall

Dagdladet, 4 November 2009
http://www.dagbladet.no/2009/11/04/nyheter/svineinfluensa/innenriks/helse/utenriks/8872508

Helsedirektøren vurderer å be om hjelp om to uker. Avviser at Norge har takket nei til eksperthjelp.

(Dagbladet): I dag melder VG at Norge takket nei til en forespørsel om hjelp fra Verdens helseorganisasjon (WHO) rundt kartleggingen av det relativt høye antallet svineinfluensa-dødsfall i her til lands.

Det avvises nå av helsedirektør Bjørn Inge Larsen og helseminister Anne Grete Strøm-Erichsen.

Skrev brev

- Den saken er feil, det er vi som først tok kontakt med pandemiansvarlig i WHO, Keiji Fukuda. Vi har ikke takket nei til noe fra WHO og de har heller ikke avvist å stille med noe, sier helsedirektør Bjørn Inge Larsen til Dagbladet i dag.

I forbindelse med bestilling av nye vaksiner fra legemiddelfirmaet GlaxoSmithKline, skrev helseminister Strøm-Erichsen følgende:

«Influensapandemien sprer seg nå raskt gjennom landet og tettbebodde strøk har til nå blitt hardest rammet. Sammenlignet med andre europeiske land har vi en høyere dødsrate, til den grad at WHO har uttrykt bekymring og har tatt kontakt med våre helsemyndigheter for å tilby assistanse», heter det i brevet ifølge VG.
Deretter siteres helseministeren av VG på at Norge har avvist å motta assistanse fra WHO.

Telefonsamtale

Dette stemmer ikke, ifølge helsedirektøren.
- Her henvises det til en telefonsamtale, der WHOs pandemisjef Keiji Fukuda kontaktet meg for å vise sin oppmerksomhet og si at de var klar over de høye dødstallene i Norge som følge av svineinfluensa. Vi drøftet mulige årsaker og tiltak. Jeg redegjorde deretter for at vi vil gjennomgå de norske dødsfallene for å se etter fellesnevnere vi ikke har oppdaget før, og at dersom de høye tallene i Norge fortsetter, så vil det være aktuelt for oss å kontakte WHO, sier Larsen.

Ifølge helsedirektøren fant samtalen sted forrige uke, mandag eller tirsdag.

- Det kan være vi ber om hjelp fra WHOs eksperter for å kartlegge og gjennomgå dataene. Det vil være klart om et par uker, sier Larsen.

AFTONBLADET

Johanna Klaasen

WHO slår larm efter norska dödsfall

Aftonbladet, 4 November 2009
https://www.aftonbladet.se/nyheter/a/7lPzyV/who-slar-larm-efter-norska-dodsfall

Världshälsoorganisationen, WHO, är oroliga över att svininfluensan skördat så många dödsfall i Norge och vill nu skicka en expert.

Men Norge säger nej. Det skriver VG i dag.

Det var i måndags som norska hälsoministern Anne-Grete Strøm-Erichsen (Ap) skrev ett brev till VD:n för läkemedelsföretaget GlaxoSmithKline.
”Influensapandemin sprider sig snabbt i hela landet och tätbefolkade områden har nu drabbats hårdast. Jämfört med andra europeiska länder har vi en högre dödlighet, vilket lett till att WHO uttryckt oro och kontaktat vår hälsomyndighet för att hjälpa till”, skriver hälsoministern i brevet.

Bad om ytterligare doser

Hälsoministern skrev brevet efter att 170.000 doser av influensavaccin Pandemrix gått förlorade vid en olycka i en fabrik i Belgien. I brevet bad hon därför läkemedelsjätten att få ytterligare doser så snart som möjligt.

Nej till hjälp

Hälsoministern Anne-Grete Strøm-Erichsen bekräftar att man sagt nej till hjälpen från WHO.

– Vi har fortlöpande dialog med WHO, men avvaktar erbjudande om hjälp. De vet att vi har vaccin och gör vad vi kan, säger hälsoministern.

Sammanlagt har Norge beställt 9,4 millioner doser av vaccinet, vilket beräknas räcka till alla norrmän.

Sammanlagt ska 13 personer avlidit till följd av svininfluensan i Norge, enligt de senaste uppgifterna.

THE DAGGER
LOCAL NEWS WITH AN EDGE

Cindy Mumby

H1N1 Vaccination Clinic for Pregnant Women, Children Friday in Aberdeen

The Dagger, 4 November 2009
https://www.daggerpress.com/2009/11/04/h1n1-vaccination-clinic-for-pregnant-women-children-friday-in-aberdeen/

The Harford County Health Department will offer the injectable H1N1 vaccine to pregnant women and children aged 6 months to 18 years, on Friday, November 6th at Ripken Stadium in Aberdeen from 10 a.m.-3 p.m., rain or shine.

Health Department spokesman Bill Wiseman said the clinic is restricted to pregnant women and children, who are among the prioritized groups recommended to receive the vaccine by the national Centers for Disease Control and Prevention. Wiseman said sufficient supply of the H1N1 vaccine was on hand locally to conduct a "sizeable clinic" on Friday.

The preservative-free H1N1 vaccine will also be available in limited quantities for pregnant women who prefer that form of the vaccine.

U.S. ARMY

Fred W. Baker III

Pentagon sends H1N1 vaccine to Central Command area

American Forces Press Service, 5 November 2009
https://www.army.mil/article/29871/pentagon_sends_h1n1_vaccine_to_central_command_area

Washington (Nov. 4, 2009) – U.S. Central Command has received half of the vaccine needed to inoculate its forces against the H1N1 virus, Pentagon Press Secretary Geoff Morrell said today.
The vaccines arrived in Qatar overnight and should be pushed out to troops serving in Iraq, Afghanistan, Kuwait and other parts of the region within the next day, Morrell said. About 300,000 forces serve in the command's area of responsibility.

Meanwhile, roughly 26,000 doses arrived in South Korea this week for servicemembers assigned there, Morrell said.
"So we're making some progress in terms of getting the H1N1 vaccine to our forces worldwide," he said. "But because we are still operating with a limited quantity, we have to prioritize those who will get it. And according to our prioritization list, our military forces and those who support them are at the top of that list."

The Defense Department does not yet have enough of the vaccine to treat all servicemembers, their families and other support personnel. The department received its initial allotments of the vaccine last week and began distributing them according to a prioritized list of recipients. Vaccines will be made available first to deployed troops, then to deployed health-care workers, including civilian employees and contractors.

"It is imperative that we keep our forces able to do their jobs so as to provide for the protection of our interests around the world," Morrell said.
"They are already in very difficult circumstances. Every one of them is needed, and we can't afford to have an outbreak of the [H1N1] flu in Afghanistan, in Iraq, in any other location where our forces are deployed," he said. "So we're doing everything within our power to make sure our guys downrange get this as soon as possible."

The department also has received several hundred vaccines from the Health and Human Services Department for defense civilians. Because vaccines are coming in relatively small numbers, local commanders are responsible for determining how supplies are distributed.

Immunization for both seasonal flu and H1N1 is mandatory for all military personnel and is highly recommended for family members.

When the first cases of H1N1 were diagnosed in the United States in April, the department bought 2.7 million doses of the vaccine for mission-assurance purposes. HHS later provided 1 million doses to the department, raising the number to 3.7 million, officials said.

In addition to vaccines being received for operational personnel, Defense Department medical treatment facilities now are receiving vaccine for family members living in the United States. Pentagon officials also have an agreement with HHS to provide the vaccine for family members living outside the United States.

Vaccine for family members and the civilian work force will arrive at military medical treatment facilities incrementally, department officials said.

The Sydney Morning Herald

WHO urges people to maintain guard over swine flu

The Sunday Morning Herald, AFP, 5 November 2009, 01:16 pm
https://www.smh.com.au/world/who-urges-people-to-maintain-guard-over-swine-flu-20091106-i0i3.html

The World Health Organisation on Thursday urged people not to drop their guard over the swine flu pandemic and insisted on the value of vaccination despite the broadly mild symptoms of the virus.

"At the WHO we remain quite concerned about the pattern we are seeing, particularly because a sizeable number of people do develop serious complications and death," said Keiji Fukuda, special adviser on pandemic.

"Again, we are seeing most of this develop in people who are younger than 65 years, a picture which is different from seasonal influenza," he explained.

Fukuda reiterated that the cases of serious complications were largely found among the chronically ill, pregnant women as well as some otherwise healthy younger people.

He also countered signs of public scepticism about the vaccine revealed by surveys in several countries, despite the resurgence of swine flu in the northern hemisphere with the onset of the colder season.

"WHO believes that these *vaccines are very useful* against the pandemic virus," Fukuda said in a telephone news conference.

Vaccination against A(H1N1) influenza has now started in more than 20 countries and were demonstrably safe, according to the WHO.

"What we are seeing is that these *vaccines are highly safe* and have been received by a significant number of people without any problems," Fukuda said.

Swine flu has differed from seasonal flu in persisting in the northern hemisphere during the summer period and in a pattern of occasional serious illness affecting under 65-year-olds.

However, Fukuda acknowledged that it was as transmissible as seasonal flu, showed the same pattern of spreading more widely in winter and was "self limiting" in that the large majority of people who caught it got better without the need for special treatment.

More than 5,700 people have died worldwide since the pandemic virus was first discovered in April, with most deaths – 4,175 – reported in the Americas region, according to WHO data.

Le Monde

Le vaccin anti-H1N1 produit à base de cultures cellulaires autorisé en Allemagne

Le Monde avec Reuters, 5 novembre 2009, à 14h 00,
https://www.lemonde.fr/planete/article/2009/11/05/le-vaccin-anti-h1n1-de-novartis-produit-a-base-de-cultures-cellulaires-autorise-en-allemagne_1263283_3244.html

Le groupe pharmaceutique suisse a reçu l'autorisation des autorités allemandes de commercialiser son vaccin Celtura, produit à partir de cultures cellulaires à base de reins de chiens plutôt qu'à base d'œufs de poules.

Le groupe pharmaceutique suisse Novartis a reçu l'autorisation des autorités allemandes de commercialiser son vaccin Celtura contre la grippe A(H1N1), un vaccin produit à partir de cultures cellulaires à base de reins de chiens plutôt qu'à base d'œufs de poules. Le vaccin, comprenant l'adjuvant MF59, est recommandé pour des enfants à partir de 6 mois et les adultes, a précisé le laboratoire bâlois dans un communiqué.

Cette technique cellulaire, dont Novartis affirme qu'elle a déjà été brevetée en Europe pour la production de vaccins contre la grippe saisonnière, permet une production plus rapide du vaccin que la méthode classique de culture du virus dans des œufs de poule. Novartis s'attend maintenant à recevoir l'homologation *"d'autres grands pays, notamment le Japon et la Suisse"* pour le Celtura.

L'autorité sanitaire helvétique avait jusqu'à présent réservé sa décision quant à la demande d'autorisation de ce vaccin anti-H1N1 de Novartis, fabriqué par culture cellulaire. Le groupe avait démenti fin octobre que son vaccin puisse être refusé en raison de contaminations par des bactéries, après des révélations dans la presse suisse.

Schwäbisches Tagblatt

Virusabwehr startet holprig: Engpässe beim Impfstoff gegen Schweinegrippe

Schwäbisches Tagblatt, 5 November 2009
https://web.archive.org/web/20100416102447/http://www.tagblatt.de/Home/nachrichten/tuebingen_artikel,-Engpaesse-beim-Impfstoff-gegen-Schweinegrippe-_arid,82726.html

Die Schweinegrippe selbst spielt im Landkreis Tübingen noch keine große Rolle. Die Aufregung um den Impfstoff aber wächst – schon weil er kaum zu haben ist.

Tübingen. Manche warnen vor einem viralen Tsunami. Aber davon kann im Fall der Schweinegrippe für den Kreis Tübingen bisher keine Rede sein. Nur als kleine Welle hat die neue Grippe den Kreis erreicht. Im Landratsamt wusste man gestern von 115 bestätigten Fällen der Influenza des Typs H1N1. Das sind etwa 30 Fälle mehr als vor zwei Wochen.

Die Amtsärzte haben noch niemand im Landratsamts-Mitarbeiter gegen geimpft. Und das, obwohl "wir die Impfung empfehlen", wie der Behördensprecher Egon Betz sagt. Nur: Die Gesundheitsabteilung der Landkreisverwaltung hat noch nichts von dem bereits vor Wochen beim Landes-Sozialministerium bestellten Impfstoff erhalten. "Wir hoffen, dass er in den nächsten 14 Tagen kommt", so Betz.

Bisher seien nach Baden-Württemberg nur 290 000 Dosen des Impfstoffes Pandemrix geliefert worden, weiß Betz. Zugesagt hatte der Hersteller Glaxo Smith Kline zum jetzigen Zeitpunkt, zweieinhalb Wochen nach Beginn der Impfkampagne, schon eine Million Portionen.

Das führt zu Engpässen. Michael Vogler, der in Tübingen die Neue Apotheke am Europaplatz betreibt, hat schon vor längerem 500 Impfeinheiten bestellt und wartet bis heute auf die Lieferung. Auf einem Impfportal der Landesapothekenkammer kann er online abfragen, welche Apotheke in der Umgebung Pandemrix auf Lager hat. Demnach war gestern Abend in ganz Tübingen kein Impfstoff zu haben. Erst in Burladingen oder Albstadt wäre Vogler fündig geworden.

"Es läuft alles sehr holperig", weiß auch Michael Datz. Der Tübinger Allgemeinmediziner hat vorgestern die ersten zehn Patienten geimpft. "Es geht ihnen gut", sagt der Präsident der Bezirksärztekammer Südwürttemberg. Nun erwartet er die nächste Lieferung: Impfstoff für 100 Patienten hat er dieses Mal geordert. Die Warteliste seiner Patienten kann er damit in der kommenden Woche abarbeiten. Ob es überhaupt nötig ist, sich impfen zu lassen? Datz weiß es nicht. Er hält das für "eine Entscheidung, die man wissenschaftlich nicht klären kann".

Auch in der Südstadt-Praxis von Wolfgang Raiser soll nächste Woche der erste Impfstoff ankommen. 40 Patienten kann er damit immunisieren. Innerhalb von acht Tagen gab es in Raisers Praxis fünf bestätigte Fälle der Schweinegrippe. Raiser berichtet von "relativ harmlosen" Verläufen. Zwar bekamen die Patienten, darunter auch Kinder, von einem Tag auf den anderen hohes Fieber und litten dazu unter Glieder- und Kopfschmerzen, meist auch unter Husten. Aber nach zwei, drei Tagen sei alles vorbei gewesen, so Raiser. So stellt sich für ihn immer noch die Frage, "ob man die Leute tatsächlich mit einer Impfung schützen muss".

"Es macht schon Sinn, dass man sich impfen lässt", sagt Prof. Klaus Hamprecht, Virologe am Tübinger Uni-Klinikum. Wobei es immer auch auf das individuelle Ansteckungsrisiko ankäme. Die Frage sei zum Beispiel, ob man häufig mit großen Menschenmengen zusammen komme. Derzeit schätzt Hamprecht die Situation jedenfalls "nicht als dramatisch ein". "Im Augenblick gibt es in Tübingen praktisch kein Risiko, sich mit Schweinegrippe anzustecken, wenn man über die Straße geht", sagt der Viren-Experte. "Ich würde das noch mit einer gewissen Gelassenheit sehen." Trotzdem: "Eine rechtzeitige Impfung kann die weitere Ausbreitung des Virus eindämmen."

g "Der lange Weg bis zur Tat"

Eine Extra-Mixtur für jede Spritze

Gesundheitsämter Polizei, Rettungsdienste und Krankenhäuser den beziehen den Impfstoff direkt. Niedergelassene Ärzte müssen über die Apotheken gehen. Die bestellen das Vakzin bei einem Logistikunternehmen in Bruchsal in Gebinden von 500 Portionen. Die kleinste Einheit, die von Apotheken an Arztpraxen abgegeben wird, sind zwei Glasfläschchen, die zehn Impfdosen enthalten. In einer Flasche ist das Antigen, in der anderen der umstrittene Wirkverstärker, das Adjuvans. Geimpft wird mit einer Mixtur, die für jede Injektion zusammenfügt werden muss. Sind die Fläschchen erst einmal geöffnet, müssen sie innerhalb von 24 Stunden aufgebraucht sein.

=>

THE FLU CASE

German media claims swine flu jab scarce to drive up demand

The Flu Case, 5 November 2009 11:49

https://web.archive.org/web/20100102021836/http://theflucase.com/index.php?option=com_content&view=article&id=1616%3Agerman-media-claims-swine-flu-jab-scarce-to-drive-up-demand&catid=1%3Alatest-news&Itemid=64&lang=en

Parts of the German media seem to be implementing the cynical strategy discussed in a recent meeting of the Council of Foreign Relations in New York of giving the impression there is a shortage of the swine flu jab in order to drive up demand.

A headline in Tagblatt today says:

"The swine flu itself doesn't play a big role in the region of Tübringen yet. The excitement about the vaccine is growing - just because it is barely to be had."

There follows a report giving the impression that people are searching high and low for the rare swine flu vaccination in Tübingen.

WELT

Neuer Schweinegrippe-Impfstoff zugelassen.

WELT, 5 November 2009.
https://www.welt.de/gesundheit/article5092451/Neuer-Schweinegrippe-Impfstoff-zugelassen.html

Allgemeinärzte schauen nach Schweden: Dort ist ein Fünftel der Bevölkerung geimpft, und das mit wenigen Nebenwirkungen. Nachdem in Deutschland schon mindestens neun mit der Schweinegrippe infizierte Menschen gestorben sind, ist für die Bundesrepublik ein weiterer Impfstoff zugelassen worden.

Der Berufsverband der Allgemeinärzte in Berlin und Brandenburg rechnet mit deutlich weniger Verunsicherung der Ärzte bei der Impfung gegen die Schweinegrippe. Der Verbandsvorsitzende Hans-Peter Hoffert sagt, es lägen mittlerweile internationale Erfahrungen über die Nebenwirkungen der Impfung vor. Es habe in Schweden, wo bereits mehr als ein Fünftel der Bevölkerung geimpft worden sei, kaum Nebenwirkungen gegeben. Hoffert erwartet deshalb, dass die Impfplanungen in Berlin auch von den Hausärzten von nächster Woche an nun zügig umgesetzt werden.

In Deutschland sind mit Stand vom Mittwochabend mindestens neun mit der Schweinegrippe infizierte Menschen gestorben. In der Hauptstadt hatte es einen ersten Todesfall im Zusammenhang mit der Schweinegrippe gegeben. Ein 40 Jahre alter Mann war mit dem Virus H1N1 infiziert. Ob er auch daran gestorben ist, soll nach Angaben der Gesundheitsverwaltung eine Obduktion ergeben. Der Berliner war am vergangenen Donnerstag mit einer entzündlichen Lungenerkrankung (Pneumonie) im Vivantes Klinikum Am Urban in Berlin-Kreuzberg aufgenommen worden. Zunächst war die Erkrankung normal verlaufen – bis zum überraschenden Tod am Montag. Als Ursache attestierten die Ärzte Herz-Kreislaufversagen. Das positive Ergebnis des Schweinegrippe-Tests wurde erst am Mittwoch zwei Tage nach dem Tod des Mannes bekannt.

In Niedersachsen gibt es mittlerweile große Probleme mit dem Nachschub des Impfstoffes gegen die Schweinegrippe. Viele Patienten, die sich impfen lassen wollen, müssten bei den Arztpraxen auf Wartelisten gesetzt werden, sagte Uwe Köster von der Kassenärztlichen Vereinigung (KVN) in Hannover. "Diese Menschen werden telefonisch informiert, wenn sie an der Reihe sind. Das kann auch mehrere Wochen dauern." Innerhalb weniger Tage habe sich die Einstellung zur Impfung gegen die Schweinegrippe komplett gedreht.

Neuer Impfstoff zugelassen

Der Pharmakonzern Novartis hat in Deutschland die Zulassung für seinen Impfstoff Celtura gegen die Schweinegrippe erhalten. Die Zulassung des auf Zellkulturbasis produzierten Impfstoffs sei ein wichtiger Meilenstein, um das klassische Verfahren der Impfstoffproduktion mit Hühnereiern abzulösen, teilte Novartis am Donnerstag mit. Nach dem positiven Entscheid der deutschen Behörden will Novartis die Zulassung in anderen wichtigen Ländern vorantreiben.

Eine Prüfung ist unter anderem beim Schweizerischen Heilmittelinstitut Swissmedic im Gang. Klinische Studien an mehr als 1.850 Probanden zeigten laut der Mitteilung die Verträglichkeit und Immunogenität von Celtura. Die Sicherheits- und Verträglichkeitsprofile entsprächen den Erwartungen. Die am häufigsten genannten Nebenwirkungen seien lokale Beschwerden an der

Einstichstelle sowie systemische Beschwerden wie leichtes Fieber, Kopfschmerzen und Müdigkeit gewesen. Bisher seien keine schweren Nebenwirkungen beobachtet worden. Celtura wird im hessischen Marburg hergestellt und ist ein mit einem Wirkungsverstärker ergänzter Impfstoff gegen das Grippevirus A(H1N1). Die Produktion viraler Antigenkomponenten basiert auf einer validierten Zellkulturlinie statt auf dem klassischen Verfahren mit Hühnereiern. Diese Technologie ist in Europa für bereits den saisonalen Grippeimpfstoff Optaflu zugelassen.

Thomaner nach Hause geschickt

Wegen des Verdachts auf Schweinegrippe ist auch das Alumnat des Leipziger Thomanerchors bis zum Mittwoch geschlossen worden. Die 91 zehn- bis 18-jährigen Chorsänger seien vorsorglich nach Hause geschickt worden, sagte Chor-Geschäftsführer Stefan Altner. Zuvor hätten sich 30 Kinder mit grippalen Infekten gemeldet, zudem habe sich bei einem Elfjährigen der Verdacht auf das H1N1-Virus bestätigt.

Die Thomaner besuchen damit vorläufig auch nicht die Thomasschule, an der insgesamt 640 Schüler lernen. Die Schulleitung hatte den Eltern wegen der erhöhten Krankheitsrate empfohlen, ihre Kinder am Donnerstag und Freitag zu Hause zu behalten.

Schweinegrippe erreicht Yanomami-Indianer

Die Schweinegrippe hat nach Angaben von Ärzten eines der größten im Amazonas lebenden indigenen Völker, die Yanomami-Indianer, erreicht. In Dörfern an der venezolanisch-brasilianischen Grenze sei eine 35-jährige schwangere Frau an der Viruserkrankung gestorben. Zudem besteht der Verdacht, dass sechs Kleinkinder an der Krankheit gestorben seien. Sie hätten Symptome der Schweinegrippe gezeigt. Es seien bei ihnen nicht rechtzeitig Proben unternommen worden, mit denen das H1N1-Virus nachgewiesen hätte werden können, sagte der Arzt.

Der venezolanische Präsident Hugo Chavez bestätigte, dass die Schweinegrippe "die indigene Gemeinschaft" erreicht habe. Die Lage sei unter Kontrolle, fügte er hinzu.

=>

THE FLU CASE

Swedish government figures show how many "swine flu" doses delivered only, not how many Swedes took jab

The Flu Case, 5 November 2009 11:54

https://web.archive.org/web/20100102035230/http://theflucase.com/index.php?option=com_content&view=article&id=1617%3Aswedish-government-figures-show-how-many-qswine-fluq-doses-delivered-only-not-how-many-swedes-took-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The German newspaper Die Welt is carrying a report falsely claiming that a fifth of all people in Sweden have received the swine flu jab.

In fact, there are no figures from the Swedisch government showing how many people have got the "swine flu" jab only how many doses have been delivered.

Merkur.de

Meilenstein: Neuer Schweinegrippe-Impfstoff zugelassen

Merkur.de, 5 November 2009, 10:19 Uhr
https://www.merkur.de/deutschland/neuer-schweinegrippe-impfstoff-zugelassen-zr-516237.html

Basel - Der Pharmakonzern Novartis hat in Deutschland die Zulassung für seinen Impfstoff Celtura gegen die Schweinegrippe erhalten. Die Zulassung ist ein Meilenstein in der Impfstoffproduktion.

Die Zulassung des auf Zellkulturbasis produzierten Impfstoffs sei ein wichtiger Meilenstein, um das klassische Verfahren der Impfstoffproduktion mit Hühnereiern abzulösen, teilte Novartis am Donnerstag mit. Nach dem positiven Entscheid der deutschen Behörden will Novartis die Zulassung in anderen wichtigen Ländern vorantreiben. Eine Prüfung ist unter anderem beim Schweizerischen Heilmittelinstitut Swissmedic im Gang.

Klinische Studien an mehr als 1.850 Probanden zeigten laut der Mitteilung die Verträglichkeit und Immunogenität von Celtura. Die Sicherheits- und Verträglichkeitsprofile entsprächen den Erwartungen. Die am häufigsten genannten Nebenwirkungen seien lokale Beschwerden an der Einstichstelle sowie systemische Beschwerden wie leichtes Fieber, Kopfschmerzen und Müdigkeit gewesen. Bisher seien keine schweren Nebenwirkungen beobachtet worden.

Celtura wird im hessischen Marburg hergestellt und ist ein mit einem Wirkungsverstärker ergänzter Impfstoff gegen das Grippevirus A(H1N1). Die Produktion viraler Antigenkomponenten basiert auf einer validierten Zellkulturlinie statt auf dem klassischen Verfahren mit Hühnereiern. Diese Technologie ist in Europa für bereits den saisonalen Grippeimpfstoff Optaflu zugelassen. AP/© dpa

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THE FLU CASE

Celtura given surprise approval in Germany

The Flu Case, 5 November 2009, 11:30
https://web.archive.org/web/20100102054037/http://theflucase.com/index.php?option=com_content&view=article&id=1615%3Aceltura-given-surprise-approval-in-germany&catid=1%3Alatest-news&Itemid=64&lang=en

The German drug regulators, the Paul Ehrlich Institute, have approved Celtura, the swine flu jab manufactured by Novartis.

The approval will come as a surprise as it comes shortly after the Swiss drug regulators, Swissmedic, said they had put approval of the drug on ice because of a lack of safety data and because bacterial contamination had been found in Celtura vaccine material.

Novartis maintains a press release that clinical studies conducted with more than 1,850 subjects have evaluated Celtura's tolerability and immunogenicity.

However, a quick search on Google Scholar using the key word "Celtura" turned up few results indicating any clinical trials have been performed.
http://scholar.google.at/scholar?q=celtura&hl=de&btnG=Suche&lr=

Celtura appears to be the repackaged form of Aflunov/Fluad H5N1, which had to be withdrawn from the European Market apparently because it killed at least 20 people during clinical trials in Poland in 2008.

100 health workers repeat H1N1 shot

CBC News, 5 November 2009, 10:20 AM ET
https://web.archive.org/web/20091106115924/http://www.cbc.ca/canada/montreal/story/2009/11/05/montreal-h1n1-shots.html

About 100 Montreal health-care workers had to get another H1N1 flu shot because the previously administered ones were improperly mixed.

One nurse at Centre Le Cardinal Inc. in the city's east end told CBC News that on Wednesday, she and others had to be vaccinated a second time this week after a colleague administering the shots realized the dosage was wrong.

French-language television network TVA reported that the vaccine given to workers at the long-term-care facility last Sunday and Monday contained too much of the adjuvant, the substance added to the vaccine to stimulate a stronger immune response.

The centre's director, Sylvie St-Hilaire, said the vaccine contained double the amount of adjuvant normally found in the vaccine.

"These kind of errors do happen. They are not common but they do happen every year, usually with errors in doses," she said.

Dr. Terry-Nan Tannenbaum, chief of health protection at Montreal's Public Health Department, said the H1N1 vaccine requires more steps to prepare it.

"It's a little bit different than what we usually need to do when we prepare vaccines," she said. "They sometimes come completely prepared. Other times the vaccine is in a powder form and you mix it with a liquid called a dilutant. So this is different and more complex."

Public health officials said the people responsible for preparing the vaccine did not understand the guidelines issued by the government, but they added that those receiving the shots were not in danger.

CBC news

H1N1 supplier vaccinating workers' families

CBC News, 5 November 2009, 9:22 PM ET
https://web.archive.org/web/20091107194846/http://www.cbc.ca/canada/montreal/story/2009/11/05/gsk-employees-family-vaccinated.html

The family members of staff working for the only company producing the swine flu vaccine in Canada are being vaccinated ahead of many priority groups, according to a Radio-Canada investigation.

A team with the French-language arm of the CBC visited the GlaxoSmithKline facility in Quebec City to check on security measures Thursday — only to discover that the company was welcoming employees and their family members for a vaccination clinic.

"It is a sort of privilege that we have for the families," said mechanic Patrick Cayouette, who was leaving the clinic with his sister, Marie-Pier. Cayouette said the two do not live together.
"I would have had to wait until Nov. 15 to get vaccinated," said Marie Pier Cayouette. "But here, I had the chance to get vaccinated ahead of a lot of other people … even before the order of priorities."

Quebec's chief public health officer, Dr. Alain Poirier, said there should be no preferential treatment.

"Has there been any? Probably. But none has been authorized by the Health Ministry," said Poirier.
Poirier said he himself is still waiting his turn to get the vaccine.

Wednesday evening, even GlaxoSmithKline president Paul N. Lucas said he had not been vaccinated yet.
"Because I'm not in the priority groups," Lucas said.

The vaccine targets the strain of H1N1 influenza A virus responsible for the current swine flu pandemic.

Agreement unclear

GlaxoSmithKline said the vaccination of employees' families is permitted thanks to an agreement with public health authorities in Quebec and Ontario as well as with Health Canada.

But Quebec Health Minister Yves Bolduc seemed unaware of the situation. "Generally, we vaccinate the workers. … We recommend not to vaccinate the family and to go according to priority groups," Bolduc said.

After initially saying the agreement only applied to employees at GlaxoSmithKline, a spokesperson for Health Canada later confirmed it also covers members of their immediate family.

The doses come from the province's supply of the vaccine, said Health Canada.

Canada's chief public health officer, Dr. David Butler-Jones, has defended Canada's decision to have only one company supply the vaccine, saying the priority was to have a supplier in Canada that could provide sufficient vaccines for the entire country.

He said GlaxoSmithKline, which won the call for tender, was the only company that could produce enough of the vaccine.

As a result, Butler-Jones said Canada has more guaranteed vaccines than anywhere else in the world.

The Guardian

Owen Bowcott

All schoolchildren may be vaccinated against swine flu

The Guardian, 5 November 2009, 20.30 GMT
http://www.guardian.co.uk/world/2009/nov/05/swine-flu-vaccine-for-schoolchildren

Swine flu vaccine: All schoolchildren may get vaccinated as government considers extending vaccination programme. Photograph: John Amis/AP

All healthy schoolchildren may be vaccinated against swine flu, the Department of Health revealed today, as it issued guidance on how to help pregnant women who catch the infection.

Confirmation that the government is considering extending the vaccination programme came as the Conservatives called for all pupils to be immunised against the H1N1 virus.

Cases of the disease in England increased only marginally this week to 84,000, according to official estimates. The latest figures show 154 people have died from swine flu – 105 in England, eight in Wales, 31 in Scotland and 10 in Northern Ireland. Seventeen people have died in the UK in the past week.

The chief medical officer, Sir Liam Donaldson, confirmed the government's Joint Committee on Vaccination and Immunisation is examining whether to extend the vaccination programme.

Healthy children are not among the priority groups in the first round of vaccinations. "We would hope to take a decision on [inoculating them] in the next few weeks," he said. "We are looking very hard at the next steps. We will have to work out whether any groups in the healthy population will have to be prioritised."

The Tory health spokesman, Andrew Lansley, proposed a universal schools vaccination programme. "For weeks now, behind the scenes," he said, "I have urged the government to go further: they should extend the vaccination programme to schoolchildren and college students.

"Last week in America I met swine flu experts at the Health and Human Services Department. Their data shows the incidence and severity of swine flu is significantly greater in the under-24 age group, compared to the rest of the healthy population. They have called all young people for vaccination, including a school-located vaccination programme. I think we should follow their lead."

The Department of Health said the US had so far left it up to individual states to determine what they believed were the priority groups deserving protection.

Its new advice to help doctors recognise serious symptoms in pregnant women has been released, suggesting those with high heart rates or shortness of breath when first infected are most at risk of serious illness or death.

CBC news

Ask military to help with H1N1: Ottawa councillor

CBC News, 6 November 2004
https://web.archive.org/web/20091109102849/http://www.cbc.ca/canada/ottawa/story/2009/11/06/dnd-swineflu.html



Coun. Bob Monette believes doctors and nurses from the Armed Forces could be deployed in cities to help with H1N1 vaccinations. (CBC)

An Ottawa city councillor wants to call in the Armed Forces to help conduct swine flu vaccinations.

Coun. Bob Monette said Thursday he has written to federal Health Minister Leona Aglukkaq asking if doctors, nurses and medics from the Canadian Forces could be deployed in cities across Canada to help with the H1N1 vaccinations.

Monette said the idea came to him after speaking with a constituent who's a member of the Forces.

"Why not think of all the possibilities?" Monette said.

"This was one more possibility that I found was worthwhile looking into, and let's see if anything comes from it. If we can get one or two doctors, a nurse, to help out, then it's worthwhile," he said.

Ottawa-Orleans MP Royal Galipeau has endorsed Monette's idea. He said he's also written to the health minister and to the minister of defence.

THE FLU CASE

Baxter, Novartis and GSK filed patents for "swine flu" jab in 2008 and 2006

The Flu Case, 6 November 2009
https://web.archive.org/web/20091111132758/http://theflucase.com/index.php?option=com_content&view=article&id=1668:baxter-novartis-and-gsk-filed-patents-for-qswine-fluq-jab-in-2008-and-2006&catid=1:latest-news&Itemid=64&lang=en

According to WHO, the "swine flu" H1N1 virus is so new that it counts as a deadly threat to us and a pandemic level 6 declaration is justified.

However, three of the major pharmaceutical companies that sat as "observers" on WHO's vaccine advisory board which recommended their "swine flu" jabs to fight the swine flu "pandemic" in July filed patents for a "swine flu" vaccine long before the virus appeared allegedly for the first time in Mexico in April 2009.

Baxter, Novartis and GlaxoSmithKline filed patents in 2008 and 2006.
Baxter (Kistner Pharm) Files Swine Flu Vaccine 2008 Patent a year ahead of Outbreak
https://www.globalresearch.ca/big-pharma-baxter-files-swine-flu-vaccine-patent-a-year-ahead-of-outbreak/14430
https://web.archive.org/web/20090824020319/http://www.theoneclickgroup.co.uk/documents/vaccines/Baxter%20Vaccine%20Patent%20Application.pdf

Patent US 2009/0060950 A1:

(19) **United States**
(12) **Patent Application Publication** (10) **Pub. No.: US 2009/0060950 A1**
Kistner et al. (43) **Pub. Date: Mar. 5, 2009**

(54) **METHOD FOR PRODUCING VIRAL VACCINES**

(75) Inventors: **Otfried Kistner**, Vienna (AT); **Christa Tauer**, Vienna (AT); **Noel Barrett**, Klosterneuburg/Weidling (AT); **Wolfgang Mundt**, Vienna (AT)

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(21) Appl. No.: **12/199,977**

(22) Filed: **Aug. 28, 2008**

Related U.S. Application Data

(60) Provisional application No. 60/966,724, filed on Aug. 28, 2007.

Publication Classification

(51) **Int. Cl.**
A61K 39/145 (2006.01)
A61K 39/12 (2006.01)
A61P 31/16 (2006.01)

(52) **U.S. Cl.** **424/209.1**; 424/204.1

(57) **ABSTRACT**

The present invention provides a method for the manufacture of a preparation comprising virus antigens comprising a) inoculation of cells with infectious virus in a fluid,
b) propagation of said virus in said cells,
c) collecting said propagated virus,
d) inactivating said collected virus, and
e) treating said inactivated virus with a detergent, resulting in a preparation comprising viral antigens.

Patent US 20090047353
Novartis of Switzerland ... applied for it's Swine Flu Vaccine patent on Nov. 6, 2006
https://patentimages.storage.googleapis.com/98/1f/9f/9e5be9c950070e/US20090047353A1.pdf

(19) **United States**
(12) **Patent Application Publication** (10) **Pub. No.: US 2009/0047353 A1**
O'Hagan (43) **Pub. Date: Feb. 19, 2009**

(54) **CHANGING TH1/TH2 BALANCE IN SPLIT INFLUENZA VACCINES WITH ADJUVANTS**

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(21) Appl. No.: **12/092,146**

(22) PCT Filed: **Nov. 6, 2006**

(86) PCT No.: **PCT/GB2006/004136**

§ 371 (c)(1), (2), (4) Date: **Sep. 24, 2008**

Related U.S. Application Data

(60) Provisional application No. 60/734,026, filed on Nov. 4, 2005, provisional application No. 60/812,475, filed on Jun. 8, 2006.

Publication Classification

(51) **Int. Cl.**
A61K 9/14 (2006.01)
A61K 39/00 (2006.01)
A61P 31/00 (2006.01)

(52) **U.S. Cl.** **424/489**; 424/206.1

(57) **ABSTRACT**

The invention seeks to avoid components in split vaccines that could cause an excessive Th2 response. Thus the invention provides an immunogenic composition comprising a split influenza virus antigen and a Th1 adjuvant, wherein the antigen is preferably prepared from a virus grown in cell culture (e.g., it is free from egg proteins).

Patent WO2006100109 A1
GlaxoSmithKline's 2006 Pandemrix H1N1 flu virus vaccine (GSK Filed 21st March 2006)
https://patentimages.storage.googleapis.com/a8/4c/93/b40f58f44db920/WO2006100109A1.pdf

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property Organization
International Bureau

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WO 2006/100109 A1

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(84) Designated States *(unless otherwise indicated, for every*

(54) Title: USE OF AN INFLUENZA VIRUS AN OIL-IN-WATER EMULSION ADJUVANT TO INDUCE CD4 T-CELL AND/OR IMPROVED B-MEMORY CELL RESPONSE

(57) Abstract: The present invention relates to influenza vaccine formulations and vaccination regimes for immunising against influenza disease. In particular the invention relates to vaccine formulations comprising an oil-in-water emulsion adjuvant and optionally 3D-MPL, their use in medicine, in particular their use in augmenting immune responses to influenza antigens, and to methods of preparation, wherein the oil in water emulsion comprises a sterol, a metabolisable oil and an emulsifying agent.

THE FLU CASE

French department drops mobile pandemic vaccination teams for schools

The Flu Case, 7 November 2009, 10:15
https://web.archive.org/web/20100102033249/http://theflucase.com/index.php?option=com_content&view=article&id=1677%3Afrench-department-drops-mobile-pandemic-vaccination-teams-for-schools&catid=1%3Alatest-news&Itemid=64&lang=en

The French department of Vauclause has dropped plans for mobile pandemic vaccination teams to visit children at schools to give them the "swine flu" jab, it has been announced. Parents who want their kids to have swine flu vaccines will have to go to a higher education establishments.

"Changement dans le plan départemental de vaccination contre la grippe A, H1N1.

Dans le département du Vaucluse, il n'y aura pas d'équipes mobiles passant dans les établissements scolaires, contrairement à ce qui était prévu. Dans notre circonscription,un collège servira de centre de vaccination.

Les parents qui souhaiteront faire vacciner leur enfant devront l'y emmener.
Enfin une décision de bon sens. (source hiérarchie éducation nationale)," emails Sylvie.

THE FLU CASE

Need for special needles delays vaccination campaign in Norway

The Flu Case, 8 November 2009

https://web.archive.org/web/20100102042627/http://theflucase.com/index.php?option=com_content&view=article&id=1698%3Aneed-for-special-needles-delays-vaccination-campaign-in-norway&catid=1%3Alatest-news&Itemid=64&lang=en

In Norway, the swine flu vaccination campaign was delayed because the hospitals had to wait for special needles and syringes. It has been suggested that special government supplied needles are to be used because these will contain a nano chip. A bar code on the syringe package would allow traceability, for example.

Also, all of the big pharma companies are reported to have contracts for RFID chips with Verichip.

2009 H1N1 Influenza Vaccine Ancillary Supply Kits

CDC, 26 October 2009 (updated)

https://web.archive.org/web/20100103113543/http://www.health.state.nm.us/H1N1/documents/2009_H1N1_Influenza_Vaccine_Ancillary_Kit_Description_102609_v1.7.pdf

CDC

2009 H1N1 INFLUENZA VACCINE ANCILLARY SUPPLY KITS
Overview

DRAFT

Purpose

This document provides an overview of the different needles and syringes that are included in the 2009 H1N1 influenza vaccine ancillary supply kits. Manufacturers' website and contact information have also been included as an additional training resource.

Target Audience

State and local health department staff, health care personnel, and others responsible for training vaccinators or administering the H1N1 influenza vaccine.

General Information

The federal government is providing ancillary supply kits for the administration of injectable 2009 H1N1 influenza vaccine. Ancillary supply kits are not necessary for the administration of live attenuated influenza vaccine (LAIV) nasal spray. In order to meet the demand for supplies, the federal government has purchased FDA approved, NIOSH compliant safety engineered, single use, sterile needles and syringes from multiple manufacturers.

There are three types of ancillary supply kits:

1. Multi-dose vial kits (to be used with multi-dose vials)
2. Pediatric prefilled syringe kits (to be used with 0.25 mL prefilled syringes)
3. Adult prefilled syringe kits (to be used with 0.5 mL prefilled syringes)

Ancillary kits received directly from McKesson contain quantities of 100 each of needles/syringes, alcohol prep pads, and vaccination records. Some ancillary supply kits may contain 10 needles/syringes for mixing vaccine adjuvant.

These were included for contingency planning but since 2009 H1N1 influenza vaccine will not be used with adjuvant, these **mixing needles/syringes should not be used to administer vaccines.** Additional information related to training and use of the needles and syringes included in the ancillary supply kits can be found on the manufacturers' websites.

UPDATED 10/26/2009 Page 1 of 8

В России начинается первый этап вакцинации против нового гриппа

News.ru, 9 ноября 2009
https://www.newsru.com/russia/09nov2009/gripp.html

В России 9 ноября начинается вакцинация против нового гриппа. На первом этапе она пройдет в Алтайском крае, Московской, Тюменской, Брянской и Воронежской областях. Российские медики рекомендуют параллельно с вакцинацией носить маски и не забывать о витаминах.

Как сообщили в пресс-службе Минздравсоцразвития, на первом этапе вакцинация охватит работников служб жизнеобеспечения (ЖКХ, водоснабжение, электрообеспечение, связь). С конца ноября будут привиты медработники, учителя, студенты старших курсов медвузов. Следующим этапом будет проходить вакцинация остальных категорий населения по группам риска по развитию тяжелых форм заболевания – люди, страдающие хроническими заболеваниями, беременные женщины, дети, передает ИТАР-ТАСС.

Как напомнили в Минздравсоцразвития РФ, в РФ разработаны, проведены через доклинические и клинические испытания и зарегистрированы четыре вакцины, которые во время испытаний показали свою эффективность и полную безопасность.

"Правительство России выделило 4 млрд рублей на закупку первых 43 млн доз вакцины", - отметили в пресс-службе ведомства. С одним из производителей вакцины, в частности, ФГУП "Микроген", уже заключен государственный контракт на поставку первой партии вакцины (1,3 млн доз) против вируса гриппа A/H1N1.

В Минздравсоцразвития РФ разъяснили, что "если человек уже сделал прививку от сезонного гриппа, то ему все равно нужно вакцинироваться от гриппа A/H1N1, так как вакцина против сезонного гриппа включает в себя три других актуальных штамма и не защищает от гриппа, вызываемого вирусом A/H1N1". Эти прививки следует проводить с интервалом минимум один месяц в соответствии с инструкциями по применению вакцин.

Медики рекомендуют параллельно с вакцинацией носить маски и не забывать о витаминах

Вакцинация остается основным профилактическим средством против гриппа, в том числе A/H1N1. Однако россиянам не стоит забывать и о других средствах, которые за многие годы заслужили внимание с точки зрения профилактики вирусных заболеваний. Как отмечают в Минздравсоцразвития РФ, это относится, в частности, к ношению масок и приему витаминов, причем не только в форме медикаментозных препаратов, но и фруктов и овощей.

Особенно детям рекомендованы также ингаляции с эфирными маслами. "Если ребенок был инфицирован в транспорте, у него есть еще 4-6 часов до того, как вирус начнет хозяйничать в организме", - таково мнение директора НИИ гриппа профессора Олега

Киселева. По его словам, "даже если под рукой нет лекарств, то очень хорошо поможет ингаляция с пихтовым или сосновым маслом".

Роспотребнадзор рекомендует во время подъема эпидзаболеваемости по возможности не посещать массовые мероприятия.

Российские медики настоятельно рекомендуют ношение в общественных местах медицинских масок. Эксперты с удовлетворением отметили, что такое простое средство профилактики, как маски, не только было поддержано населением, но и в ряде случаев превратилось в определенный модный аксессуар. Например, на недавнем модном показе в Новом Манеже были представлены модели в матерчатых масках стального цвета, дополнявших коллекцию верхней одежды. А на вещевых рынках появились марлевые маски с нарисованными на них мордочками зверьков или просто улыбками. По мнению специалистов, такая мода носит только позитивный характер, так как помогает максимально избежать возможности заражения гриппом.

В Минздравсоцразвития напомнили, что заболеваемость гриппом, в том числе высокопатогенным, находится в России под контролем. По сути заболеваемость высокопатогенным гриппом не имеет серьезных отличий от заболеваемости сезонным гриппом. Как и в прошлые годы, медики рекомендуют при начальных признаках заболевания обращаться к врачу, принимать противовирусные препараты и соблюдать постельный режим.

КОМСОМОЛЬСКАЯ ПРАВДА

Александра Кучук и Анна Кукарцева

Свиной грипп: прививаться будете?

Комсомольская Правда, 9 ноября 2009 18:50
WWW.KP.RU: https://www.kp.ru/daily/24390.5/569216/

Корреспонденты «КП» Александра Кучук и Анна Кукарцева спорят: а надо ли все-таки участвовать в массовой вакцинации. Разумеется, опираясь на статистику и мнения врачей.

В стране началась прививочная кампания от нового гриппа. Пока прививают только в Алтайском крае, Московской, Тюменской, Брянской и Воронежской областях. В первую очередь «обслужат» работников ЖКХ, водоснабжения, электрообеспечения, связи, то есть тех, кто ходит по домам – электриков, сантехников и пр.

По планам Минздрава, с 23 ноября планируется начать вакцинацию медработников, учителей, студентов старших курсов медвузов. А уж потом очередь дойдет и до остальных групп риска: людей с хроническими заболеваниями, беременных и детей.

«ЗА» Александра Кучук: «Не сделаете прививку – ее сделают кому-то другому!»

Вирусологи объясняют: чтобы выработать иммунитет к новому гриппу надо либо им переболеть, либо привиться. Есть три неоспоримых довода, почему стоит выбрать вакцину.

1) Этот вирус уже сейчас встречается гораздо чаще, чем другие гриппы. Эпидсезон в стране длиться примерно 32 недели. Ходить в масках все это время нереально. Да, в большинстве случаев новый грипп протекает легко. НО! Есть указанные Минздравом 6 %, для которых вирус A/H1N1 смертельно опасен. Это беременные, маленькие дети, хронические больные. Их пока не начали прививать. И если сейчас вы не сделаете прививку – где гарантия, что через пару недель, загрипповав-таки, не чихнете случайно на будущую мамулю? Что именно ваш вирус не добьет соседа-астматика, не зацепит вашего ребенка или родственника, недавно перенесшего инфаркт?

2) Статистика последствий гриппа в России далека от совершенства. У нас не считают так называемые «избыточную смертность». То есть заболел человек гриппом, а через три недели умер из-за осложнения на сердце. В причинах смерти «грипп» не укажут стопроцентно. Хотя виноват именно он! Подумайте и о своем здоровье. Прививка – это защита от осложнений.

3) Вакцинация бесплатная. И поэтапная. Желающих полстраны. Не сделаете прививку – ее сделают кому-то другому!

«ПРОТИВ» Анна Кукарцева: «А если ты уже переболел?»

Как известно, любая прививка вызывает ма-а-аленькую, но все же болезнь в организме - чтобы выработался иммунитет. И она совершенно не нужна человеку, уже отболевшему свое. Откуда мы знаем: возможно, большая часть из тех, кому полагается бесплатная вакцина, уже переболели в легкой форме. Ведь как говорит наша любимая ВОЗ, свиной грипп может протекать и в легкой форме, без температуры. Анализы же делают людям, которые заболевают в довольно тяжелой форме. Да и то не всем. Остальным ставят просто диагноз «ОРВИ», чем, собственно и является свиной грипп – острым респираторным вирусным заболеванием.

Вполне возможно, что у многих иммунитет справился сам, выработав защиту против вируса A/H1N1. Стало быть и вакцинация в этом случае не нужна. К тому же, как говорит известный вирусолог, член Российского национального комитета по биоэтике РАН Галина Червонская, для хорошего клинического испытания вакцин необходимо минимум два-три года, а никак не полгода. Именно за это время, то есть с начала шествия свиного гриппа по планете, «обкатали» несколько видов вакцин – как зарубежных, так и наших.

По сути дела, клинические испытания продолжаются и сейчас. Уже на нас. В добровольно -принудительном порядке. И еще – в данный момент прививают живой вакциной. Как объясняла «КП» Галина Червонская, в живой вакцине содержатся ослабленные штаммы вируса, то есть хоть и «подавленные», но вполне жизнеспособные. И если у человека изначально слабый иммунитет, или он более чем-то в скрытой форме, то прививка может вызвать заболевание, причем с осложнением. Важно, чтобы не было аллергии на куриный белок, который содержится в любой противогриппозной вакцине…

Пока прививают только в Алтайском крае, Московской, Тюменской, Брянской и Воронежской областях. В первую очередь «обслужат» работников ЖКХ, водоснабжения, электрообеспечения, связи, то есть тех, кто ходит по домам – электриков, сантехников и пр. По планам Минздрава, с 23 ноября планируется начать вакцинацию медработников, учителей, студентов старших курсов медвузов. А уж потом очередь дойдет и до остальных групп риска: людей с хроническими заболеваниями, беременных и детей.

ВАЖНО! Кому живую вакцину нельзя: - людям с аллергией на куриный белок;

- маленьким детям, особенно с иммунодефицитом;
- кто менее двух недель назад перенес любую инфекцию, включая герпес;
- при обострении хронических заболеваний
- от гипертонии до аллергии;
- тем, кто уже переболел свиным гриппом.

Но даже если нет явных противопоказаний, прежде чем вакцинироваться, проконсультируйтесь с врачом.

TAGESSPIEGEL

Schweinegrippe: Rösler will Impfung verbessern

Tage Spiegel, 9 November 2009, 15:35 Uhr
https://www.tagesspiegel.de/politik/rosler-will-impfung-verbessern-6788869.html

Die Massenimpfung gegen Schweinegrippe läuft vielerorts nur schleppend an. Gesundheitsminister Rösler will nun klären, wo die Schwachstellen im System liegen - und auch mit dem Hersteller des Impfstoffs sprechen.

Berlin - Die Bundesregierung versucht, Sorgen wegen mangelnder Schweinegrippe-Impfstoffmengen zu zerstreuen. "Es war klar, dass der Stoff nicht in einer 50-Millionen-Dosis plötzlich da ist", sagte ein Sprecher des Bundesgesundheitsministeriums am Montag in Berlin. "Es war immer klar, dass es zu Wartezeiten kommen würde. Das ist ganz normal."

In einigen Regionen Deutschlands war der Impfstoff in den vergangenen Tagen bereits ausgegangen. Viele Menschen müssen wochenlang auf einen gewünschten Impftermin warten.

Neuer Impfstoff für Schwangere nicht in Sicht

In einer Telefonkonferenz habe Bundesgesundheitsminister Philipp Rösler mit seinen Länderkollegen am Montag die Lage beraten. Angesichts der in vielen Regionen schleppend anlaufenden Massenimpfung lud Rösler die Landesminister für diesen Mittwoch nach Berlin ein. Erörtert werden soll, was gegen mögliche Schwachstellen in der Versorgung getan werden können. Auch mit dem Hersteller Glaxosmithkline werde Rösler telefonieren.

Für die Auslieferung eines neuen Impfstoffs für Schwangere gebe es noch keinen Termin, sagte der Sprecher. Mit einem Unternehmen seien mittlerweile entsprechende Vertragsverhandlungen intensiviert worden. Die Ständige Impfkommission empfiehlt für Schwangere einen Impfstoff, der nur Virenteile und zudem keine Wirkstoffverstärker enthält. Solch ein Impfstoff ist in Deutschland bisher weder zugelassen noch erhältlich. (sf/dpa)

New German Health Minister provides no jabs without adjuvants in spite of protests

The Flu Case, 10 November 2009, 09:19
https://web.archive.org/web/20100102005849/http://theflucase.com/index.php?option=com_content&view=article&id=1722%3Anew-german-health-minister-provides-no-jabs-without-adjuvants-in-spite-of-protests&catid=1%3Alatest-news&Itemid=64&lang=en

Following protests, key German public health officials were forced to revise their recommendation and stated that a swine flu jab without adjuvants and with only parts of a virus should be given to pregnant women.

However, there is no such swine flu vaccine available on the market for the ordinary population and the German governments new health minister Philip Rösler has failed to get the pharmaceutical companies Novartis and GlaxoSmithKline to deliver one, creating a situation where pregnant women will be forced, in practice, to take the swine flu jab with dangerous adjuvants as Rösler accelerates the mass swine flu jab vaccination programme.

Berliner Morgenpost

Birgit Haas und Tanja Kotlorz

Impfung startet in Berlin mit einem großen Chaos

Berliner Morgenpost, 9 November 2009, 22:35 Uhr
https://www.morgenpost.de/web-wissen/article104870354/Impfung-startet-in-Berlin-mit-einem-grossen-Chaos.html

Der erste Tag der Immunisierung der Berliner hat ein großes Durcheinander gebracht. Ärzte hatten gar keinen oder zu wenig Impfstoff, die Telefone in den rund 200 bisher zugelassenen Praxen standen nicht still, die Wartezimmer waren voll. Wer sich für die Impfung gegen die Schweinegrippe entschlossen hat, muss längere Wartezeiten in Kauf nehmen. Doch der Engpass soll nun beendet sein.

In Berlin gibt es derzeit noch zu wenig Impfstoff gegen die Schweinegrippe. Das sagte Gesundheitssenatorin Katrin Lompscher (Linke) am Dienstag im RBB-Inforadio. Die zugesagten Liefermengen seien bisher überraschend nicht eingehalten worden. Deshalb könne es vorübergehend zu Engpässen kommen. Da sich aber mittlerweile mehr als 400 Arztpraxen zu Impfungen bereit erklärt hätten, gebe es kein Problem mehr bei der flächendeckenden Versorgung. Nachdem zunächst Schlüsselpersonal und dann Risikopersonen von den Amtsärzten geimpft worden seien, sollen die Hausärzte jetzt Freiwillige impfen. Noch am Montag hatte in den Berliner Arztpraxen Verwirrung und ein großes Durcheinander geherrscht. Nicht alle Patienten konnten sich impfen lassen.

Ohne mit der Wimper zu zucken, lässt sich Tina Gloede die Spritze gegen die Schweinegrippe in den linken Oberarm setzen. Die 19-jährige Altenpflegerin sitzt auf einer Behandlungsliege in der Arztpraxis des Charlottenburger Allgemeinmediziners Uwe Michael Bänsch. Vor der Impfung mit Pandemrix hat Bänsch die junge, gesunde Patientin noch nach Allergien und Erkrankungen befragt. "Mir geht es gut, es tut nichts weh", versichert die Brandenburgerin nach der Immunisierung gegen das H1N1-Virus. Gloede war am Montag eine der wenigen, die sich gegen die neue Grippe in einer Berliner Arztpraxis impfen lassen konnte.

Die Senatsverwaltung für Gesundheit hatte am Sonntag zwar eine Liste mit mehr als 200 ambulanten Kassenärzten veröffentlicht, die nun Impf-Verträge mit dem Senat abgeschlossen haben und gegen das H1N1-Virus impfen dürfen. Doch viele dieser Impf-Ärzte hatten am Montag noch gar keinen Impfstoff und konnten somit keine Patienten immunisieren. Die Senatsverwaltung gab an, dass es bei der Auslieferung zu Verzögerungen gekommen sei, weshalb weniger Arztpraxen als angenommen mit den Impfungen beginnen konnten. "Freitag wurden 39 Praxen beliefert, Montag waren es 48", sagte Sprecherin Marie-Luise Dittmar.

So herrschte am ersten Tag der Massenimpfung der Berliner gegen Schweinegrippe in den Arztpraxen der Stadt oftmals großes Chaos und Verunsicherung bei Ärzten und Patienten. Der Charlottenburger Allgemeinarzt Frank Fechteler (49) musste zum Beispiel seine Patienten und die vielen Anrufer noch vertrösten.

Den Impfstoff gegen die neue Grippe bekam Fechteler erst Montagnachmittag. Da das Impfmittel wegen Beachtung der Kühlkette eine Nacht im Kühlschrank bei zwei bis acht Grad Celsius ruhen muss, kann Fechteler die ersten Spitzen gegen die Schweinegrippe erst am heutigen Dienstag setzen.

Ärzte fordern Einigung mit dem Senat

Dennoch klingelte pausenlos das Telefon in der Arztpraxis. Patienten, Gesunde wie chronisch Kranke, riefen an, weil sie sich gegen die Schweinegrippe impfen lassen wollten. "Ja, wir impfen, wenn wir den Impfstoff haben", sagte die Arzthelferin immer wieder. "200 Anrufe hatten wir innerhalb von zwei Stunden am Vormittag wegen der Schweinegrippe", sagte Fechteler.

Für die kommenden zwei Wochen sei er schon ausgebucht. Mehr Patienten könne er zunächst gar nicht impfen. "Wir wollen ja auch die anderen Patienten noch behandeln."

Dem Senat wirft der Mediziner "Verantwortungslosigkeit" vor. Es gebe viel zu wenige Impf-Ärzte. "Man braucht mindestens 2000 Praxen, um die Bevölkerung durchzuimpfen." Fechteler appelliert an den Senat, sich mit der Kassenärztliche Vereinigung doch noch finanziell zu einigen.

Auf den Impfstoff warteten auch andere Mediziner, wie der Wilmersdorfer Internist Konrad Geigenmüller, der Allgemeinarzt Thomas Georgi aus Prenzlauer Berg und der Weddinger Internist Erich Freisleben. Andere, wie der Spandauer Hausarzt Reinhard Koitka, haben immer noch keine Antwort des Senats bekommen. "Ich habe am 29. Oktober meinen Impf-Vertrag an die Behörde geschickt und bis heute keine Zusage bekommen", kritisierte Koitka. Diverse Telefonate seien erfolglos geblieben.

Erst am Montag bekam der Arzt nun ein Fax vom Senat, worin er auflisten sollte, wie viele Kassenpatienten er behandelt. "Wann ich nun endlich gegen die Schweinegrippe impfen kann, weiß ich immer noch nicht", sagte Koitka.

Glück im Chaos hatte die Chirurgin Sabine Just, die in Moabit in der Praxis von Karsten Mülder als Vertretungsärztin impfen konnte. "Wir haben den Impfstoff rechtzeitig bekommen", sagte Just. Die 60 bestellten Dosen seien bereits am Freitag in die Praxis in der Krefelder Straße 7 geliefert worden, deshalb hätten sie um 14 Uhr die erste Impfsprechstunde abhalten können. "Bis 17 Uhr hatten wir 30 Patienten eingeplant", sagte Just. Doch es hätten viel mehr Patienten angerufen, auch solche aus anderen Bezirken oder Menschen, die noch nie in dieser Praxis gewesen seien. Seit Mittag seien die Impfsprechstunden der kommenden anderthalb Wochen ausgebucht.

Impfpass notwendig

Justs erste Patientin war Monika Wittchen. Die 66-jährige Rentnerin ist vorsichtig: "Ich bin sehr grippeanfällig und lasse mich deshalb lieber impfen." Die täglichen Nachrichten über Tote beunruhigten sie, außerdem habe sie Bluthochdruck, deshalb habe ihre Hausärztin, die selbst nicht impft, zur Immunisierung geraten. Sabine Just fragte sie nach Allergien und weiteren Erkrankungen. Da sie keine Allergien gegen Hühnereiweiß, Quecksilber oder sonstige im Impfstoff verwendete Stoffe hat, konnte sie geimpft werden.

Nach dem kurzen Piks von Arzthelferin Anita Lorenz blieb Wittchen noch zehn Minuten in der Praxis. Zur Sicherheit, falls sie Impfreaktionen zeigen sollte. Sie fühlte keinen Schmerz an der Einstichstelle. "Das kommt noch, ein bis zwei Tage schmerzt das immer", wusste sie noch von der Impfung gegen die saisonale Grippe. In drei Wochen bekommt sie die nächste Spritze. Da sie älter als 60 Jahre ist, braucht sie zwei Dosen, um vollständig immunisiert zu sein. Wer geimpft werden wollte, musste seinen Impfpass dabeihaben. Just impfte nicht, ohne ihn gesehen zu haben.

Hochschullehrerin Julia Brehmer ist zwar gesund, doch gegen die Schweinegrippe wollte sie sich trotzdem impfen lassen. "Ich habe täglich mit Studenten aus dem Ausland zu tun und will mich nicht anstecken", sagte die 44-Jährige. Das Risiko, an Schweinegrippe zu erkranken, wollte sie nicht in Kauf nehmen – dann lieber eine Spritze.

Schon kurz nach Beginn der Impfsprechstunde arbeiteten Just und ihre Helferinnen im Akkord. Heute werden sie wohl Überstunden machen müssen, denn "die anderen Patienten müssen ja auch noch behandelt werden." Wie sie das Arbeitspensum in den nächsten Wochen bewältigen sollen, war Just und ihren Kolleginnen noch unklar.

Hier wie in der Charlottenburger Gemeinschaftspraxis von Uwe Michael Bänsch, wollten sich zu viele Patienten gegen das H1N1-Virus impfen lassen. 500 Impfdosen Pandemrix hat Bänsch bei der zentralen Sankt Hubertus Apotheke bestellt; er hoffte, dass sie reichen.

Bänsch behandelte vor allem HIV-Kranke und Chroniker wie Asthmatiker und Diabetiker, die nach Empfehlung der Ständigen Impfkommission zuerst immunisiert werden sollen. Kinder und Schwangere möchte Bänsch lieber nicht impfen und verweist an Kinderärzte, Gynäkologen und die Gesundheitsämter. Für Schwangere sei der Impfstoff Pandemrix nicht geeignet, bei Kindern gebe es noch nicht so viel Erfahrung, sagte er.

Die ersten Ärzte bestellen nach

Auch bei der zentralen Lieferapotheke Sankt Hubertus am Salzufer in Charlottenburg standen die Leitungen nicht still: Per Fax trudelten permanent neue Bestellungen der Ärzte ein, die nach und nach die Impf-Erlaubnis vom Senat erhalten haben. Andere riefen an, weil sie wissen wollten, wann der Impfstoff geliefert wird. "Drei Mitarbeiter sitzen nur am Telefon", sagte Chef Bernd Drevenstedt. Das sei eine enorme Belastung, die die Auslieferung zusätzlich verzögert, meinte er.

Er bittet die Ärzte darum, nur noch schriftlich zu bestellen, lieber zu viel als zu wenig. Denn einige Ärzte wie auch die Moabiter Chirurgin Sabine Just, mussten bereits nachbestellen. Die 60 Dosen, die Just in die Moabiter Praxis bestellt hatte, werden nur bis heute Abend reichen. Doch Drevenstedt möchte doppelten Wege gern vermeiden und den zehn Mitarbeitern, die die Kartons packen, zusätzliche Arbeit ersparen. "Heute fahren wir schon mit drei, ab Mittwoch mit vier Fahrzeugen aus", kündigte Drevenstedt an. Zu weiteren Verzögerungen solle es nicht kommen, heute sollen weitere 105 Arztpraxen beliefert werden.

THE FLU CASE

Blackout: Military Personnel Banned From H1N1 Vaccine Sites
What's Your Reaction?

The Flu Case, 9 November 2009
https://web.archive.org/web/20100102030337/http://theflucase.com/index.php?option=com_content&view=article&id=1712%3Ablackout-military-personnel-banned-from-h1n1-vaccine-sites&catid=1%3Alatest-news&Itemid=64&lang=en

If you want to draw attention to a problem, try hiding it. That's the strategy of several military bases when it comes to the H1N1 vaccine.

Shortly after the Pentagon announced that all Armed Services personnel would soon be facing a mandatory H1N1 vaccination program, I started receiving email from soldiers, airmen, marines and sailors because of a previous story I had written on the anthrax vaccine. Mandatory vaccine programs are a sensitive subject in the military, so it's not a huge surprise that swift and visceral reactions to the program gained speed.

With a vaccine that was so new and little known about it, like many Americans, troops were heading to the web to find answers to their very legitimate questions -- not only for themselves, but for their families who have the option of receiving the vaccine on base. What they found instead is that several websites and blogs with key information asking critical questions had been blocked from their viewing.

Among those that were repeatedly mentioned as blocked sites are the National Vaccine Information Center (NVIC), the site for Gary Matsumoto's book Vaccine-A, and vaccine expert Dr. Meryl Nass. NVIC is a national, non-profit founded in 1980s that, through public education, advocates "vaccine safety and informed consent protections in the mass vaccination system." Matsumoto's site contains a forum in which thousands upon thousands of service members have posted testimonies regarding their experiences with the anthrax vaccine. And Nass is one of the world's foremost experts on vaccines who has testified in front of Congressional committees -- and, I might add, never has had a malpractice suit brought against her.

The Center for Disease Control (CDC), the Food and Drug Administration (FDA), and the Department of Health and Human Services (HHS) sites, however, are all available for military personnel. The official word from governmental agencies is welcome but critics, regardless of whether they were considered experts, are not.

According to the Office of the Assistant Secretary of Defense for Public Affairs, the only blocking of websites Pentagon-wide was in 2007, when a number of heavy-trafficked sites that "used lots of bandwidth" had to be denied to reduce the wear on networks "to ensure they continued to be available for mission requirements."

That turns out not to be entirely accurate.

Some of you may recall the reporting earlier this year when wired.com's Danger Room blog reported that the Pentagon was blocking not only YouTube, but even their own TroopTube.

When TroopTube launched last November, for instance, it was billed as an answer to the bandwidth and security concerns surrounding other video sites. TroopTube "crunches video files into several sizes and automatically plays the one that best suits viewers' Internet connection speeds," the Associated Press reported at the time. And "a Pentagon employee screens each [upload] for taste, copyright violations and national security issues."

Nonetheless, the public affairs office at the Pentagon further instructed me that "anything that may be blocked at the Service or base level should be addressed there -- it's a local issue."

Since I had the most information (and the most complaints) about Wright-Patterson Air Force in Ohio, that's where I directed my questions. After repeated email and phones calls, nearly two weeks later a spokesperson for Wright-Patterson told me that:

The Air Force general policy is all websites are placed into categories based upon their content and intended audience. All unethical categories are blocked as are any sites that are uncategorized. Currently the sites referenced are blocked because they are uncategorized.

A wholly unsatisfactory answer that side-stepped the question, I took this statement to mean that blocking these websites had nothing to do with bandwidth use as in the Pentagon statement and everything to do with the content.

I asked the follow-up question: Since this is a recent decision to block them, why would they not just be categorized rather than being uncategorized? As a result, they would not be blocked for educational purposes of service personnel who have a mandatory H1N1 vaccination program?

Wright-Patterson did not respond to this question.

Making sure that servicemen and servicewomen consent to the vaccine and are informed is apparently not a concern for the Department of Defense. But the message is very clear for one service member who contacted me: "All you need to know is what we're telling you, so shut up and take the vaccine with no questions asked."

Nass, one of the experts whose site has been blocked, points out the real shame in all of this: "It's unfortunate that the service members who are defending our civil rights are not afforded the same consideration."

KAUAITRUTH.COM

Ray Songtree

Aloha and Welcome to Kauaitruth.com

Kauaitruth, November 2009
https://web.archive.org/web/20091106110545/http://www.kauaitruth.com/

"Eventually, Governor Lingle said, the Department of Health and the Hawai'i National Guard would be administering swine flu vaccine to the general public statewide. "It's not just going to be children, or course," she said. "It will be everybody." Oct 14, 2009 *Honolulu Advertiser*.

This website is about truth and responsibility. My name is Ray Songtree.

I've lived on Kauai for 16 years. I and friends have distributed 12,000 No Need Vaccine flyers on Kauai and 6000 in Honolulu, written hundreds of letters, and if you live on Kauai and commute to work, you may see my sign by the side of the road. I hope to get information about oathkeepers.net to most of our police soon. Here you see my three year old daughter and I surfing near the Hanalei Pier. There is no national emergency because of a flu. There is a national emergency because the law of the land is being twisted and subverted.

242 deaths total in six months in Mexico and USA orders 90,000 vaccine centers. Hello? Seasonal flu kills 100/people a day in USA: where is the nightly report on TV????

We are facing a false flag operation in which a harmless flu is being used as an excuse for international, federal, and state emergency declarations.

These laws and agreements set in motion emergency police powers, and some of them are unconstitutional, but have never been tested.

Once we are under martial law, who will be allowed to challenge those laws? And if vaccines are forced on people according to World Health Organization "recommendations", challenging the emergency with injunctions may come too late for many people.

The vaccines have something in them. So much lying by World Health Organization (WHO), Center for Disease Control (CDC) and complicit media and government, tells us this is more than just making money for Big Pharma. There is some reason they would go so far as to create laws years in advance and have military exercises to get these vaccines into us.

Most vaccines contain additives that are known to be dangerous, and in a series of shots, can effect immune system so that a trigger could kill us. Why would this syndicate want to hurt people? Is it for control?

What we do know is that the 'swine' flu was harmless up until now (Nov 1, 09) We know the H1N1 vaccines are untested. We know the CDC has lied continually about the severity of the 'swine flu' and provided WHO and media with false information so that, in combination with a new WHO definition of "pandemic", Level 6 could be declared, triggering a world wide emergency response that will be ongoing indefinitely until flu magically disappears or WHO controllers are jailed.

When a whistle blower discovers a crime, is he or she a 'conspiracy theorist'. Was CBS News delusional when it uncovered CDC lies? (see full article far bottom) Are those who prosecute war crimes and mafia, 'conspiracy theorists'? There is a fire at the door. You can smell the smoke in the strange hourly push for vaccines on TV news. Let's find out what is going on.

After taking a few minutes to read the "Paul Revere email Ten Questions" below, I suggest the reader get very familiar with *theflucase.com* which describes the criminals.... and *oathkeepers.net* which starts to describe the solution. Oathkeepers is the most important and positive development right now in USA in my opinion.

This site is designed as one long page which you scroll down, just as the original campaign email looked. It may make you afraid>mad but the next mood is important.... proactive. This is our transformation from sheeple to people. My angle on investigating the fake swine flu is justice. Others come from a health perspective. There is an excellent health article far far bottom with important scientific testimony and audio is available too. My justice angle comes because I am tired of being lied to. Perhaps you can relate. A FED that refuses to be audited? No WMD in Iraq? Chief counsel of 911 Commission cries foul?

I want justice! For those new to the real flu story, the pieces of the puzzle will come together as you study the links I have given below. You can write to me at wakeuptoagenda@yahoo.com to receive this email below with live links to help awaken more people, so they too can blow the whistle. Truth is going viral! You may also be able to copy and paste the text below into your email program and distribute, but test to see the links are still active... (Catholic Nun/Doctor speaks out, full interview, below that
CBS News exposes CDC disinformation, then Medical testimony far bottom)

The Paul Revere Swine Flu Email Campaign
Where did we first hear about this news and what has been reported since?
Ten Questions to Ask Corporate Media about H1N1 'Swine Flu' and WHO
see => https://web.archive.org/web/20091106110545/http://www.kauaitruth.com/

There are more Deaths during Seasonal Flu

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

How many people die from seasonal flu each year in the United States?
https://web.archive.org/web/20091103195808/http://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm

The number of seasonal influenza-associated (i.e., seasonal flu-related) deaths varies from year to year because flu seasons often fluctuate in length and severity. CDC estimated that about 36,000 people died of seasonal flu-related causes each year, on average, during the 1990s in the United States. This figure includes people dying from complications of seasonal flu. This estimate came from a 2003 study published in the Journal of the American Medical Association (JAMA), which looked at the 1990-91 through the 1998-99 flu seasons [10]. Statistical modeling was used to estimate how many flu-related deaths occurred among people whose underlying cause of death on their death certificate was listed as a respiratory or circulatory disease. During these years, the number of estimated deaths ranged from 17,000 to 52,000.

In 2009, CDC published additional estimates of seasonal flu-related deaths comparing different methods, including the methods used in the 2003 JAMA study. The seasons studied included the 1993-94 through the 2002-03 flu seasons [9]. Results from this study showed that during this time period, 36,171 flu-related deaths occurred per year, on average.

(1) Not Deadly.

Why has Corporate Media not told us that the mild "swine flu" killed relatively few in the Southern Hemispheric cold winter countries in the last six months?

"Disease control experts say the death rate from H1N1 is similar to the death rate from seasonal influenza" – See: D. Thomas. Australia's "worst case scenario" 6,000 H1N1 deaths. – Reuters, July 16, 2009, 10:04 AM; https://www.reuters.com/article/idUSSYD537212

"According to Secretaria de Salud de Mexico, in a country of 105 million people, 70% urban, only 242 people have died in last six months from H1N1 swine flu, again, most with underlying complications" – H1N1 Vaccines, Criminal Intent – Examiner, Oct. 13, 2009. =>
https://web.archive.org/web/20100317115003/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m10d13-H1N1-Vaccines-Criminal-intent-Hawaii-on-chopping-block

(2) Swine Flu Cases Overestimated

Sharyl Attkisson. Swine Flu Cases Overestimated? CBS News Exclusive: Study of state results finds H1N1 not as prevalent as feared. – CBS News, 21 October 2009

https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

.

(3) Creation of Epidemic:

Why has Corporate Media not emphasized that the nasal spray vaccine contains live H1N1 virus, makes people contagious for up to 21 days, and requires self-quarantine to prevent risk of creating a wave of new flu cases?

We might also ask "Will a surge in nasal flu contagion be used as excuse for mandatory vaccinations under "national emergency protocols?" See: "H1N1 FluMist: The Nasal Spray that Keeps on Giving!" Sherry Tomfeld; See:

https://web.archive.org/web/20091023091136/http://www.associatedcontent.com/article/2205843/h1n1_flumist_the_nasal_spray_that_keeps.html?cat=70

(4) World Health Organization Manipulation:

Why has Corporate Media not told us that WHO changed the definition of 'pandemic' so that from now on, any new flu can trigger 'emergency' agreements in all 193 member nations until that flu disappears?

"The old [WHO] definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu was categorized as a 'pandemic.'" Tom Jefferson, epidemiologist

See: "A Whole Industry is Waiting for a Pandemic," – Der Spiegel, July 21, 2009
http://www.spiegel.de/international/world/0,1518,637119,00.html

See: M. Teppone, Definition of Pandemic on the WHO website. – Malaysia, July 2023, p. 160. DOI: 10.13140/RG.2.2.11046.29760/1 // https://archive.org/details/definitionof-pandemic

"To state that there is a pandemic when there is no pandemic is completely absurd. There might well be corruption at the highest levels of World Health Organization." – Dr. Annika Dahlqvist, Sweden

See: "Famous Swedish doctor fired because of statements against the 'swine flu' mass vaccination," Aftonbladet, October 14, 2009. =>

https://web.archive.org/web/20091017024514/http://www.aftonbladet.se/nyheter/article5957251.a

"In 2007, WHO adopted a regulation that in case of a 'pandemic,' WHO can legally bind member countries to vaccinate all or part of their population. The governments of these countries would be obliged then to impose fines or other penalties for individuals who refuse to be vaccinated." – Sr. Teresa Forcades i Vila (Nun/Doctor, Italy)

Gaspar Hernández, "A Nun Speaks Out on the H1N1 Pandemic," Iglesia Descalza, October 8, 2009

(5) CDC manipulation of data:

Why has Corporate Media not investigated the Center for Disease Control that counted 40,000 H1N1 cases after first five weeks, in which time they had scared the world, and then reported the count was only 47,000, a full six weeks later?

See: Sharyl Attkisson. Swine Flu Cases Overestimated? CBS News Exclusive: Study of state results finds H1N1 not as prevalent as feared. – CBS News, 21 October 2009

https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

In rapid reaction to this news, President Obama declared national emergency based on the false data of CDC saying 1000 H1N1 USA deaths. I find it impossible that Homeland Security and Obama did not hear about CBS article which debunks CDC, so we again have another suspect in the great crime.

The article is particularly damning because it documents CDC's extreme reluctance to hand over data. Just to show how corrupt corporate media is, The New York times published front page articles using the debunked CDC statistics five days after this CBS Oct 21 news! New York Times lies were also given to Senior Citizens like my mom, in September by Hawaii Health Department.

(6) Danger of aspirin with vaccines:

Why has Corporate Media not emphasized that taking aspirin for H1N1 flu or after the nasal mist can be deadly?

See: "Why Isn't CDC Better Warning That Aspirin for 'Swine Flu' Can Kill?". – Examiner, 2 October 2009 [a link to a story has been corrupted - 404 Page not found].

(7) FDA broke safety protocols:

Why has Corporate Media not investigated the FDA and WHO World Health Organization for rushing tests and allowing vaccine manufacturers to test their own products with no independent testing? (We have no idea what is actually in the vaccines)

See: "Lawsuit Against FDA for Failed H1N1 Vaccine Safety Test. – Examiner, 9 October 2009. [a link to a story has been corrupted - 404 Page not found].

(8) Biased interviews:

Why does Corporate Media repeatedly interview nice looking young female employees who unconditionally promote vaccines; rarely interviewing independent and well known experts exposing dangerous additives such as squalene, aluminum, formaldehyde, thimerosal (mercury), IL-2, MF59, Benzethonium chloride, Ethylene glycol, and other toxic adjuvants?

See: Deborah Dupre, "Squalene laced H1N1 vaccination 'pharmacological warfare'." – Examainer Aug 18, 2009 [a link to a story has been corrupted - 404 Page not found].

(9) Illogical mandatory agenda:

Why has Corporate Media not repeatedly emphasized the common-sense points that:

a) Non-vaccinated people are no threat to vaccinated people?

b) Those getting flu shots still get mild flu anyway and will still be contagious?

c) Any new panic version of H1N1 means virus mutation, thereby making all present H1N1 vaccines obsolete?

Please remember this. If flu doesn't act like it did in Australia and New Zealand and Mexico, then it is not H1N1 but something new.

Representative Dr Ron Paul on H1N1

(10) PREMEDITATED MARTIAL LAW:

Why has Corporate Media not investigated who is organizing premeditated martial law simultaneously here and abroad, and training of troops "to assist" with a harmless flu?

See: "Swine Flu: Path to Martial Law?" John Griffing, Pakalert Press, September 10, 2009. https://web.archive.org/web/20091026091318/http://pakalert.wordpress.com/2009/09/10/swine-flu-path-to-martial-law/

See: "Martial Law and the Militarization of Public Health: The Worldwide H1N1 Vaccination Program," Michel Chossudovsky, Global Research, 26 July 2009. https://web.archive.org/web/20090728103106/http://www.globalresearch.ca/index.php?context=va&aid=14543

See: Kurt Nimmo. "Obama's H1N1 Emergency Declaration: Is Martial Law Unfolding?" Infowars, 24 October 2009. https://web.archive.org/web/20091027010722/http:/www.infowars.com/obamas-h1n1-emergency-declaration-is-martial-law-unfolding/

See: Mike Adams. "Obama's H1N1 Emergency Declaration could invoke FEMA response to pandemic". – NaturalNews, 26 October 2009.

"USNORTHCOM contributes pandemic flu contingency planning," – U.S. Northern Command News, 14 April 2008.

ÖSTERREICH

H1N1-Impfstoff für Österreich: Geheimer Vorvertrag - 95 Millionen Euro

ÖSTERREICH, 10 Novembre 2009.
http://www.dasjournal.net/news/287/ARTICLE/24759/2009-11-11.html (deleted)

Baxter gewährt Gesundheitsministerium 9 % Rabatt

Details des vertraulichen Vorvertrages des Gesundheitsministeriums mit dem Pharmakonzern Baxter über 16 Millionen Celvapan-Impfdosen zur H1N1-Grippe liegen der Tageszeitung Österreich vor.

Noch im Juli dieses Jahres verwies SP-Gesundheitsminister Alois Stöger in einer parlamentarischen Anfrage diesbezüglich auf eine "Geheimhaltungsklausel".

16 Millionen Impfdosen

Der Vorvertrag mit Baxter hat laut Informationen der Tageszeitung ÖSTERREICH einen Wert von exakt 95 Millionen Euro. Das Ministerium konnte neun Prozent Rabatt herausschlagen. Die Gesamtkosten von 6,55 Euro pro Impfdose bei 16 Millionen Stück würden sonst 104,8 Mio. Euro betragen.

500.000 Dosen Celvapan wurden von Baxter bereits ausgeliefert. Das entspricht einem Wert von rund drei Millionen Euro.

Pilz kritisiert Geheimhaltung

Der Grün-Abgeordnete Peter Pilz kritisiert gegenüber ÖSTERREICH die Verschwiegenheit des Ministeriums bei der parlamentarischen Anfrage. "Beim Eurofighter wurde bestätigt, dass ein privatwirtschaftlicher Vertrag nicht der Geheimhaltung unterliegt. Was das Ministerium macht, verstößt nach Ansicht renommierter Juristen wie Heinz Mayer gegen die Verfassung."

=>

OTS

ÖSTERREICH: Schweinegrippe-Geheimvertrag um 95 Millionen Euro

OTS, 10 November 2009, 19:16
https://www.ots.at/presseaussendung/OTS_20091110_OTS0319/oesterreich-schweinegrippe-geheimvertrag-um-95-millionen-euro

Gesundheitsministerium verhandelte 9 % Rabatt bei Pharmakonzern Baxter.

Wien (OTS) - Der Tageszeitung ÖSTERREICH (Mittwoch-Ausgabe) liegen nun Details des vertraulichen Vorvertrages des Gesundheitsministeriums mit dem Pharmakonzern Baxter über 16 Millionen Celvapan-Impfdosen zur H1N1-Grippe vor. Noch im Juli dieses Jahres verwies SP-Gesundheitsminister Alois Stöger in einer parlamentarischen Anfrage diesbezüglich auf eine "Geheimhaltungsklausel".

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=> see next

oe24

Schweinegrippe-Geheimvertrag um 95 Mio

OE24, 10 Novembre 2009, 19:27
https://www.oe24.at/oesterreich/chronik/schweinegrippe-geheimvertrag-um-95-mio/675353

Das Gesundheitsministerium hat beim Pharmakonzern Baxter 9 % Rabatt herausgehandelt.
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Neun Prozent Rabatt
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=> an English version

THE FLU CASE

Secret agreement with Baxter violates Austrian Constitution

The Flu Case, 23 November 2009 13:28
https://web.archive.org/web/20100102015641/http://theflucase.com/index.php?option=com_content&view=article&id=2031%3Asecret-agreement-with-baxter-violates-austrian-constitution-&catid=1%3Alatest-news&Itemid=64&lang=en

The Austrian government's secret contract with Baxter to supply swine flu (and bird flu) jabs violates the Constitution, according to legal expert Heinz Mayer, reports dasjournal.net.
The Austrian government is to shell out 95 million euros for 16 million doses of the swine flu jab after receiving a "9%" discount.
Costing 6.55 euros a dose, the Austrian government has to pay far less than the French government for the same jab.
It emerged that the French government is paying over 10 euros for each Baxter jab after the secret agreement with Baxter was published under pressure.
Germany's secret agreements with GlaxoSmithKline have also come under fire.

THE IRISH TIMES

Eithne Donnellan, Michelle Mcdonagh

HSE to offer under-fives swine flu vaccine

Irish Times, 10 November 2009
https://web.archive.org/web/20100102022205/http://theflucase.com/index.php?option=com_content&view=article&id=1716%3Airish-children-to-be-given-untested-swine-flu-jab-by-big-pharma-allies-in-government&catid=1%3Alatest-news&Itemid=64&lang=en

Children Under five years and those aged 65 and over are to be offered the swine flu vaccine later this month and early next month, the HSE confirmed yesterday. They will be offered the vaccine at special HSE clinics across the State, not at GP surgeries.

The HSE, which, along with many GPs, is now vaccinating at-risk groups aged six months to 65 years as well as pregnant women, will begin writing to parents of children aged from six months to under five years this week to inform them of the development.

The letters will tell parents when to bring their child to a HSE clinic for their vaccine. Some will be given actual appointments, others will be told to book an appointment online or by telephone at their nearest HSE swine vaccination clinic.

"Parents of children in this group will begin to receive letters starting this week and throughout November and early December," the HSE said.

"People aged 65 and over will begin to be invited over the coming fortnight."

Those aged over 65 were not included in the initial phase of swine flu vaccinations as they are believed to have some immunity to the H1N1 virus. Most of those hospitalised with the virus to date have been younger people.

Dr Brenda Corcoran of the HSE national immunisation office said after the under-fives and over-65s are vaccinated, the HSE will then move on to vaccinate older children in schools.

In relation to the under-fives and over-65s, she said: "We would ask people in these groups to be patient and to wait for their invitation to arrive. Everyone in these groups will be offered the vaccine throughout November and December."

Letters will first go out to people in areas where there is capacity in existing HSE swine flu vaccination clinics.

Dr Kevin Kelleher, head of health protection with the HSE, said there were now about 600,000 doses of the swine flu vaccine in the State and more were arriving all the time. The first supplies were prioritised for the 400,000 or so at-risk patients aged six months to 65 years in the State. The next priority group is the 300,000 or so under-fives and then the 500,000 over-65s in the State.

He said the HSE would move into schools towards the end of November to vaccinate the 800,000-900,000 older children there.

Dr Kelleher said vaccines had also been distributed to hospitals, so at-risk patients could be vaccinated opportunistically. Healthcare workers in hospitals would also start getting the vaccine this week, he said.

Meanwhile, Dr Mary Horgan, consultant in infectious disease at Cork University Hospital, has warned that swine flu could mix with seasonal flu and create a new virus.

"If a person gets swine flu and seasonal flu together, the two viruses can reassort or get mixed up and we will get another novel virus which will require another vaccine. It's too early to tell yet if this will happen because we're not seeing much seasonal flu yet," she said.

Dr Horgan stressed the need for people who usually get the annual seasonal flu vaccination to make sure they get their jab this year to avoid this situation arising.

Some 3 per cent of the population – about 138,000 people – had contracted swine flu by last week and 14 people had died from the virus. An update on current infection rates will be provided by the Department of Health on Thursday.

THE FLU CASE

Irish children to be given untested swine flu jab
by big pharma allies in government

The Flu Case, 10 November 2009
https://web.archive.org/web/20100102022205/http://theflucase.com/index.php?option=com_content&view=article&id=1716%3Airish-children-to-be-given-untested-swine-flu-jab-by-big-pharma-allies-in-government&catid=1%3Alatest-news&Itemid=64&lang=en

Daniel Martin

GPs to get bigger bonuses if they meet swine flu jab targets

The Flu Case // Daily Mail, 10 November 2009
[this text is from The Flu Case, 10 November 2009]
https://web.archive.org/web/20100102045349/http://theflucase.com/index.php?option=com_content&view=article&id=1725%3Agps-to-get-bigger-bonuses-if-they-meet-swine-flu-jab-targets-reports-daily-mail&catid=1%3Alatest-news&Itemid=64&lang=en

GPs are in line for huge bonuses if they manage to persuade large numbers of their patients to sign up to the swine flu jab, it has emerged.

NHS managers in Birmingham have told family doctors they will be able to get extra payments - on top of the £5.25 they already get per jab - if they meet targets on vaccination rates.

If they vaccinate more than 90 per cent of those deemed at risk of the disease in their area, they will get 50 per cent more per jab, meaning they will be paid £7.88 for every person they vaccinate.

Even if they achieve an uptake of 40 per cent, they will get an extra 10 per cent on top. It is not known if these extra bonuses, which would be worth thousands of pounds per practice, are available in other areas of the country.

Last night critics expressed outrage that doctors were getting yet more money for effectively pushing drugs on to patients.

Family doctors have seen their pay soar since the introduction of a new contract.

Latest figures show their salary is now more than £106,000 on average - 47 per cent higher than the £72,000 they earned in 2002/03, according to the Department of Health.

The original announcement in the summer that GPs were to be paid per jab was greeted with incredulity, with opponents saying they should not get extra money for doing their job.

Doctors have insisted all the money will go towards overtime and the extra staff needed to carry out the vaccinations.

Now Pulse magazine has reported that the Heart of Birmingham primary care trust is so worried about a second wave of swine flu over the winter that it has offered practices up to 50 per cent over and above the £5.25 they get per jab.

Vaccinations are initially being offered to pregnant women and patients with underlying health problems such as asthma and diabetes.

A spokesman for the PCT said: 'In recognition of the additional workload, the PCT will pay a high-coverage bonus.'

Dr Robert Morley, a GP and executive secretary of Birmingham local medical committee, told Pulse the extra payments were 'welcome'.

He said: 'We are asking every practice to give us information about the burden of work so that we can arrange payment if necessary.'

Norman Lamb, Liberal Democrat health spokesman, said: 'It is hard to justify yet more payments to GPs. There is already an agreed payment which means that substantial amounts of money will flow to GPs.

'This agreement works on the assumption that GPs aren't motivated by what is best for their patients.

'The danger is that swine flu will become a massive money-spinner from drugs companies.'

Jackie Fletcher, of vaccination support group Jabs, said: 'There are huge questions about the integrity of vaccine decisions if doctors are paid to give them.

'All vaccines carry a risk of side effects. Can we be confident GPs will tell patients about these risks if they are being paid extra to ensure a high uptake?

'Rather than paying bonuses, the Department of Health should be investigating possible side effects.'

Meanwhile, the true scale of the impact of swine flu on the working-age population has been revealed for the first time.

Figures from the NHS Information Centre show that almost a half of all the people who were admitted to hospital after catching the disease over the summer were aged between 17 and 59.

They show that a bigger second wave of swine flu could have a devastating impact on the economy - and could put the NHS under severe pressure.

The impact of swine flu in the summer months meant the number of bed days spent in hospital by flu patients increased from 207 in July 2008 to 3,976 in July 2009.

An estimated 100,000 new cases of swine flu were occurring per week at the peak of the pandemic in July. Last week, an estimated 84,000 new cases of the virus were reported and experts are predicting another spike in the winter months.

The figures also show that the proportion of people in different age groups needing hospital stays also changed because of swine flu.

In the three months to the end of July 2008, those in working-age groups represented just 19 per cent of all bed days - but this rose to 46 per cent for the same months in 2009.

MailOnline

Daniel Martin

GPs to get bigger bonuses if they meet swine flu jab targets

Daily Mail, 11 November 2009, 08:15 BST,
[this text is from The Daily Mail, 11 November 2009]
https://www.dailymail.co.uk/health/article-1226704/GPs-bigger-bonuses-meet-swine-flu-jab-targets.html

Doctors are in line for huge bonuses if large numbers of their patients sign up for swine flu jabs.

Managers at a major health trust are offering extra payments on top of the £5.25 that GPs already get per injection.

If they vaccinate more than 90 per cent of those deemed at risk of the disease in their area, they will get 50 per cent more per jab - £7.88 per person.

An uptake of just 40 per cent will earn doctors an extra 10 per cent.

The extra payments are being offered by Heart of Birmingham primary care trust, according to Pulse magazine.

It is not known whether the bonuses, which would be worth thousands of pounds per practice, are available elsewhere in the country.

Last night, critics expressed outrage that GPs were getting yet more money for effectively pushing drugs on to their patients.

They said medics should not be given extra rewards simply for doing their jobs.

Doctors insist the money will go towards overtime and the extra staff needed to give the jabs.

Yet GPs have seen their pay soar since the introduction of new contracts. The average salary is now more than £106,000 - 47 per cent higher than the £72,000 they earned in 2002/03, according to the Department of Health.

Pulse reports that officials in Birmingham are worried about a second wave of swine flu over the winter.

Vaccinations are initially being offered to pregnant women and patients with underlying health problems such as asthma and diabetes.

Norman Lamb, Liberal Democrat health spokesman, said: 'It is hard to justify yet more payments to GPs. There is already an agreed payment which means that substantial amounts of money will flow to GPs.

'This agreement works on the assumption that GPs aren't motivated by what is best for their patients.

'The danger is that swine flu will become a massive money-spinner for drugs companies.'

Jackie Fletcher, of vaccination support group Jabs, said: 'There are huge questions about the integrity of vaccine decisions if doctors are paid to give them.'

A spokesman for the trust said Birmingham had been badly hit by swine flu over the summer and the bonus scheme was a carefully-considered response.

The scale of the impact of swine flu on the working-age population is starting to emerge.

Figures from the NHS Information Centre show that almost a half of all those admitted to hospital after catching the disease over the summer were aged between 17 and 59.

The figures are surprising because flu usually affects the young and the old.

They show that a bigger second wave of the illness could have a devastating impact on the economy, and could put the NHS under severe pressure.

The number of bed days spent in hospital by flu patients soared from 207 in July 2008 to 3,976 in July 2009.

Last week, an estimated 84,000 new cases of the virus were reported and experts are predicting a spike over the winter months. In July the figure stood at 100,000 a week.

Irish Independent

Eilish O'Regan

Clinics and GPs give pandemic vaccine to 250,000

Irish Independent, 11 November 2009, 13:00
https://www.independent.ie/irish-news/clinics-and-gps-give-pandemic-vaccine-to-250000/26581378.html

More than a quarter of a million people had now received the swine flu vaccine, either through their GP or clinic, the HSE said yesterday.

A spokeswoman said more than 200,000 doses had been distributed to GPs over the past weeks and most of these had been administered to patients.

Over 30,000 other people had been vaccinated in the HSE- run clinics around the country, the spokeswoman added.

The initial round of the vaccination campaign, aimed at over 400,000 people with at-risk medical conditions and pregnant women, is now in its second week and further supplies are being distributed.

The spokeswoman said that parents of the first group of healthy children aged under five years old would receive an invitation at the end of this week to get the vaccine in clinics, but this would be rolled out on a phased basis.

Children

She said details of vaccination for schools, aimed at children of all ages, were being finalised and would be announced in the coming weeks.

"The schools programme has been identified as one the next phases of the vaccination campaign over the coming weeks," the spokeswoman said.

Latest reports show that the majority of outbreaks so far have happened in educational settings like schools and colleges. Over 2,000 youngsters fell ill in these settings .

The rate of hospitalisation has so far been highest among under-fours, followed by five- to nine-year-olds and 15- to 19-year-olds. Other outbreaks occurred in residential institutions, creches and the workplace, while two were travel-related and another two happened at social gatherings.

Virus

The south, south-east and mid-west of the country appeared to have fared best so far, with a relatively low number of people falling ill with the virus .

The east, west and north-west have had higher numbers of people suffering from swine flu and it was mild in the majority of cases.

Glaxosmithkline, makers of the swine flu vaccine Pandemrix, quoted results from a clinical trial carried out on 168 adults .

The trial, which involved giving them the Pandemrix and seasonal flu vaccine, found a strong response in adults to both.

A spokeswoman said local reactions such as pain, redness, and swelling at the site of injection were observed in the patients.

la route ouverte
mon cheminement en soins infirmiers

Vaccination obligatoire recommandée

La Route Ouverte, 10 November 2009
http://www.teteslibres.com/larouteouverte/2009/11/10/vaccination-recommandee/

Alors que nous demandions depuis des semaines si nous allions devoir être vaccinées, où quand et comment, et après avoir harcelé tous les professeurs du département avec nos questions à ce sujet, nous avons fini par recevoir un courriel de la « responsable des stages ». Je vous le copie ici:

Chers étudiants,
L'objet de ce message vise à clarifier la démarche à suivre en lien avec l'acceptation ou le refus de se faire vacciner. Comme vous le savez sans doute déjà, les employés du secteur de la santé de même que les stagiaires ont été appelés à se faire vacciner pour la grippe A(H1N1) afin d'assurer la protection de la clientèle vulnérable et du personnel de la santé que l'exercice de nos fonctions nous amènent à côtoyer. Cette opération de grande envergure est alors en cours depuis un peu plus d'une semaine et cela sous-entend que l'invitation à cette campagne de vaccination s'adresse à nous tous et que les enseignants, chargés de cours ou étudiants devraient normalement se soumettre à cette exigence en se faisant vacciner dans les prochains jours si ce n'est pas déjà fait. Il est bien évident que la vaccination n'est pas obligatoire au Québec même si elle est fortement recommandée. La position du collège va dans le sens de cette démarche vu que l'on encourage fortement de se faire vacciner contre la grippe A(H1N1) dans ce contexte actuel de pandémie possible.

Or, nous sommes conscients que la vaccination demeure sur une base volontaire, mais je désire vous faire part des extraits d'un courriel que j'ai reçu de la part de la directrice adjointe au programme à la Direction des études, Madame Linda Deroy, et qui énoncent les conséquences possibles d'un refus de se faire vacciner :

«Les étudiants qui refusent la vaccination ou qui négligent de se faire vacciner doivent prendre conscience du fait qu'ils pourraient être refusés en stage ou être exclus en cours de stage par les milieux qui les reçoivent.

En période de pandémie, les enseignants offriront aux étudiants malades une récupération si la réussite du cours est en jeu et *si la récupération possible est possible*. Cette récupération pourrait être impossible. *Par exemple*, si la durée de la récupération dépasse largement la durée maximale de l'absence en raison de grippe (raison à laquelle la récupération a été autorisée) ou si l'étudiant, parce que non vacciné, est refusé dans les autres milieux de stage disponibles.

Tout enseignant, chargé de cours ou étudiant qui refuse la vaccination accepte et assume les conséquences possibles de sa décision.»

Donc, pour assurer le suivi en lien avec ce qui vous a été mentionné précédemment, je dois en tant que responsable des stages, tenir un registre des personnes vaccinées ou non pour la grippe A(H1N1). Cette responsabilité émerge du fait que je dois attester ceux et celles qui ont ou non été vaccinés dans les différents milieux de stage à leur demande. Face à cela, vous devez donc me remettre votre preuve de vaccination soit en personne à mon bureau (D-1697), soit dans mon casier

ou à votre professeur de stage. Il est à noter que je demande également aux enseignantes de me fournir cette preuve de vaccination. Comme la vaccination est sur une base volontaire, si vous refusez de vous faire vacciner, vous devrez vous présenter à mon bureau (D-1697) du lundi au jeudi de 13h00 à 16h00 et cela jusqu'au 12 novembre 2009 afin de faire signer un document certifiant votre refus. Je devrez donc m'assurer en même temps que votre décision est libre et éclairée.

Bon. Je ne sais pas pour vous, mais en ce qui nous concerne nous en avons déduit que la vaccination était obligatoire faute de quoi nous pourrions échouer nos stages. Je me serais fait vacciner de toute façon puisque dans 2 semaines, en pédiatrie, je suis assurée d'être en contact avec des patients porteurs du virus, et je ne voudrais pas être un vecteur du virus en le ramenant chez moi, le transmettant à mon conjoint, à mes parents, ma nièce de 2 ans, etc.

PREUVE DE VACCINATION PANDÉMIE GRIPPE A(H1N1)

VACCINATION GRIPPE A(H1N1)

Nom : STEPHANIE BEAUCAIRE

Date de naissance : 1970-08-21

Dose	Qté administrée	NOM DU VACCIN	Date	Initiales
1ère dose	☐ 0,25 mL ☑ 0,50 mL	☑ Arepanrix H1N1 avec adjuvant ☐ Panvax H1N1 sans adjuvant ☐ Vaccin monovalent H1N1 sans adjuvant	2009 – 11 – 06	[signature]
2ème dose	☐ 0,25 mL ☐ 0,50 mL	☐ Arepanrix H1N1 avec adjuvant ☐ Panvax H1N1 sans adjuvant ☐ Vaccin monovalent H1N1 sans adjuvant	2009 – –	

Ma vaccination comme tel s'est très bien passé. Je me suis présentée au centre d'hébergement du csss Jeanne-Mance, coin René-Lévesque et St-Dominique, où on effectuait la vaccination des travailleurs de la santé seulement. J'ai attendu environ 15 minutes avant d'être vacciné, ce fut très rapide et efficace. J'ai eu mal au bras pendant 2 jours, pas d'autres effets secondaires. Il faut dire que ça fait trois semaines que je me tape un de ces rhumes, je ne sais pas si j'aurais vu la différence avec les effets du vaccin de toute façon.

lepoint.fr

Grippe A: les 12 millions d'élèves français vont pouvoir être vaccinés

Le Point, 11 November 2009
https://web.archive.org/web/20100102043359/http://theflucase.com/index.php?option=com_content&view=article&id=1739%3Afrench-education-minister-says-all-school-children-to-be-qofferedq-jab-but-not-compulsory&catid=1%3Alatest-news&Itemid=64&lang=en

Douze millions d'élèves scolarisés en France de la maternelle au lycée vont pouvoir bénéficier à partir du 25 novembre, sur la base du volontariat, d'un plan de vaccination contre la grippe H1N1. MAXPPP.

Le ministre de l'Education Luc Chatel a annoncé dimanche qu'une campagne de vaccination contre la grippe A (H1N1) à destination des douze millions d'élèves scolarisés en France, de la maternelle au lycée, serait lancée en France à partir du 25 novembre sur la base du volontariat. Le gouvernement va proposer "aux parents la vaccination de leurs enfants et des adolescents", a dit Luc Chatel invité du journal de France 2, précisant qu'il n'y avait "aucune obligation".

Les parents recevront un bon de vaccination ainsi que deux questionnaires. Le premier portera sur l'accord ou non pour un vaccin, le deuxième sur les problèmes d'incompatibilité. "Et c'est dans l'établissement que la vaccination aura lieu", a expliqué Luc Chatel. Il n'y aura "aucune obligation", a-t-il insisté. "Ce sont les parents qui décideront si oui ou non leur enfant doit être vacciné". Le ministre n'a en revanche pas donné d'indication quant à la possibilité d'une éventuelle vaccination pour les 850.000 enseignants.

Concernant les 6,6 millions d'enfants scolarisés en maternelle et dans le primaire, les vaccinations auront lieu dans les centres de vaccination de proximité. Pour les 5,3 millions de collégiens et les lycéens, elles se dérouleront dans les établissements scolaires. Le ministre a précisé qu'une "accélération de la diffusion de l'épidémie de grippe A" avait été constatée récemment. "Le nombre de consultations a été multiplié par 10 la semaine dernière par rapport à ce qu'il était au début du mois d'octobre", a dit Luc Chatel.

Une minorité de Français prête à se faire vacciner

La campagne de vaccination pour le grand public doit démarrer le 12 novembre. Quelque 6 millions de personnes seront invitées à se faire vacciner lors de la première vague: femmes enceintes, public fragile et entourage des nourrissons de moins de six mois. La vaccination avait précédemment été ouverte le 20 octobre à la majorité des personnels de santé. Alors que la circulation du virus s'intensifie depuis trois semaines, l'Institut de veille sanitaire (InVS) a annoncé huit nouveaux décès attribués à la grippe H1N1 depuis le 3 novembre, portant à 30 le bilan des décès en France métropolitaine.

Selon un sondage paru dans l'hebdomadaire Marianne , seule une minorité de Français (21 %) se déclare prête à se faire vacciner contre la grippe H1N1. 61 % d'entre eux jugent par ailleurs que le gouvernement "en a trop fait" sur la grippe, selon ce même sondage. Interrogé sur ce point, Luc Chatel a répondu que "le rôle du gouvernement est de se tenir prêt". "Nous assistons depuis quelques jours à une accélération de la diffusion de l'épidémie, puisque le nombre de consultations a été multiplié

par dix la semaine dernière par rapport à ce qu'il était au début du mois d'octobre", a-t-il relevé. "Je ne suis pas vacciné car les ministres ne font pas partie des publics prioritaires. Lorsque les publics prioritaires seront vaccinés, oui, je me ferai vacciner", a-t-il déclaré.

Le patron des députés UMP Jean-François Copé a confié dimanche qu'il n'avait pas encore "pris sa décision" sur le fait de se faire vacciner contre la grippe H1N1, à la veille du lancement par le gouvernement d'une campagne massive de vaccination. Le gouvernement a commandé auprès des laboratoires 94 millions de vaccins. Compte tenu des 10 % de doses qui devraient aller aux pays en développement, 84 millions de doses seront disponibles pour les Français.

French Education Minister says all school children to be "offered" jab but not compulsory

The Flu Case, 11 November 2009, 16:36

https://web.archive.org/web/20100102043359/http://theflucase.com/index.php?option=com_content&view=article&id=1739%3Afrench-education-minister-says-all-school-children-to-be-qofferedq-jab-but-not-compulsory&catid=1%3Alatest-news&Itemid=64&lang=en

The French Education Minister Luc Chatel has said that all 12 million school children in France are to be "offered" the "swine flu" jab but that vaccinations will not be compulsory.

The swine flu jab will be available for 6.6 million children in primary schools at special vaccine centers while for the 5.3 million pupils in secondary schools, it will be available at school.

CBC news

Children to be bused to vaccination centres

CBC News, 11 November 2009, 9:13 PM ET
https://web.archive.org/web/20091116174907/http://www.cbc.ca/canada/montreal/story/2009/11/11/mtl-children-vaccine-busses.html

Quebec health officials say they are close to setting up a system to bus schoolchildren to swine flu vaccination centres.

Putting together a vaccination plan involving more than one million school children is not an easy task, said Quebec's chief public health officer, Dr. Alain Poirier.

"A few details have to be fixed, but it's going in the right direction," he said at a news conference in Quebec City Wednesday.

The chief of health protection at Montreal's public health department, Dr. Terry-Nan Tannenbaum, said there is still a lot to figure out.

"There's the consent to be vaccinated; there's the consent to be transported; … there's making sure we have all the information, for instance, on allergies or other problems," said Tannenbaum.

One Montreal parent said the idea to bus students to clinics isn't such a good one.

"Many children will be afraid," said Elise Desjardins, the mother of two school-age children.

She said children might be more at ease if they got the flu shot at their own school.

At the national assembly, Parti Québecois health critic Bernard Drainville said the plan sounds like a field trip destined for failure.

"It is obvious the solution is to do vaccinations in schools. Why aren't you doing it?" Drainville asked the Liberals during question period.

"[This is the way] to vaccinate the most students possible ... the most efficient way," replied Liberal Health Minister Yves Bolduc.

He went on to say that if the government slows down the vaccination process for schoolchildren, it will delay the rollout of vaccination for the rest of the population.

Three new deaths

On Wednesday, public health officials in the province confirmed three more deaths related to the H1N1 influenza A virus, which is responsible for the current swine flu pandemic.

That brings to 20 the number of flu-related deaths in Quebec since the second wave of swine flu began Aug. 30.

Only one person has died of symptoms directly relating to the swine flu, said Poirier.

"All the others had underlying conditions," Porier said.

There have been 923 confirmed cases of the H1N1 flu in Quebec so far in this second wave, Poirier said.

"That's the total number for the last two and half months," he said. "But most of them are out of the hospital."

Poirier also noted that 58 per cent of the 923 cases involve people 19 and under.

New vaccination centre in West Island

Health officials in Montreal have opened a second H1N1 vaccination centre in Montreal's West Island region.

The decision to open the centre at Spring Garden Elementary School in Dollard-des-Ormeaux five days ahead of schedule is an attempt to reduce lineups at the only other centre in the West Island – Allencroft Elementary in Beaconsfield, officials said.

"Monday and Tuesday, all the coupons [given to those waiting in line for flu shots] had been given out earlier in the day," said Montreal Public Health Department spokesperson Deborah Bonney. "That meant the register was filled right up 'til eight in the evening."

Officials at the West Island Health and Social Services Centre said the new centre was working well on its first day of operation.

"Things are going very, very smoothly," said spokesman Louis-Pascal Cyr. "People who are coming in are being put into the circuit right away."

Health agency president catches flu

Also on Wednesday, Montreal Health Officials pointed to one of their own as proof of why Quebecers should be vaccinated against the swine flu.

Montreal Health Agency president David Levine has come down with a case of the illness.

He felt the first symptoms of the flu over the weekend, officials said.

"He's doing everything that is written in the book," said Dr. Louise Ayotte of the Montreal Health Agency. "He stays home, takes a lot of liquids. It seems to be a mild to moderate H1N1."

Levine was not in any of the priority groups for vaccination.

The Intelligencer.
Wheeling News-Register

Shelley Hanson

Deputies Hold Boy Who Fled Flu Shot
Student refused; was held down for vaccination

The Intelligencer, 11 November 2009
https://web.archive.org/web/20091114124507/http://www.theintelligencer.net/page/content.detail/id/530805.html?nav=515

Wheeling - *It took the strength of two sheriff's deputies to keep* a middle schooler still enough to receive a shot of the swine flu, or H1N1, vaccine at a recent clinic.

During a regular Wheeling-Ohio County Health Board meeting Tuesday, health department Administrator Howard Gamble told board members about the student's attempt to flee Wheeling Middle School during a vaccination clinic held there last Friday.

He noted the boy's mother could not bear to watch the scene and left the gymnasium. Out of apparent fear of receiving the injection, the student ran out of the building. The school's resource officer, Ohio County Sheriff's Deputy John Haglock, coaxed the boy back inside. Once at the shot station, however, Haglock apparently needed some help keeping the boy still, and another deputy assisted.

"He tried to run. I looked over and saw two sheriff's deputies holding a kid down," Gamble said. "Mom took off, she couldn't take it. You had one nurse with the needle, two deputies holding him, one nurse is grabbing hands - because that's what they want to do, to go after the needle. And that's the last thing you want."

Gamble said as soon as the nurse gave the boy his injection and told him he was done, he hopped up like nothing had happened."For the most part they go very easy. As far as the shots, every once in awhile you have to hold down one or two - but that's why mom is there or dad is there," Gamble said.

He added after the meeting that Friday's incident was the only time Ohio County deputies have held a student during a shot. "They're mostly there for parking and directions. They also know the kids. ... They were our first line of contact when setting up the clinics," Gamble said.

Neither Sheriff Pat Butler nor Haglock could be reached for comment. A sheriff's department official said Haglock is on vacation for the next two weeks.

During a clinic Tuesday at Bridge Street Middle School, similar scenes took place - though not quite as dramatic and not involving officers of the law. A couple sets of parents could be seen keeping their children from wiggling away while a nurse quickly administered the vaccine.

Ten-year-old Austin Price, the son of Jennifer and Josh Price, decided to take the shot standing up and with no assistance from his mom or dad. He even smiled for a photograph. And on a scale of 1-10, how painful was the shot? A "4," he answered.

By 7:30 p.m., 391 students from Bridge Street and Elm Grove and Middle Creek elementary schools had been vaccinated. Gamble expected that by the clinic's end at 8 p.m., more than 400 would have received the inoculation.

The final two student clinics in Ohio County are:

- For students of Warwood Middle School, Corpus Christi, Warwood and West Liberty Elementary schools from 3:30-8 p.m. Thursday at Warwood Middle School Gym.
- For students of Wheeling Park High School from 9 a.m. to 2 p.m. Saturday at WPHS Activities Center.

Tuesday's health board meeting was held in the county commission board room - located on the second floor of the City-County Building - due to the health department's board room being used for storage.

ROMANDIE NEWS
L'INFO EN DIRECT : ENTREE

Le Parlement commence à s'inquiéter des couacs sur les vaccins

Romandie News, 11 Novembre 2009, 10:42
http://www.romandie.com/infos/ats/display.asp?page=20091111104253240172019048000_brf023.xml&associate=phf1224 [deleted]
https://web.archive.org/web/20100102004502/http://theflucase.com/index.php?option=com_content&view=article&id=1734%3Aswiss-parliament-to-launch-inquiry-into-swine-flu-vaccination-programme&catid=41%3Ahighlighted-news&Itemid=105&lang=en

La polémique qui enfle autour des vaccins contre la grippe porcine commence à susciter des remous dans les rangs du Parlement. En janvier, une enquête sera lancée pour voir si le plan pour contrer la pandémie a bien fonctionné, selon Urs Schwaller.

La commission de la santé publique du Conseil des Etats a renoncé à intervenir pour l'heure, a déclaré le Fribourgeois, qui la préside. Mais d'autres instances, comme la délégation des finances, risquent de s'emparer de l'affaire.

Un crédit de 84 millions a été libéré pour l'achat de vaccins contre le virus de la grippe A/H1N1, a rappelé M.Schwaller. Or, il semble que la Suisse va céder une partie encore non définie des doses - 10, 20 ou 30% - à d'autres pays, selon lui.

Dans ces conditions, "nous voulons savoir ce qu'il est arrivé de l'argent que nous avons octroyé pour lutter contre la pandémie".

THE FLU CASE

Swiss Parliament to launch inquiry into swine flu vaccination programme

The Flu Case, 11 November 2009, 13:38
https://web.archive.org/web/20100102004502/http://theflucase.com/index.php?option=com_content&view=article&id=1734%3Aswiss-parliament-to-launch-inquiry-into-swine-flu-vaccination-programme&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Swiss parliament is to launch an investigation into the controversial swine flu vaccination programme in January, according to local media.

Urs Schwaller said that a goal of an inquiry would be to identify how the 84 million CHF that had been earmarked for the pandemic has been spent.

Merkur.de

Weniger Bürokratie: Ärzte müssen Verdacht auf Schweinegrippe nicht mehr melden

Merkur, 12 November 2009, 22:31 Uhr
https://www.merkur.de/deutschland/weniger-buerokratie-aerzte-muessen-verdacht-schweinegrippe-nicht-mehr-melden-zr-527512.html

Hamburg/Berlin – Wegen der schnell steigenden Zahl von Schweinegrippe-Kranken und der laufenden Massenimpfung müssen Ärzte in Deutschland ab Samstag nicht mehr jeden Verdachtsfall melden.

Eine Sprecherin des Bundesgesundheitsministeriums bestätigte am Donnerstagabend einen entsprechenden Bericht des "Westfalen-Blatts" (Freitag). Ärzte würden so von Verwaltungsaufgaben entlastet.

Nach einer neuen Verordnung des Bundesgesundheitsministeriums zur Meldepflicht bei Influenza (Schweinegrippe), die am Freitag im Bundesanzeiger stehe und damit ab Samstag gelte, entfällt beireinen Verdachtsfällen sowie Grippekranken ohne Labornachweis die Meldepflicht. Den Gesundheitsämtern müssen nur noch Todesfälle gemeldet werden, die in Verbindung mit der Schweinegrippe stehen. Außerdem müssen Fälle, in denen die Infektion nach Labor- Untersuchungen eindeutig nachgewiesen wurde, an die Gesundheitsämter und schließlich an das Robert-Koch-Institut gegeben werden.

Die bisherige Meldepflicht, die seit Anfang Mai galt, mache im Hinblick auf den Erregernachweis keinen Sinn mehr, sagte Susanne Glasmacher vom Robert-Koch-Institut dem "Westfalen-Blatt".

Nach Angaben der Gesundheitsbehörden würden Ärzte bei Grippekranken nur noch in Einzelfällen einen Labortest beantragen. Dies sei zum Beispiel bei Menschen mit schweren Vorerkrankungen notwendig, bei denen sich ein schlimmer Verlauf der Grippe abzeichnen könne. Auch bei einem größeren Ausbruch, wie in Schulklassen, könnten Laboruntersuchungen beantragt werden.

Nach Schätzungen der Gesundheitsbehörden haben sich seit Mai bundesweit etwa 55 000 Menschen mit dem Virus infiziert. Die meisten Patienten sind inzwischen wieder gesund.

Wolf Blitzer

The Situation Room: A Rush Transcript Anchor

CNN, 12 November 2009, 16:00 ET
https://transcripts.cnn.com/show/sitroom/date/2009-11-12/segment/01

Wolf Blitzer: The Centre for Disease Control and Prevention now says 3,900 Americans have died from swine flu since April. That's almost four times the previous estimate, but it doesn't mean that the virus is more dangerous. Instead, the CDC is now including deaths caused by complications, things like pneumonia and bacterial infections. It's estimated that 22 million Americans have caught the swine flu. Experts say the new estimated death toll sounds much more reasonable.

Do you know where to go to get vaccinated for the H1N1 or the seasonal flu? Google is now teaming up with the CDC to bring you the most up- to-the-minute information about flu shots online.

Abbi Tatton is working that for us.

Abbi, tell us where people who are interested can go.

Abbi Tatton, CNN Internet Reporter: Wolf, it's the federal government that orders the supplies of the H1N1 vaccine. And then it's the state and local governments that actually dole those vaccinations out.

So, until now, it's been pretty difficult to find a central place to get that information, to find out where to go. Well, that's something that Google has been working on. They've launched Google.com /flushot this week, if I can show you here. It combines Google Maps with information from the state and local governments on where to find these flu shot clinics.

If you look at the blue syringe there, that's going to show you where an H1N1 flu shot clinic is happening and the times. A red syringe is going to show you where the regular seasonal flu shot can be found.

Now, like the vaccination program itself, this is a work in progress. So far, Google says they have information from just 20 states across the country that they're adding into this map. They're working on getting more.

Another piece of advice when you're using this as well, when you find out where these clinics are happening, check in and find out if they've still got supplies of the vaccine. This is changing so quickly, and you don't want to be in one of these lines just to find out that they've run out – *Wolf*.

Blitzer: Abbi, thank you.

While millions of Americans wait to get the swine flu vaccine, many are outraged over reports that several big Wall Street banks are getting doses for some of their employees. The story caused quite an uproar last week, so we asked our Brian Todd to take a closer look and give us a reality check.

Precisely, Brian, what is going on here?

Brian Todd, CNN Correspondent: Wolf, it is true that some of those big Wall Street giants do have doses of the vaccine on hand while some pediatricians offices do not. But in checking into this further, we discovered this is not a case of the bigwigs cutting in line.

Todd: (voice-over): Delays in production and anxious waiting periods are frustrating enough.

Unidentified Male: We had to wait. And now they ran out already. So we have to wait for the next shipment, I guess.

Todd: Now another controversy surrounding the swine flu vaccine. Who gets access?

While many Americans deal with long lines and pediatricians' and obstetricians' offices wait along with them, some of Wall Street's biggest firms already have the vaccine on hand. Goldman Sachs has at least 200 doses available it to its employees. CNN's parent company, Time Warner, is scheduled to get doses. Citigroup has at least 1,200 doses available to its employees, the same number as New York's Lenox Hill Hospital, not far away.

But hold your outrage. Officials from the New York City Health Department and the Centers for Disease Control tell CNN the system is set up so that hospitals, doctors' offices and private companies have to contact their local health departments and order the vaccine.

Dr. Jay Butler, CDC: And then those are forwarded to CDC. And it's an interactive process as we learn more about how much vaccine is available and in what formulation.

Todd: Then, based on the population of that area, the CDC tells the local health department how much vaccine it can order. And local officials decide where it will go.

But before you blame New York's Health Department for Citigroup's 1,200 doses of swine flu vaccine, remember that your doctor's office is responsible for ordering it for you. And according to the New York Health Department, out of more than 2,400 OB-GYN offices in New York City, only 65 of them have ordered the H1N1 vaccine, and 36 percent of pediatricians' offices in the city have not placed orders. It may not be the perfect system for distributing the vaccine, but one public health expert says there is a benefit to the big firms having it.

Dr. William Schaffner, Vanderbilt University: If a large organization has an occupational health service, and those people have applied for vaccine, they may be getting the vaccine more quickly than people who work in a mom-and-pop operation.

Todd: And a New York Health Department spokeswoman tells us these firms cannot get the vaccination unless they agree to give it only to employees who fall into those high-risk categories designated by the CDC. Those are pregnant women, people who live with or care for children younger than six months old, people who have chronic health disorders or compromised immune systems, and others like that. Spokesmen for Citigroup and Goldman Sachs assure us they are committed to giving the vaccine only to those at high risk - Wolf.

Blitzer: All right. Good to know. Thanks for clarifying a lot of misinformation out there. That's what you do, and you do it well, Brian.

REUTERS

Kate Kelland

Swine flu skepticism demands deft response

Reuters, 12 November 2009, 8:20 PM GMT+8
https://www.reuters.com/article/GCA-SwineFlu/idUSTRE5A52FU20091112/

London (Reuters) - European scientists and health authorities are facing angry questions about why H1N1 flu has not caused death and destruction on the scale first feared, and they need to respond deftly to ensure public support.

Accusations are flying in British and French media that the pandemic has been "hyped" by medical researchers to further their own cause, boost research grants and line the pockets of drug companies.

Britain's Independent newspaper this week asked "Pandemic? What Pandemic?"

In their response, scientists are walking a fine line.

They say that although the virus is mild, it can still kill, and that the relatively low fatalities in Europe are in part the result of official response to their advice.

On suggestions of "hyping" the threat to boost research funding, they point out that while we know enough to start to protect the vulnerable, we need to know a lot more to conquer the virus, and funding for new research and drugs is vital to be equipped for future pandemics.

H1N1 is hitting a younger population - adults in their 20s and 30s and children - and the global death count so far is more than 6,000, according to the WHO.

While seasonal flu attacks about 20 percent of the population in an average year, experts estimate that even in Britain – the worst-hit country in Europe so far -- fewer than 10 percent of people have had H1N1 swine flu.

Fred Hayden, influenza research co-ordinator at the Wellcome Trust and a former World Health Organization (WHO) expert, said early planning is paying off, but added:

"I wouldn't characterize this as a "mild" pandemic at all. We are seeing some very unfortunate loss of life. I think it a bit early to make that judgment."

Yet the word "mild" is used so often to describe H1N1's impact in most people that it is prompting skeptical publics to ask what all the fuss is about. Why they should care? And why take a vaccine?

France's Le Parisien newspaper ran the headline: "Swine flu: why the French distrust the vaccine" and noted a gap between the predicted impact of H1N1 and the less dramatic reality.

"Although some 30-odd people have died....the disease is not really frightening," it said. "Dangerous liaisons between certain experts, the labs and the government, the obscurity of the contracts between the state and the pharma firms have added to the doubt."

Scenario Revised Down

In Britain, health authorities' original worst-case scenario – which said as many as 65,000 could die from H1N1 -- has twice been revised down and the prediction is now for around 1,000 deaths, way below the average annual toll of 4,000 to 8,000 deaths from seasonal winter flu.

A group of eminent scientists who called a media briefing in London this week to announce 7.5 million pounds ($12.4 million) of new funding for British research into H1N1 found their plans hijacked by reporters asking why the pandemic was so weak.

Scientists say the truth is they can't win.

The WHO has been urging countries to prepare for a flu pandemic since 1997, when H5N1 avian flu infected 18 people in Hong Kong and was stopped only after a mass slaughter of birds. The re-emergence of H5N1 in China and South Korea in 2003 fueled the urgency to get ready.

Now that it has arrived, the apparently low impact of the H1N1 pandemic so far may show that the planning is paying off, the Wellcome Trust's Hayden said.

British officials repeatedly said the nation was well-prepared for a flu pandemic. It had high stocks of antivirals and orders for enough vaccines to cover its population in place very early.

Hayden said comparisons with earlier flu pandemics like the one in 1918, which killed an estimated 230,000 people in Britain and up to 50 million worldwide, were skewed by the fact that there were so few effective treatments at that time.

"We didn't have antivirals then, and we didn't have antibiotics for the high frequency of bacterial complications," he said. "We have these kinds of interventions now and they are making a difference."

At the funding briefing, Peter Openshaw, director of the center for respiratory infection at Imperial College London, dismissed suggestions that scientists were enjoying the fruits of a pandemic in the form of big grants to keep them in work.

"This is not something that we are licking our lips and welcoming," he said. "But there is certainly an enormous outbreak of scientific information that has greatly enriched our understanding of flu."

THE FLU CASE

Ärzte müssen Verdacht auf Schweinegrippe nicht mehr melden

The Flu Case, 13 November 2009, 17:16

https://web.archive.org/web/20100102031026/http://theflucase.com/index.php?option=com_content&view=article&id=1779%3Agermany-loosens-qswine-fluq-reporting-requirements&catid=1%3Alatest-news&Itemid=64&lang=en

Wegen der rasanten Ausbreitung der Schweinegrippe in Deutschland wird die Meldepflicht eingeschränkt. Ärzte müssen ab Samstag Verdachtsfälle und Grippekranke ohne Labornachweis nicht mehr an die Gesundheitsämter melden, wie ein Sprecher des Bundesgesundheitsministeriums in Berlin mitteilte. Inzwischen gibt es den 14. bestätigten Todesfall.

Laut Bundesgesundheitsministerium müssen den Gesundheitsämtern künftig nur noch Patienten gemeldet werden, bei denen die Infektion aufgrund von Laboruntersuchungen eindeutig nachgewiesen wurde. Zudem müssten auch weiterhin Todesfälle gemeldet werden, die in Verbindung mit der Schweinegrippe stehen, sagte der Ministeriumssprecher. Er bestätigte damit einen Bericht des Bielefelder "Westfalen-Blatt".

Die Sprecherin des Robert-Koch-Instituts (RKI), Susanne Glasmacher, sagte der Zeitung, die bisherige Meldepflicht sei im Hinblick auf den Erregernachweis nicht mehr sinnvoll. Ärzte beantragen bei Grippekranken demnach nur noch in Einzelfällen einen Labortest. Nach Schätzungen der Gesundheitsbehörden haben sich seit Mai bundesweit 55.000 Menschen mit dem Virus infiziert.

Aus Sachsen wurde ein weiterer Todesfall - der 14. in Deutschland - gemeldet. Nach Angaben des sächsischen Sozialministeriums in Dresden starb ein 44-jähriger Mann aus dem Vogtland am Donnerstagabend nach einer Infektion mit dem H1N1-Virus. Vorerkrankungen oder Risikofaktoren waren bei dem Betroffen demnach bisher nicht bekannt.

Ungeachtet der Ausbreitung der Schweinegrippe hält laut einer Umfrage von Infratest dimap im Auftrag des ARD-Morgenmagazins nur jeder vierte Deutsche eine Impfung dagegen für notwendig. 43 Prozent würden sich auf keinen Fall gegen die Schweinegrippe impfen lassen. Nur 14 Prozent der Befragten gaben an, dass sie sich aller Voraussicht nach den Impfschutz holen. Weitere elf Prozent sind sich schon ganz sicher. Befragt wurden am Dienstag und Mittwoch tausend Bundesbürger.

Germany loosens "swine flu" reporting requirements

The Flu Case, 13 November 2009, 17:16

https://web.archive.org/web/20100102031026/http://theflucase.com/index.php?option=com_content&view=article&id=1779%3Agermany-loosens-qswine-fluq-reporting-requirements&catid=1%3Alatest-news&Itemid=64&lang=en

The requirement for German doctors to report the swine flu has been dropped.

From Saturday, doctors need not report suspected cases of swine flu or cases of infection.

Doctors only need report cases of swine flu to the authorities when the swine flu virus has been confirmed by a lab test, according to a Health Ministry.

Earlier this week, Austria and France loosened their swine flu reporting requirements at a time when government and the media are reporting a huge increase.

The lack of any requirement to perform lab tests for alleged "swine flu" patients will make it easier for authorities to inflate swine flu sickness figures.

AFTONBLADET

Kvinna stal svinvaccin

Aftonbladet, 13 November 2009
https://web.archive.org/web/20091116071913/http://www.aftonbladet.se/nyheter/article6115193.ab

En kvinna i Luleå ville verkligen ha vaccin mot svininfluensan.

Därför genomförde hon en kupp – mot vaccinationsmottagningen i Kyrkans hus.

Kvinnan störtade in på mottagningen vid 15-tiden i går eftermiddag. Hon fick tag i tre vaccindoser och försvann därefter ut genom dörren, skriver NSD.

Utanför iakttogs hon när hon sprang fram till en väntande bil som snabbt körde från platsen.

Polisens länsvakthavande befäl Rolf Hamstig uppger till tidningen att man hittills inte lyckats hitta kvinnan, men att polisen fått in vissa intressanta tips i fallet.

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THE FLU CASE

Woman stole "swine flu" vaccine in Sweden

The Flu Case, 13 November 2009, 07:36
https://web.archive.org/web/20100102042841/http://theflucase.com/index.php?option=com_content&view=article&id=1767%3Awoman-stole-qswine-fluq-vaccine-in-sweden&catid=1%3Alatest-news&Itemid=64&lang=en

A woman was seen rushing into a local vaccine station in Luleå in the north of Sweden, grabbing three syringes and then rushing back out into a waiting car. The car drove away at a high speed.

According to the local Police, Rolf Hamstig, there is no trace of the woman but certain tips to the police has been given.

It is unclear weather the woman stole the vaccine (which is given for free in Sweden) for her own use or if she stole it in order to be able to test it in an independant lab to objectively establish what it contains. This might be a big problem since the Swedish agreement with GlaxoSmithKline, the manufacturer of the poisonous Pandemrix "swine flu" vaccine forbids disclosure of the real ingredients in the shots

REUTERS

Susan Heavey

FDA chief defends H1N1 vaccine supply

Reuters, 13 November 2009, 6:55 AM GMT+8
https://www.reuters.com/article/idUSTRE5AB574/

New York (Reuters) – The head of the U.S. Food and Drug Administration defended the agency's decision not to use an additive that could have stretched swine flu vaccine supplies, adding that doses should be coming more regularly.

The vaccine to prevent the H1N1 strain of influenza has been in short supply following production issues but more doses are becoming available, FDA Commissioner Margaret Hamburg said on Thursday at the Reuters Health Summit in New York. – "The gap between need and availability is narrowing. I think we are going to see doses coming off the lines and into people's arms or noses on a regular basis now," Hamburg said.

U.S. health officials have been scrambling to get the swine flu vaccine to market after the virus emerged too late to be included in this year's regular seasonal flu version. Initially, officials said there would be enough for everyone, but the public quickly grew frustrated when supplies ran short.

The FDA has approved H1N1 vaccine from five makers who already produce seasonal flu vaccine – GlaxoSmithKline Plc, AstraZeneca Plc's MedImmune unit, Novartis, Sanofi-Aventis, and CSL Limited. Both products use an egg-based technology to produce the vaccine, but the H1N1 virus grew slower than expected in the eggs, Hamburg said. She added the agency is working with manufacturers to move toward other, more efficient technology such as cell-based cultures that could spur production.

Hamburg said it was not too late for people to benefit from immunization.

Some experts have suggested the government could have increased supplies by embracing adjuvant vaccine technology that is widely used in Europe.

Adjuvanted vaccines contain an additive to boost the immune system response and need less of the active ingredient than the unadjuvanted types approved by the FDA. But Hamburg said they have not been widely tested and that the agency did not want to risk using them when standard vaccines worked well with a single dose. – "Had the shape of epidemic or the characteristics of the virus and the disease required it, we would have moved toward an adjuvanted approach," she said.

"Europe took a little bit more of a risk. Yes, there was experience with an adjuvanted vaccine but it was really only used in the elderly and there wasn't experience with that vaccine in other populations, including pregnant women and children."

Still, people remain wary of vaccine supplies and the public outcry has prompted the White House to look into the issue. It is still somewhat unclear when enough vaccine will become available to patients to meet demand.

Earlier on Thursday, Centers for Disease Control and Prevention officials said they had expected 8 million H1N1 vaccine doses this week but that they are unsure how many they will get. Hamburg, who took office in May, said that while the government may have over-promised on the availability of the vaccine earlier this year, lessons had been learned. – "We are also going to be better-prepared the next time around," she said. As for her own family, Hamburg said it was surprisingly easy to get her own children vaccinated. – "I just called my pediatrician's office ... and they said 'We have it. just come in,'" she said. "I just walked in on a Saturday morning with my kids, and they got it. No wait. No complications."

Le Télégramme

Grippe A.À Le Foll, 10% du personnel vacciné

Le Telegramme, 13 Novembre 2009 à 00h00
https://www.letelegramme.fr/cotes-d-armor/saint-brieuc-22000/spangrippe-aspana-le-foll-10-du-personnel-vaccine-685829.php

Depuis dix jours, le personnel del'hôpital Yves-LeFoll peutse faire vacciner contre lagrippeA. Cen'est pas encore la grosse affluence...

Marie-Louise Faramus, infirmière, attend les candidats à la vaccination parmi le personnel de l'hôpital. Les Drs Vaucel (à gauche) et Beuscart sont déjà passés sous sa seringue...

On en entend parler depuis si longtemps qu'on avait fini par la prendre pour un mythe... Mais la grippe A est bien là. Dans le département, une dizaine de cas ont été, pour l'instant, confirmés. «Mais c'est en train de se précipiter. Le nombre de tests positifs augmente de façon importante», précise le Dr Jacques Vaucel, à l'hôpital. Ce biologiste est responsable de la lutte contre les maladies nosocomiales dans l'établissement. Il forme avec le Dr Claude Beuscart, chef du service «maladies infectieuses», et avec Hélène Colas, directrice adjointe, le trio opérationnel du plan «anti-grippe A». Tandis que les centres de vaccination tout public ouvraient hier, dans toute la France (lire par ailleurs), ils organisent, depuis le 2novembre, la prophylaxie à l'égard du personnel hospitalier. Avec 2.700 salariés, l'hôpital Yves-Le Foll est une vraie ville, dont, pour l'instant, les «habitants» n'ont pas répondu massivement à l'invitation.

La moitié des médecins

«Nous avons pratiqué 290 injections, sur un peu plus de 10% du personnel. C'est conforme à la moyenne nationale», soulignait, hier, le Dr Beuscart. Directeur adjoint chargé de la communication, Bertrand Barbançon met en relief une certaine hiérarchie dans la collaboration. «Nous avons vacciné une centaine des 190médecins à temps plein de l'établissement, nettement moins d'infirmières, encore moins d'aides-soignants et les agents de service sont les derniers à se sentir concernés», souligne-t-il. «C'est important de savoir que les gens les plus qualifiés se mobilisent».

Responsabilité

«Se faire vacciner, c'est se protéger soi-même, mais aussi protéger ses proches et ses patients fragilisés. C'est aussi faire le maximum pour assurer la continuité du service public hospitalier. C'est une question de responsabilité», énonce le Dr Beuscart. «On aurait pu rendre la vaccination obligatoire pour le personnel de santé. C'est un choix politique qui n'a pas été retenu. Après tout, nous sommes en démocratie...», observe le chef de service. Reste que, pour enrayer efficacement une épidémie, il faut vacciner 70% de la population. «On en est loin», remarque le DrVaucel. Différentes sources annoncent le pic de l'épidémie pour la mi-décembre: cela laisse le temps à chacun de réfléchir.

Des réticences

Selon le Dr Beuscart, les réticences seraient entretenues par «une campagne des lobbies anti-vaccins». «C'est vrai qu'on n'a pas de recul sur ce vaccin, mais quand on en aura, l'épidémie sera passée. Ses composants sont parfaitement connus: du virus inactivé, donc incapable de transmettre la maladie, et des adjuvants qui en améliorent l'efficacité». Il ne le cache pas, dans l'établissement même, certains médecins sont hostiles à la vaccination. Le Dr Vaucel partage le point de vue de son confrère sur la nécessaire adhésion du personnel hospitalier, mais il est moins catégorique sur une vaccination massive de la population. «Ce vaccin n'est efficace qu'à 70%», fait-il remarquer. «Beaucoup de personnes nées avant 1957 sont immunisées par la circulation ancienne de virus voisins. Donc, ce sont les jeunes qui seront les plus touchés. Il faut donc qu'ils se sentent concernés», avertit Bertrand Barbançon.

arrêt sur images

Gilles Klein

Vaccin: Bachelot discrète sur le premier cas (supposé) d'effet secondaire

Arrêt sur Images, 13 Novembre 2009, 17:10
https://www.arretsurimages.net/articles/vaccin-bachelot-discrete-sur-le-premier-cas-suppose-deffet-secondaire

Le "*premier cas*" (supposé) d'effet secondaire lié au vaccin contre la grippe A est largement commenté par la presse nationale. Il a été révélé par une agence de presse spécialisée, et non par le Ministère de la Santé, contrairement à ses promesses, remarque L*e Parisien*, tandis qu'étrangement, *Libération* ne consacre que quelques lignes floues à cette affaire. Les Echos évoquent 36 cas d'effets secondaire.

"*C'est une affaire qui tombe mal au moment du lancement de la vaccination anti-grippe A pour le grand public. La ministre de la Santé, Roselyne Bachelot, voulant rassurer, s'est elle-mê...*

Bild

Der Schweinegrippe-Dax: Diese Firmen wollen gegen Schweinegrippe impfen

BILD, 13 November 2009, 16:09 UHR
https://web.archive.org/web/20091115002945/http://www.bild.de/BILD/news/2009/11/13/schweinegrippe-impfung-dax-unternehmen/umfrage-h1n1.html##

Die Schweinegrippe – immer mehr Kranke, immer mehr Tote: Doch fast die Hälfte der Deutschen will sich auf keinen Fall impfen lassen. Auch die deutschen Dax-Konzerne halten sich bei den Impfungen zurück. BILD.de hat nachgefragt, welche Firmen ihre Mitarbeiter impfen lassen wollen.

Wie eine Umfrage von Infratest dimap ergab, hält nur jeder vierte Deutsche eine Impfung für notwendig. Nur elf Prozent wollen sich definitiv impfen lassen. 1000 Personen wurden befragt.

Nach Schätzungen der Gesundheitsbehörden haben sich seit Mai bundesweit 55 000 Menschen mit dem Virus infiziert, bisher starben 18 Menschen. Erst am Freitag gab es in Köln und Sachsen zwei Todesopfer zu beklagen...

Trotzdem geben sich die deutschen Großunternehmen wenig impflustig: Nur die Telekom, SAP, ThyssenKrupp und RWE wollen ihre Mitarbeiter selbst impfen lassen. ThyssenKrupp und RWE haben sogar schon damit begonnen. Bei einigen Firmen (z.B. Daimler) werden nur Schlüsselgruppen wie Feuerwehr und ärztliches Personal geimpft.

Die meisten Dax-Firmen aber impfen nicht selbst, sondern verlassen sich auf Gesundheitsbehörden und Ärzte, wie eine Umfrage von BILD.de ergab. Häufiges Argument: Die Situation im Unternehmen sei noch sehr entspannt und noch weit von einem Schreckenszenario mit massenhaftem Ausfall der Belegschaft entfernt.

Einige Unternehmen wissen nicht mal, ob Betriebsärzte überhaupt gegen die Schweinegrippe impfen dürfen. BILD.de fragte beim Gesundheitsministerium Nordrhein-Westfalen nach. Ein Sprecher: "Betriebsärzte dürfen impfen. Allerdings kann es sein, dass die Bundesländer das unterschiedlich handhaben."

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Few German corporations plan to give jab to staff, reports Bild

The Flu Case, 14 November 2009, 12:58
https://web.archive.org/web/20100102042356/http://theflucase.com/index.php?option=com_content&view=article&id=1792%3Afew-german-corporations-plan-to-give-jab-to-staff-reports-bild&catid=1%3Alatest-news&Itemid=64&lang=en

According to the German news paper Bild, few German corporate giants intend to organise in house swine flu vaccination programmes for their staff.

Telekom, SAP, ThyssenKrupp und RWE are among the companies that plan to give the swine flu jab to staff, reports Bild. ThyssenKrupp and RWE have already started vaccination staff.

Daimler plans to give the jab to key personnel such as firefighters and health workers.

Bild reports that only 11% of the people in Germany defintely intend to take the jab according to the latest poll by Infratest dimap.

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Le Conseil fédéral
Le portail du Gouvernement suisse

Swissmedic autorise le vaccin Celtura

SE, 13 Novembre 2009
https://www.admin.ch/gov/fr/accueil/documentation/communiques.msg-id-30101.html

Berne, 13.11.2009 – Swissmedic, l'Institut suisse des produits thérapeutiques, a autorisé un nouveau vaccin contre la grippe porcine A(H1N1). Il s'agit de Celtura, fabriqué par l'entreprise Novartis. Cette nouvelle autorisation de Swissmedic porte à trois le nombre de vaccins contre la grippe A(H1N1) désormais disponibles en Suisse.

Contrairement aux vaccins Focetria et Pandemrix déjà autorisés en octobre, le composant antigénique de Celtura n'est pas fabriqué sur la base d'œufs embryonnés de poules mais d'une culture cellulaire. Ce procédé de fabrication inédit a été autorisé par Swissmedic.

Sur la base des données cliniques existantes, Celtura a été autorisé pour les enfants à partir de trois ans ainsi que pour les adultes de tous les groupes d'âges. Les données montrent également que, pour les adultes à partir de 40 ans, deux injections sont requises pour parvenir à une immunisation suffisante. Le vaccin doit donc être administré à deux reprises, en respectant un intervalle de trois semaines.

Aucune autre demande d'autorisation de vaccin pandémique A(H1N1) n'a pour l'instant été soumise à Swissmedic. L'institut informera d'éventuelles adaptations des autorisations existantes de vaccins dès qu'il aura connaissance de nouvelles informations. Swissmedic tient compte également dans ce domaine des évolutions intervenant au plan international.

Effets indésirables

Il est demandé aux patients qui présenteraient des symptômes importants ou inhabituels après vaccination de consulter leur médecin ou leur pharmacien. Quant aux spécialistes, ils disposent d'un système en ligne spécial d'annonce d'effets indésirables présumés, grâce auquel l'institut peut surveiller en temps réel la sécurité des vaccins contre la grippe A(H1N1).

THE FLU CASE

La Suisse autorise le vaccin Celtura de Novartis contre le H1N1

The Flu Case, AFP, 13 November 2009
https://web.archive.org/web/20100102035827/http://theflucase.com/index.php?option=com_content&view=article&id=1799%3Aswissmedic-gives-surprise-approval-to-celtuta-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

GENÈVE – La Suisse a autorisé vendredi l'utilisation du vaccin Celtura, produit par le groupe pharmaceutique helvétique Novartis, contre la grippe H1N1, mettant ainsi fin à des rumeurs circulant dans la presse indiquant que ce vaccin ne pourrait pas recevoir le feu vert des autorités.

"Sur la base des données cliniques existantes, Celtura a été autorisé pour les enfants à partir de trois ans ainsi que pour les adultes de tous les groupes d'âges", indique Swissmedic, l'autorité suisse de régulation des médicaments, dans un communiqué.

"Les données montrent également que, pour les adultes à partir de 40 ans, deux injections sont requises pour parvenir à une immunisation suffisante", poursuit le communiqué.

Swissmedic précise que dans ce cas le vaccin doit donc être administré à deux reprises, en respectant un intervalle de trois semaines.

Contrairement aux vaccins Focetria de Novartis et Pandemrix de GlaxoSmithKline déjà autorisés en octobre, le composant antigénique de Celtura n'est pas fabriqué sur la base d'oeufs embryonnés de poules mais d'une culture cellulaire.

Le vaccin Celtura est produit à partir de cultures cellulaires à base de reins de chiens, ce qui permet une production plus rapide que par la méthode classique sur oeufs de poules.

La demande d'autorisation pour le Celtura avait suscité un début de polémique dans la presse helvétique.

Citant une source anonyme proche du dossier, le quotidien Tages-Anzeiger avait affirmé le 23 octobre que des contaminations par des bactéries avaient été relevées dans les lots testés par Swissmedic. Deux jours après, Novartis avait démenti cette information.

Aucune autre demande d'autorisation de vaccin pandémique H1N1 n'a pour l'instant été soumise à Swissmedic.

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Swissmedic gives surprise approval to Celtura swine flu jab

The Swine Flu, 14 November 2009, 14:10
https://web.archive.org/web/20100102035827/http://theflucase.com/index.php?option=com_content&view=article&id=1799%3Aswissmedic-gives-surprise-approval-to-celtuta-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The Swiss government drug regulator Swissmedic gave surprise approval Friday to the swine flu jab Celtura manufactured by Novartis.

According to reports in the Tagesanzeiger, the approval for Celtura had hit the rocks because of a lack of clinical safety data and trace of contamination.

The decision to give approval to Celtura on the basis of so little data on safety will fuel fears that key government authorities are collaborating with pharma to rush through untested swine flu jabs.

Celtura appears to be a repacked form of the drug Aflunov/Fluad H5N1 which had to be withdrawn from the European market authorisation process because it apparently killed many people in Poland in trials in 2008.

SWI swissinfo.ch

Grippe porcine: un troisième vaccin, le Celtura, est autorisé

SWI, 13 Novembre 2009, 15:41
https://www.swissinfo.ch/fre/grippe-porcine-un-troisi%C3%A8me-vaccin-le-celtura-est-autoris%C3%A9/1332530

(Keystone-ATS) Berne – Un troisième vaccin pourra être utilisé contre la grippe A(H1N1). L'institut Swissmedic a autorisé le Celtura, fabriqué par Novartis.

Contrairement aux vaccins Focetria et Pandemrix déjà autorisés en octobre, le composant antigénique de Celtura n'est pas fabriqué sur la base d'oeufs embryonnés de poules mais d'une culture cellulaire. Ce procédé de fabrication est inédit, a indiqué Swissmedic.

Celtura a été autorisé pour les enfants à partir de trois ans ainsi que pour les adultes de tous les groupes d'âges. Pour les plus de 40 ans, deux injections sont requises pour parvenir à une immunisation suffisante. Le vaccin doit donc être administré à deux reprises, en respectant un intervalle de trois semaines.

Aucune autre demande d'autorisation de vaccin contre la grippe pandémique n'a pour l'instant été soumise à Swissmedic.

THE FLU CASE

UAE makes swine flu jab compulsory for pilgrims going to Mecca

The Flu Case, 13 November 2009 17:14
https://web.archive.org/web/20100102031521/http://theflucase.com/index.php?option=com_content&view=article&id=1778%3Auae-makes-swine-flu-jab-compulsory-for-pilgrims-going-to-mecca&catid=1%3Alatest-news&Itemid=64&lang=en

The United Arab Emirates (UAE) has made it mandatory for all its citizens travelling to Saudi Arabia on the Hajj pilgrimage to be vaccinated against the swine flu. The UAE Ministry of Health set up 30 medical centers in the Northern Emirates and four in Dubai and Abu Dhabi, including one at the international airport.

Saudi Arabia has not made it mandatory for pilgrims to be vaccinated against the swine flu. Saudi authorities expect around three million foreign pilgrims an additional one million domestic travelers to visit Mecca in late November. They are taking precautionary measures: establishing isolation centers, organizing drugs and vaccines, arranging cars to transport infected patients, allocating doctors and nurses.

Pilgrims will also be provided bags containing disinfectants, medicines and guidelines for disease prevention.

REUTERS

Susan Heavey

FDA chief defends H1N1 vaccine supply

Reuters, 13 November 2009, 6:55 AM GMT+8
https://www.reuters.com/article/idUSTRE5AB574/

New York (Reuters) – The head of the U.S. Food and Drug Administration defended the agency's decision not to use an additive that could have stretched swine flu vaccine supplies, adding that doses should be coming more regularly.

The vaccine to prevent the H1N1 strain of influenza has been in short supply following production issues but more doses are becoming available, FDA Commissioner Margaret Hamburg said on Thursday at the Reuters Health Summit in New York. – "The gap between need and availability is narrowing. I think we are going to see doses coming off the lines and into people's arms or noses on a regular basis now," Hamburg said.

U.S. health officials have been scrambling to get the swine flu vaccine to market after the virus emerged too late to be included in this year's regular seasonal flu version. Initially, officials said there would be enough for everyone, but the public quickly grew frustrated when supplies ran short.

The FDA has approved H1N1 vaccine from five makers who already produce seasonal flu vaccine – GlaxoSmithKline Plc, AstraZeneca Plc's MedImmune unit, Novartis, Sanofi-Aventis, and CSL Limited. Both products use an egg-based technology to produce the vaccine, but the H1N1 virus grew slower than expected in the eggs, Hamburg said. She added the agency is working with manufacturers to move toward other, more efficient technology such as cell-based cultures that could spur production.

Hamburg said it was not too late for people to benefit from immunization.

Some experts have suggested the government could have increased supplies by embracing adjuvant vaccine technology that is widely used in Europe.

Adjuvanted vaccines contain an additive to boost the immune system response and need less of the active ingredient than the unadjuvanted types approved by the FDA. But Hamburg said they have not been widely tested and that the agency did not want to risk using them when standard vaccines worked well with a single dose. – "Had the shape of epidemic or the characteristics of the virus and the disease required it, we would have moved toward an adjuvanted approach," she said.

"Europe took a little bit more of a risk. Yes, there was experience with an adjuvanted vaccine but it was really only used in the elderly and there wasn't experience with that vaccine in other populations, including pregnant women and children."

Still, people remain wary of vaccine supplies and the public outcry has prompted the White House to look into the issue. It is still somewhat unclear when enough vaccine will become available to patients to meet demand.

Earlier on Thursday, Centers for Disease Control and Prevention officials said they had expected 8 million H1N1 vaccine doses this week but that they are unsure how many they will get. Hamburg, who took office in May, said that while the government may have over-promised on the availability of the vaccine earlier this year, lessons had been learned. – "We are also going to be better-prepared the next time around," she said. As for her own family, Hamburg said it was surprisingly easy to get her own children vaccinated. – "I just called my pediatrician's office ... and they said 'We have it. just come in,'" she said. "I just walked in on a Saturday morning with my kids, and they got it. No wait. No complications."

Le Télégramme

Grippe A.À Le Foll, 10% du personnel vacciné

Le Telegramme, 13 Novembre 2009 à 00h00

https://www.letelegramme.fr/cotes-d-armor/saint-brieuc-22000/spangrippe-aspana-le-foll-10-du-personnel-vaccine-685829.php

Depuis dix jours, le personnel del'hôpital Yves-LeFoll peutse faire vacciner contre lagrippeA. Cen'est pas encore la grosse affluence...

Marie-Louise Faramus, infirmière, attend les candidats à la vaccination parmi le personnel de l'hôpital. Les Drs Vaucel (à gauche) et Beuscart sont déjà passés sous sa seringue...

On en entend parler depuis si longtemps qu'on avait fini par la prendre pour un mythe... Mais la grippe A est bien là. Dans le département, une dizaine de cas ont été, pour l'instant, confirmés. «Mais c'est en train de se précipiter. Le nombre de tests positifs augmente de façon importante», précise le Dr Jacques Vaucel, à l'hôpital. Ce biologiste est responsable de la lutte contre les maladies nosocomiales dans l'établissement. Il forme avec le Dr Claude Beuscart, chef du service «maladies infectieuses», et avec Hélène Colas, directrice adjointe, le trio opérationnel du plan «anti-grippe A». Tandis que les centres de vaccination tout public ouvraient hier, dans toute la France (lire par ailleurs), ils organisent, depuis le 2novembre, la prophylaxie à l'égard du personnel hospitalier. Avec 2.700 salariés, l'hôpital Yves-Le Foll est une vraie ville, dont, pour l'instant, les «habitants» n'ont pas répondu massivement à l'invitation.

La moitié des médecins

«Nous avons pratiqué 290 injections, sur un peu plus de 10% du personnel. C'est conforme à la moyenne nationale», soulignait, hier, le Dr Beuscart. Directeur adjoint chargé de la communication, Bertrand Barbançon met en relief une certaine hiérarchie dans la collaboration. «Nous avons vacciné une centaine des 190médecins à temps plein de l'établissement, nettement moins d'infirmières, encore moins d'aides-soignants et les agents de service sont les derniers à se sentir concernés», souligne-t-il. «C'est important de savoir que les gens les plus qualifiés se mobilisent».

Responsabilité

«Se faire vacciner, c'est se protéger soi-même, mais aussi protéger ses proches et ses patients fragilisés. C'est aussi faire le maximum pour assurer la continuité du service public hospitalier. C'est une question de responsabilité», énonce le Dr Beuscart. «On aurait pu rendre la vaccination obligatoire pour le personnel de santé. C'est un choix politique qui n'a pas été retenu. Après tout, nous sommes en démocratie...», observe le chef de service. Reste que, pour enrayer efficacement une épidémie, il faut vacciner 70% de la population. «On en est loin», remarque le DrVaucel. Différentes sources annoncent le pic de l'épidémie pour la mi-décembre: cela laisse le temps à chacun de réfléchir.

Des réticences

Selon le Dr Beuscart, les réticences seraient entretenues par «une campagne des lobbies anti-vaccins». «C'est vrai qu'on n'a pas de recul sur ce vaccin, mais quand on en aura, l'épidémie sera passée. Ses composants sont parfaitement connus: du virus inactivé, donc incapable de transmettre la maladie, et des adjuvants qui en améliorent l'efficacité». Il ne le cache pas, dans l'établissement même, certains médecins sont hostiles à la vaccination. Le Dr Vaucel partage le point de vue de son confrère sur la nécessaire adhésion du personnel hospitalier, mais il est moins catégorique sur une vaccination massive de la population. «Ce vaccin n'est efficace qu'à 70%», fait-il remarquer. «Beaucoup de personnes nées avant 1957 sont immunisées par la circulation ancienne de virus voisins. Donc, ce sont les jeunes qui seront les plus touchés. Il faut donc qu'ils se sentent concernés», avertit Bertrand Barbançon.

THE FLU CASE

About 1.2% of Austrians take swine flu jab in first week

The Flu Case, 14 November 2009, 14:25
https://web.archive.org/web/20100102041523/http://theflucase.com/index.php?option=com_content&view=article&id=1801%3Aabout-12-of-austrians-take-swine-flu-jab-in-first-week&catid=1%3Alatest-news&Itemid=64&lang=en

According to the Austrian newspaper, the Kurier, about 100,000 people have taken the swine flu jab since Monday, representing about 1.2% of the total population of 8,300,000.

30,000 people took the jab in the first week in Vienna, about 2% of the population of 1,600,000, says the local media.

The figures are low if you consider the huge amount of swine flu scare stories that currently saturate Austria's mainstream media. If the newspapers are not telling us how lethal the swine flu virus is, they are reporting the Baxter swine flu jab is in such short supply and so much in demand that queues are forming to get it.

What the Austrian newspapers don't report, however, is that Baxter contaminated 72 kilos of seasonal flu with the live bird flu virus in February and so nearly triggered a global bird flu pandemic. Because Baxter has to adhere to biosafety level 3 regulations, the contamination was almost certainly deliberate.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Barbara Loe Fisher

H1N1: Fact or Fiction?

Infowars, 14 November 2009
https://web.archive.org/web/20091116070704/http://www.infowars.com/h1n1-fact-or-fiction/

It's been about six months since the Department of Health and Human Services and the Secretary of Homeland Security followed the World Health Organization and declared a very scary pandemic influenza public health emergency in the United States.[1]

Last spring we suddenly found ourselves watching You Tube videos of people being quarantined in hotels and detained on airplanes by HazMat teams.[2] When we went to the grocery stores, we encountered fellow Americans wearing face masks.[3] And every time we turned on the television, there were news reports about schools closing so desks and lockers could be scrubbed down.[4]

The Worst is Yet to Come?

And we watched CDC press conferences[5] warning us that the worst was surely yet to come because the H1N1 swine flu virus first identified outside a pig farm in Mexico had the potential to mutate and kill tens of thousands more Americans[6] than the 36,000 that CDC officials tell us die every year from seasonal influenza.

It was enough to make us very, very afraid.

No Liability for Vaccine Makers

It was enough to make Congress give drug companies more than a billion dollars of our taxes to quickly create H1N1 swine flu vaccines[7] and then throw in another couple of billion dollars for health officials to deliver and aggressively promote vaccination in Sesame Street ads[8] and on the internet and radio and TV. And while they were at it, Congress shielded everyone who has anything to do with making, promoting and giving swine flu vaccines from all liability in civil court whenever somebody gets hurt or dies after getting vaccinated.[9]

It was enough to make us very, very afraid.

Health Worker Mandates & School Vaccination Programs

It was scary enough to make legislators in Massachusetts and other states talk about passing stronger laws to suspend civil liberties and force people to be quarantined or vaccinated whenever a public health emergency was declared.[10] It was scary enough to prompt New York state health officials to mandate that health care workers get seasonal and H1N1 influenza shots or be fired.[11]

And then there were calls by public health officials for children to line up and get vaccinated in schools[12] just like in the polio mass vaccination campaigns of the 1950's and early 60's.

Older Americans Have Antibodies to H1N1 Swine Flu

Throughout the summer, we were told that H1N1 swine flu was sweeping through the country[13] and millions of us had already been infected with the new virus and pregnant women and children were dying.[14] Curiously, many Americans over 60 were told they didn't need H1N1 vaccine because we were still protected by antibodies we got when we recovered from being infected with similar H1N1 flu strains in the past.[15,16]

Drug Companies Want Adjuvants, No More Eggs

And then, the vaccine manufacturers, who had been pressing the FDA for decades to let them use reactive squalene adjuvants[17] in vaccines, started complaining that they couldn't grow the H1N1 virus fast enough.[18] The threat of vaccine shortages suddenly loomed on the horizon.

The drug companies complained that they didn't want to use chicken eggs anymore to make flu vaccines. They wanted the FDA to let them use insects[19] and e coli bacteria[20] and fungus[21] and virus like protein particles[22,23] and dog kidney cells[24] and other really, really interesting stuff.

This is an EMERGENCY they said and drug companies need to be allowed to make flu vaccine any way they want to right now because this is a really serious public health emergency.[25] And, oh by the way, let's not forget that it is so serious that everyone who has anything to do with making, promoting and giving new flu vaccines need to be shielded from liability in civil court if people get hurt or die after getting vaccinated.

Yes, it was enough to make us all very, very afraid.

H1N1 Swine Flu Looks Like Seasonal Flu

And when we are really afraid, we don't think we have time to ask questions or double check the facts. We just want someone to tell us what to do right now so we can feel safe and not afraid anymore.

By the end of the summer, while the drug companies and NIH were testing the new H1N1 vaccines on several thousand healthy American children and adults,[26,27] reports started coming out of Australia and the southern hemisphere where they had just finished their influenza season, that the H1N1 swine flu virus was really not so bad after all.[28,29] It was not causing excess mortality, which means there weren't more people dying from H1N1 than had died in years past from other seasonal flu strains.

Yes, people were getting sick with what looked like influenza just like they do every year but – for most people – it was a few days of fever, chills, body aches, runny nose and cough, maybe some diarrhea, staying in bed, drinking lots of water and juice, and then – feeling just fine again.

CDC Stops Confirming Most Suspected H1N1 Cases

Abruptly at the end of July – when the Secretary of Health quietly extended the national public health emergency declaration for three more months – the CDC announced they were not going to lab confirm suspected cases of H1N1 swine flu anymore.[30,31] The CDC told the states not to test Americans who were flooding doctors offices and hospitals with symptoms of influenza and confirm that they WERE in fact suffering from type A or B influenza, especially H1N1 swine flu. The story was – if it looks like influenza then it IS influenza and can be ASSUMED to be H1N1 swine flu.[32]

Really? Is that how the CDC "scientifically" calculates how many Americans die from regular influenza every year?

Two to Four Flu Shots For Many Young Children

The decision to stop testing for H1N1 was followed by an announcement that all children between the ages of 6 months and 10 years – who had never gotten a flu shot before – should get 4 doses of influenza vaccine this year: two seasonal flu shots and two doses of H1N1 vaccine. Further, that the millions of chronically ill and disabled children and adults and also pregnant women should be the first in line to get two shots of influenza vaccine this year.[33]

And then Americans, who were still very afraid, started asking questions because most of us, who got sick with flu-like symptoms this year, realized that it was no worse than the flu we got last year. And most of us didn't know anyone who had died from the flu this year, which was true for most other years as well.

Two to Four Doses of Mercury?

And then we started asking questions about why young children needed two to four doses of influenza vaccine this year. And we thought – what is up with mercury still being in most vials of influenza vaccine? 34 We thought – is it really a good idea to give children – whose doctors don't have access to single dose vials of mercury free flu vaccine – two to four doses of mercury this year? Especially when it is against HazMat regulations to pour unused mercury containing influenza vaccine down the drain or toss it into a garbage can?[35,36]

Is It Influenza, Seasonal, H1N1 or None of the Above?

And then a veteran investigative journalist at a major news network published an interesting report about the fact that 83 to 97 percent of all specimens of suspected H1N1 cases sent to the CDC by state health departments for lab confirmation last spring and summer came back negative – for not only H1N1 swine flu influenza – but also negative for ANY kind of type A or Type B influenza. at all.[37] Which confirmed what the CDC's influenza expert said at an FDA meeting in 2003: that 80 percent of all flu-like illness every year is not actually influenza but viral and bacterial infections that LOOK like influenza.[38]

Wait a minute. Didn't President Obama stand up at a press conference in October and say that 1,000 Americans, including about 100 children, had died from H1N1 swine flu?[39]

But were those 1,000 H1N1 lab confirmed deaths or deaths that were ASSUMED by the CDC to be deaths caused by swine flu?

And how does that number of deaths compare with the 36,000 deaths that CDC officials say are caused by seasonal influenza every year?[40]

People Started Asking Questions

And then something unusual happened. Doctors started asking questions and privately some of them told their patients not to bother getting the H1N1 vaccine.[41] And the people, who were still being told by health officials to be very, very afraid, started to do their own research using the great new Library of the World, the internet. People started asking more questions of their government health officials – not just in America – but in Great Britain[42] and the Netherlands,[43] in Germany[44] and Italy,[45] in Poland[46] and in Canada[48] and many other countries.

And then the poll results started coming in revealing that about 50 percent of us were saying "yes" I want to get a swine flu shot and 50 percent of us were saying "No, thank you".[49,50]

Fear or Facts?

And that is where it stands today. Some of us are still very afraid and some of us are not.

I am reminded of a famous quote from Abraham Lincoln: You can fool some of the people all of the time and you can fool all of the people some of the time, but you can't fool all of the people all of the time.

New Vaccine Ingredients Calculator

And I would urge those of you who want to get seasonal or H1N1 vaccines, to go to the homepage of the website of the National Vaccine Information Center at www.NVIC.org and look at the new Vaccine Ingredient Calculator, which will tell you how much mercury is in those vaccines.

Support NVIC's Research & Public Education Programs

And I would urge those of you, who want better vaccine science and the right to make vaccine choices, to become a donor supporter of the National Vaccine Information Center's research and public education programs.

Truth and freedom are not free, especially when there are so many doing so much to limit the people's access to both.

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THE FLU CASE

0.15% of French population take swine flu jab between October 21st and November 10th

The Flu Case, 14 November 2009 13:17

https://web.archive.org/web/20100102051418/http://theflucase.com/index.php?option=com_content&view=article&id=1795%3A015-of-french-population-take-swine-flu-jab-between-october-21st-and-november-10th&catid=1%3Alatest-news&Itemid=64&lang=en

About 100,000 people in France have taken the swine flu jab between October 21st and November 10th according to the Agence francaise de securite sanitaire des produits de sante.

This represents approximate 0.15% of the total French population which is estimated to be about 63,700.000 people.

http://www.afssaps.fr/var/afssaps_site/storage/original/application/913ccfbf3997e7d6cffc1c6fe395cc10.pdf

The case is being investigated by the Agence française de sécurité sanitaire des produits de santé. The agency says 91 adverse events have been reported, including four serious reactions and a case of GBS.

YAHOO! DEUTSCHLAND NACHRICHTEN

Bundestagsabgeordnete werden ab Ende November geimpft

Yahoo! Deutschland, AP, 14 November, 14:19 Uhr
https://web.archive.org/web/20091116171455/http://de.news.yahoo.com/1/20091114/thl-bundestagsabgeordnete-werden-ab-ende-5e422d2.html

Frankfurt/Main (AP) Bundestagsabgeordnete und ihre Mitarbeiter sollen von Ende November an gegen die Schweinegrippe geimpft werden. Ein Sprecher des Bundestags bestätigte am Samstag der Nachrichtenagentur AP einen «Spiegel»-Bericht über eine entsprechende Hausmitteilung. Der Parlamentsarzt führe die Impfungen der Abgeordneten durch, sofern sie gewünscht seien, sagte der Sprecher. Nach anfänglicher Zurückhaltung steigt die Impfbereitschaft der Bundesbürger angesichts der immer größeren Verbreitung der Krankheit deutlich, wie aus Umfragen des Magazins «Focus» hervorgeht.

«Der Spiegel» berichtete, die Bundestags-Mitarbeiter seien in der Hausmitteilung aufgerufen worden, sich werktags zwischen 09.00 Uhr und 13.00 Uhr im Sanitätsraum des nahe gelegenen Paul-Löbe-Hauses einzufinden. Die Impfung sei grundsätzlich «allen Personen» empfohlen, heiße es.

Bundesgesundheitsminister Philip Rösler hatte am Mittwoch erklärt, die Zahl der zur Verfügung stehenden Impfdosen mache deutlich, «dass nicht jeder geimpft werden kann». Bund und Länder hielten sich deshalb an die Empfehlung der Impfkommission, die einen stufenweise Immunisierung vorsieht. Danach sollen zunächst in Gesundheits- oder Sozialdiensten Beschäftigte sowie chronisch Kranke und erst dann die übrige Bevölkerung geimpft werden.

Der Umfrage im Auftrag von «Focus» zufolge stieg die Zahl der Impfwilligen im November auf 21 Prozent, verglichen mit 14 Prozent im Oktober. Nicht impfen lassen wollen sich danach 67 Prozent (Oktober: 78 Prozent). Die Institute Polis-Sinus und usuma befragten 1.012 beziehungsweise 1.002 Bundesbürger.

Weiter berichtete «Focus» unter Berufung auf das Paul-Ehrlich-Institut, dass bis Anfang der abgelaufenen Woche bei 59 Personen Verdachtsfälle von unerwünschten Reaktionen nach der Schweinegrippe-Impfung gemeldet worden seien. Der jüngste Impfling mit Beschwerden war 16, der älteste 77 Jahre alt.

Am häufigsten wurden Lokalreaktionen an der Injektionsstelle wie Rötung oder Schwellung und Allgemeinreaktionen, die bekanntermaßen nach einer Impfung auftreten können (zum Beispiel Kopfschmerzen, Fieber, Müdigkeit, Muskel- oder Gliederschmerzen, Übelkeit, Lymphknotenschwellung) genannt. In wenigen Fällen kam es zu schweren allergischen Reaktionen oder Kreislaufbeschwerden. «In keiner Meldung wurde über einen tödlichen Ausgang oder über einen bleibenden Schaden berichtet», heißt es beim Paul-Ehrlich-Institut weiter.

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German MPs told to line up for the "swine flu" jab from end of November

The Flu Case, 14 November 2009 13:03
https://web.archive.org/web/20100102053401/http://theflucase.com/index.php?option=com_content&view=article&id=1793%3AGerman-mps-told-to-line-up-for-the-qswine-fluq-jab-from-end-of-november&catid=1%3Alatest-news&Itemid=64&lang=en

German MPs and their staff are to get the swine flu jab from the end of November, according to an AP report. The doctor responsible for looking after the peole who work in the German Parliament is to carry out the vaccination programme. MPs have been told to report to the health care unit attached to Parliament between 9 am and 1 pm for their swine flu jab, which is recommended bascially to "all people", according to a government spokesperson.

THE FLU CASE

BAG-Chef kritisiert Kantönligeist bei Impfaktion

The Flu Case, 14 November 2009
https://web.archive.org/web/20100102031140/http://theflucase.com/index.php?option=com_content&view=article&id=1794%3Aswiss-health-ministers-criticises-cantons-over-swine-flu-jab-programme&catid=1%3Alatest-news&Itemid=64&lang=en

Angesichts der grossen kantonalen Unterschiede bei der Impfung gegen die Schweinegrippe wirft BAG-Direktor Thomas Zeltner die Frage auf, ob das föderale Vorgehen Sinn macht. Für künftige Impfwellen möchte er über eine Zentralisierung diskutieren.

BAG-Direktor Zeltner: Grosse kantonale Unterschiede bei der Impfung gegen die Schweinegrippe. (reuters)

«Wir werden nach dieser Impfwelle wirklich mit den Kantonen zusammen sitzen müssen und die Für und Wider dieser kantonalen Vorgehensweise anschauen müssen.»

Dies sagte der Direktor des Bundesamtes für Gesundheit (BAG) in der Sendung «Heute Morgen» von Radio DRS vom Samstag.

Tempo und Vorgehen wirft Fragen auf

Es habe sich gezeigt, dass die Unterschiede zwischen den Kantonen bezüglich Tempo und Vorgehensweise Fragen aufwärfen, die man mit den Kantonen prüfen wolle. Als Alternative komme fast nur eine Zentralisierung in Frage, sagte Zeltner im Radio-Interview. Oder aber eine Regionalisierung: «Man könnte allenfalls mehrere Kantone zusammennehmen nach den Regionen der Gesundheitsdirektorenkonferenz.»

Allerdings, sagte der BAG-Direktor, wolle er die Kantone jetzt erst einmal die laufende Impfaktion zu Ende führen lassen, bevor man über neue Organisationsformen spreche.

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Swiss Health Ministers criticises Cantons over swine flu jab programme

The Flu Case, 14 November 2009, 13:08
https://web.archive.org/web/20100102031140/http://theflucase.com/index.php?option=com_content&view=article&id=1794%3Aswiss-health-ministers-criticises-cantons-over-swine-flu-jab-programme&catid=1%3Alatest-news&Itemid=64&lang=en

The Director of the Swiss Health Ministry, Thomas Zeltner, has critised the Cantons for not doing more to carry out the swine flu vaccination programme and has threatened to reorganise the health system so that vaccination campaigns are carried out by a central, federal body, according to Swiss TV.

Switzerland is split into many cantons or federal states that have a strong tradition of direct democracy and a final say in local affairs.

Dringende Arzneimittel-Meldung

ABDA, 16 November 2009.
https://web.archive.org/web/20091121125555/http://www.abda.de/2400.html

AMK-PHAGRO-Schnellinformation an alle öffentlichen Apotheken
Bitte sofort weiterleiten!
Herstellungsanweisung von Pandemrix® Impfstoff genau beachten!

Der Arzneimittelkommission der Deutschen Apotheker (AMK) sind zwei Fälle bekannt geworden, bei denen nach der Vermischung der beiden Komponenten des Pandemrix® Impfstoffes (Suspension/Antigen mit Emulsion/Adjuvans) zur gebrauchsfertigen Mischung Fremdpartikel beobachtet wurden.

Zur genauen Beurteilung hat die AMK veranlasst, dass diese Proben im Zentrallaboratorium Deutscher Apotheker (ZL) untersucht werden.

Die AMK weist, in Abstimmung mit GlaxoSmithKline GmbH & Co. KG, München, darauf hin, dass die Anweisungen der Fach- bzw. Gebrauchsinformation von Pandemrix® insbesondere zum Vermischen und zur Anwendung des Impfstoffes (Abschnitt 6.6 der Fachinformation (Stand September 2009) bzw. abtrennbare Informationen des unteren Teiles der Gebrauchsinformation) genau eingehalten werden müssen.

Die AMK bittet, die Anwender von Pandemrix® besonders auf die folgenden Anweisungen für das Vermischen und die Anwendung des Impfstoffes hinzuweisen:

"Vor dem Vermischen der beiden Komponenten sollten die Suspension und die Emulsion Raumtemperatur erreicht haben, geschüttelt werden und per Augenschein auf etwaige Fremdpartikel und/oder physikalische Veränderungen untersucht werden. Falls solche beobachtet werden, ist der Impfstoff zu verwerfen."

Nach Entnahme der beiden Komponenten aus dem Kühlschrank wird Raumtemperatur voraussichtlich nach 30 Minuten erreicht. Dieser Zeitraum der Erwärmung ist u. a. notwendig, damit der Gummistopfen der Durchstechflasche elastischer wird und beim Einstechen der Kanüle keine Stopfenpartikel ausgestanzt werden.

Wir bitten, Verdachtsfälle auf unerwünschte Wirkungen im Zusammenhang mit der Anwendung von Influenzaimpfstoffen per Berichtsbogen an die AMK zu melden.

Eschborn, 16.11.2009

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Foreign particles observed in Pandemrix vaccine in Germany, sent to lab for tests

The Flu Case, 19 November 2009, 20:39
https://web.archive.org/web/20100102010311/http://theflucase.com/index.php?option=com_content&view=article&id=1978%3Aforeign-particles-observed-in-pandemrix-vaccine-in-germany-sent-to-lab-for-tests&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The German Medicine Products Commission of German Pharmacists (AMK) has issued an urgent report warning that foreign particles have been observed on two occasions when the components of GlaxoSmithKline's Pandemrix swine flu vaccine - the antigen suspension and adjuvant emulsion – have een mixed.

The AMK has sent samples to the Central Laboratory of German Pharmacists to be investigated.
http://www.abda.de/2400.html

Unis Face au Vaccin H1N1

Jean-Bruno Roumegoux

New rules make the swine flu jab voluntary, reports
L'obligation vaccinale pour les gendarmes a été levée!

Unis face au Vaccin, 16 Novembre 2009, 03:13
http://www.unisfaceauvaccin.org/index.php/actualites/activisme/265-lobligation-vaccinale-pour-les-gendarmes-a-ete-levee-.html (deleted)

Communiqué du groupe Facebook *Contre La Vaccination Obligatoire De Nos Gendarmes*!

Le groupe Facebook *Contre La Vaccination Obligatoire De Nos Gendarmes* administré par Jean-Bruno Roumegoux, remercie la Direction générale de la gendarmerie nationale pour son nouveau positionnement concernant la vaccination A/H1N1 des personnels civils et militaires depuis la circulaire 106084 du 8 septembre 2009, stipulant que les personnels de la gendarmerie «sont tenus de se soumettre à la vaccination A/H1N1».

Conformément au Code de la santé publique, Art L. 1111-4 : «Aucun acte médical, ni aucun traitement ne peut être pratiqué sans le consentement libre et éclairé de la personne» et par message du 6 novembre 2009, le Chef du Bureau du Renseignement de la Direction générale de la gendarmerie nationale S.O.E / S.D.D.O.P confirme «que le plan de vaccination des personnels civils et militaires de la gendarmerie nationale a été suspendu. Parallèlement, de nouvelles dispositions internes, visant à soumettre la vaccination A/H1N1 au strict volontariat et à en préciser les modalités pratiques, sont en cours de signature au niveau des plus hautes autorités de la gendarmerie nationale».

Felicitations a Chacun D'entre Vous pour son engagement et pour cette avancée majeure pour nos gendarmes. Ce groupe a rassemblé des membres de toutes sensibilités sur cette cause humaine et de bon sens. Le groupe devient L'Observatoire National des Vaccinations. Bienvenue à celles et ceux qui voudraient continuer cette aventure de réflexion, de communication et d'action concernant les pratiques vaccinales en France. ENCORE MERCI, TRES SINCERES AMITIES!

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THE FLU CASE

Swine flu jab no longer compulsory for French Gendarmes following protests

The Flu Case, 16 November 2009, 10:45
https://web.archive.org/web/20100102043131/http://theflucase.com/index.php?option=com_content&view=article&id=1820%3Aswine-flu-jab-no-longer-compulsory-for-french-gendarmes-following-protests&catid=1%3Alatest-news&Itemid=64&lang=en

Plans to force every single member of the French rural police force, the Gendamerie, as well as their families to take the untested swine flu jab have been shelved following protests.
According to a report by the Facebook group "Against the compulsory vaccination of our Gendarmes", the head of the Bureau du Renseignement de la Direction générale de la gendarmerie nationale S.O.E / S.D.D.O.P, has confirmed that "the plan to vaccinate the civilian and military personnel of the Gendamerie have been suspended."

Medizinhistoriker über Schweinegrippe:
"Seuchenzeiten fördern Misstrauen"

TAZ, 17 November 2009

https://taz.de/Medizinhistoriker-ueber-Schweinegrippe/!5152414/

Schon eine bislang harmlose Grippeepidemie versetzt viele Bürger in Angst. Wie groß wäre da die Panik bei einer echten Seuche? Der Medizinhistoriker Klaus Bergdolt über zutiefst menschliches Verhalten.

TAZ: Herr Bergdolt, niemand scheint zu wissen, wie schlimm H1N1 wirklich ist. Die Öffentlichkeit ist verwirrt. Wären wir im Ernstfall genauso panisch wie die Menschen zu Zeiten der Pest vor 660 Jahren?

Klaus Bergdolt: Würde sich die Schweinegrippe zu einer für viele Menschen tödlichen Epidemie entwickeln, dürfte sich, das steht leider zu befürchten, die Bevölkerung kaum anders verhalten als im 14. oder 15. Jahrhundert. Ungeachtet aller zivilisatorischen Brüche, die von Historikern immer wieder reklamiert werden, bleibt die bittere Erkenntnis: Seuchenzeiten sind Zeiten des Misstrauens, der Verdächtigung, der Vorurteile. Auch durch die Aufklärung hat sich hier wenig verändert. Im Gegenteil: Die Ausgrenzung wurde nur wissenschaftlich untermauert.

Warum?

Schon im 14. Jahrhundert versetzte das bloße Gerücht, in einer Nachbarstadt oder einem nah gelegenen Land grassiere die Pest, die Menschen in helle Aufregung. Wenn ich die öffentliche Thematisierung der Schweinegrippe in den vergangenen Wochen Revue passieren lasse, habe ich den Eindruck, dass ein Teil der Presseberichte ganz ähnliche Ängste weckt. Hier geht etwas nicht auf: Jedes Jahr sterben tausende Menschen hierzulande an normalen Grippeinfektionen, ohne dass groß darüber berichtet wird. Aber jeder einzelne Todesfall, der der Schweinegrippe zugerechnet wird, wird in Schlagzeilen herausgestellt.

Liegt das nicht auch an der Sorge, der Erreger der Schweinegrippe könne zu einer weitaus gefährlicheren Variante mutieren?

Natürlich. Es ist tatsächlich beunruhigend, dass zum Beispiel die Spanische Grippe nach dem Ersten Weltkrieg, an der mehr Menschen starben, als Soldaten im gesamten Krieg gefallen waren, erst durch eine solche Mutierung gefährlich wurde. Im Moment gibt es für so etwas aber keine Anzeichen. Fast alle Fälle verlaufen harmlos. Die wenigen Todesfälle beschränken sich auf Risikogruppen.

Trennt uns also heute von einer Weltuntergangsstimmung wie zur Zeit des "Schwarzen Todes" nur ein dünner Firnis aus Hygienebestimmungen?

Uns trennt vieles von den Menschen des Spätmittelalters, die fast ausnahmslos sehr religiös waren. Der Tod bedeutete etwas anderes als in der säkularen Gesellschaft. Viel interessanter ist aber, was uns mit dieser Zeit verbindet. Das 14. Jahrhundert war eine Zeit mentaler Veränderungen. Die Sicherheit der Weltordnung wurde brüchig, Zweifel kamen auf. Der Schwarze Tod wurde, denken wir nur an Petrarca, auch eine Art Metapher des Umbruchs.

Gerade in Deutschland zeichnen sich ja auch heute radikale mentale Veränderungen ab. Wir sind auf dem Weg zu einer säkularen Gesellschaft, die eigene kulturelle Traditionen stark relativiert. Viele Menschen leiden an einer Identitätskrise. Wie man, nach fast einem Jahrhundert seuchenpolitischer Stabilität, einer kollektiven Seuchengefahr begegnet, darüber haben wir keine Erfahrungen. Ich fürchte, die Menschen würden sich im Fall einer Katastrophe nicht weniger hilflos fühlen als 1348.

Sind wir heute einem Inferno wie der Pest besonders nahe, weil ein Virus binnen weniger Tage um die Welt reisen kann? Oder sind wir dank Impfungen, Erfahrung und Hygiene besonders geschützt?

Niemand kann diese Fragen sicher beantworten. Wenn wir Glück haben, bleibt die Schweinegrippe eine harmlose Epidemie mit wenigen Opfern. Falls der Erreger jedoch mutiert, könnte eine ähnlich gefährliche Seuche wie nach dem Ersten Weltkrieg drohen. Absoluten Schutz bietet dann nur, wie 1348, die absolute Isolation. Das wird nur wenigen möglich sein.

Erklärt das auch die missverständlichen Signale der Gesundheitsbehörden? Mal wird beschwichtigt, mal gewarnt.

Die Regierung ist natürlich in einer schwierigen Situation. Die Gesundheitsbehörden müssen einerseits auf den Ernstfall gut vorbereitet sein, andererseits alles vermeiden, was Unruhe erzeugen könnte. Zu Pestzeiten war das nicht anders. In einer ersten Phase wiegeln Behörden - das ist ein Gesetz der Seuchengeschichte - eher ab.

Noch einmal: Kann eine Panik in der heutigen säkularen Gesellschaft leichter entstehen als in der festgefügten Welt des Mittelalters?

Religiöse Menschen sahen in Seuchen eine Prüfung oder Strafe Gottes. Viele kümmerten sich aus christlicher Barmherzigkeit um Erkrankte und Sterbende, wobei man sogar das eigene Leben aufs Spiel setzte. Andere wurden bereits 1348 zu puren Egoisten. Schon damals reagierte man also höchst unterschiedlich.

Ich bezweifle, dass es heute eine nennenswerte Bereitschaft gibt, das Leben für Schwerkranke und Sterbende einzusetzen. Entgegen allen politisch korrekten Beteuerungen würde unsere Gesellschaft im Ernstfall vermutlich eine utilitaristische Abwägung treffen. Das Ergebnis wäre: Wer zu einer Minderheit gehört, welche die Mehrheit tödlich bedroht, muss isoliert werden.

Die Isolierung von Kranken gab es doch schon vor Jahrhunderten: in Lazaretten, Wohnhäusern oder durch Mauern. Das Habsburgerreich baute im 17. Jahrhundert sogar einen 1.900 Kilometer langen Gürtel von Wachen auf, um das Eindringen der Pest aus dem Osmanischen Reich abzuwehren.

Vor allem in großen Kommunen waren Pestlazarette alltägliche Einrichtungen. Dort wurden die Kranken vor allem von Pflegeorden betreut. Wer wollte diese Aufgabe heute übernehmen, falls - um den Worst Case herauszustellen - eine pestartige tödliche Seuche wie Schnupfen durch Tröpfcheninfektion übertragen würde? Aber noch einmal: Im Moment kann von einer solchen Seuche keine Rede sein.

Auch jüngere Seuchen brachte "Helden" hervor: Alexander Fleming entwickelte das Antibiotikum Penicillin, Robert Koch entdeckte das Cholera-Bakterium, und der Immunologe Paul Ehrlich fand ein Mittel gegen die Syphilis. Fehlt heute, da anonyme Konzerne Wirkstoffe entwickeln, vielen Menschen ein benennbarer Held?

Bei der Schweinegrippe fällt der wissenschaftliche Held offensichtlich aus. Ein perfektes Mittel gegen diese Erkrankung wird es vermutlich erst geben, wenn die Gesellschaft sich schon mit der nächsten Seuche befasst.

Auch ein benennbares Böses, das schuld ist an der Seuche, gibt es heute nicht mehr.

Genau das macht die Sache vielen Menschen unheimlich. Die bildhafte Vorstellung des Bösen ist auf der Strecke geblieben.

Früher galten Seuchen als Strafe Gottes. Und heute?

Religiöse Erklärungen spielen, wie gesagt, kaum noch eine Rolle, moralisierende dagegen sehr. Die Verbreitung der Seuchen wird dann als Folge der neuen Mobilität, des Tourismus, des westlichen Luxus allgemein erklärt. Da kommt man schnell zu dem Schluss, dass die Natur nun etwas "korrigieren" müsse. Solche Vorstellungen gab es schon im 19. Jahrhundert.

Wächst wieder die Lust an der Endzeitstimmung, ähnlich dem Schauder vorm Atomkrieg?

Von der Angst während der sogenannten Nachrüstungsdebatte - man denke an die Proteste gegen die Aufstellung von Atomraketen - sind wir noch ein ganzes Stück entfernt. Die Menschen erscheinen mir weitaus gelassener, und das ist gut so. Im Vergleich zur Zeit der Pest haben wir - statistisch gesehen - ja auch einen Vorteil, nämlich die Möglichkeit zur Impfung.

Ausgerechnet dort gibt es heftigen Streit zwischen Impfbefürwortern und Impfgegnern.

Das Problem ist, dass einerseits die Behörden zur Impfung aufrufen, die Experten aber unterschiedliche Meinungen über deren Sinn und Nutzen äußern. Auch dass zwei verschiedene Impfstoffe bestellt worden sind - der eine für Mitarbeiter von Regierungen und Behörden, der andere für Normalbürger -, war zwar eine rein praktische Maßnahme ohne Hintergedanken, psychologisch aber eine unglaubliche Ungeschicklichkeit.

Impfgegner gibt es, seit es Impfungen gibt. Haben sich deren Argumente grundsätzlich gewandelt?

Im Kern nicht. Impfgegner berufen sich auf bestimmte Statistiken und verweigern andere Statistiken, die sie widerlegen würden. Es gibt ein uraltes Misstrauen gegenüber staatlichen Maßnahmen und naturwissenschaftlicher Medizin. Das war bereits im 18. Jahrhundert so. Aber man darf auch nicht vergessen: Es gibt immer wieder Menschen, die aufgrund einer Impfung schwer erkranken oder sogar sterben.

Lassen Sie sich gegen die Schweinegrippe impfen?

Es mag merkwürdig klingen: Ich habe mich noch nicht entschieden. Ich warte ab.

Salzburger Nachrichten

Derzeit gibt is im Landeskrankenhaus Salzburg eine Art sanfter "Impfzwang"

Salzburger Nachrichten, 17 November 2009, 10:21
https://web.archive.org/web/20100102014949/http://theflucase.com/index.php?option=com_content&view=article&id=1833%3Asalzburg-hospital-workers-and-visitors-told-wear-face-mask-or-get-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Nicht geimpfte Mitarbeiter (und Besucher) müssen ab sofort Schutzmasken tragen.

Wer schon einmal über längere Zeit unter echten Arbeitsbedingungen Schutzmasken tragen musste, weiß was ich meine - Es ist ein bisserl "Folter" - wennst es nicht gewöhnt bist.

Es ist also für jeden sofort ersichtlich, wer nicht geimpft (=verantwortungslos) ist.

Gibts eigentlich schon einen Test für die Neue Grippe - ob man vielleicht schon immun ist?

Bei vielen anderen Krankheiten gibts das!

Beispielsweise für Zecken-Gehirnhautentzündung! Da kann man sich gegen Bezahlung zumindest testen lassen, ob eine Impfung nötig ist.

Falls es diesen Impf-Dither für die Schweinegrippe gäbe - vielleicht sollten die "Zwangsopfer" des LKA solche Tests vor der Masken - Tragepflicht einfordern?

Ich kenne mittlerweise einige Angestellte des LKA- die sich gegen ihre Überzeugung impfen lassen werden, um der Maskentragepflicht zu entkommen.

Debatte "Salzburger Nachrichten" über Impfwilligkeit:
http://mein.salzburg.com/forum/debatte/2009/10/lassen-sie-sich-gegen-die-neue.html," emails Heimo.

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THE FLU CASE

Salzburg hospital staff and visitors told: wear face mask or get jab

The Flu Case, 17 November 2009, 10:21
https://web.archive.org/web/20100102014949/http://theflucase.com/index.php?option=com_content&view=article&id=1833%3Asalzburg-hospital-workers-and-visitors-told-wear-face-mask-or-get-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Health care workers and visitors to the Salzburg Regional Hospital, Austria, have to wear protective masks if they have not had the swine flu jab under new regulations.

Heimo from Salzburg emails to say that he knows health care staff who are going to take the jab against their wishes just to avoid having to wear the uncomfortable protective masks during their work.

He asks if there is a test to see if you have developed anti bodies to the swine flu allowing an exemption from the swine flu vaccination obligation as is the case with other diseases.

However, as far as I know there is no reliable test to identify the swine flu, let alone the antibodies to it.

How long until the requirement to wear a mask or be injected with the swine flu jab spreads to other hospitals, offices and finally the streets of Austria?

REUTERS

Maggie Fox

US officials defend swine flu vaccination plan

Reuters, 17 November 2009, 12:25 pm GMT + 8
https://www.reuters.com/article/idUSN1774637/

Washington (Reuters) – U.S. public health officials defended the distribution of swine flu vaccines on Tuesday against criticism that their plan to protect Americans was confusing and over-optimistic.

Manufacturers have delivered 48.5 million doses of H1N1 vaccine, Dr. Anne Schuchat of the U.S. Centers for Disease Control and Prevention told a Senate hearing. HHS had hoped to have as many as 120 million doses by now.

The problem was worsened because the first vaccine to be available was a nasal spray made by AstraZeneca unit MedImmune that is not suitable for some of the most vulnerable groups but which is perfect for most schoolchildren and healthcare workers, officials said.

Members of the Senate Homeland Security and Governmental Affairs Committee pressed for an apology and said they felt President Barack Obama's administration had not learned some valuable lessons from the continuing problem.

"I am worried that we are undermining confidence in our public health system," said committee chairman, Connecticut independent Sen. Joseph Lieberman.

He said he feared people who have waited in vain to be vaccinated against H1N1 swine flu will stop trying.

"This hearing is critical to peeling away the layers of misinformation and miscommunication that has hampered the federal government's pandemic influenza strategy," added Maine Republican Senator Susan Collins.

The U.S. government is struggling to vaccinate as many people as possible against the virus, which has infected an estimated 22 million Americans and killed 3,900.

In September HHS Secretary Kathleen Sebelius had assured Congress, "There will be enough vaccines for everyone."

"I think we led expectations of availability to be higher than they have been. I think that led to frustration," Schuchat said.

Admitting Mistakes

"I think you used the word mistake and it is important to acknowledge that here," Lieberman said.

HHS spokeswoman Jenny Backus later said Sebelius's promise was not a mistake.

"The problem has been that lots of people want it all at the same time and that has been a challenge and we understand that people are frustrated," Backus said by email.

"Vaccine came off the production lines slower than what the original predictions were and we made the tough choice to start the vaccination program as soon as vaccine was ready to go even though we knew that supplies would be low."

The vaccination plan was chosen at a July meeting of the Advisory Committee on Immunization Practices, an independent group of experts that advises the CDC on vaccine policies.

They agreed to create five broad priority groups totaling 159 million people -- pregnant women, healthcare workers, people with asthma or other conditions that put them at high risk of flu complications, caregivers of infants too young to be vaccinated, and children and adults aged up to 24.

Lieberman said he thought HHS and CDC should have revised the priority groups downward to the 42 million people deemed most in need of vaccination, but Schuchat said the committee met again in October and decided not to modify its recommendations.

"What we heard pretty consistently was leave the flexibility to the state and locals. Let them decide," she said. Many wanted to run school-based clinics and narrowing the designated priority groups would have meant the most available vaccine – the spray – could not be broadly used.

THE FLU CASE

US officials defend swine flu vaccination plan:
"confusing and over-optimistic"

The Flu Case, 18 November 2009, 20:30
https://web.archive.org/web/20100102053124/http://theflucase.com/index.php?option=com_content&view=article&id=1864%3Aus-pfficials-defend-swine-flu-vaccination-plan-qconfusing-and-over-optimisticq&catid=1%3Alatest-news&Itemid=64&lang=en

AFTONBLADET

Kristina Ohlsson

Vaccin till små barn stoppas

Aftonbladet, 17 November 2009
https://web.archive.org/web/20091120175255/http://www.aftonbladet.se/nyheter/article6134559.ab

Förvirrade Tina Hyvönen med sonen Marcus, 11 månader, är förvirrad av reglerna. Enligt Läkemedelsverket kan sonen vaccineras – men barnavårdscentralen stoppade vaccineringen i går.

Varken föräldrar eller landsting vet vilka regler som gäller

Läkemedelsverket säger ja till influensavaccin för spädbarn över sex månader.

Men flera landsting satte i går stopp för de minsta.

– Förvirrande, säger mamman Tina Hyvönen, 41.

Hon bor i Kungsängen norr om Stockholm och har två barn. En dotter som går på en förskola där svininfluensan sprider sig som en löpeld. Och där hemma finns Marcus, elva månader.

Därför blev Tina Hyvönen glad när hon förra veckan läste att Socialstyrelsen och Läkemedelsverket gett klartecken för vaccinering av barn under tre år.

Fick ingen spruta

Nu blev det även möjligt för sonen att få sprutan.

– Han hade RS-virus när han var yngre som satte sig på lungorna. Så jag vet hur det är att ha en son som har svårt att andas. Därför har vi varit särskilt angelägna, säger Tina Hyvönen.

Hon var inte den enda föräldern som i går tog sig till Skogakyrkan i Kungsängen där barnavårdscentralen erbjöd vaccinering för de minsta.

Men efter en knapp timmes köande fick Marcus åka hem – utan någon spruta.

– När vi kom fram fick vi beskedet att de inte vaccinerar barn under ett och ett halvt år.

Överdriven oro

Verksamhetschefen Ingrid Berg anser att det måste utredas bättre hur vaccinet påverkar de minsta barnen. Flera andra landsting, bland andra Västerbotten, resonerar likadant.

– Vaccinet innehåller ägg, men många barn i den åldern har aldrig ätit ägg. Hur ska vi då kunna veta om de är äggallergiker?

Jan Liliemark, som är professor på Läkemedelsverket, tycker att oron är överdriven.

– Det kan eventuellt finnas restprodukter av ägg i vaccinet, därför ska man inte utsätta svåra äggallergiker för det.

– Att därifrån dra slutsatsen att inte vaccinera några spädbarn är att gå alldeles för långt.

THE FLU CASE

Swedish authorities argue with each other over vaccine safety. – The Flu Case, 17 November 2009.
https://web.archive.org/web/20100102012917/http://theflucase.com/index.php?option=com_content&view=article&id=1845%3Aswedish-authorities-argue-with-each-other-over-vaccine-safety&catid=1%3Alatest-news&Itemid=64&lang=en

Aftonbladet today reports that the new recommendations made by the Medical Products Agency in Sweden, to vaccinate children between the ages 6 months and three years with the poisonous Pandemrix "swine flu" vaccine are meeting resistance within the medical system's own ranks. The regional medical bodies in Sweden, the Landsting, does not seem to comply because of concerns about the safety of the vaccine in small children. "Vaccine for small children is stopped" reads the headline.

Several Landsting in Sweden refuse to let children that young get the vaccine. One official reason was mentioned to be concerns about egg allergies, which might not yet be known in such small children. A valid point but likely not the real reason for the refusal. This is the first sign in Sweden that the employees in the swedish medical system no longer want to play along with the massive "swine flu" vaccination campaign.

THE FLU CASE

New Zealand asks:
who signed the regulations that allow compulsory vaccinations by WHO?

The Flu Case, 17 November 2009.
https://web.archive.org/web/20100102042818/http://theflucase.com/index.php?option=com_content&view=article&id=1834%3Anew-zealand-asks-who-signed-the-regulations-that-allow-compulsory-vaccinations-by-who&catid=1%3Alatest-news&Itemid=64&lang=en

Attention Dr Margaret Chan
Director-General
For World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

11 October 2009

Reminder Notice. Dear Dr Chan: With respect, your tacit assent would render your vaccine program void and illegal under the Crimes Act. **By fax at:** 23:38 on 18 Nov 2009
P.P. AA

Confirmation by fax to: 0041 22 791 31 11 at 13:36 Original by fast post. info@who.int.

Dear Dr Chan **Did the Signatories or their Assistant's authorise this compulsory vaccination programme?**

I represent Rodney William Baker of Waitara, New Zealand.

In my research to uncover how Rodney's property was seized without an oral court order I came across a website pertaining to (and questioning) your current swine flue vaccination programme involving 187 countries. (or 194) AA

Through further research I have found and received by email, information that indicates a plan of some kind to de-populate the western hemisphere and its allied countries with contaminated vaccines (Perhaps through having the greater potential to investigate and build a passive resistance to this) enabling the de-population of the 3rd world countries through famines and civil wars etc, while mainstream media appears to be denying or deflecting this information.

I have seen USA video clips of mass gravesites that each could take tens of thousands of bodies to fill, a huge desert stockpile of plastic coffins and nano tracking chips as examples of available information. e.g. www.theflucase.com

One of my concerns is for those who have grave concerns about this and have passively refused to be vaccinated, while what I believe to be a questionable law in its origin, may dupe good police officers into enforcing this upon them.

During my research into Rodney's property seizure I found a trail of untraceable signatures dating back 9 years and have found the same to be so while searching through files in many ring binders for others. I have many examples.

Heightening my concerns, is our Health Minister's failure to simply sign in a text box and return by fax, my letter dated 6 October 2009 (within the international law timeframe of 3 days) and allay my fears that New Zealand's signatory may not be traced by the signature, among the 187 now relied upon by W.H.O, to enforce compulsory vaccinations.

I am now left to wonder if each of the 187 signatures authorising compulsory swine flue vaccinations would not bear the true handwriting personalities of the signatories as purported and if critically examined, I wonder if each and every signature would not be found to legibly read a name that is slightly different in spelling to the signatory's name?

Collins Dictionary (First published in 1979) on page 1354 under the headword: **sign –** at **11.** it says: **to write (ones name) as a signature to (a document etc) in attestation, confirmation, ratification etc.**

With respect, if you believe these 187 signatures were produced by signatories that were authorised by the people of each relevant country and therefore genuine, could you please confirm this by handwriting your full name and usual signature in the box below and return this to me by fax (or email) and post?

I, ________________________________ as Director-General of W.H.O. confirm that I believe these 187 signatures, serving as authorisation of this compulsory vaccine programme, are genuine.

Signed: ____________________

I would take no reply from you to mean that "you agree" these 187 signatures, that W.H.O. now relies upon to enforce this vaccine programme are "not genuine" (giving cause to question this swine flue vaccine) and for this reason, every man, woman and child in those 187 countries can legally refuse the vaccine, and that you have advised the true representatives for those countries that this programme is unwarrantable in its origin (ill found). Please note, I do not require an opinion letter.

Yours sincerely, rod (Rodney's legal representative) P.P. [signature]
Rodney's signature authorised by rod speedtools@xtra.co.nz

Mailing address – Attention rod (For Rodney William Baker) Care of: 1 Mayne Street, Waitara 4320, New Zealand. Fax +64 6 754 4323

Attention Dr Margaret Chan
Director-General
For World Health Organization
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11 October 2009

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Yours sincerely, Rod (Rodney's legal representative) [namy written by hand]

R Rodney' signature authorised by rod   // speedtools@xtra.co.nz

Mailing address - Attention rod (For Rodney William Baker) Care of: 1 Mayne Street, Waitara 4320, New Zealand. Fax +64 6 754 4323

Regió7

"Comencem a vacunar quan el 60% de la població ja ha passat la grip!"

Regio7, 17 Novembre 2009, 00:00
https://www.regio7.cat/manresa/2009/11/17/comencem-vacunar-quan-60-poblacio-50672432.html

És favorable a la vacunació?

No sóc antivacunes, però en el tema de la vacuna de la grip, que és un germen amb molta capacitat de mutació, hi ha certes situacions que s'han de considerar. Personalment, no me l'he posada mai. El que sí que tinc clar és que hi ha malalts amb patologies greus que es poden descompensar que se la poden posar amb tranquil·litat. En principi, no tenim constància que provoqui malalties greus. Quant a la grip A, les dues principals situacions són: primer, que la vacuna ens arriba tard. Fa cinc setmanes que estem veient grips; som a la zona mitjana-final del contagi. La vacuna es comença a posar el dia 16 i tarda més de tres setmanes a començar a fer defenses. En segon lloc, tots teníem clar que l'epidèmia de la grip A pràcticament segur que es comportaria com el que va passar l'estiu al continent austral: una grip benigna, més contagiosa que la normal. Que la grip H1N1, coneguda com la grip A, substituiria la convencional. Aquest any no n'hi ha hagut de convencional, i aquí pràcticament tampoc no n'hi ha. No sóc antivacuna però, si algú no se la vol posar, que no se la posi.

A més, si hem anat tan tard...

És que comencem a vacunar quan el 60% de la població ja ha passat la grip!

S'ha portat bé la part que té a veure amb la informació?

Hi ha hagut un excés d'informació. Han traslladat a l'opinió pública una sensació de gravetat i de descontrol per la qual no hi havia cap motiu.

Hi ha veus, com la de la monja Teresa Forcades, que han estat molt crítiques. Fins i tot s'ha arribat a dir que tot plegat era un muntatge de les farmacèutiques...

Políticament, i no parlo només d'Espanya sinó també de tot Europa, es va decidir que aquí s'havia de fer la vacunació. A partir d'aquest moment, has de pressionar les farmacèutiques perquè facin una vacuna de manera ràpida. Són dues cases farmacèutiques les que decideixen fer-ho, i aquestes cases han de vendre la vacuna. És un tema purament comercial. Si els governs pressionen les farmacèutiques perquè facin una vacuna de pressa, amb els diners que això representa, i ells la fan, l'han de vendre, si no, s'arruïnen. Que hi ha hagut màrqueting publicitari per part de les cases comercials, segur. Com aquest degoteig que s'ha mort un pacient i se n'ha mort un altre quan, per la grip convencional, mor més gent i no se'n parla.

Què li diuen els pacients? Perquè, una de les coses que s'han donat més avui [ahir per al lector] és que la gent demana molta informació al seu metge.

Perquè hi ha por i, quan hi ha por, es demana informació, perquè la gent no té clar què passa. Jo els explico això. Sabem el que ha passat al continent austral i el que està passant aquí. Que és una grip més benigna que la convencional, que és una grip més contangiosa, que molta gent la passa i no se n'adona i en altres és una mica més agressiva i t'has de quedar a casa... S'ha provocat una certa sensació de gravetat que no és real.

REUTERS

Doctors say most Britons reject swine flu vaccine

Reuters, 18 November 2009, 7:10 AM
https://www.reuters.com/article/flu-vaccines-britain-idINLH64945620091118

* Poll shows only 46 pct of those offered vaccine say yes
* Doctors say pregnant women particularly reticent

London, Nov 18 (Reuters) – More than half of Britons being offered vaccination against pandemic H1N1 flu are turning it down because they fear side-effects or think the virus is too mild to bother, a survey of doctors showed on Wednesday.

Many of the 107 family doctors polled by Britain's Pulse magazine said there was widespread resistance from patients and on average only 46 percent of those offered the vaccination agree to have it.

Doctors reported particular difficulties in persuading pregnant women to be vaccinated against the virus, according to Pulse, a trade newspaper for doctors.

"In all the pregnant women we've offered it to, I think only about one in 20 has agreed," Dr Chris Udenze, a family doctor based in Nottingham, central England, said in the survey.

Scepticism has been growing in Britain and other European countries about health authorities' handling of the H1N1 pandemic because the number of people infected has been lower than originally feared [ID:nLB209221].

Britain began a vaccination programme on Oct. 21 sending out doses of GlaxoSmithKline's GSK.L Pandemrix and Baxter's BAX.N Celvapan for high-risk hospital patients, front-line healthcare workers, children in seasonal flu risk groups, pregnant women and people with compromised immune systems.

British health authorities have twice revised down their worst-case scenarios for H1N1 flu, which was declared a pandemic in June and has killed more than 7,000 people worldwide, according to latest data from the European Centre for Disease Prevention and Control.

Original estimates that as many as 65,000 could die from H1N1 in Britain have now been cut to a prediction of around 1,000 deaths – way below the average annual toll of 4,000 to 8,000 deaths from seasonal winter flu.

Richard Hoey, Pulse's editor, said his survey showed that many patients, and "a substantial number of doctors" were "unconvinced there is sufficient evidence that swine flu vaccination is safe and necessary".

THE PEOPLE'S UNITED COMMUNITY
POSI+IVE PEOPLE

John Harris

Swine Flu vaccine Manufactures Glaxo Smith Kline's directors list.

The People United Community, 18 November 2009
https://web.archive.org/web/20091122215605/http://www.tpuc.org/content/swine-flu-manufactures-glaxo-smith-klines-

For those of you who are interested in the company behind the swine flu vaccine have a look at Glaxo Smith Kline's directors list. It makes fascinating reading and you can cross reference a few of the directors regarding some interesting events.

Company Identification

Company Identification	
Name	GLAXOSMITHKLINE PLC
Number	03888792

Officers

Secretary		
Stakeholder Id	5531739	
Name	VICTORIA ANNE WHYTE	
Appointment Date	2004-07-29	
Date Of Birth	1968-04-26	
Occupation	No data available	
Address		
Company Statistics	Total Current	42
	Total Resigned	0

Secretary		
Stakeholder Id	8161664	
Name	SIMON MICHAEL BICKNELL	
Appointment Date	2000-05-15	
Date Of Birth	1959-10-02	
Occupation	No data available	
Address		
Company Statistics	Total Current	11
	Total Resigned	24

Director Current	
Stakeholder Id	3941412
Name	JAMES RUPERT MURDOCH
Appointment Date	2009-05-20
Date Of Birth	1972-12-13
Occupation	DIRECTOR
Address	

franceinfo:

Grippe A: les médecins vaccineront en cabinet au printemps?

France Info, 19 Novembre 2009
https://web.archive.org/web/20091122085255/http://www.france-info.com/sciences-sante-2009-11-19-grippe-a-les-medecins-vaccineront-en-cabinet-au-printemps-370771-29-30.html

Plus de 200.000 personnes ont été vaccinées contre la grippe A en France, où la campagne de vaccination s’accélère, a déclaré ce jeudi la ministre de la Santé, Roselyne Bachelot. La ministre a également évoqué la possibilité de poursuivre la vaccination, "au printemps", dans les cabinets médicaux.

Mme Bachelot a justifié sur LCI la vaccination dans des centres en soulignant que "c’est un problème de logistique et de sécurité de l’approvisionnement". "Nous sommes sur une campagne de vaccination dans des centres collectifs parce que ce n’est pas possible autrement, ne serait-ce que la livraison des vaccins à 50.000 cabinets généralistes avec le respect de la chaîne du froid", a dit la ministre.

Après cette phase de vaccination dans les centres, Roselyne Bachelot étudie avec les médecins "la possibilité, dans une deuxième phase, au printemps, qu’ils puissent continuer la vaccination dans leur cabinet". Actuellement c’est tout à fait impossible, a-t-elle affirmé, estimant en outre qu’"on a besoin des médecins pour soigner les gens".

Devant le peu d’enthousiasme rencontré pour l’instant par le dispositif mis en place par les autorités il y a une semaine, Roselyne Bachelot a estimé qu’il ne fallait pas "juger sur quatre jours une campagne de vaccination qui va durer quatre mois". "Le nombre de personnes qui se vont fait vacciner augmente tous les jours. Nous sommes à plus de 24.000 personnes par jour", a-t-elle précisé sur LCI. "Nous avions 200.0000 personnes hier matin qui étaient vaccinées".

La vaccination sera proposée aux enfants scolarisés à partir du 25 novembre. Ce jeudi matin, 116 établissements scolaires étaient fermés en France, selon le ministère de l’Education nationale. Au total, 18 académies sur 30 sont concernées, aucune en région parisienne pour l’instant.

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THE FLU CASE

200,000 people in France have taken the swine flu jab as government ups tempo

The Flu Case, 19 November 2009, 15:25
https://web.archive.org/web/20100102043642/http://theflucase.com/index.php?option=com_content&view=article&id=1975%3A200000-people-in-france-have-taken-the-swine-flu-jab-as-government-ups-tempo&catid=1%3Alatest-news&Itemid=64&lang=en

200,000 people have been given the swine flu jab in France as the government accelerates its vaccination programme in special vaccine centers.
French Health Minister Roselyne Bachelot defended her decision not to use GPs to give the swine flu jabs in special governmetn-administered syringes, saying that centers were more efficent.
200,000 people represents less than half a per cent of the France's total population.

H1N1 – UNIS FACE AU VACCIN !

285 le juge deboute les medecins pour le premier refere

UnisFaceauVaccin, 18/19 Novembre 2009.
http://www.unisfaceauvaccin.org/index.php/actualites/activisme/285-le-juge-deboute-les-medecins-pour-le-premier-refere.html (deleted)

Le premier référé déposé par des médecins du Calvados contre les réquisitions dans le cadre de la vaccination H1N1 a été rejeté aujourd'hui même par le tribunal administratif de Caen. «Le juge a considéré que ces référés ne portaient manifestement pas atteinte aux libertés fondamentales, et qu'elles ne constituaient pas du travail forcé puisque l'administration a pris soin de réquisitionner d'abord des volontaires», indique le Dr Antoine Leveneur, président de l'URML de Basse-Normandie.

La semaine dernière, des médecins libéraux du Calvados avaient déposé trois référés contre les réquisitions préfectorales du département dans le cadre de la campagne de vaccination contre le virus H1N1.

Mais rien n'est définitivement joué car si le premier référé, baptisé «liberté», avait été déposé pour atteinte aux libertés fondamentales, les deux autres, baptisés référé «suspension» et référé «annulation», s'attaquent à leur éventuelle illégalité.

Antoine Leveneur reste optimiste car les perspectives de gagner ces deux référés lui paraissent raisonnables: «Tout se passe comme si le juge considérait qu'il y a un doute sur la validité des réquisitions, résume-t-il, et qu'il se réservait pour lundi prochain», date à laquelle la justice se prononcera sur ces deux autres référés.

=>

THE FLU CASE

French court rules that health care workers can be requisitioned for swine flu jab campaign

The Flu Case, 19 November 2009, 13:33
https://web.archive.org/web/20100102053837/http://theflucase.com/index.php?option=com_content&view=article&id=1894%3Afrench-court-rules-that-health-care-workers-can-be-requistioned-for-swine-flu-jab-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

An administrative court in Caen, France, has rejected a bid by doctors to have the government's requisition of health care personnel to participate in the swine flu jab campaign declared a violation of fundamental liberties and forced labour.

Two more legal cases calling for the suspension and annulation of the order are still to be heard.

MED НОВОСТИ

[*Юрий Захарович Гендон*]

Насколько безопасны прививки?

MED Новости, 19 ноября 2009, 09:07
https://medportal.ru/mednovosti/naskolko-bezopasny-privivki-fa8d5b5f-41b6-4882-8c52-d97577550c68/

9 ноября в России официально стартовала кампания вакцинации от пандемического гриппа H1N1. Помимо ежегодных прививок от гриппа, согласно общенациональному календарю прививок россияне получают до двух десятков видов вакцин, защищающих от туберкулеза и гепатита, полиомиелита и бешенства, краснухи, столбняка и даже рака.

Доказана ли безопасность всего набора применяемых вакцин?
Какие осложнения возможны при вакцинации?
Какой вред и какую пользу может принести отказ от прививок?
На вопросы читателей Медновостей ответил доктор медицинских наук, гриппполог, главный научный сотрудник НИИ вакцин и сывороток им. И. И. Мечникова РАМН, консультант ВОЗ, профессор Юрий Захарович Гендон.

Прием вопросов завершен, ответы опубликованы.

Александр: Здравствуйте. Как вы относитесь к мысли о том, что шумиха и пропаганда вокруг очередного, менее опасного, чем обычный сезонный, гриппа H1N1 имеет целью не обезопасить людей от него, а наоборот, посеять в людях страх, панику и под видом прививки заразить человека каким-то более опасным вирусом?

Это абсолютно неверно. Понимаете, для всего должно быть какое-то обоснование. А какую цель преследуют, когда заражают человека какими-то вирусами? Смысл какой? Для чего? По всему миру все люди, и правительства, и органы здравоохранения ставят задачей всех чем-то перезаразить?..
Я думаю, что это вопрос совершенно неправомерный, не стоит даже на него отвечать.

Вадим: Юрий Захарович, почему в России не публикуется статистическая отчетность по вакцинации, предоставляемая в ВОЗ?

Мы каждый год предоставляем информацию о количестве вакцинированных. Эти сведения идут во Всемирную организацию здравоохранения, а она составляет список стран с расчетом количества доз вакцины.
Россия находится примерно на двадцатом месте по количеству вакцинированных на 100 тысяч населения. Мы точно знаем, сколько вакцины приготовлено в России для бесплатного применения. Большое количество вакцины покупают богатые фирмы за рубежом, да и обычные люди могут просто зайти в аптеку и купить ее. Это количество не проходит через Министерство здравоохранения, но то, что идет через министерство, мы знаем прекрасно.
В советское время мы ежегодно прививали 90 миллионов человек, потому что производили 90 миллионов доз вакцины. Сейчас в России производится от 20 до 25 миллионов доз вакцины от гриппа.

kremlin faggot: Уважаемый Юрий Захарович, у меня появилось мнение,что излишняя паника вокруг «свинного грипа» раздута. Это очень хороший инструмент для манипуляции на фоне мирового кризиса, мол экономика экономикой а что если будет ещё хуже, эппидемия например. Хотелось бы спросить сколько жизней в год уносит «обычный» грипп? и может ли быть что N1H1 это грипп 21 ого века,и нам просто нужно с этим смириться? Благодарю.

Есть совершенно четкие сведения, которые были представлены ВОЗ на основании более 50 лет анализа данных, предоставленных более чем 100 лабораториями из 80 стран. Ежегодно от гриппа и его осложнений по данным ВОЗ погибает 250 – 500 тысяч человек при сезонных эпидемиях. Это если считать правильно смертность, так как основная смертность от гриппа – так называемемая «задержанная смертность» – не в течение 5 – 7 дней, когда человек болен, а, в основном, позже, за счет осложнений – пневмонии, обострений хронических болезней.

Надежда: Здравствуйте! Уважаемый Юрий Захарович,хотелось бы спросить:

- Почему незначительное кол-во людей (около 1,5 тыс, по сведениям из средств массовой информации) заразившихся вирусом свиного гриппа называют эпидемией?

Второе – как из общей массы заболевших гриппом,в этом году, выявляли тех, кто заболел именно свиным гриппом? Симптоматика ведь одинаковая!!!! Что у всех брали анализ и выделяли вирус? Откуда такие конкретные цифры?

Третье – не считаете ли Вы, что поднятая шумиха на руку фармацевтическим компаниям и ими же инициируется.

Это правильный вопрос. ВОЗ еще в апреле, учитывая что этот вирус предается от человека к человеку и попал более чем в сто стран, объявила пандемию. Тут можно спорить, но это было объявлено ВОЗ. Вряде стран действительно заболеваемость этим вирусом очень высока, например, в США, где практически во всех штатах имеется эпидемия и основной возбудитель – грипп H1N1 штамма Калифорния.

Что у нас делается, сказать достаточно трудно. Помимо вируса гриппа, острые респираторные заболевания могут вызывать еще более ста различных вирусов. По клиническим проявлениям грипп практически невозможно отличить, а тем более различить, вирус это человеческий или свиной, а то и вообще не вирус гриппа: парагрипп или риновирус.

В большинстве стран Европы, Америки, в Японии у значительного количества людей, которые обращаются к врачам, берут смыв, из которого выделяют вирус и смотрят, что это за вирус. Например, во Франции почти каждый год во время эпидемии гриппа наблюдалась эпидемия очень неприятного для детей респираторно-синцитиального вируса. Нужно обязательно знать, какой процент от общей заболеваемости ОРВИ приходится на грипп и другие возбудители.

Когда наступает эпидемия, основная масса ОРВИ вызывается вирусом гриппа. Тем не менее, некоторые считают, что при очень серьезной эпидемии (не пандемии), только 20 процентов заболевших приходится на вирус гриппа, а остальные - это другие 100 возбудителей. То, что у нас сейчас называется «превышение порога заболеваемости острыми респираторными заболеваниями». Поэтому говорят, что начинается эпидемия острых респираторных заболеваний. Гриппа при этом может быть очень мало или он может даже отсутствовать.

Говоря об эпидемиях на Дальнем Востоке и т. д., нужно очень хорошо себе представлять, какой основной вирус является источником этой эпидемии. По сути дела мы можем говорить сейчас об эпидемии острых респираторных вирусных заболеваний. Если всего у нас заболело вирусом гриппа свиней столько, сколько передают в СМИ, то это ерунда по сравнению с сезонными эпидемиями.

Во время настоящих гриппозных эпидемий заболевает 20-30 процентов детей, 5-10 процентов взрослых. Каждый десятый заболевает гриппом во время настоящей эпидемии, то есть в одной Москве заболеет гриппом миллион человек, а у нас тут пять тысяч случаев, так что правильнее называть ситуацию "вспышкой гриппа H1N1 Калифорния".

Дмитрий: Здравствуйте, Юрий Захарович!

1. Проходят ли прививки сертификацию подобно лекарствам (побочные действия, включая канцерогенность; противопоказания и пр.). Нужна ли, на Ваш взгляд, такая сертификация?

2. Имеются ли какие-нибудь данные насчет «емкости» иммунитета – зависимости его эффективности от вида и количества перенесенных заболеваний и прививок? Заранее благодарю.

Конечно, каждая новая вакцина проходит тщательную проверку. Прежде всего, она проходит так называемую доклиническую проверку. Это проверка на безопасность: канцерогенность, аллергизация и целый комплекс совершенно обязательных проверок, которые эта вакцина проходит. Если хотя бы по одному пункту она не проходит, эта вакцина дальше не идет вообще.

Если она прошла очень сложное исследование – в 3-4 или, для некоторых препаратов, которые теоретически могут быть канцерогенными, то 6-9 месяцев, то дальше идет клиническое исследование. Это 20 очень крепких молодых людей, добровольцев, которым за это платят большие деньги, они получают вакцину. Прежде всего, смотрят на безопасность. Смотрят сотни разных показателей крови, мочи, нередко, если препарат сложный, их кладут в больницу, чтобы наблюдать за ними днем и ночью. Это первая стадия клинических испытаний.

Если она проходит нормально, у людей нет никаких необычных неблагоприятных реакций, тогда идет вторая часть клинических испытаний. Это уже 100 человек. На это тоже берутся достаточно здоровые добровольцы. Они вакцинируются, тут смотрят насколько вакцина эффективна, как она дает выработку антител.

Есть определенный уровень антител, который является защитным, это 1/40, не менее 70 процентов испытуемых должны иметь титр 1/40 или выше. Если ниже, значит, вакцина слабоиммуногенная и ее тоже не разрешают к применению на людях.

Дальше идет полевое испытание. Тут уже не здоровых добровольцев выбирают, а идет случайная выборка 2000 человек разного возраста, телосложения, здоровья. Эти люди олицетворяют ту массу, которая будет вакцинироваться. Одновременно берется не менее 2000 человек, которым вакцина не вводится. Раньше вводили плацебо, пустышку. Теперь это считается не очень правильным, их просто не вакцинируют.

Дальше уже все закодировано, люди имеют номера и те, кто проверяют, не знают, кто контрольная группа, а кто группа, получающая вакцину. Это очень важное исследование, но, к сожалению, его не всегда удается делать. Если бы с этим свиным гриппом мы бы начали еще и полевые испытания, то вакцина была бы готова тогда, когда все кончится. Такие срочные дела, как пандемия или необычная вспышка, кончаются проверкой на 100 добровольцах. Хотя, с моей точки зрения, это не очень хорошо, потому что разные возрастные группы поразному реагируют на вакцину.

Например, если вы прививаете взрослых людей от 20-55 лет, то у них возникает защита на 80 процентов. Если вы прививаете детей той же вакциной от 6 месяцев до 9 лет или пожилых лиц, то у них защита уже 50 процентов. Это касается большинства инактивированных вакцин. Сейчас уже есть вакцины с адьювантами, которые дают значительно более высокий процент защиты.

У пожилых тоже защита может составлять 50 процентов. Но надо помнить, что 50 процентов – это защита от заболевания, но 80 процентов составляет защита от осложнений. То есть, если человек был вакцинирован и все-таки заболел, то у него болезнь протекает легче, редко бывают осложнения. Это очень важно помнить.

Что касается иммунитета, то есть четкие показатели: не менее 70 процентов привитых людей должны в результате иметь титр антител 1/40 или выше. Если вакцина не работает до такого предела, то нечего ее применять, толку от нее будет мало.

Наталья: Боюсь, что вакцинация снижает иммунитет, Не лучше ли переболеть «естественно» гриппом, тем более, считается, что при высогой температуре «сгорают» всякие плохие клетки, чем быть безоружным перед страшными болезнями – раком, напрпимер.

Конечно, противогриппозный иммунитет после того, как человек переболеет гриппом, будет к данной разновидности вируса значительно выше, чем после прививки. Но надо помнить, что можно просто умереть от гриппа и его осложнений. Это очень серьезная инфекция. Грипп повреждает функции всех систем организма, всех!

Вспомните: после гриппа у вас еще недели две-три большая слабость. Так происходит потому, что организм вынужден тратить огромные ресурсы на восстановление нормальной работы всех систем организма. Многие физиологи считают, что каждое заболевание гриппом стоит нам года жизни, такую мы тратим такую энергию, чтобы выздороветь.

А ведь можно и не выздороветь. Общийиммунитет при гриппе резко падает и пневмококки, с которыми мы легко боремся в нормальном состоянии, начинают вызывать пневмонию, которая и дает значительное количество смертных случаев. Или человек с хроническими заболеваниями может жить долго с помощью лекарств, диеты и т. д. А вирус гриппа начинает «бить» и эту систему и уже не хватает ни лекарств, ничего. От обострения хронического заболевания человек умирает.

То количество антигена, которое попадает в организм с инактивированной вакциной, настолько мизерное, это 45 микрограмм, что никак не может повлиять на функцию иммунной системы. Это очень высокоочищенная вакцина, там нет ничего, что бы вызывало раздражение иммунитета, кроме этих вирусных белков, а их – микроскопические количества. Так что вакцинация против гриппа инактивированной трехвалентной вакциной ни в какой степени не снижает иммунитет.

Олег: Добрый день Юрий Захарович,В США появилось множество материала о вреде вакцины от свиного гриппа. Что якобы эта вакцина была уже произведена в 1976 году и постепенно убивает иммунитет человека. Делается все это якобы, для резкого уменьшения численности людей на планете, так как ресурсы не безграничны. Что вы можете сказаь о безопасности данной вакцины и какая страна является производителем данной вакцины? Спасибо заранее.

Не вредно ли получать вакцины для здоровья и в частности от свиного гриппа? Вакцинация будет проводиться препаратами чьего производства? Правда ли, что в США вакцина против свиного гриппа был изобретен в 1976?

У нас вакцина совершенно другая. Тогда делали вакцину целиком к вирусу свиного гриппа, как он был, а мы сейчас научились делать так называемые реассортанты (то, что раньше называлось рекомбинацией).

Геном вируса гриппа состоит из 8 участков, которые самостоятельно функционируют. Поэтому, если у вас в одну клетку попадают один и другой вирус, то получается реассортация, в одну вирусную частицу может попасть, например, 4 гена от одного вируса, а 4 - от другого. Свиной вирус - это тройной реасортант, у него 5 генов свиных, 2 гена куриных и 1 ген человеческий.

Когда штаммы для изготовления вакцины выделяют от людей, они очень плохо размножаются. А чем хуже вирус размножается, тем сложнее сделать вакцину. Есть один штамм человеческий, PR8, который очень хорошо размножается. Это происходит за счет тех генов, которые не входят в наружную оболочку. От него берут всю внутренность, 6 генов, которые отвечают за высокую продуктивность. Гены геммагглютинина и нейраминидазы, которые как раз отвечают за защитный иммунитет, берут от того вируса, от которого нужна вакцина. Это все делается в двух лабораториях ВОЗ, исключительно квалифицированные люди там сидят. Они получают такой реассортант, очень хорошо его изучают, потом бесплатно его распределяют в те компании, которые производят вакцины.

и т.д. =>
https://medportal.ru/mednovosti/naskolko-bezopasny-privivki-fa8d5b5f-41b6-4882-8c52-d97577550c68/

NBC NEWS

1.5 million a day getting H1N1 vaccine in China

NBC News / The Associated Press, 19 November 2009, 10:06 AM +08
https://www.nbcnews.com/id/wbna34026516

China's health minister said Wednesday his country is vaccinating 1.5 million people a day against swine flu, part of a mammoth effort to reach nearly 7 percent of inhabitants of the world's most populous country by year's end.

China's health minister said Wednesday his country is vaccinating 1.5 million people a day against swine flu, part of a mammoth effort to reach nearly 7 percent of inhabitants of the world's most populous country by year's end.

Chen Zhu told The Associated Press that more than 50 million Chinese have been immunized so far.

He also defended China's aggressive quarantine of foreigners with flulike symptoms as well as health detentions of its own citizens.

"With initial efforts of containment, actually we not only reduced the impact of the first wave to China, but we also won time for us to prepare the vaccine" now being given to China's people, Chen said in an interview during the Havana meeting of the Global Forum for Health Research.

After the swine flu first appeared in Mexico last spring, China put Mexican visitors – and people from other countries who had set foot in Mexico – in weeklong quarantines and monitored them for the virus, whether or not they seemed sick.

Chinese authorities also isolated entire planeloads of international visitors if someone on board experienced flulike symptoms. They pulled passengers off trains and blocked access to villages if someone got sick after coming into contact with a foreigner.

Such measures are easier to impose in an authoritarian state. They sparked protests around the world, but when asked if they were successful, Chen said: "Exactly, very successful, exactly."

"We are confident the situation is under control," he said.

Chen said officials have moved past containing swine flu and are focusing now on improving emergency room treatment to keep those with the most urgent cases of the virus from dying.

Goal of vaccinating 80 to 90 million

He said China developed its swine flu vaccine in late August and plans to give it to 1.5 million Chinese a day in November and December, in hopes that 80 million to 90 million will have been vaccinated by the end of 2009. That would be nearly 7 percent of the population – and officials hope to vaccinate an additional 3 percent in January and February.

"We know this is not enough for a population of 1.3 billion, but at least for the vulnerable people, for the students, people with underlying basic diseases and, in the future, for pregnant women, we have vaccines," Chen said.

He added that vaccinating medical personnel is also a top priority, to protect their patients.

Tom Skinner, spokesman for the U.S. Centers for Disease Control and Prevention in Atlanta, said that by comparison, the United States has allocated 49 million swine flu vaccine doses since late September.

He said American manufacturers are capable of producing well over 1 million vaccines a day – and China's factories and health officials could do better than that amid a major vaccination campaign.

"One and a half million, that's a lot of people," he said. "It goes to show you what can be done when you have resources and people mobilized as well as people coming forward to get vaccinated."

Skinner declined to comment on whether Chinese quarantine programs have been as successful as Chen and other top Chinese officials claim. As for the U.S., he said, "The CDC did not implement such measures because the virus was so widespread so early that such measures would likely not have an impact."

Chen said China has no plans to export its vaccine – at least for now.

"We are in a shortage of the vaccine in China. In the short term, no exports," he said. "We will see if next year there is a possibility to export a little bit, but to get the pandemic under control in China should be the most important contribution for its control worldwide."

CHINADAILY 中国日报网 .COM.CN

Official refutes A(H1N1) vaccine suspension rumor

China Daily, 19 November 2009, 16:38

https://global.chinadaily.com.cn/china/2009-11/19/content_9005996.htm

Beijing: Beijing health authority said on Thursday that the A(H1N1) vaccine inoculation would not be suspended, dismissing a rumor circulating among the city's mobile phone subscribers.

"The inoculation would not be suspended," said Zhang Jianshu, director of the publicity department with Beijing Municipal Health Bureau. "Beijing has reported no serious case of adverse reaction."

Zhang said some Beijing residents had received text messages saying that the city's municipal government would halt the ongoing inoculation before the A(H1N1) vaccine was reassessed. The messages did not give reasons why such a move would be made.

"No such decision has ever been made by the government," Zhang said. "It's totally baseless."

He said Beijing Public Security Bureau was tracing the rumor.

Deng Ying, director of the Beijing Center for Diseases Control and Prevention, said over 1.5 million Beijing residents had been inoculated as of Wednesday.

The A(H1N1) influenza cases accounted for nearly 90 percent of all flu cases reported in the Chinese mainland last week, which reported 10,828 cases of A(H1N1) flu from November 9 to 15, with 28 deaths.

Nursing Times

Swine flu vaccine uptake

Nursing Times, 19 November 2009
https://www.nursingtimes.net/archive/swine-flu-vaccine-uptake-19-11-2009/

Several newspapers have reported that pregnant women and other vulnerable people are refusing to have the swine flu vaccine. *The Times* reported that a poll of GPs found that only 46% of people who were offered the vaccine have accepted it, and one doctor estimated that only 5% of pregnant women have had it.

The news reports are based on a "snapshot" survey of 107 GPs. The survey asked how likely they were to hit the government's target of vaccinating at least half of their patients who are under 65 and in high-risk groups this winter, and the estimated vaccine uptake in their practice.

It is not clear if the experiences of this relatively small sample of GPs can be viewed as representative of the 30,000 other GPs in the UK. This picture of overall uptake is based purely on these 107 GPs' estimates. It is also possible that these GPs chose to take part in the survey themselves, and GPs who chose not to take part may have a different experience of vaccine uptake.

Based on this survey, it can't be assumed that there is similar vaccine uptake nationwide, or that particular groups, such as pregnant women, are more likely to reject the vaccine.

What are the news reports based on?

These news reports are based on two articles in Pulse, a magazine for GPs. Both articles are on the swine flu vaccination programme, which has been in progress since late October. One article, on overall uptake, was based on a "snapshot" survey of GPs that was recently carried out by the magazine. The other, on uptake in pregnant women, may be from the same survey, but this was not made clear.

One of the articles reports that GPs are "braced" to miss a target that was set by the government to vaccinate at least half of all people in high-risk groups aged under 65 against swine flu during this winter's campaign. The other article reports that pregnant women are rejecting the vaccine because of fears over its safety.

Pulse surveyed 107 GPs, asking them whether they felt they would achieve this target in their practice and to estimate how many of the people who were offered the vaccine in their practice had accepted so far. They could also make any other relevant comments.

What did the survey find?

The survey found that only 37% of GPs believed that their practice could achieve the government's target, based on their experience so far. Just over half (53%) said they would not hit the target, and 10% said it was too early for them to say. The reasons given by GPs for not hitting the target are a low uptake of the vaccine by those who were offered it, and delays in receiving vaccine supplies. Just over half the practices had started the vaccination campaign, and these practices estimated that less than half the people offered the vaccine had accepted it.

In the article on vaccine uptake in pregnant women, one GP estimated that only 5% of pregnant women in their practice had agreed to be vaccinated, while another GP estimated that the figure in their practice was less than 25%. Other GPs stated that there was scepticism about the vaccine among their pregnant patients.

Do these findings represent all GPs?

This survey cannot answer that question. It was a relatively small survey which asked GPs' opinions on the likelihood of reaching vaccination targets and their estimates of vaccine uptake in their practices. It is not clear how these GPs were selected to take part in the survey, how many of those who were asked agreed to take part, or which areas of the country were covered. The figures on overall uptake were based on the GPs' estimates.

The only figures that estimated uptake in pregnant women came from two GPs, whose estimation differed about fivefold (one in 20, and less than one in four). It is difficult to gauge uptake based on this limited survey, and it is not possible to say whether these results are representative of the entire country.

Regarding reasons for low uptake, the GPs could only state the concerns that their patients had reported to them. It is not possible to say how representative these reports were of people's reasons for not having the vaccine. It is also not clear whether certain at-risk groups are more likely to reject the vaccine than others.

What are the problems with supply?

Pulse reported that each practice in England and Wales, regardless of size, was due to receive an initial delivery of 500 doses of the vaccine, and GPs should be able to order further deliveries from mid-November. However, the magazine says that larger practices reported not having enough doses of the vaccine to go round, which has lead some of them to delay their vaccination campaigns.

What reasons were given for rejecting the vaccine?

The GPs surveyed said that people who rejected the vaccine did so because of concerns about its safety and the risk of side effects, which were reported as headaches, sleeplessness and stomach cramps. Some GPs also reported that patients were concerned over an ingredient in the vaccine called thiomersal.

Pandemrix is one of the two swine flu vaccines being used in the UK. It contains a very small amount of thiomersal as a preservative. It is added to prevent bacterial or fungal contamination occurring during the preparation, storage and use of the vaccine.

In the 1990s, some people raised concerns about the use of thiomersal in vaccines, which lead the WHO Global Advisory Committee on Vaccine Safety to review the scientific evidence about its safety, which it did most recently in 2006. It concluded that "there is no evidence of toxicity in infants, children or adults exposed to thiomersal in vaccines."

Are the vaccines safe?

Both swine flu vaccines (Pandemrix and Celvapan) have been authorised for use by the European Medicines Agency (EMEA). Vaccines would not be licensed if they were considered unsafe. What is known about the safety of these vaccines is based on clinical trials of prototype bird flu vaccines and trials using the swine flu vaccine itself. Based on these studies, the swine flu vaccine has been judged to be acceptably safe for use.

People who are offered the vaccine and are concerned about its safety should discuss this with their doctor.

Does the vaccine have any side effects?

The Medicines and Healthcare products Regulatory Agency (MHRA) reports that "as with any vaccine, the swine flu vaccines will cause side effects in some people, although not everybody will have a side effect. The most common side effects will be injection site reactions (pain, swelling and/or redness), headaches, dizziness, muscle aches, mild fever and fatigue. These side effects are mainly mild and last only two to three days. Some of these symptoms may be similar to a mild flu-like illness, although it should be stressed that the vaccines cannot cause swine flu itself."

Because clinical trials are relatively small, they may not identify very rare side effects. To identify these, the side effects of the swine flu vaccine will be monitored as it is used. It is important to note that the same is done for all new medicines and vaccines, not just the swine flu vaccine.

Who should be vaccinated and why?

Although swine flu is mild in most people, some people who get swine flu have serious complications, which can be fatal. To reduce the risk of these complications, the vaccination programme prioritises people who are most at risk of having complications from swine flu. These priority groups are:

- People aged between six months and 65 years who belong to at-risk groups that would usually be offered the seasonal flu vaccine (see below).
- Frontline health and social care workers.
- Pregnant women.
- People who live with those whose immune systems are compromised, such as cancer patients or people with HIV/AIDS.
- People aged 65 and over who would usually be offered the seasonal flu vaccine.

Frontline health and social care workers are prioritised because they deal with at-risk groups, so are more likely to catch and spread swine flu to at-risk patients. Prioritising them also aims to ensure that the health service will continue to run smoothly during the pandemic.

People who would usually receive the seasonal flu vaccination include those who have:

- Chronic respiratory disease, such as chronic obstructive pulmonary disease (COPD).
- Chronic heart disease, such as heart failure.
- Chronic kidney disease.
- Chronic liver disease, such as chronic hepatitis.
- Chronic neurological disease, such as Parkinson's disease.
- Diabetes requiring insulin or oral diabetic medications.
- Immunosuppression (a suppressed immune system) due to disease or treatment.

Why is it important for pregnant women to be vaccinated?

Pregnant women are one of the groups that are more likely to have serious complications if they get swine flu, which could result in miscarriage and premature labour.

There is evidence that pregnant women are at increased risk of severe disease and of being admitted to hospital with flu-related problems. The risk increases as the pregnancy progresses, and women in the third trimester of pregnancy are particularly at risk. (WHO 2009, Jain et al., 2009, Jamieson et al., 2009).

The World Health Organization has stated that 7–10% of all hospitalised patients with swine flu are pregnant women in their second or third trimester. Pregnant women are 10 times more likely to need care in an intensive care unit than the general population. (WHO, 2009).

Complications in pregnant women, based on information on seasonal flu, may include pneumonia and cardiorespiratory complications. (Kort BA et al., 1986; Neuzil KM et al., 1998).

Both swine flu vaccines have been licensed for use in pregnant women, but it is recommended that they should be given Pandemrix. This is because it appears to give adequate levels of antibodies after a single dose, protecting the recipient more quickly than Celvapan, which requires two doses given three weeks apart.

Links to the headlines

Vulnerable patients shunning swine flu vaccine, GPs warn. The Daily Telegraph, November 18 2009
Pregnant women 'sceptical' about swine flu vaccination. The Independent, November 18 2009
Pregnant women refusing to take swine flu vaccination, say doctors. The Times, November 18 2009
Mothers-to-be 'are refusing swine flu jab' over safety fears. Daily Mail, November 18 2009

THE IRISH TIMES

Steven Carroll

Schoolchildren to start getting swine flu vaccinations next week

Irish Times, 19 November 2009
https://www.irishtimes.com/news/schoolchildren-to-start-getting-swine-flu-vaccinations-next-week-1.774262

Schoolchildren are expected to start receiving swine flu vaccinations next week, the Health Service Executive has said.

More than 800,000 students aged between five and 18 years will be invited to receive the vaccinations in special clinics to be set up in some schools across the country in the coming days.

Some students will be invited to neighbouring schools to receive the vaccine, while others will be asked to attend their local HSE vaccination clinic.

School staff will also be vaccinated as part of this phase of the national vaccination programme against swine flu, which the HSE hopes can be completed by early next year.

The HSE said it was in the process of identifying schools that would be suitable for use as vaccination clinics and that further details would emerge today.

The Department of Education wrote to all primary and secondary schools in the country yesterday advising them of the arrangements.

In the letter, the department said a HSE vaccination pack would be provided for distribution to each student and that a consent form would need to be signed by the parents of children aged under 16.

Minister for Education Batt O'Keeffe has urged schools to continue their co-operation with the HSE.

"I want to thank principals, teachers, school staff and managers for the conscientious and thorough way in which they have co-operated with the public health authorities in averting the spread of the virus," he said.

=>
Irish schoolchildren to get untested swine flu jab from next week: parents must sign consent forms. - The Flu Case, 19 November 2009, 10:26

https://web.archive.org/web/20100102014359/http://theflucase.com/index.php?option=com_content&view=article&id=1872%3Airish-schoolchildren-to-get-untested-swine-flu-jab-from-next-week-parents-must-sign-consent-forms&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

"No clinical experience" with Celvapan swine flu jab, admits Baxter

The Flu Case, 19 November 2009, 10:43
https://web.archive.org/web/20100102042302/http://theflucase.com/index.php?option=com_content&view=article&id=1873%3Aqno-clinical-experienceq-with-celvapan-swine-flu-jab-admits-baxter&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Baxter's swine flu jab Celvapan has not been tested according to the "Summary of product characteristics" on the website of the European Medcines Agency, the European Union drug regulator.

Annex I: Summary of product characteristics: Celvapan.

https://web.archive.org/web/20091123093801/http://www.emea.europa.eu/humandocs/PDFs/EPAR/celvapan/spc/emea-spc-h982pu06en.pdf

"There is currently no clinical experience with Celvapan (H1N1) in adults, elderly, children or adolescents.

The decision to use Celvapan (H1N1) in each age group defined below should take into account the extent of the clinical data available with a version of the vaccine containing H5N1 antigen and the disease characteristics of the current influenza pandemic," says the document under the Section Clinical Particulars 4.2 page 2

"No data are available in children or adolescents. However, should vaccination be considered necessary, the experience with similarly constructed vaccines suggests that dosing in accordance with the adult dose may be appropriate.

"There are currently no data available on the use of Celvapan in pregnancy.

"Data from pregnant women vaccinated with different inactivated non-adjuvanted seasonal vaccines do not suggest malformations or fetal or neonatal toxicity."

The document says under the section "Pharmacological Properties" that the vaccine has been authorised under special regulations applying to "Exceptional Circumstances." Under these emergency regulations, pandemic vaccines do not need to be tested for safety or efficacy before they are given to people.

Similar pandemic vaccines, Pandemrix and Focetria are classified as bioweapons by EU and US regulators.

Baxter's Celvapan is being used in Austria, Ireland and Germany, among other countries.

Two doctors who took the jab in Austria, including one who allegedly did it publicly to prove the jab was harmless, are said to have come down with high fever soon afterwards.

Both had to sign consent forms waiving their right to claim compensation from Baxter in the event of the jab causing damage.

More extracts from the document show

4.8 Undesirable effects
- Clinical trials with H5N1 mock-up vaccine

In clinical trials with the mock-up vaccine using an H5N1 vaccine strain (see section 5.1) in 606 subjects (326 between 18 and 59 years old, and 280 aged 60 and above), the following adverse reactions were assessed as at least possibly related by the investigator. Most of the reactions were mild in nature, of short duration and qualitatively similar to those induced by influenza vaccines. There were fewer reactions after the second dose of the vaccine compared with the first dose. The most frequently occurring adverse reaction was injection site pain, which was usually mild.

Adverse reactions from clinical trials with the mock-up vaccine are listed below (see section 5.1 for more information on mock-up vaccines).

Adverse reactions are listed according to the following frequency.

Very common (≥1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1,000 to <1/100)
Rare (≥1/10,000 to <1/1,000)
Very rare (<1/10,000)
Not known (cannot be estimated from the available data)

Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness.

The Telegraph

Rebecca Smith

Millions of healthy children to be given swine flu jab

Telegraph, 19 November 2009, 5:16PM GMT
https://web.archive.org/web/20091122171657/http://www.telegraph.co.uk/health/swine-flu/6607867/Millions-of-healthy-children-to-be-given-swine-flu-jab.html

Three million children under five are to vaccinated against swine flu after a dramatic rise in serious cases in youngsters.

Children under five are three times more likely to be admitted to hospital than any other age group and in some areas of the country paediatric intensive care beds are filling up, Sir Liam Donaldson, Chief Medical Officer said.

As a result, parents of children aged between six months and five years will soon be sent letters inviting them to take their children to their local GP's surgery for vaccination.

The vaccine is voluntary however, and parents can choose not to send their child for the injection. It is known that some parents have concern about its safety, despite the World Health Organisation insisting that it is safe.

Currently only people with long-term illnesses, pregnant women and front line health workers are being vaccinated.

It was expected that children would be the next in line for vaccinations, but experts were assessing which age group would benefit most from the jab.

Sir Liam said it was expected that the vaccination programme for young children will begin 'in earnest' in December but it will depend on supplies of the jabs.

Reports from GPs have suggested around half of patients are refusing the jab but Sir Liam rubbished this as a 'small survey' and said their own polling conducted by Mori found three quarters of parents were willing to have their child vaccinated if offered the jab.

Children will be offered two injections, each containing one half of an adult dose of Pandemrix, made by GlaxoSmithKline, as data has shown this has produced a good immune response, but this will be kept under review.

Meanwhile the World Health Organisation said all the pandemic vaccines were showing a good safety profile and there were no differences between them.

Young children are being hit particularly hard by the H1N1 virus and in England one in five patients in hospital is under the age of five, official figures show.

In addition to children, up to five million carers will also be offered the vaccine as the elderly and vulnerable people they look after would be at risk if their carer fell ill, Sir Liam said.

Talks are now under way with GP representatives on payments to deliver the next stage of the vaccination programme.

Independent experts said offering the vaccine more widely to healthy children was the 'next logical step'.

Sir Liam said the Government were not overreacting to the pandemic. He said: "Patients are dying and parents are standing by their children in intensive care beds in life and death situations. When we have got the weapons to deal with it I think we should use them.

"We are out to save lives and we are out to fight this pandemic all the way."

The total number of new cases of swine flu in England has dropped for the second consecutive week to 53,000.

However, Sir Liam said the number of patients in hospital and in critical care remained high.

The number of deaths confirmed as linked to swine flu is now 214 in the UK as a whole.

Director of Immunisation, Professor David Salisbury, said: "This is the first pandemic for which we've had a vaccine to protect people.

"Our phased approach to vaccine delivery is intended to focus on those most at risk and to use vaccine stocks responsibly."

Professor Steve Field, Chairman of the Royal College of General Practitioners, said: "We shouldn't underestimate swine flu – it is a nasty infection and its effects can be devastating.

"I know that some parents have concerns about immunisation but the swine flu vaccine is our most effective protection against the virus.

"This is obviously a personal choice but I would advise all parents whose children are offered the vaccine to take it up. If you are worried, please talk to your GP and get all the information so that you can make an informed choice."

Dr David Elliman, Consultant in Community Child Health at Great Ormond Street Hospital, said: "There is a lot of logic to this. The hospital admission rate in this group is particularly high and of course they have no previous exposure, unlike the elderly who have a certain degree of protection without vaccination. It seems a sensible next step."

Professor Robert Dingwall, member of the Committee on Ethical Aspects of Pandemic Influenza, said: "This is a logical extension of the vaccination programme, and a good example of the considered approach being taken by the UK government.

"You cannot give 60 million people a vaccination all at once so an approach that progressively brings in different groups, reflecting their relative risk and benefit, helps to manage the workload for GPs, while ensuring that the population is increasingly protected.

"It is also a responsible use of public funds in that decisions can be made at each point about whether there is sufficient clinical evidence to justify vaccinating additional groups.

"This means that vaccines are not wasted and that GPs do not spend more time than necessary on this work at the expense of their commitments to other patients and their illnesses."

INDEPENDENT

Andy Philip, Jane Kirby

Under-fives to be given swine flu jab

Independent, 19 November 2009, 15:10 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/underfives-to-be-given-swine-flu-jab-1823582.html

Healthy children aged under five are to be given the swine flu jab, it was confirmed today.
Currently people in priority groups - including young children with asthma or diabetes - are being vaccinated. But the programme will now be rolled out to children with no underlying health issues, aged over six months and under five .

New figures show there were an estimated 53,000 new cases of swine flu in England in the last week, down from 64,000 in the week before. The number of people needing hospital care for the virus is 783, down from 785, in the previous week. Of those in hospital, 180 were in intensive care, up from 173 in the previous week. The number of people dying with swine flu has also risen from 124 deaths in England to 142.

The chief medical officer Sir Liam Donaldson said the drop could be due to a lag effect caused by the school half term.
The number of cases of swine flu tend to be higher when children are in school as they are known to spread the virus easily.

Last week, the death toll in the UK stood at 182, with 124 deaths in England, 33 in Scotland, 11 in Northern Ireland and 14 in Wales.
People aged six months to 65 in priority groups, including those with compromised immune systems, heart disease, asthma, diabetes and pregnant women, are currently being vaccinated.

The Government will announce if healthy children will be vaccinated alongside these groups or once the initial programme has finished.

The UK-wide policy was officially confirmed by the Scottish Government today ahead of a similar announcement in England, expected later.

Scottish Health Secretary Nicola Sturgeon said: "I am able to announce today that the next group in the population that will be vaccinated, or offered vaccination, is children aged over six months and under five years."

NHS figures show that children under 16 are the age group most likely to be admitted to hospital with swine flu, and 21 per cent of deaths in England are among under-14s.

Ms Sturgeon said around 260,000 children fall into the new category in Scotland.
They will be offered the jab from mid December, with the whole group ready for vaccination in the New Year. She said: "Negotiations have started to deliver the vaccine through GP surgeries.
"Young children will be offered the vaccine as soon as GPs complete the vaccination of the priority groups. "We anticipate this will happen during December, although completion of this phase of the campaign is not expected until mid January. "Parents of children who are in the age group should wait to be contacted to go to their local GP surgery."

The decision was made after independent scientific advice.

The vast majority of children who fall ill suffer only mild symptoms, Ms Sturgeon said.
"We do want to ensure that young children are fully protected from the virus," she added.

Advice has also been given to officials that unpaid carers who are responsible for elderly or disabled people should be in the next phase of the swine flu programme.

Ms Sturgeon said: "We intend to discuss this advice with carers' organisations and consider how we can identify the carers involved."

She said 43,000 frontline staff in Scotland have already taken the vaccine.

Further details on uptake will be published from next week.

She said 715,500 doses of vaccine have been received in Scotland - equal to 55 per cent of the total required for priority groups.

EDUCATION WEEK

Mark Walsh

School District upheld on Mandatory Vaccinations

Education Week, 19 November 2009, 4:56 PM
https://web.archive.org/web/20091123072354/http://blogs.edweek.org/edweek/school_law/2009/11/school-district-upheld-on-mand.html

A federal district judge has ruled for a West Virginina school district and its officials in a case in which a parent sought to exempt her daughter from mandatory vaccinations for medical and religious reasons.

The ruling earlier this month by U.S. District Judge Joseph R. Goodwin of Charleston, W.Va., is interesting in light of the debate over links between vaccines and autism, as well as public debate over school vaccinations for the H1N1 virus.

The suit was filed by Jennifer Workman, who feared exposing her 6-year-old daughter to mandatory vaccines required for school because the child's older sister developed developmental disorders that the mother attributes to vaccines. The mother submitted a doctor's note seeking to exempt the 6-year-old from vaccines, but the Mingo County School District turned down the request on the advice of the West Virginia state health department, according to court documents.

The mother sued the district and its officials, claiming, among other things, that the vaccination requirement violates her First Amendment right to free exercise of religion. The mother's "Christian Bapticostal religious beliefs require that she honor God by protecting her child from harm and illness, and that immunizing [the 6-year-old] in this instance would violate those sincerely held beliefs," her suit said.

In his Nov. 3 opinion in Workman v. Mingo County Schools, Judge Goodwin said West Virginia is one of only two states that does not offer religious exemptions for school vaccines. (He doesn't identify the other state.)

The judge granted summary judgment to the Mingo County school district on 11th Amendment immunity grounds. Unfortunately for the mother, the school district has been under state control since 2005, which means for immunity purposes it is considered an arm of the state, and under the 11th Amendment, the state may not be sued without its consent. (The judge said a regular county school system in West Virginia – one not under state control – would not have such immunity.)

Judge Goodwin did reach the merits of the mother's constitutional claims with respect to several school official defendants.

"Ms. Workman's freedom of religion claim fails," the judge said. "Her beliefs do not exempt her from complying with West Virginia's mandatory immunization program. It has long been recognized that local authorities may constitutionally mandate vaccinations."

He cited a 1905 U.S. Supreme Court case, Jacobson v. Massachusetts, and a 1944 decision, Prince v. Massachusetts, as well as a number of lower-court rulings that support the idea that, as the judge put it, "Although most states have chosen to provide a religious exemption from compulsory immunization, a state need not do so."

=>

West Virginia Judge rules kids must take swine flu jab at school: doesn't matter what parents want

The Flu Case, 20 November 2009, 17:53

https://web.archive.org/web/20100102021730/http://theflucase.com/index.php?option=com_content&view=article&id=1997%3Awest-virginia-judge-rules-kids-must-take-swine-flu-jab-at-school&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Florida Sun
Central Florida's Oldest African American Weekly Newspaper

K. D. Jordan

Is Vaccine Testing & Marketing Making People Human Guinea Pigs
Part I

The Florida Sun, 19-25 November 2009, Vol. 78, N 47, p. 7, 12
https://www.bluetoad.com/publication/?m=3254&i=26800&p=6&ver=html5

According to the World Health Organization, most people have no immunity against this new flu virus. Similar to the H5N1 strain, which is widespread among wild birds, the newest H1N1 2009 outbreak stem from an (A)-avian flu virus subtype – of origins unknown.

Because the new H1N1 is a new strain of flu virus, individuals have not yet built up a natural resistance; thus, the pass-along rate greater

One company, Vical Inc., has done early-stage testing on H5N1 avian flu vaccine. According to Vical's President, Vijay Samant: If we start the trial by mid-October 2009, the data should be in our hands by early next year." Nevertheless, Vical states they are in the active process of manufacturing the vaccine, even though the vaccine has not been tested in humans.

"In an emergency," Samant said, "The U.S. Food and Drug Administration can approve a vaccine based on animal data. Only if the viruses prove mild, Vical "might" need to run test in thousands of people."

Vical's shares have more than doubled in price, but said it will spend government grant money on the opportunity to test their NA-based vaccine technology. In order to manufacture H1N1 vaccine, a virus bred in chicken eggs incubates takes six months to produce. That is how they get the virus's genetic code (or recipe) to make Swine Flu Vaccine.

Surely, Swine flu Vaccine is safe, right? In answer to that question, according to an Emmy Award Winning Investigative report, "Swine Flu vaccine contains Squalene. When Squalene is injected into animals, it caused crippling disease."

Board Certified Physician, Dr. Sarah Fletcher said: I strongly advise against getting the vaccine. The vaccine has both aluminum and mercury in it, which are both neurotoxins. Squalene stimulates the immune system to attack itself."

Would we not like to know that before somebody said: "*I would like to put this into your veins or into the veins of your children*?"

Here is what the World Association for Vaccine Education, had to say about Squalene. Squalene: C301150 an Adjuvant, too dangerous for human use. Squalene is not licensed for use in the United States. All adjuvants like Squalene have been ordinarily used to inflict diseases in animals of "for experimentation and study." According to anthrax vaccine expert Gary Matsumoto and other reliable sources, the US military used an unlicensed, experimental anthrax vaccination laced with Squalene, with disastrous consequences, including Gulf War Syndrome.

According to Drs. Debra Birnkrant and Edward Cox, there is very limited data on the safety, usefulness, and rational for emergency use of Peramivir. In other words, Medical Providers admit to the public that they do not know what they do not know.

Yet, according to FDA's Med-Watch program, (www.fda.gov/medwatch/report html), there is still an ongoing process to update clinicians as the FDA learn about this drug's safety.

Trials of Peramivir have not been conducted in patients with H1N1 infection because the virus is new, Peramivir is approved for use as an emergency medication. Selection based on the 'hope' of finding a treatment benefit at lowered doses between 300 mg or 600 mg. It is believed the lower dosage; (in some cases) relieve symptoms 1 day sooner. It has been 'speculated' that Peramivir, (merely an antiviral agent), 'may be' effective in patients with Today's pandemic H1N1 A-virus. Speculation based on limited results available from trials done on patients with common seasonal influenza different from new HiN1.

There are many elaborate and expensive therapies offered, but there is no cure for the virus. Marketing frauds, trying to "*nickel and dime you*" reported by the US FDA and Drug Administration. FDA issued a warning October 2009: "Be extremely careful of products that claim to diagnose, prevent, treat, or even cure H1N1. Several online products, that do not require doctors' prescription, such as Tamiflu (oseltamivir), when tested, FDA found talc and acetaminophen." However, quite suddenly, FDA allegedly granted approval to four different H1N1 vaccines, which virtually no testing. The fast-tracked vaccines approved for use on every one, from infants to expectant mothers.

Because of marketing fraud, health authorities are now facing vaccine resistance as result of the public's wariness about mainstream medicines. Fears about testing and marketing spark a flood of suspicions about vaccine safety. According to Dr. Lawrence Palevsky of American Academy of Pediatrics, "the vaccination itself can hurt you or your child. Even some of the by-products from vaccine manufacturing actually contribute to the impairment of people's immune systems".

The public ask: Is Flu Vaccine Making People Human Guinea Pigs? This question must necessarily be answered because of the experimental vaccine catastrophe of 1976.

Mass immunization resulted from the Swine Flu scare in 1976. After some healthy 20-year-olds received the 1976 experimental Swine Flu vaccine – they ended up as paraplegics. The 1976 Swine had $1.3 billion in claims filed by victims who suffered paralysis from the experimental vaccine.

The Center for Disease Control and Prevention's weekly press briefing confirms that paralysis, crippling Guillain-Barre Syndrome, miscarriages, and sudden death are some adverse possibilities when vaccinated.

Today's campaigns urge Americans to take the shot against this 4th generation strain of the Spanish flu. However, by reading their consent forms, Health Professionals clearly warn people of death risk. Therefore, the need to consider possible complications goes along with every medical decision we make. Learning about controversial vaccines that cause long-term damage, could reduce chances of introducing even more problems.

K. D. Jordan

Is Vaccine Testing & Marketing Making People Human Guinea Pigs
Part II

The Florida Sun, 26 November – 2 December 2009, Vol. 78, N 48, p. 4, 8
https://quad2.mydigitalpublication.com/publication/?m=3254&i=27297&p=8&ver=html5

According to CDC, there is no medical justification – just fear, why many people get the vaccine. Vaccines render useless to persons with H1N1 antibodies, which is why millions do not need a Swine Flu Vaccine.

By selling vaccine to someone who does not need it, pharmaceutical industry do not bother to address the question of immunizing people who are already anti-body positive. Nor that for every person who gets a vaccine the person do not need, there is another person really in need of vaccine that will not get it.

Ever since President Barack Obama declared the National Emergency, vaccine remains in high demand. Causing a fair amount of hypochondria, it is pushed through one mechanism: Fear – and the practice of suppressing science. The trend is people over-reacting, "That is the Mandate of Congress from 1986, when Congress passed the law for safer vaccines, which has never been carried out. Congress requires that people get the proper informed consent," said Jim Moody, Attorney Director, National Autism Association.

According to Barbara Loe Fisher, President of National Vaccine Informational Center: "People have the Human rights to make informed voluntary decisions, whenever there is a medical risk that could hurt you or your child."

Only under certain conditions should people be vaccinated. Moreover, that should only be after the Doctor first determines what type of infection a person has. If you are infected with the flu virus, you need to know if you should take an antiviral drug instead of getting the flu shot. Antiviral drugs are prescription medications that keep flu viruses from reproducing in your body. (Source: CDC).

For example, bacterial pneumonia is a well-known complication of flu. In the case of Pneumonia, "it is important that Health are providers administer treatment for bacterial pneumonia", said Thomas Frieden, Director of the Centers for Disease Control and Prevention.

Additionally, the Public advisory is to first contact their family doctor for recommendations on whether to take the injectable immunization – or the H1N1 nasal mist. The nasal mist contains controversial preservative, Thimerosal.

Many people and children cannot receive the nasal spray. This includes those who have asthma, diabetes, an autoimmune deficiency (such as if that person is ill or taking an antibiotic for an upper respiratory infection). Autoimmune deficiency includes ear infections, strep throat, and bronchitis or sinus infection.

For more info, contact the 24-seven Dept. of Health & Science Services H1N1 Hotline at: 1-877-FLU-4141.

According to Eileen Dannemann, Director of National Coalition of Organized Women, "Children with ADD, ADHD, autism or behavioral disorders, should never be given a vaccine. Especially never one with Thimerosal.

Doctors speaking out to the public, state there are many problems with vaccines. Doctors urge not to make medical decisions based on fear – really do your research. Learn about controversial vaccines being added that could cause long-term damage, introducing even more problems.

What else do Medics advice? First, of all, to consider possible complications after immunization. Symptoms come with that inoculation. Dr. Rene Toko, Founder Hope for Autism, states; "American parents would make very different decisions about how they vaccinate their children, were they given the proper information."

Reportedly, one child had an allergic reaction when the New York school vaccinated her without consent. The child was on epilepsy medication, and the school did not know the effect. The school claimed this was a mistake. However, that mistake could result in a potential lawsuit. One attorney stated that vaccination without consent falls in the category of negligence or assault when children receive vaccinations without parental knowledge or consent."

However, according to the Health Professional's Speak-out public conference of October 2009 held in Virginia, when we do give consent to immunization, we cannot later sue for damages if this vaccine injures us.

Dr. Andrew Wakefield, Royal college of Surgeon and Vaccine Research stated:

"My concerns are the absence of any adequate safety studies looking at the long-term detrimental effects of vaccines, and the cavalier continuance of the process of introducing more untested vaccines into a schedule of vaccinations that is already appalling in terms of its scientific underpinnings.

Stephen Marini, (PhD, DC Immunologist, microbiologist and Adjunct Professor) said: "It is not in the best interests of our children. You are going to be trading some innocent type of diseases that we now known how to handle better, for other problems such as allergies, asthma, autism for years to come."

Are vaccines safe? That is of even bigger concern.

Are the fast-tracked vaccines rushed to market without appropriate testing and safety evaluations, safe and effective?

According to the CDC's recent statement the vaccine, status is still at a level where CDC has begun the process of vaccine production. CDC is sending strains of the new virus to manufactures who will then begin work on vaccines. With these clinical trials still underway, there is no way to accurately predict outcomes of vaccines.

K. D. Jordan

Is Vaccine Testing & Marketing Making People Human Guinea Pigs
Part III

The Florida Sun, 3-9 December 2009, Vol. 78, N 49, p. 4, 6
https://www.bluetoad.com/publication/?m=3254&i=27702&p=1&ver=html5

According to the latest update, Florida logged yet another Swine Flu death on Monday, November 23. The victim this time, a 41-year-old Orange County woman. The mother left behind a baby still fighting for its life. Current data suggest that pregnant individuals have the worse prognosis with mortality. Current CDC statistics shows that about 45% of adults hospitalized with H1N1 had underlying illness before catching the new strain of flu. Of that number, about 6.1% of those were pregnant women.

However, even with vaccination, health professionals state they would have still expected more than 1,000 miscarriages for pregnant women – even within a week after getting the vaccine. The vaccine did not show protective antibodies until after 21 days. For pregnant women, it is difficult to avoid complications from the vaccine. A serious side effect or allergic reaction, such as swelling of the airway can occur in people allergic to egg products.

In November Novavax, incorporated announced studies in Mexico for the new vaccine against H1N1. The new vaccines do not require culture in eggs like most currently approved flu vaccines.

As November 28, 2009, CDC reports ten H1N1 vaccines with negligible side effects. So far, there have been ten Guillain-Barre reports in those who got the new Swine Flu vaccine since early October, resulting in some frontline health and social care staff not taking up offer of the swine flu vaccine. An FDA advisory committee has agreed that H5N1 avian flu vaccines should continue to be tested.

Two anti-viral agents, Zanamivir (Relenza) and Oseltamivir (Tamiflu), have been reported to help prevent or reduce the effects of swine flu if taken within 48 hours of the onset of symptoms. University of Alabama Researchers claim that a combination of Tamiflu, Symmetrel, and repairing (Rebetol, Copepas) showed excellent ability to stop viral growth, even with drug-resistant H1N1 virus. However, this research conducted in lab test has not been tried or approved for human use.

On November 19, Nano Viricides, Inc., states its research success with "FluCide". The experimental antiviral drug reportedly is highly effective against all forms of influenza A. This antiviral is not approved for use in humans.

In November, FDA approved GlaxoSmithKline's vaccine. FDA announced that GlaxoSmithKline's Pandemrix, (used to enhance flu vaccine), was very successful in human trial to boost the immune response to the vaccine. Pandemrix does not approve for use in the U.S.

CSL Biotherapies, Afluria (influenza virus vaccine), and Monovalen vaccine were approved in November. Amarillo Bioscience announced that studies with oral and nasal interferon had good responses in controlling viral infectious in animals. Another study group suggests interferon's use for control of human flu infectious. However, research does not approve for use in the U.S.

A new instrument, Hemopurifier, is a medical device that claims to be able to remove infectious viruses from the bloodstream. During studies, it claims the Hemopurifier removed 68% of H1N1 virus from blood plasma in 30 minutes. However, the Aethlon Medical Hemopurifier does not document use with human patients.

Either being anti-body positive can result in no flu symptoms, or, if a large number of cells infect, less severe symptoms. Such as in the case with the current rapid spread of influenza A.

According to the CDC, by June of 2009, one million Americans had already been exposed to H1N1 swine flu. World Health states *it is likely in the tons of millions of people around the world. Yet you do not see two million Americans dying from Swine flu.*Because they were "symptom-less carriers", they never experienced any flu-like symptoms. CDC states that people's immune system conquered swine flu by creating antibodies that overcome the infection.

Reports released November 18 about H1N1 testing available today, state that current rapid flu tests may be dangerous because they are wrong so often (about 50%) and may cause caregivers to delay important treatment.

As of November, CDC indicated that 8-10 million doses of flu vaccine per week would become available in the next few weeks. According to the CDC, the goal is to immunize over half the U.S. population, many of whom *do not classify as "relatively healthy".*

Today, modern U.S. military researchers have proposed reusing a treatment from the deadly pandemic of 1918. Doctors injected patients with blood plasma, taken from exhumed (dead bodies) of people who had recovered from the flu. Medical Research is currently of the opinion of the use of blood transfusion, as one therapeutic measure.

1918's H1N1 Spanish Flu shares close connection to the recent specad of new Avian H1N1. One similar strain of the current virus circulated before. 1957 wasthe year of the H2N2 influenza or (*Hemagglutinin Neuraminidase flu*). Numbered for classification purpose, H1N1, H2N2, H5N1, differentiate the kinds of flu. The strain connected to wild birds labeled H5N1. However, 1957's H2N2 influenza and 1968's H3N2, is said to have not arisen entirely from bird flu viruses, as did the current H1N1, which also caused the 1918 pandemic. According to studies conducted by researcher H. Deng of the Harbin Veterinary Institute, and Robert Webster of the St. Jude Children's research Hospital, today's newest H1N1 is caused by similar influenza A virus strains of 1918. This influenza identified in currently circulation H5N1.

Today, the new problem is not getting treatment but – to allow good informed judgments that actually benefit society. Health officials say the seriously ill should stay home. People not severely ill should not even come to the hospital care.

Are Swine Flu Parties Event Safe?

The idea of Flu parties is to get exposure to a person with the new H1N1 so that uninfected people can get the disease, then recover, and avoid vaccinations.

Answer to that question will be addressed in the next up-coming article.

K. D. Jordan

Is Vaccine Testing & Marketing Making People Human Guinea Pigs
Part IV

The Florida Sun, 10-16 December 2009, Vol. 78, N 50, p. 4, 8.
https://www.onlineissues.wherewhenhow.com/december-10-2009?m=3254&i=28133&p=4&ver=html5

...

Meanwhile, the world is breaching for a possible second wave of influenza A to hit.A possible second wave of the virus expects to peak again in February 2010. The first peak reported on December 2, reflecting a decline in case numbers from November.

Countries have never seen anything like this mix of swine, bird and human flu before, which is the reason why this virus is so troubling. Another reason is that 25 % of people exposed are infected. On those, 12.5 % can transmit the virus even before experiencing symptoms and continue infection for 7 days. For kids it is as long as two weeks.

According to the American College of Health Association, the attack rate for the week ending November 27th were down by 69 % over the holiday for new cases. This does not surprise the medical community, since influenza viruses have high mutation rates.

For much of the world, no year has been worse than November 1918 when the H1N1 Spanish influenza also broke out. The mysteriously, in the autumn of 1918, the disease died down abruptly. New cases almost dropped to nothing after the peak in the second wave.

Theory holds that the 1918 virus mutated to less lethal strain when it died out, which is a common occurrence for all influenza viruses. The current H5N1 has had high mutation rates, mutating into variety of different types after 1918. Health professionals state "H5N1 knows how to substitute amino acids that normally do not infect humans. A change in characteristics makes itself adaptable to humans now."

There was a new report released about GlaxoSmithKline's swine flu shot on December 4. The European Medicine's Agency warries that young children given Glaxo's flu shot may get fever after the second dose. The drug regulator said data showed a higher number of children had fever after their second dose of Pandermrix. Reportedly, 172,00 doses of vaccines sent to Canada by GlaxoSmithKline was re-called as they can trigger lethal allergic reactions and advised Canadian authorities not to use them.

On December 3, three students were taken to a hospital after receiving H1N1 shots. Louisville, Kentucky Public Health said the elementary school students experienced dizziness and light-headedness after receiving the shot. Another student, who has asthma, experienced shortness of breath.

Japan reported abnormal behavior in young patients. Japan's health ministry says that 151 flu patients under age 18 showed abnormal behavior, such as "acting violently or uttering gibberish," between late September and early November, (Kyodo News reported December 2nd) and that "most patients were believed to have the pandemic virus. 62 were receiving Oseltamivir or Zanamivir." Additional reports from Japan suggest that the use of neuraminidase inhibitors may lead to unusual behavior in children and adolescents.

Polish Civil Rights official, Janecz Kochanowski said refusal to order vaccine, is endangering public health in Poland. Polish government's Prime Minister Donald Tusk's administration has said it "won't import vaccine unless producers take responsibility for any side effects."

A source at the NIH (National Institute of Health) admitted that the vaccine(s) were one of the fastest human vaccines in development. According to correspondent Sharyl Atkinson, "In order to get these vaccines to market so quickly, the U.S. government granted liability protection to swine flu vaccine manufacturers. This protection allowed the drug companies to fast-track production by adding unlicensed components, some of which have been shown to cause autoimmunity in animals. In other words, you might be taking a vaccine (that) has been licensed without normal safety regulations. And if you suffer adverse reactions, the drug manufacture is immune from legal liability."

The U.S. Compressional Report on Mercury in Medicine released in 2003 claimed that there is a link, between Thimerosal and the development of autism, and other brain development disorders. Additionally, use Squalene causes the immune system to react in a powerful and unnatural way. Because of such findings, the CDC states its purpose is to reduce the amount of vaccine needed per dose. The American Journal of Pathology published a study that cited a possible link between adjuvants (such as Squalene) and arthritis, and other chronic inflammatory diseases – "*another unsafe result of vaccine being rushed out the door*."

So, what is the bottom line? Should people take the shot or not?

There is a risk associated with getting vaccine, and there is a risk associated with not getting it. World Health Organization estimates that 30-50% of people infected have mild or no symptoms at

all. However, if you fall into one of the five groups advised by the CDC, you should probably give stronger consideration to being vaccinated since serious health complications, including death, have been occurring in 1% of swine flu patients.

According to World Health Organization, since everyone's situation is different, "Our advice is to educate yourself as much as possible and make an informed decision, based on your age, your medical history, and general strength of your immune system."H1N1 lived in the shadow of the Great War. Under much worst conditions, people's immune systems seemed to have conquered Swine Flu automatically. That may be lesson to be learned from Veteran Day flu pandemic of 1918. Can the natural remedy that helped stop the Spanish flu of 1918 stop 2009's Swine flu?

By means of basic care, when no medical antidote was available, many overcome the illness. The stress was on increasing nutrition. According to the Medical Community's Dr. Joseph Mercola, "being exposed to this new Swine flu Vaccine might prove to be more dangerous than the swine flu itself."

What can be much safer than taking the vaccine? *You are.* You are a walking vaccine factory! When your body, expose to invading viruses your immune system gets right to work. The body known for building powerful antibodies makes its own vaccine.

From a practical perspective, fruits and vegetable are known anti-toxins. For people not allergic to lactose (found in milk products), Lactobacillus, in yogurt is another known form of natural medicine. Lactobacillus stimulates the body's own defense and healing process.

Stay focused for the last remaining Part V in next week's issue.

K. D. Jordan

Is Vaccine Testing & Marketing Making People Human Guinea Pigs
Part V

The Florida Sun, 17-23 December 2009, Vol. 78, N 50, p. 5, 10
https://www.onlineissues.wherewhenhow.com/publication/?m=3254&i=28521&p=1&ver=html5

Boost your immunity to disease – a point that might seem moot, may just be the point. Boosting your own immunity system, helps your body's defense against disease-causing microorganisms. The power of the healing process and increased sanitation practices help control the spread of the influenza virus, which leads to the next question:

Are Swine Flu Patients Ever Safe?

The idea of Flu parties is to get exposure to a person with the new H1N1 so that uninfected people can get the disease, then recover, and avoid vaccinations. Considered risky behaviour, individuals respond differently to the flu. Especially in cases of children. In addition, with people who have known or unknown underlying diseases, attending or hosting such parties may be poor judgments since the person could require hospitalization. Establishing and attending Swine Flu parties is a new trend among some people. Swine Flu parties are just the opposite of what health officials say we should do.

On the contrary, Health Officials say everyone should shield themselves from coughs, sneezes and wash regularly. The seriously ill should stay home. People not severely ill should not even come to the hospital for care.

Seriously ill, means elevated temperature of at least 1005.5, (without fever-reducing meds for 24 hours) and fever that comes back after it went away. Trouble breath or shortness of breath; difficulty keeping fluids down (generally from diarrhoea, and throwing up; Pneumonia symptoms; chest pain; chills; and headaches. Other symptoms are lack of appetite, runny nose and sore throat. Some emergency signs in the case of children are sudden dizziness, fever with rash and bluish skin color.

Underlying health conditions include such conditions as diabetes, heart disease, pregnancy. In such cases, it is important to be seen promptly by a physician and receive treatment within the first 48 hours. Pregnancy hinders the body's natural ability to fight off infection or deal with symptoms of influenza, according to Dr. Schuchat.

The Underlying disabilities, means conditions such as cerebral palsy, epilepsy, seizure disorders, stroke, intellectual disability (mental retardation and moderate to severe development delay), muscular dystrophy, spinal cord injury, long-standing respiratory or cardiac problem.

Vulnerable groups mean infants, children, pregnant women, and those with pre-existing health problems. Pre-existing health problems mean, all diseases ranging from influenza to cancer. ADS, asthma, diabetes, lung disease, heart disease, arthritis, neuromuscular conditions, neurological conditions, and as a medical condition – pregnancy).

In addition, other vulnerable groups not specifically mentioned are, African-American and Hispanics, African-American and Hispanics, are also described as one of the more high-risk groups. Being minorities is more likely to have severe cases of H1N1. Statistically, minority groups suffer from more underlying chronic conditions, such as asthma and diabetes. Minority groups, s a result of experiencing many significant gaps in the system do not always get the help they need. Minorities go without care or seek care in already crowded emergency rooms. With Health Preparedness funding cut by 25%, approximately 47 million Americans without health coverage add to the problem of the Flu surge.

However, for people without insurance, the Orange County Health Department can direct you to community health centers. Orange County has the Primary Case Access Network. Eleven clinics in Orange County serve people without insurance and the P.E.CA.N. system is a part of the network.

Nevertheless, anyone at any times is vulnerable, "any time their immune system is a little weakened, said Dr. Anne Schuchat, "…people become more sensible to other infectious." In addition, at the onset of the systems, Dr. Schuchat recommends, "It's best to consult, at least initially by phone or e-mail, with a health care provider as a better strategy than going to an emergency room."

Otherwise, according to all health professionals, "by coming into health facilities, you are having unnecessary contact with people who may be infectious. For most people with the flu, there is no reason to see a doctor. Seeking care in already over-crowded emergency rooms, only run the risk of contracting a Hospital Acquired infection."

Finally, what really happens when you give an H1N1 vaccine to a person who already has built-up H1N1abtibodies?

According to medical professionals, the vaccine dangerously exposes uninfected individuals to all of the risks of vaccine with none of the benefits. Since vaccine cannot help in any way (because the person is already immune), the vaccine can only harm them.

Keeping in mind that Attenuated H1N1 influenza vaccine – (the flu mist or nasal spray) actually contains live virus; it still makes recipients-contagious. Professionals say recipients may shed live viruses for up to three weeks following treatments.

Exposure to others, also place others at risk, aiding in the spread of the new virus.

For more information, please visit online: The National Vaccine Information Center at www.nvic.org and Generation Rescue at www.GenerationRescue.org.

Wien ORF.at

39.000 H1N1-Impfungen in zwei Wochen

Wien-ORF, 20 November 2009
https://web.archive.org/web/20100203112001/http://wien.orf.at/stories/404442/

Rund 39.000 Menschen haben sich in Wien in den ersten beiden Wochen gegen die Schweinegrippe impfen lassen. Ein Sonderpädagogisches Zentrum in Floridsdorf wurde am Freitag für eine Woche gesperrt.

Massiver Rückgang bei Impfungen

Die beiden Wochen hätten gezeigt, dass die Inanspruchnahme der Impfstellen schwer vorhersehbar sei, sagte Landessanitäts-Direktorin Karin Spacek.

In der ersten Woche hätten sich 28.900 Menschen impfen lassen, in der zweiten Woche rund 10.000. Am Donnerstag der ersten Woche gab es mit 6.800 Menschen den höchsten Ansturm, am Donnerstag dieser Woche waren es nur mehr 1.783. Spacek sprach von einem massiven Rückgang.

Impfaktion läuft weiter

Insgesamt rund 400 Mitarbeiter, von Ärzten bis zu Sanitätern, waren im Impfeinsatz. Sie immunisierten etwa gleich viele Frauen wie Männer. Am stärksten vertreten waren über 60-Jährige mit einem Anteil von 24 Prozent, gefolgt von den 40- bis 49-Jährigen mit 19 Prozent, hieß es in einer Bilanz der WGKK.

Die Impfaktion für die Bevölkerung mit besonderem Schwerpunkt auf die Risikogruppen hatte am 9. November begonnen. Die Dauer der Impfaktion ist vorerst nicht beschränkt.

Sonderpädagogisches Zentrum gesperrt

Das Sonderpädagogische Zentrum Herchenhahngasse in Wien-Floridsdorf ist unterdessen für eine Woche geschlossen worden. Von der einwöchigen Sperre sind 172 Kinder betroffen, 80 sind derzeit erkrankt.

"Die Maßnahme entspricht der aktuell geltenden Vorgabe des Gesundheitsministeriums, Schulschließungen auf Einrichtungen zu beschränken, in denen Kinder mit chronischen Grunderkrankungen betreut werden", hieß es in einer Aussendung der Magistratsabteilung 15 - Gesundheitsdienst der Stadt Wien.

Knapp 700 Schweinegrippe-Kranke in Wien

Insgesamt gibt es in Wien seit Ausbruch der Schweinegrippe knapp 700 Fälle. Hauptbetroffen sind die 15- bis 34-Jährigen. Jeder zweite Patient ist in dieser Gruppe.

Die Neue Grippe wirkt sich praktisch nicht auf die Krankenstände aus. Rund 30.000 Menschen sind derzeit krank gemeldet. Ein Drittel davon wegen diverser Verkühlungen, Infekten und eben der Grippe.

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Dramatic drop in Austrians taking the swine flu jab: about 0.4% show up in Salzburg in second week

The Flu Case, 20 November 2009.
https://web.archive.org/web/20100102050011/http://theflucase.com/index.php?option=com_content&view=article&id=1989%3Adramatic-drop-in-austrians-taking-the-swine-flu-jab-about-04-show-up-in-salzburg-in-second-week&catid=41%3Ahighlighted-news&Itemid=105&lang=en

THE FLU CASE

Dramatic drop in Austrians taking the swine flu jab:
about 0.4% show up in Salzburg in second week

The Flu Case, 20 November 2009 15:31
https://web.archive.org/web/20100102050011/http://theflucase.com/index.php?option=com_content&view=article&id=1989%3Adramatic-drop-in-austrians-taking-the-swine-flu-jab-about-04-show-up-in-salzburg-in-second-week&catid=41%3Ahighlighted-news&Itemid=105&lang=en

salzburg ORF.at

http://salzburg.orf.at/stories/404541/ (deleted)

The numbers of people taking the swine flu jab in the Salzburg region in Austria in the second week of the mass swine flu vaccination programme has dropped dramatically, indicating a collapse in confidence in the safety and usefulness of the jab.

The ORF reports 2,100 people took the jab in the second week in the entire Salzburg region according to the figures of the health insurance associations. This is less than a third of the 6,400 people who took the jab in the first week.

Health official Harald Seiss said the "rush" on the swine flu jabs was over.

However, it is not clear there was ever any rush in the first place.

Even the 6,400 people who took the jab in the first week represent just 1.3 per cent of the population of the federal state of Salzburg amounting to 529,000 people.

In Vienna, the capital, the drop in people taking the swine flu shot was even more dramatic with only 10,000 people turning up for the jab this week compared to 28,900 in the first week.

Germany signed a secret contract to prepare for a pandemic of deadly flu - in 2007

Bild, 20 November 2009, 10:42 Uhr
https://web.archive.org/web/20091122201434/http://www.bild.de/BILD/news/bild-english/world-news/2009/11/20/swine-flu-pandemic/germanys-secret-virus-vaccine-contract-revealed.html

BILD has revealed the agreement with pharmaceutical firm GlaxoSmithKline (GSK) which was apparently signed from an underlying fear of the bird flu virus. It came into affect when the swine flu pandemic began.

And you can read portions of the 'Agreement between the German government and its states and GSK' regarding the preparation of a vaccine for the killer virus in Germany:

QUANTITY
"GSK offers all states... the possibility... to buy 25 per cent of its Dresden-produced pandemic vaccine, to a maximum quantity necessary to supply 50 per cent of the German population."
Meaning: At most, half of Germany will be provided for.

PRICE
"The buying price... is €7 plus tax per dose, €1 of which is covers the antigen components and €6... the booster components."
Meaning: The serum itself only costs €1 per dose; it's the booster that is expensive.

DELIVERY TIMEFRAME
It is agreed upon that "an obligation does not exist on the part of GSK to supply the theoretically-calculated weekly supply of the pandemic vaccine within a certain timeframe".
Meaning: GSK doesn't have to uphold any delivery dates.

SIDE EFFECTS
"The states hold GSK... free of any claim for damages by third parties, losses or financial costs, or any legal actions incurred."
Meaning: Should any unexpected major side effects arise, the manufacture has only very limited responsibility. In lawsuits the province would take main legal responsibility.

SECRECY
"The parties commit themselves to treat all information which is exchanged in the frame of this contract as confidential."

TIME SPAN
The contract... ends with its carrying out in the first case of a pandemic or by Dec 31, 2012 if no acute case has been present."

European Medicines Agency
Press office

Press Release

European Medicines Agency reaffirms efficacy and safety of H1N1 pandemic vaccines

Doc. Ref. EMEA/748707/2009

EMEA, 20 November 2009

https://web.archive.org/web/20091229060545/http://www.emea.europa.eu/pdfs/human/press/pr/74870709en.pdf

London, 20 November 2009
Doc. Ref. EMEA/748707/2009

PRESS RELEASE

European Medicines Agency reaffirms efficacy and safety of H1N1 pandemic vaccines

The European Medicines Agency has reviewed further data on the centrally authorised pandemic vaccines, Celvapan, Focetria and Pandemrix. The Agency has reaffirmed their positive balance of benefits and risks in the context of the current H1N1 influenza pandemic.

The European Medicines Agency has reviewed further data on the centrally authorised pandemic vaccines, Celvapan, Focetria and Pandemrix. The Agency has reaffirmed their positive balance of benefits and risks in the context of the current H1N1 influenza pandemic.

The data on Focetria and Pandemrix indicate that a single dose of these vaccines is able to trigger an immune response that may be sufficient to give protection against the H1N1 pandemic influenza in some age groups. For both vaccines, a single dose may be used in adults aged between 18 and 60 years and in children and adolescents (from the age of 9 years for Focetria, and from 10 years for Pandemrix). Pandemrix may also be used as a single dose in the elderly. For certain groups, such as younger children and immunocompromised patients, the recommendation remains that two doses should be given, to ensure that their immune system responds adequately to the vaccination. Further data will become available in the coming months. Data on Celvapan are still being assessed.

The Agency also concluded that Focetria and Pandemrix can be co-administered with non-adjuvanted seasonal flu vaccines.

The Agency, together with the national competent authorities, is continuously monitoring the safety profile of H1N1 pandemic influenza vaccines. With vaccination campaigns ongoing in the European Union, about 5 million people have been vaccinated so far. To date, the side effects reported have mainly been mild symptoms such as fever, nausea, headache, allergic reactions and injection site reactions, confirming the expected safety profile of the three vaccines. A very small number of cases of Guillain-Barré syndrome and foetal death have been reported in patients previously vaccinated with a pandemic vaccine. The Agency is still in the process of gathering all relevant information

and evaluating the data. However, on the basis of the available information there is no evidence to link these to the vaccines.

The Agency will continue to evaluate all information that becomes available and make further recommendations as necessary.

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THE FLU CASE

EMEA unexpectedly announces one dose "sufficient"

The Flu Case, 21 November 2009, 14:19
https://web.archive.org/web/20091229060545/http://www.emea.europa.eu/pdfs/human/press/pr/74870709en.pdf

The European Medicines Agency – the EU drug regulator which is funded two-thirds by pharmaceutical companies – has said that a single dose of the swine flu vaccines, Focetria and Pandemrix, is sufficient to "produce a good immune response in adults".

The EMEA's decision to spare Europeans the full dose of the toxic and untested vaccine substance could be connected to growing protests over the side effects and deaths resulting from just one dose of the swine flu jab in Europe.

REUTERS

Maggie Fox

Did U.S. make mistake in skipping vaccine additive?

Reuters, 20 November 2009, 12:36 pm EST
https://www.reuters.com/article/domesticNews/idUSTRE5AJ2LM20091120/

Washington (Reuters) - As U.S. health officials struggle to vaccinate tens of millions of Americans against the pandemic of swine flu, some are looking regretfully at one easy way to instantly double or triple the number of doses available -- by using an immune booster called an adjuvant.

These additives, often as simple as an oil and water mixture, broaden the body's response to a vaccine, reducing the amount of active ingredient called antigen needed.

They are widely used in European flu vaccines as well as in Canada. But not in the United States – even though the federal government has spent nearly $700 million buying them.

The reason – people might not trust them.

"If we really do want pregnant women to trust this vaccine or even parents, we have to think about what is acceptable to them," Dr. Anne Schuchat of the U.S. Centers for Disease Control and Prevention said in an interview.

"We have so much vaccine hesitancy in this country," agreed Jeff Levi of the non-profit Trust For America's Health. "To add ... a new element could well have undermined the efficacy of this campaign," Levi told a hearing this week before a Congressional subcommittee.

This frustrates the World Health Organization, which says the global capacity to make influenza vaccines is about 3 billion doses a year -- not enough to cover the population of 6.8 billion people. WHO has hoped rich countries would donate leftover H1N1 vaccine to others.

The U.S. Health and Human Services Department was ready to try adjuvants had the pandemic been worse. H1N1 swine flu has infected an estimated 22 million Americans and killed 3,900, but it so far does not appear to be any deadlier than seasonal influenza.

The worry is that it is affecting younger adults and children instead of the elderly usually targeted by flu, and has the potential to mutate into something more deadly.

"If things had been worse and this would have been a more severe pandemic, we may well have needed to go that way anyway," Levi said.

Tried and True

Instead, the United States has stuck with what CDC director Dr. Thomas Frieden has repeatedly called the "tried and true" approach -- the same formulation used in seasonal flu vaccines. Five companies have contracts -- Sanofi-Aventis, CSL, Novartis, AstraZeneca unit MedImmune and GlaxoSmithKline.

Polls show that only about half of Americans plan to be vaccinated against H1N1. Of those who do not, about half say they worry about safety.

Even so, long lines have formed as people try to get the 50 million or so swine flu doses that have rolled out of factories. Drug companies have struggled with an unpredictable virus that does not grow well in eggs, as well as changes to U.S. orders that slowed down packaging.

Studies suggest the supply that is out now could have been tripled.

In September, GlaxoSmithKline found a single shot of its H1N1 vaccine protected 98 percent of volunteers, using an adjuvant and just 5.25 micrograms of antigen. A standard dose without adjuvant takes 15 micrograms of antigen.

Vaccine makers urged Congress this week to help federal agencies find ways to approve the use of adjuvants, and to assure skeptical Americans about their safety.

Dr. Vas Narasimhan, president of Novartis Vaccines USA, noted adjuvants had been licensed for use in Europe for 10 years and tested in 200,000 people.

"Adjuvanted vaccines produce higher immune response than unadjuvanted vaccines particularly in the elderly and young children," Narasimhan told a hearing this week.

He said they may protect better than standard vaccines against viruses that have drifted a little – the single biggest reason that flu vaccines must be re-formulated every year.

They may also eventually help require less vaccination. "Adjuvanted vaccines have been shown to more broadly prime patients' immune response (up to seven years later), requiring fewer vaccinations to the newly circulating strain," he said.

The National Institute of Allergy and Infectious Diseases is intrigued. Last month it awarded $60 million to researchers and companies to develop new adjuvants.

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THE FLU CASE

Is the US government about to lift the ban on adjuvants?

The Flu Case, 21 November 2009 14:27

https://web.archive.org/web/20100102035553/http://theflucase.com/index.php?option=com_content&view=article&id=2016%3Ais-the-us-government-about-to-lift-the-ban-on-adjuvants-&catid=1%3Alatest-news&Itemid=64&lang=en

Even as doctors in German say adjuvants are not needed to make enough swine flu jabs go around, Reuters is reporting that US health officials are claiming that the use of the illegal adjuvant could boost the "number of doses available".

In what appears to be a propaganda piece to help pave the way for the US government to authorise the use of "adjuvants" – currently prohibited in the USA and the UK –, Reuters floats the idea that only the use of adjuvants will help the government meet the demand for swine flu jabs.

The US government has bought 700-million dollars worth of adjuvants, reports Reuters, and so is obviously anticipating finding a chance to use the illegal substance under special pandemic emergency regulations.

There is a large body of scientific evidence showing that squalene causes autoimmune and other diseases and is also responsible for the Gulf War Syndrome, which afflicted 25% of all US and UK vets.

The swine flu jab Pandemrix with the adjuvant squalene has been associated with at least 7 deaths in Germany and 8 in Sweden already.

German doctors have said 30% of the people who took the Pandemrix jab have had side effects.

The only significant studies in favour of adjuvants appear to have been financed by pharmaceutical companies and WHO or by scientists linked with these.

Many of these studies appear to have been designed in flawed ways, for example, carried out on people who are only over 70 years of age and living in old people's homes.

But how independent and valid are such flawed studies funded and carried out by the manufacturers of adjuvants?

The Free Press

Larry Kusch

Clinics running low on one vaccine type

The Free Press, 20 November 2009, 1:00 AM CST
https://www.winnipegfreepress.com/arts-and-life/life/health/2009/11/20/manitoba-sees-second-death-this-season

Winnipeg flu clinics are expected to run out of vaccine containing an adjuvant to boost its effect early today. However, vaccine without adjuvant will still be available for pregnant women and anyone aged 10 to 64 without a compromised immune system.

The province should receive more vaccine with adjuvant early next week.

Manitoba reported its second H1N1 death of the season on Thursday – and another large increase in confirmed cases of the virus – but there was also some good news.

The province released no information about the person who died, other than to say he or she was between 18 and 65 years old and had no known underlying health conditions.

It also said the number of lab-confirmed cases Nov. 10 to 16 had risen by 251, raising the total since Oct. 6 to 543. However, on the bright side, only five patients suspected or confirmed to have H1N1 were admitted to provincial intensive care units in the past week compared with 11 the week before. And as of Thursday, there were only seven H1N1 patients altogether in ICUs.

Health Minister Theresa Oswald Thursday referred to the number of ICU patients as one of the most significant indicators – more important than the number of confirmed cases.

Dr. Joel Kettner, Manitoba's chief public health officer, said while it's too early to detect a trend from the past week's decline in ICU patients, at least the situation is not getting worse.

"It is an indication that at least compared to the previous week we don't have rising rates (of Manitobans becoming extremely ill from H1N1)," he told reporters Thursday.

In another development Thursday, the province announced manufacturer GlaxoSmithKline had asked provinces to temporarily discontinue vaccinating Canadians from a specific batch of vaccine shipped in October.

The reason is that there has been a higher ratio of severe adverse reactions to the vaccine among Canadians than from other lots.

However, most of the vaccine Manitoba received from the suspect shipment had already been used by the time the province received the alert on Wednesday. Of the 63,000 doses shipped, only 630 remained unused by the four regional health authorities in Manitoba that received them, including Winnipeg's.

Kettner said the suspect lot produced serious and immediate anaphylactic reactions in 1 out of 20,000 vaccinations, compared with 1 out of 100,000 in other shipments.

As of Nov. 16, there have been 88 adverse reactions in Manitoba to H1N1 vaccine, of which seven were considered serious. Five of those have been confirmed as anaphylactic reactions.

Kettner said no one in Manitoba has suffered any prolonged adverse effects from the H1N1 vaccine.

Meanwhile, the city's 12 mass H1N1 immunization clinics reported a bump up in numbers Wednesday and Thursday, the first days they were open to all Winnipeggers, according to the Winnipeg Regional Health Authority. About 10,000 were immunized Wednesday and 10,500 Thursday, compared to 7,000 to 8,000 in the days leading up to the removal of restrictions on who could be immunized.

Most Winnipeggers interviewed at clinics at Grant Park, St. Mary's Road and in St. James late Thursday morning said it took an hour or less from the time they arrived to the time they left.

TAGBLATT E-PAPER TAGBLATT

Zu wenig Impfwillige: Impfzentrum schliesst

Tagblatt, 20 November 2009
https://web.archive.org/web/20091125084628/http://www.tagblatt.ch/lokales/appenzell/at-au/Zu-wenig-Impfwillige-Impfzentrum-schliesst;art112,1421966

Teufen. Das Impfzentrum Teufen, wo sich Ausserrhoder gegen den H1N1-Virus impfen lassen können, wird nächste Woche geschlossen. Der Grund: Mangelnde Nachfrage, wie der Sonderstab für Pandemieplanung mitteilt.

Das Zentrum könne aber bei Bedarf jederzeit wieder geöffnet werden, heisst es in der Mitteilung weiter. Offen bleiben die Impfzentren in Heiden und Herisau. Geimpft wird dort montags, mittwochs und freitags jeweils von 15 bis 20 Uhr. (pd/sg)

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THE FLU CASE

Vaccine centre closes in Switzerland already: no demand

The Flu Case, 21 November 2009 13:32
https://web.archive.org/web/20100102024957/http://theflucase.com/index.php?option=com_content&view=article&id=2009%3Avaccine-centre-closes-in-switzerland-already-no-demand&catid=1%3Alatest-news&Itemid=64&lang=en

The swine flu vaccine centre in Teufen, Switzerland, is going to be shut down from Monday because so few people want to get the swine flu jab according to the Swiss special committee for pandemic planning, reports Tagblatt.

Switzerland has only just started its swine flu vaccination campaign, later than other countries in Europe.

PLAY SRF **Tagesschau**

Zu wenig Aufklärung bei H1N1-Impfungen

SRF Tagesschau, 22 November 2009, 6:02 Uhr
http://tagesschau.sf.tv/content/view/full/2482138 (deleted)

[Schweiz] Bei der Impfung gegen die Schweinegrippe werden die Sicherheitsanforderungen des Bundesamts für Gesundheit (BAG) offenbar verletzt. Das berichtet die «SonntagsZeitung». In der Stadt Zürich seien Impfwillige etwa nicht über mögliche Nebenwirkungen informiert worden.

Zudem sei bei ihnen nicht abgeklärt worden, ob eine chronische Erkrankung und Allergien bestehen, oder bei einer Frau, ob sie schwanger ist.

Der Vizepräsident der Eidgenössischen Kommission für Impffragen, Hans Binz, hält diese Unterlassungen für «verantwortungslos», berichtet das Blatt weiter. Im schlimmsten Fall könne eine Allergie einen tödlichen Schock auslösen.

Kantone für Sicherheit verantwortlich

Gleichzeitig werde auch die Rückverfolgbarkeit des verimpften Serums nicht gleich gehandhabt. Arztpraxen notierten lediglich Name und Geburtsdatum – ohne Adresse. Bei Problemen mit dem Impfstoff müssten die Behörden eine öffentliche Rückrufaktion machen. Laut BAG müssen die Kantone für die Sicherheit beim Impfen sorgen.

Grosse Unterschiede zeigen sich auch bei der Verteilung des Impfstoffs, den die Kantone selbst organisiert haben. Eine schweizweite Umfrage zeige: Basel-Stadt hat für ein Viertel seiner Bevölkerung Impfstoff verteilt, der Kanton Jura bildet mit 6 Prozent das Schlusslicht.

sackstark.info
https://www.sackstark.info › todlich... · Translate this page

Tödliche Schweinegrippe-Impfung

›. Am 22. November 2009 schreibt die Schweizer Fernsehen Tagesschau ‹**Zu wenig Aufklärung bei H1N1-Impfungen**› und Alles Schall und Rauch publiziert ‹ ...

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Swiss Government violated Laws by failing to give information about side effects of Swine Flu jab

The Flu Case, 23 November 2009, 12:52
https://web.archive.org/web/20100102051839/http://theflucase.com/index.php?option=com_content&view=article&id=2028%3Aswiss-government-violated-laws-by-failing-to-give-information-about-side-effects-of-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Hans Binz, the head of Swiss Commission for Vaccination Issues, has accused the Federal Health Ministry of acting "irresponsibly" by failing to inform people about the possible side effects of the swine flu jab.

People going to get their jab in Zurich are not being informed about the possible side effects, reports Swiss TV.

The requirement to give adequate information about the side effects of the jabs has been violated, according to the newspaper Sonntags Zeitung.

Polskaweb NEWS

Polen bietet Schweinegrippe - Verfolgten Asyl

PolskaWeb News, 22 November 2009
https://web.archive.org/web/20091122161206/http://polskaweb.eu/der-schweinegrippe-hysterie-entkommen-655846734443.html

Schweinegrippe Urlaub in Polen

Posen - Polen ist besorgt über die Opfer der Schweinegrippe Hysterie in Deutschland. Österreich und der Schweiz. Tagtäglich verfolgt man vor allen Dingen die Ereignisse beim deutschen Nachbarn, desse Fernsehprogramme auch in Danzig oder Breslau empfangen werden. Ein aufkommendes Mitleid mit den Menschen jenseits der Oder ist bereits unübersehbar. In diversen Interforen bieten bereits seit Tagen unzählige Polen den durch dubiose Medien, Instituten, Gesundheitsämtern, Politikern oder der Weltgesundheitsorganisation WHO Verfolgten und in die Enge getrieben ausländischen Nachbarn mehrwöchiges Asyl und gesunde Kost in Polen an. Unzählige Hotels im Lande haben sich inzwischen ebenso bereit erklärt, Deutsche, Österreicher und Schweizer Schweinegrippe Asylanten ohne sonderliche Formalitäten jederzeit aufzunehmen. Neben Schutz vor den Verfolgern beinhalten derartige Angebote auch umfangreiche Sicherheit vor der Schweinegrippe- Impfung und Massenpanik.

Polen bietet Rundumschutz

Ganz besonders erwähnenswert sind die Preise für Kost- und Logis der H1N1-Asylanten. Die meisten Hotels und Pensionen in Polen bieten derzeit schon saison- und bedarfsbedingt Rabatte von bis zu 60 Prozent für ihre Gäste an. Auch die Organisation von Shuttle- Services zu den umliegenden Apotheken zwecks Einkauf von sehr günstigen und sicheren polnischen Grippemitteln als Rundumschutz für die spätere Heimkehr, ist bei fast allen Quartieren im Preis mit einbegriffen. In Polen selbst reichen zum Schutze gegen die Schweinegrippe 3 Mahlzeiten täglich und für Erwachsene am Abend ein Gläschen polnischen Wodkas meist voll und ganz aus. Angesichts der bevorstehenden Weihnacht, empfiehlt sich natürlich auch ein Einkauf in Polen. Die großen Renner bei ausländische Touristen sind in diesem Zusammenhang jetzt Atemschutzmasken aus Engelshaar mit Sternchen und Tamiflu- Pillen aus Marzipan.

Panikmacher unerwünscht

Für abenteuerlustige Grippe- Asylanten bieten z.B gleich mehrere Hotels in Kolberg (Kolobrzeg) einen Ausflug zum einzigen Schweinegrippe- Kranken Polens ins 400 Kilometer entfernte Lublin an (Er darf angefasst werden). Vorzügliche Quartiere in Polen finden Sie in der Reisesparte von "Polskaweb" über Google und wenn Sie wollen sicherlich auch bei ihrem Reisebüro. Ausgenommen von diesem Asylprogramm sind sämtliche leitenden Mitarbeiter von Pharma Konzernen, der europäischen Gesundheitsbehörde EMEA, der WHO, dem Robert-Koch und Paul Ehrlich-Institut, Gesundheitsämtern, alle Gesundheitsminister inklusive Ulla Schmidt, Medien wie ARD, RTL, Bild Zeitung, die Welt, Rheinische Post, FAZ, Focus, die Zeit, Frankfurter Rundschau und etwa 1600 Ärzten, deren Namen wir an dieser Stelle nicht alle aufführen wollen, da sie meist bereits in einem anderen Bonusprogramm berücksichtigt wurden.

Glückseelige Insel Polen

Polen ist eine gesunde Insel, dagegen sieht es bei den direkten Nachbarn Deutschland und der Ukraine erstaunlicherweise, wenn man denn den Medien und Behörden glauben darf, nach Epidemien jeglicher Couleur aus. Die Geldgier der Pharma- Industrie und ihrer unzähligen kleinen und großen Helfer macht einfach alles möglich. Merken Sie eigentlich nicht dass man Sie zum Narren hält, betrügt und bestiehlt?

THE FLU CASE

Poland braces itself for Swine Flu jab asylum seekers

The Flu Case, 10 December 2009 13:21
https://web.archive.org/web/20100102031932/http://theflucase.com/index.php?option=com_content&view=article&id=2232%3Apoland-braces-itself-for-swine-flu-jab-asylum-seekers&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Poland is bracing itself for a flood of people fleeing forced vaccination and quarantine regimes, and a newly founded political party is reported to be planning to set up refugee camps across the country in the event that governments in the USA and Europe attempt to move over to forced vaccination programmes in spite of growing resistance among the general public.

Inquiries about the possibility of staying in Poland in the event of a pandemic crackdown are coming in from the USA, Sweden and other countries.

While the US, UK and European governments appear to have been forced to slow down mass swine flu jab programmes by the non cooperation of the general public, there are no signs of their abandoning their plans to give entire populations the jabs altogether.

Many hotels across Poland have already agreed to take in swine flu asylum seekers for a few weeks and are offering special rates.

Volksstimme

Christin Klähn und Michael Pieper

Volksstimme Umfrage in Oschersleben zur neuen Grippe:
"Lassen Sie sich gegen die Schweinegrippe impfen?"

Volksstimme, 23 Novembre 2009, 04:56
https://www.volksstimme.de/lokal/wanzleben/lassen-sie-sich-gegen-die-schweinegrippe-impfen-374152

Oschersleben. "Die normale Grippeimpfung ist ausreichend", denken viele. Ist das aber wirklich der Fall ? Wird das Thema Schweinegrippe durch die Medien zu sehr aufgebauscht oder verbirgt sich hinter der Krankheit doch eine große Gefahr für uns ? Die Volksstimme hakte auf dem Oschersleber Markt nach und wollte von Passanten wissen: "Lassen Sie sich gegen die Schweinegrippe impfen?"

Yunus Kocar (19) wollte sich ursprünglich nicht impfen lassen. Jedoch erkrankte sein Betreuer an Schweinegrippe. Nun wollte der junge Mann lieber auf Nummer sicher gehen. Die Impfung rief bei ihm jedoch Durchfall, Erbrechen sowie Schwindelkeitsgefühl vor. "Zudem hatte ich eine Schwellung beziehungsweise Rötung an der Injektionsstelle", berichtet der Jugendliche von seinen Erfahrungen mit dem umstrittenen Impfstoff.

Petra Himmelreich war grundsätzlich für die Impfung, da aber kein Impfstoff vorhanden war, "belies ich es bei der, normalen' Grippeschutzimpfung" berichtet die Oscherslebérin und weiter: "Die Angst bleibt, da ein Familienmitglied sich bereits infiziert hat".

Marlies Behrens bemerkt, dass sie es unerhört findet, dass die Beamten sowie Politiker "reinere" Sera bekommen als andere Mitbürger.

Darüber hinaus spricht sich die Urgroßmutter gegen die Impfung ihrer Enkelin aus, "da die Kleine ohnehin schon viele Impfungen in den ersten Lebensmonaten über sich ergehen lassen muss".

Volksstimme wollte auch eine fachliche Meinung einholen und kontaktierte dazu Dr. Sabine Gummert. Die Kinderärztin ist der Meinung, dass die Angst vor der Schweinegrippeimpfung nicht gerechtfertigt ist. "Ich selbst habe mich gegen das neuartige Virus impfen lassen", so die Ärztin. Auf die Frage nach dem Warum antwortet sie: "Ich bin überzeugt von dem Schutz der Impfung, obwohl auch ich eine Impfreaktion verspürte." Lokale Reaktionen im Laufe dieser Impfung seien völlig normal und sollten die Menschen nicht davor ängstigen, sich selbst zu schützen. In ihrer Praxis werde bereits seit drei Wochen geimpft.

Wegen der Verknappung des Impfstoffes wurden anfangs insbesondere chronisch Kranke sowie medizinisches Personal geimpft. Die oft diskutierten beigefügten Wirkungsverstärker, die sogenannten "Adjuvanzien", heben bei manchen Patienten zum Beispiel eine Rötung hervor, wirken jedoch effizient gegen das Virus.

Ärztin Sabine Gummert räumt im Gespräch mit der Volksstimme auch mit dem Vorwurf auf, dass beispielsweise höhere Beamte einen besseren Impfstoff verabreicht bekommen. "Sie bekommen lediglich einen anderen Impfstoff, der nicht die Adjuvanzien enthält", so Gummert.

Übrigens: Während in Deutschland die Impfung in den Arztpraxen und Krankenhäusern erfolgt, haben sich findige US-Amerikaner ein ganz besonderes System ausgedacht, um dem großen Ansturm Impfwilliger entgegen kommen zu können : In Großstädten werden Supermarktparkplätze abgesperrt, auf denen die Patienten im Auto direkt geimpft werden können.

The New York Times

Julie Bosman

Swine Flu vaccinations rise while infections remain low

The New York Times, 23 November 2009, 12:04 pm
https://archive.nytimes.com/cityroom.blogs.nytimes.com/2009/11/23/swine-flu-vaccinations-rise-while-infections-remain-low/

More than 11,000 people received swine flu vaccines at free clinics this past weekend, city officials said, while overall infection rates remain relatively low.

The Department of Health and Mental Hygiene has ordered more than a million doses of the vaccine. Most of them are going to in-school vaccinations, weekend clinics, hospitals and private pediatricians; some have been sent to large companies.

Because demand for the vaccine was lower than anticipated, the weekend clinics, originally intended for middle- and high-school students, were opened to a larger group of people considered high risk. That group included anyone between ages 4 and 24, those between 25 and 64 who have health conditions that make them more vulnerable, pregnant women and anyone who lives with or cares for a newborn less than 6 months old. The clinics – which vaccinated only 3,450 people on their first weekend earlier this month – will be on hiatus over the Thanksgiving weekend and then will resume for the first two weekends in December.

Some community clinics also have the vaccine. At the CABS Health Center on Manhattan Avenue in Brooklyn on Monday morning, a woman answering the phone said the center was open to anyone who wanted a shot, until 11:30 a.m. About 10 people were waiting in line, she said. A list of weekend and local clinics is available at nyc.gov/flu.

But vaccination is far from complete in schools. Jessica Scaperotti, a spokeswoman for the health department, said the in-school vaccinations would probably continue until the end of December.

Some school administrators said that parents had become angry at the slow pace of vaccination. "It has been delayed and delayed and delayed," said Linda Kaufman, the associate head of school at St. Ann's School in Brooklyn Heights. "There have been many frustrated parents who probably could have gotten the vaccine sooner from their pediatricians."

In a letter to parents last week, Ms. Kaufman said that the health department promised that the vaccine would finally be available at the end of November.

She added: "Although I don't wish to make light of the delay, here are two quotations to contemplate: 'If we can ever make red tape nutritional, we can feed the world' and 'Any sufficiently advanced bureaucracy is indistinguishable from molasses.'"

Last week, the Centers for Disease Control and Prevention said that swine flu was subsiding in most of the country, and in New York, the numbers of people entering emergency rooms with flu-like symptoms have been far below those in the spring, when swine flu walloped the city. School attendance rates have been running about normal as well.

RHEINISCHE POST

Johannes Bornewasser

Impfung: Nachfrage sinkt weiter

23 November 2009, 12:16
https://web.archive.org/web/20091126041428/www.rp-online.de/duesseldorf/duesseldorf-stadt/nachrichten/Impfung-Nachfrage-sinkt-weiter_aid_786377.html

Düsseldorf (RPO) Der Ansturm auf die Grippeschutzimpfung ist in Düsseldorf weiter rückläufig. "Am Samstag waren nur 128 Düsseldorfer in der zentralen Impfstelle. In der Vorwoche waren es noch mehr als 500", erklärte Sprecher Michael Bergmann am Montag.

Bis Freitag hatten sich mehr als 20.500 Düsseldorfer in der zentralen Impfstelle an der Erkrather Straße eine Schutzimpfung abgeholt. Trotz eines sprunghaften Anstiegs der positiven Schweinegrippe-Tests kämen täglich weniger Düsseldorfer in die Impfstelle, erklärte Bergmann.

Während vor einer Woche noch 770 Tests positiv gewesen wären, läge die Zahl nun bereits bei 1209. "Das ist ein Anstieg um rund 500 Patienten in nur einer Woche. Und das, obwohl immer weniger Tests durchgeführt werden. Dennoch lassen sich die Menschen nicht impfen. Das ist nicht nachvollziehbar", sagte Bergmann weiter.

Geschuldet sei die sinkende Zahl der Impfungen vermutlich auch den vielen Meldungen über einen harmlosen Verlauf der Schweinegrippe. "Viele Menschen kennen jemanden, der die Schweinegrippe ohne weitere Komplikationen überstanden hat. Sie unterschätzen das Virus", hieß es weiter. Denn: "Die Zahl der Patienten, die an eine Herz-Lungen-Maschine angeschlossen wurden, ist ebenfalls stark angestiegen."

"Wer sich schützen will, sollte sich möglichst schnell impfen lassen", mahnte Bergmann im Gespräch mit unserer Redaktion.

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THE FLU CASE

Demand for Swine Flu jab in Germany declines even further

The Flu Case, 23 November 2009, 12:48
https://web.archive.org/web/20100102023937/http://theflucase.com/index.php?option=com_content&view=article&id=2027%3Ademand-for-swine-flu-jab-in-germany-declines-even-further&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Only 128 people went to get the swine flu jab in the central swine flu vaccination center in the city of Düsseldorf, in Germany, down from 500 the previous Saturday, according to RP Online.

Altogether 20,500 people in Dusseldorf had taken their jab in the swine flu center up to Friday last week, a tiny fraction of the total population of the city of about 584,000 people.

The largest numbers came at the start of the swine flu campaign with fewer coming every day subsequently, however, even the "rush" at the beginning consisted of relatively tiny numbers of people.

THE FLU CASE

Doctors in the Ukraine accuse President of Genocide

The Flu Case, 23 November 2009, 09:52
https://web.archive.org/web/20100102010207/http://theflucase.com/index.php?option=com_content&view=article&id=2021%3Adoctors-in-the-ukraine-accuse-president-of-genocide&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Doctors in the Ukraine have accused the President, Viktor Yushchenko, and his agents of committing genocide in a letter published on the Ukrainian website Rupor Info, sparking fears that the reports of the deaths of thousands of people from artificially created pandemics and vaccinations are true.

The doctors accused the Yuschchenko of deliberately creating "epidemics" in specific regions for political reasons.

By the ploy of pandemics, the doctors say Yushchenko was able to postpone elections he would have almost certainly lost, declare martial law and remain in power as president.

The doctors who signed the letter have been forced to withdraw it.

The letter has ignited fears that many more people have died inside the quarantine zones set up in the Ukraine than the government-controlled media is reporting.

Sources in Poland are reporting that many people who are sick in the Ukraine received vaccinations.

One source reported that 99% of the people who came down with an unusually severe sickness were vaccinated.

After a vaccination with what appears to be the seasonal flu with an HIN1 virus, they became sick in 2 to 3 weeks and infected their family.

According to sources, 200,000 people in the Ukraine got a flu shot, resulting in an epidemic of sickness.

An especially severe flu gripping Poland also appears to be associated with the seasonal flu jab, with an H1N1 virus, according to the package.

Last week a woman reported thousands of people had been killed by vaccines inside closed-off quarantine zones inside western Ukraine.

GOVERNMENT OF THE CZECH REPUBLIC

Government Holds Extraordinary Meeting on Swine Flu and the EU Summit

Vlada.Gov, 23 November 2009, 10:16
https://vlada.gov.cz/en/media-centrum/aktualne/government-holds-extraordinary-meeting-on-swine-flu-and-the-eu-summit-64591/

Government discussed its approach to vaccination against swine flu and the mandate of the Czech delegation at today's European Union summit a.

The government discussed its approach to vaccination against swine flu and the mandate of the Czech delegation's at today's European Union summit at its extraordinary meeting today

At today's extraordinary meeting, Health Minister Dana Jurásková made public how the Czech Republic will proceed with vaccination against the flu caused by the Pandemic (H1N1) virus.

Vaccines for 95,000 people arrived in the Czech Republic on Tuesday. In coming days they will be delivered to general practitioners and vaccination centers. There will be eventually be pandemic vaccine for up to a million inhabitants; instead of the originally-planned two doses; according to the European Agency for Medicines, one dose is sufficient for most people. The state security council and then the government approved the change in the pandemic plan today. Only certain chronically ill patients will receive two doses. Antivirals have been prepared for an additional 2.5 million people. Other flu complications, most commonly bacterial pneumonia, will be treated with antibiotics.

Around 5,500 general practitioners will receive 45,000 to 50,000 doses of pandemic vaccine by the end of this week. According to the health minister, the vaccines have already been distributed. Vaccination will begin next week on the basis of a list which general practitioners will receive from health insurers.

Chronically ill patients at increased risk of infection will be vaccinated first, followed by doctors, nurses and health care workers at infectious disease clinics, and then people necessary to ensure the operation of the state – firemen, police, members of crisis task forces, people providing transportation, energy, water management and employees of regional government management bodies. Their turn will come in December. “We have expanded the diagnostic groups and for certain diseases we have refined the criteria for vaccination; not only persons with heavy forms of illness, but also middle forms of illness,” Minister Jurásková said. The strategy may still develop, especially for children's illnesses. It is the age group from 16 to 24 that is most afflicted, according to Czech Republic Chief Hygienist Michael Vít.

“No drama, no crisis will take place in the Czech Republic. The virus is readable. It is behaving the same consistently. The clinical course is easy for the vast majority of patients,” Minister Dana Jurásková said at a press conference. According to Czech Republic Chief Hygienist Michael Vít, the illness level will reach 1,520 ill per 100,000 inhabitants. No region of the Czech Republic has thus far reached the epidemic threshold of 2,000 ill per 100,000 inhabitants. Vít further said that the Karlovy Vary, Hradec Králove and Moravia-Silesia regions have the greatest incidence of illness. The number of sick in the Czech Republic who have actually had the H1N1 virus confirmed is approximately 500.

A meeting will take place today between Health Minister Dana Jurásková, the flu team and regional government representatives. The meeting will relate to approaches to vaccination in individual regions.

The cabinet today also discussed the mandate of the Czech delegation at the European Union summit in Brussels. The summit, called by the Swedish presidency, takes place on the occasion of the ratification of the Lisbon Treaty, which will come into effect as of 1 December of this year. The summit should decide on the persons for the "European president" and "foreign minister," functions which are introduced by the Lisbon Treaty. At a meeting of EU foreign ministers which took place on Monday, the Swedish presidency stated that the EU had more and more candidates for these positions.

There has been speculation about Netherlands Prime Minister Jan Peter Balkenende, former British Prime Minister Tony Blair, current Luxembourg Prime Minister Jean-Claude Junker and Belgian Prime Minister Herman Van Rompuy, and the name of former Latvian President Vaira Vike-Freiberg has also come up in connection with the chair of the Council of the EU or the "president," who would lead top EU meetings. A Czech candidate for the position will be decided on the spot.

iDNES.cz / ZPRAVODAJSTVÍ

Očkování proti prasečí chřipce začíná, lékaři se bojí žalob

iDNES.cz, 23 listopadu 2009, 11:30
http://zpravy.idnes.cz/ockovani-proti-praseci-chripce-zacina-lekari-se-boji-zalob-pnj-/domaci.asp?c=A091123_113019_domaci_ban

První lékaři dnes začali očkovat proti prasečí chřipce. Obávají se ale toho, že by mohli mít problémy kvůli pacientům, u nichž by tato vakcína vyvolala nežádoucí účinky. Česká lékařská komora jim proto radí nechat pacienty před očkováním podepsat informovaný souhlas.

Česká lékařská komora (ČLK) považuje za nestandardní, že výrobce není odpovědný za případné nežádoucí účinky. Zodpovědnost na sebe převzal stát. "To je to samé, jako kdyby prodejce aut v momentě, kdy by jeho auto přestalo brzdit a někdo se v něm zabil, řekl, že za to nemůže," je přesvědčen prezident Milan Kubek.

Podobně to vnímají i lékaři. "Bojíme se žalob. Firma nenese zodpovědnost za nežádoucí účinky, kdo ji tedy má nést?" ptá se pražská lékařka Jana Bendová.

Komora kvůli takovým obavám doporučuje lékařům a zdravotnickým zařízením, aby si od pacientů, kterým bude aplikována očkovací látka, nechali podepsat informovaný souhlas. "To je naprosto standardní postup, zdravotnické zařízení má podle zákona právo rozhodnout, u jakých výkonů bude tento souhlas požadovat," konstatoval Kubek.

"Je to ochrana pro obě strany. Pacient má jistotu, že bude informován o rizicích dané léčby, zdravotnické zařízení má doklad, že pacient byl poučen o rizicích a souhlasí s nimi," popsal prezident komory s tím, že "vágně formulované záruky ministerstva zdravotnictví právníky ČLK nepřesvědčily".

Vzorové formuláře informovaného souhlasu jsou podle Kubka na internetových stránkách ČLK.

Jako první na řadu přijdou zdravotníci

Distribuční společnost Pharmos začala vakcíny rozvážet zkušebně ve čtvrtek odpoledne. "Distribuce se rozběhla v pátek. Lékaři ale ordinují zpravidla jen dopoledne, uspěli jsme tedy u méně než poloviny z 600 navštívených ordinací," popsal iDNES.cz Jiří Sova z distribuční společnosti Pharmos.

"Dneska jsou od rána zavážena všechna vakcinační centra, kterých je zhruba 130, zpravidla jsou umístěna u nemocnic. Průběžně jsou zaváženi také praktičtí lékaři pro dospělé, přednostně na poliklinikách nebo ve zdravotnických zařízení, kde je jich víc pohromadě," informoval Sova.

Podle něj je tak možné dnes zahájit očkování ve vakcinačních centrech, kde se budou očkovat zdravotníci a lidé důležití pro zajištění chodu státu. Očkovat zdravotníky už začali například v olomoucké fakultní nemocnici.

V Praze je vakcinačních center šest - v každé fakultní nemocnici, jedno je v Městské poliklinice ve Spálené ulici. Jedno z center je v motolské fakultní nemocnici, kde bude očkováno na tři tisíce zdravotníků. Třetina z nich dostane vakcínu už v první fázi, která odstartuje zítra. Nemocnice už vakcíny dostala, informovala mluvčí Eva Jurinová.

U praktických lékařů je situace o něco složitější kvůli tomu, že si musí vybrané pacienty pozvat. Musí jich mít navíc najednou deset, protože vakcína se dodává v balení po deseti a po rozbalení se musí spotřebovat. I tak se ale zřejmě bude muset část vakcíny vylít. - Některé z vakcín proti prasečí chřipce se možná budou muset "vylít"

=> an English version is on the next page

THE FLU CASE

Czech doctors worry about legal action against them over Swine Flu jab

The Flu Case, 24 November 2009, 14:41
https://web.archive.org/web/20100102030818/http://theflucase.com/index.php?option=com_content&view=article&id=2045%3Aczech-doctors-worry-about-legal-action-against-them-over-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Doctors in the Czech Republic have expressed fears that they will be made legally responsible in the event that patients suffer serious side effects from the swine flu jab after pharmaceutical companies have been given immunity, according to a report in the Czech media.
http://zpravy.idnes.cz/ockovani-proti-praseci-chripce-zacina-lekari-se-boji-zalob-pnj-/domaci.asp?c=A091123_113019_domaci_ban

"It is the same as if a car producer would claim he is not responsible in case there has been a brake failure causing the death of somebody," Milan Kubek, head doctor is reported to have said.

"We are afraid of legal proceedings. The producer holds no responsibility in case of side effects, who is supposed to hold it then?" Jana Bendová, a doctor from Prague said.

A key doctor's association has said patients should be made to sign a content.
"It is a way to protect both sides. The patient is informed about the risks of the treatment and the medical office has a proof that patients have been instructed about the risks and the have agreed to them," the head of the Chamber described and added that: "those vague guarantees given by Ministry of Health have not satisfied our lawyers."

However, the consent form might also be open to a legal challenge in court for not giving adequate information, according to Swiss vaccine experts.

This is a translation of the report:
The swine flu vaccination starts, but doctors are afraid of possible legal proceedings.

The first doctors have started to implement vaccinations against the swine flu. However they are afraid that they could face problems because of patients who might be affected adversely. The Czech Chamber of Doctors advices them to ask the patients to sign a content before being vaccinated.

The Czech Chamber of Doctors (Česká lékařská komora - ČLK) has noted that it is a non-standard that a producer is not made responsible for the possible side effects of their products. The responsibility rests with the state instead in the case of the swine flu jab.

"It is the same as if a car producer would claim he is not responsible in case there has been a brake failure causing the death of somebody," said Milan Kubek, the assocation's head.

Doctors share much of this view.
"We are afraid of legal proceedings. The producer holds no responsibility in case of side effects, who is supposed to hold it then?" Jana Bendová, a doctor from Prague asks.

The chamber is trying to prevent from such fears and recommends the doctors and medical offices to make their patients sign a content.

"This is a standard procedure; the medical office can decide by law where such a content will be required," Kubek stated.

"It is a way to protect both sides. The patient is informed about the risks of the treatment and the medical office has a proof that patients have been instructed about the risks and the have agreed to them," the head of the Chamber described and added that: "those vague guarantees given by Ministry of Health have not satisfied our lawyers."

A sample document of such content can be found on the website of the Czech Chamber of Doctors.

The health workers are first to go

The first distribution of vaccines started on Thursday afternoon by a company Pharmos.

"The distribution has started on Friday. However the doctors usually operate only in the mornings and that is why we reached less than half of the total from 600 offices," Jiří Sova from Pharmos described.

"Today (Monday 23 Nov) we have started to provide the vaccines to the vaccination centres (130 in total) which are mostly located close to hospitals. At the same time we have been supplying the doctors for adults – preferable those locations with a higher number of them," Sova informed.

He thinks that vaccination can be started today (Monday 23 Nov) in the vaccination centres where health workers and people important to the function of the country will be vaccinated. The hospital in Olomouc have for example already started to vaccinate their health workers.

There are six vaccination centres in Prague (the capital) – one in every teaching hospital and one is in Spálená street in the city centre. One of them is located in the teaching hospital in Motol where approximately 3 000 health workers will be vaccinated. One third of them will be given the vaccine in the first period which is supposed to start tomorrow.

We have already been supplied with the vaccines, the hospital spokesman Eva Jurinová confirmed.

The situation with doctors is a little bit more complicated. They have to ask their patients to come for the jab first. In addtion, there has to be ten of them at the same time because the vaccine is supplied in a package of ten pieces and it has to be used after being unpacked. It seems that some of them cannot be used and will have to be dispensed with.

Delivery of vaccines

The first part of vaccines (95 000 doses) have reached the Czech Republic. More should be provided (minimum 90 000) after 4 December and the rest should be provided in the first months of the following year by GSK, as the Minister of Health confirmed.

Leading hygienist Michal Vít refuses reservations that the pandemic wave could be over at this time and therefore the vaccination will be useless.

"There are usually several waves of a pandemics, the last one had three which lasted approximately within one year. I do not think that we will be late," he stated.

NOVARTIS

Novartis inaugurates large-scale US based cell-culture influenza vaccine manufacturing facility

Novartis, Basel, 24 November 2009

https://www.sec.gov/Archives/edgar/data/1114448/000110465909066665/a09-34221_16k.htm

· *Total investment of nearly USD 1 billion through a partnership between Novartis and the US Department of Health and Human Services*

· *Inauguration marks important milestone in using modern biotechnologies for flu vaccine production to replace the 50 year-old egg-based process*

· *Facility designed to supply 150 million doses of pandemic vaccine within 6 months of influenza pandemic declaration; facility ready to respond to a pandemic as early as 2011 if licensed in an emergency*

Basel, November 24, 2009 - Today, Novartis officially inaugurated the US's first ever large-scale flu cell culture vaccine and adjuvant manufacturing facility in Holly Springs, North Carolina. The facility is a result of a partnership between Novartis and the US Department of Health and Human Services (HHS). It is the first of its kind in the United States and highlights an important milestone in efforts to improve influenza vaccine manufacturing technology in the US and enhance domestic pandemic preparedness.

"We are proud to be one of the first companies to bring influenza cell culture as well as adjuvant technology to the United States," said Daniel Vasella, CEO and Chairman of Novartis. "We have seen a great need to invest into new technologies for flu vaccines that will allow for quicker and more reliable production capacity. We are pleased to be working closely with the US government to build a world-class, state of the art manufacturing facility in the US that will change the way we manufacture influenza vaccines in the future."

The total investment in the facility is nearly USD 1 billion, through a partnership between Novartis and HHS to support the design, construction, validation and licensing of the manufacturing facility in Holly Springs.

The operations at this facility will use modern, cell culture-based manufacturing technology. Cell culture-based production operations are cleaner, can be scaled up more quickly to respond to a pandemic and do not rely on eggs for rapid response to a pandemic. Cell culture technology for influenza vaccines is not yet approved in the US, however part of the HHS contract support for Holly Springs includes funding for the development of a flu cell culture vaccine. If licensed in an emergency, the facility will be ready to respond to a pandemic as early as 2011. The plant is planned to be running at full scale commercial production in 2013.

Novartis already operates a cell culture-based manufacturing plant in Marburg, Germany. It is licensed to produce a seasonal cell culture-based influenza vaccine, Optaflu®, which is approved in all 27 member states of the European Union as well as in Iceland and Norway. It currently produces Celtura®, a H1N1 pandemic vaccine licensed in Germany and Switzerland.

The Novartis Holly Springs facility can also start producing MF59®, the Novartis proprietary adjuvant, as early as December 2009. Although not yet approved in the US, studies with adjuvants are currently underway in the US. Results of the most recent clinical trials conducted with the Novartis MF59 adjuvanted cell culture-based vaccine have shown that it is possible to induce protective antibody levels against A(H1N1) infection within two weeks of administration of a single low-dose adjuvanted vaccine. MF59 has also been shown to provide cross-protection across similar strains of a H5N1 virus, which is an additional important element for a pre-pandemic vaccine given that mutations are a common feature of emerging influenza strains.

As part of its partnership with HHS, Novartis is responsible for, among other things, pre-construction document development, land use and zoning, construction, commissioning, validation and licensing of the facilities with the goals of regulatory licensure, manufacture and release of seasonal and pre-pandemic vaccine, as well as provision for pandemic vaccine supply in the event of a pandemic or other vaccines or biologicals in the event of an emergency for an emerging infectious disease. The partnership also requires Novartis to provide two commercial-scale annual lots of pre-pandemic vaccine for a minimum of three years. In addition, HHS has the right to exercise options to purchase additional influenza vaccine over 17 years.

About MF59®

Novartis proprietary MF59 adjuvant has an established safety profile, supported by more than 12 years of clinical safety data and more than 45 million doses of commercial use in Europe. The adjuvant has been studied in clinical trials involving more than 33,000 people, including children, and has been licensed for use in people 65 years of age and over in the seasonal influenza vaccine Fluad® since 1997 in the European Union. Novartis also produces two A(H1N1) vaccines, Focetria® and Celtura, which contain MF59 and are available outside the US. Currently, there are no approved vaccines in the United States that contain MF59.

Disclaimer

The foregoing release contains forward-looking statements that can be identified by terminology such as "as early as," "will," "future," "planned," "can," or similar expressions, or by express or implied discussions regarding the potential completion of the production facility at Holly Springs, the timing of potential commencement of and continued successful production of vaccines and adjuvants at Holly Springs, regarding the potential marketing approval cell-culture influenza vaccines, regarding the amounts to be paid by the government under the agreement described in this release, or regarding potential future revenues from vaccines produced at Holly Springs. You should not place undue reliance on these statements.

Such forward-looking statements reflect the current views of the Company regarding future events, and involve known and unknown risks, uncertainties and other factors that may cause actual results at the Holly Springs facility to be materially different from any future results, performance or achievements expressed or implied by such statements. There can be no guarantee that we will complete the Holly Springs facility, commence production there, or successfully continue production of vaccines there. Nor can there be any guarantee that any of the products expected to be produced at the Holly Springs facility will be approved for sale in any market. Neither can there be any guarantee that we will be paid the full amount referred to in this release. Neither can there be any guarantee that vaccines and adjuvants to be produced at Holly Springs will achieve any particular levels of revenue in the future.

In particular, management's expectations regarding the Holly Springs production facility and vaccines produced there could be affected by, among other things, unexpected regulatory actions or delays or government regulation generally; unexpected construction difficulties or delays; unexpected production difficulties or delays, including difficulties or delays relating to the novel cell-culture production technique to be employed there; unexpected clinical trial results, including unexpected new clinical data and unexpected additional analysis of existing clinical data; the company's ability to

obtain or maintain patent or other proprietary intellectual property protection; competition in general; government, industry and general public pricing pressures; the impact that the foregoing factors could have on the values attributed to the Novartis Group's assets and liabilities as recorded in the Group's consolidated balance sheet, and other risks and factors referred to in Novartis AG's current Form 20-F on file with the US Securities and Exchange Commission. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those anticipated, believed, estimated or expected. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

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About Novartis

Novartis Vaccines and Diagnostics is a division of Novartis focused on the development of preventive treatments. The division has two businesses: Novartis Vaccines and Chiron. Novartis Vaccines is the world's fifth-largest vaccines manufacturer and second-largest supplier of flu vaccines in the US. The division's products also include meningococcal, pediatric and travel vaccines. Chiron, the blood testing and molecular diagnostics business, is dedicated to preventing the spread of infectious diseases through the development of novel blood-screening tools that protect the world's blood supply.

Novartis provides healthcare solutions that address the evolving needs of patients and societies. Focused solely on healthcare, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, cost-saving generic pharmaceuticals, preventive vaccines, diagnostic tools and consumer health products. Novartis is the only company with leading positions in each of these areas. In 2008, the Group's continuing operations achieved net sales of USD 41.5 billion and net income of USD 8.2 billion. Approximately USD 7.2 billion was invested in R&D activities throughout the Group. Headquartered in Basel, Switzerland, Novartis Group companies employ approximately 99,000 full-time-equivalent associates and operate in more than 140 countries around the world. For more information, please visit http://www.novartis.com.

LE QUOTIDIEN
DU MEDECIN

Christian Delahaye

Les réquisitions en passe de se multiplier

Le Quotidien du Médecin, 24 Novembre 2009
https://gynecologie-obstetrique.lequotidiendumedecin.fr/liberal/exercice/les-requisitions-en-passe-de-se-multiplier

Les Grandes Manœuvres pour conjurer la réquisition («le Quotidien» du 5 octobre) n'ont pas abouti. La dynamique de la vaccination, saluée la semaine dernière par Roselyne Bachelot, a eu raison des promesses officielles. Bien que «dernière des dernières des solutions envisagées», selon la formule du Pr Didier Houssin, la réquisition des libéraux, limitée jusqu'à présent au seul département du Calvados, pourrait se propager dans les prochains jours à plusieurs DDASS. Selon l'enquête effectuée par «le Quotidien», c'est le département des Hauts-de-Seine qui va suivre. «Le compte est vite fait, explique un médecin de l'organisme, responsable du dispositif antipandémie 92, sur 4 500 libéraux, nous n'avons reçu que 170 candidatures de volontaires disposés à s'engager dans nos centres. Cet effectif est d'autant plus insuffisant que le nombre des candidats à la vaccination a doublé en quelques jours. Dans ces conditions, la mobilisation autoritaire des médecins constitue une nécessité de santé publique en contexte de crise sanitaire, et répond aux exigences déontologiques qui doivent être celles de tout praticien.»

Les circulaires ministérielles du 21 août et du 28 octobre avaient pourtant classé les libéraux en dernière position pour les ordres de réquisition, après les salariés, les étudiants et les internes. Mais les fichiers les concernant n'ont, semble-t-il, pas été transmis aux DDASS. La direction régionale du travail n'a pas communiqué les listes de médecins du travail et les doyens des facultés n'ont pas fourni les listes de leurs étudiants de 3e et 4e années. Les réquisitions vont donc être adressées dès cette semaine aux libéraux altéséquannais, sur la base, dans un premier temps, d'une vacation mensuelle. Les homéopathes, accupuncteurs et autres ostéopathes devraient être les premiers visés, 700 généralistes ayant été identifiés comme spécialement sollicités en période épidémique.

Selon le Dr Jean-Paul Hamon (FMF), «ça commence à réquisitionner un peu partout». Cependant, la démarche du 92 restait lundi soir exceptionnelle. La DDASS du 77, malgré le décuplement de la fréquentation enregistrée dans ses centres la semaine dernière, comptait encore faire face avec les médecins salariés et les internes. Celle du 95 considère qu' « on n'en est pas encore à réquisitionner les libéraux», tout en admettait qu'on n'en a jamais été aussi proche. Dans le 94, on se retranche derrière des décisions qui devront être prises collégialement, sous la responsabilité du préfet. Dans l'Orne, l'inspectrice principale de la DDASS avoue que la gestion des volontaires permettra encore de faire face cette semaine, mais qu'elle risque d'être insuffisante dès la semaine prochaine. Le plus souvent, comme à Paris, la consigne «silence radio» prévaut, pour ne pas faire mentir les protestations réitérées par les autorités de santé nationales, qui garantissent qu'il ne saurait être question de faire fermer un cabinet de généraliste, qui se trouve évidemment en première ligne dans le contexte épidémique.

«Déficit d'organisation»

Les réquisitions fermes semblent devoir se généraliser, malgré les dénégations officielles, pour ajuster le fonctionnement des centres à une demande croissante du public. Au Conseil national de l'Ordre des médecins, le Dr André Deseur, président de la section Exercice professionnel, estime que «les médecins n'ont d'autre choix que de s'y plier», mais il exprime son «immense regret qu'un

déficit d'organisation n'ait pas permis d'échapper à une telle mesure. Sortir de force des praticiens de leur activité de soins risque de susciter une bronca, avertit-il, en se faisant l'écho des réactions qui lui parviennent via les conseils départementaux. Une bronca que nous comprenons dans la mesure où il existait d'autres possibilités pour organiser la vaccination. L'Ordre aurait pu communiquer, si on lui en avait fait la demande, des fichiers de médecins du travail, si tant est que les directions régionales du travail n'ont pas pu procéder à leur extraction.»

Alors que le conflit semblait en voie d'apaisement par rapport à la vaccination en ville («le Quotidien» de lundi), il risque à présent d'être rallumé autour des réquisitions. «Il va y avoir du sport», promet le Dr Michel Chassang (CSMF), dénonçant «des mesures complètement incohérentes».

THE FLU CASE

French Government prepares to order GPs to work in Swine Flu jab centres

The Flu Case, 26 November 2009, 17:35

https://web.archive.org/web/20100102014903/http://theflucase.com/index.php?option=com_content&view=article&id=2082%3Afrench-government-prepares-to-order-gps-to-work-in-swine-flu-jab-centres&catid=1%3Alatest-news&Itemid=64&lang=en

The prefects of departments in France are preparing to order GPs and nurses to work in specially set up swine flu vaccine centers, according to a report Le Quotidien du Medecin.

Hauts-de-Seine is set to follow Calvados in ordering GPs to turn up for duty after only 170 doctors out of 4,500 in the department volunteered to work in the centers.

Doctors in Calvadao are currently challenging the order to work in the swine flu jab centers in court.

In Paris, 20 to 25% of the health care professionals summoned to come for their swine flu jabs by the Prefect Daniel Canepa didn't turn up.

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Swine flu vaccine further delayed

Cayman News, 24 November 2009
http://archive.caymannewsservice.com/2009/11/24/swine-flu-vaccine-further-delayed/

(CNS): Cayman is unlikely to receive its first batch of Swine flu vaccine until the end of this year or possibly not until 2010. The UK has, according to government, agreed to send around 12,500 doses of the H1N1 shot, which should be enough to cover high risk local groups, but worldwide shortages are putting pressure on supplies and government is trying to secure other sources. The minister for health said he has also been talking with a manufacturer that could supply the vaccine directly to health officials in Cayman.

"My ministry will continue to support the Public Health Department in securing enough H1N1 vaccine for our population," Mark Scotland said. "To date, the H1N1 vaccine was not available on the open market and we focused our efforts on working with the UK and PAHO to secure the vaccine. However, we are also now working with a manufacturer that can supply vaccine directly to us. Even so, because demand is outstripping supply worldwide, here too supplies will only be available in the New Year."

The Public Health Department has requested an initial 12,500 H1N1 vaccine doses from the UK to cover most of the high-risk groups, Medical Officer of Health Dr Kiran Kumar said.

Meanwhile, Public Health has also been working closely with the **Pan American Health Organisation** (PAHO) to secure a second source of H1N1 vaccine. PAHO will be receiving its first supplies – a million doses – in the second week of December. The bulk of its supplies, some 33 million doses, will only arrive between February and April next year.

"These doses have to be divided amongst all Caribbean and Latin America countries and will be allocated according to population size. Therefore, we cannot be sure how many doses we will receive in each instalment," Dr Kumar explained.

To date, Cayman has registered a total of 109 confirmed H1N1 cases – four of these were confirmed during the past two weeks.

While the public awaits the H1N1 vaccine's arrival, Dr Kumar continues to urge proactive measures. "Staying home when you are sick, keeping sick children out of school and frequent hand washing remain the best defences," he said. The Health Services Authority has set-up a dedicated Flu Clinic where people with severe flu symptoms can be treated as a priority and segregated from other patients to prevent the spread.

Meanwhile, doctors in Canada are being advised not to use 170,000 doses of the vaccine manufactured by pharmaceutical company GlaxoSmithKline following a number of allergic reactions to the drug. Company spokeswoman Gwenan White said that GlaxoSmithKline has advised medical staff in Canada to refrain from using one batch of the vaccine while they look into reports that that it might have caused more allergic reactions than normal.

Six people in Canada had suffered an allergic reaction and GlaxoSmithKline is only investigating the one batch, as it said no other doses around the world are affected.

Yesterday, the **World Health Organisation** reported that 65 million people have been vaccinated to date worldwide and there have been 10 known cases of Guillain-Barre syndrome, an auto-immune based paralyzing condition often seen following viral infection.

The agency said the side-effects of the H1N1 shot have been typical of flu vaccines: "As anticipated, side effects commonly reported include swelling, redness, or pain at the injection site, which usually resolves spontaneously a short time after vaccination. Fever, headache, fatigue, and muscle aches, occurring shortly after vaccine administration,have also been reported, though with less frequency. These symptoms also resolve spontaneously, usually within 48 hours. In addition, a variety of allergic reactions has been observed. The frequency of these reactions is well within the expected range." WHO said.

Health officials in Norway have reported three cases of H1N1 swine flu that have a mutation which enables the virus to attack the deep lungs. Whether this means the virus is or could become more dangerous is unclear. "This mutation has been seen sporadically here and there around the world. Sometimes it's been seen in patients who had very mild disease and sometimes it's been seen in people who had more severe or fatal disease," said Dr Anne Schuchat, the director of the CDC's National Center for Immunization and Respiratory Diseases.

Le Monde

Grippe A: 305 000 personnes ont été vaccinées

Le Monder avec AFP, 24 Novembre 2009, 20h29
https://web.archive.org/web/20091126045801/http://www.lemonde.fr/planete/article/2009/11/24/grippe-a-305-000-personnes-ont-ete-vaccinees_1271592_3244.html#ens_id=1185166

Le ministère de l'intérieur a confirmé mardi 24 novembre une progression de la fréquentation des centres de vaccination contre la grippe H1N1, avec 305 000 personnes vaccinées au soir du 21 novembre, soit huit jours après le lancement de la campagne.

"Actuellement, 65 000 personnes fréquentent chaque jour un centre, contre 13 000 à son lancement", précise le ministère dans un communiqué. La ministre de la santé Roselyne Bachelot avait annoncé le 18 novembre que la campagne était *"en pleine accélération"*, avec *"plus de 200 000 personnes"* vaccinées. La campagne a débuté le 12 novembre dans 1 060 centres, sous la responsabilité des préfets.

A partir du 25 novembre, les centres de vaccination utiliseront *"leurs équipes mobiles au sein des collèges et des lycées pour commencer la campagne de vaccination dans ces établissements"*.

Grippe A: horaires adaptés dans les centres et bons de vaccination obligatoires

Le Monde, avec AFP, 24 Novembre 2009, 10h32
[https://eoigijon.com/wp-content/uploads/2016/12/Jun-NI-CL-1-y-2.pdf]

La campagne de vaccination contre la grippe H1N1, fondée sur le volontariat, débute en novembre dans les collèges et lycées pour les 5,3 millions d'élèves du secondaire. Les parents de collégiens et lycéens mineurs ont reçu un "questionnaire préalable à la vaccination" en trois parties: précisions sur la santé de l'adolescent et les éventuelles incompatibilités vis-à-vis du vaccin; accord parental donné ou non à la vaccination; observations faites par le médecin, notamment le nom du vaccin prescrit. Le carnet de santé n'est pas nécessaire. Si la responsabilité de la vaccination incombe aux parents, en revanche ils ne peuvent pas choisir le vaccin. Quant aux écoliers du primaire, ceux-ci pourront se rendre, avec leurs parents, dans les centres de vaccination de proximité. [https://eoigijon.com/wp-content/uploads/2016/12/Jun-NI-CL-1-y-2.pdf]

Désertés dans un premier temps mais connaissant une affluence croissante, les centres de vaccination vont voir, si besoin, leurs horaires "adaptés". Le ministre de l'éducation nationale, Luc Chatel, a annoncé mardi sur RTL que pour faire face à l'afflux actuel, "les préfets vont adapter les heures d'ouverture des centres". Ces centres sont prévus pour la vaccination du grand public, mais ils accueilleront aussi à partir de début décembre les enfants du primaire dont les parents souhaitent qu'ils soient vaccinés. Pour les élèves de collèges et lycées, la procédure est différente: si leurs parents ont donné leur accord, ces adolescents se feront vacciner au sein de leurs établissements scolaires, et ce à partir de mercredi.

En réponse aux auditeurs de RTL, M. Chatel a cependant bien précisé que, si la vaccination des collégiens et lycéens commençait mercredi, elle devait s'étendre au moins jusqu'au 18 décembre et donc qu'elle ne serait pas organisée dans tous les établissements dès cette fin de semaine. La vaccination n'est pas obligatoire, mais le ministre l'a "recommandée" à la population en général et aux enseignants en particulier. M. Chatel a affirmé que lui-même allait "le faire dans les prochains jours".

Ne pas se Présenter sans bon de la "sécu"

De son côté, la ministre de la santé, Roselyne Bachelot, a demandé mardi aux Français de ne pas se rendre dans les centres de vaccination contre la grippe H1N1 sans un bon de convocation, reconnaissant des problèmes de "réglages" ces derniers jours en raison d'une plus grande affluence. "Nous avons multiplié par sept la fréquentation des centres en moins d'une semaine", a souligné la ministre sur France Info, citant le chiffre de 70 000 personnes vaccinées pour la journée de samedi.

"Il y a besoin de réglages parce que nous n'attendions pas, c'est vrai, un tel engouement des Français pour la vaccination", a reconnu Mme Bachelot. "Bien entendu, on va augmenter les personnels, on va augmenter les horaires d'ouverture", a-t-elle ajouté. "Ne vous présentez pas dans les centres de vaccination si vous n'avez pas votre bon de Sécurité sociale", a demandé Mme Bachelot aux Français, ajoutant qu'elle allait "redonner les consignes".

La ministre a également conseillé de consulter les horaires de vaccination des centres "sur Internet, dans les mairies ou dans les pharmacies". Selon Mme Bachelot, les horaires sont disponibles sur Internet, en tapant le nom du département, suivi de "pref.gouv.fr". Elle a cité l'exemple de Paris: paris.pref.gouv.fr. Mais lorsqu'on essayait de consulter cette page mardi matin, la réponse obtenue était "site en construction". Interrogée sur un problème d'approvisionnement de Tamiflu pédiatrique en pharmacie, Mme Bachelot a répondu: "On a des stocks qui nous permettront de reconstituer cela." Elle a invité les médecins à se référer aux protocoles d'administration de cet antiviral.

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THE FLU CASE

French told not to bother showing up for Swine Flu jab without their special coupon

The Flu Case, 24 November 2009, 14:47

https://web.archive.org/web/20100102032444/http://theflucase.com/index.php?option=com_content&view=article&id=2047%3Afrench-told-not-to-bother-showing-up-for-swine-flu-jab-without-their-special-coupon&catid=1%3Alatest-news&Itemid=64&lang=en

The French are being told not to bother showing up at the swine flu vaccine centers unless they have coupon, sent to each person individually, according to Le Monde.

The individually-tailored vaccine coupon -- based on employment and social security data – will determine which swine flu jab what person in France gets...

In addition, the special code on each individual needle used for a swine flu jab will be attached to each patient's form.



Swiss soldier reports preparations for forced Swine Flu vaccination campaign underway

The Flu Case, 24 November 2009 20:39
https://web.archive.org/web/20100102054140/http://theflucase.com/index.php?option=com_content&view=article&id=2049%3Aswiss-soldier-reports-preaparations-for-forced-swine-flu-vaccination-campaign-underway&catid=41%3Ahighlighted-news&Itemid=105&lang=en

> Kaserne Bremgarten AG: Eidgenössischer Waffenplatz Bremgarten (Kaserne)
> Seit 1952 wurde in Bremgarten ein Detachement der
> Genie-Rekrutenschule Brugg untergebracht.
> ...
> Heute dient die Kaserne der Genieschule 74 und dem
> Einsatzkommando Katastrophenhilfe-Bereitschaftsverband,
> Ei Kdo Kata Hi Ber Vb als Standort.
> Die Ausbildung erfolgt auf den verschiedenen dezentralen Ausbildungsplätzen.
> https://web.archive.org/web/20091127155636/http://www.kaserne-bremgarten.ch/kaserne/ueberuns.html

Da ich momentan im Militär tätig bin, hab ich mich mal bei der Krankenabteilung auf dem Waffenplatz Bremgarten AG erkundigt, wo es zur Abwechslung gute Ärzte hat, welche nicht einfach mal in jedem Fall Schmerzmittel verschreiben. :)

Auch im Militär ist die Sau los wegen der Soiligripp. Diesen Freitag gehen alle mit Ihrem Impfausweis vorbei und können sich impfen lassen.

Nun hab ich den Chefarzt mal auf die Nadeln angesprochen. Es ist definitiv so, dass für jeden Impfling eine ganz neue, spezielle Nadel bereit steht, welche einen Strichcode enthält.

Dieser Strichcode wird für den jeweiligen Impfling registriert und schlussendlich ans BAG geschickt. Warum und wieso eine neue, spezielle Nadel benötigt wird, weiss er nicht. Ich werde sie mir diesen Freitag aber selbstverständlich genau unter die Lupe nehmen. :)

Weitere Angehörige der Armee müssen sich in Acht nehmen:

Bei den Sanitätstruppen rüstet man sich für den "Ernsteinsatz". Alle Soldaten der San Trp müssen/mussten sich vorbereiten um in einem Ernstfall auszurücken und alle Ada's zu impfen. Und dies selbstverständlich nicht auf freiweilliger Basis. Also ist diese Aktion mehr oder weniger absehbar. Soweit meine Information.

=> an English version is on the next page

THE FLU CASE

Swiss soldier reports preparations for forced Swine Flu vaccination campaign underway

The Flu Case, 24 November 2009 20:39

https://web.archive.org/web/20100102054140/http://theflucase.com/index.php?option=com_content&view=article&id=2049%3Aswiss-soldier-reports-preaparations-for-forced-swine-flu-vaccination-campaign-underway&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A Swiss soldier serving in Bremgarten, Aargau, where military units for disaster management are stationed, has said that medical units are preparing to carry out an operation to give all Swiss soldiers the swine flu jab by force if necessary. http://www.kaserne-bremgarten.ch/kaserne/ueberuns.html

The soldier said that a doctor at the base also explained that every swine flu jab has a special needle with a bar code.

The bar code is registered for every person who takes the jab and then sent to the Federal Ministry for Health, the Bundesamt für Gesundheit.

The military doctor said he didn’t know why a special needle was needed but there are many reports of a nanochip in the needle.

The soldier said that the medical troops are preparing for a "serious scenario.”

Every soldier belonging to the medical unit has to prepare to vaccinate every other soldier whether they want to be vaccinated or not in a "worst case scenario".

He said he considered forced vaccination to be inevitable.

The soldier’s supports an earlier report that Swiss soldiers belonging to medical units are being called up and trained for a mass forced vaccination campaign.

Eric Favereau

H1N1: le cortège d'erreurs des bulletins secrets

Liberation, 25 novembre 2009
https://web.archive.org/web/20091219171937/http://www.liberation.fr/societe/0101608790-h1n1-le-cortege-d-erreurs-des-bulletins-secrets

«Libération» *s'est procuré les rapports confidentiels de la cellule interministérielle de crise.*

C'est le rendez-vous quotidien au sommet sur la grippe A: tous les jours, la cellule interministérielle de crise réunit les responsables des ministères concernés, sous la responsabilité du directeur de la Sécurité civile. On fait le tour des difficultés. On tente d'y remédier.

Bizarrement, alors que la ministre de la Santé, Roselyne Bachelot, se dit partisane de la transparence la plus complète dans la gestion de l'épidémie, les bulletins quotidiens, qui ponctuent cette réunion, sont marqués du sceau *«Ultraconfidentiel».* Rien ne filtre. Secret défense. *Libération* a pu se procurer le compte rendu des dernières réunions, en particulier celle du dimanche 13 décembre. Voilà une journée presque ordinaire, avec ces mille et un petits soucis que connaît le plan de vaccination.

«Malaise vagal». Le rapport est classé par zones de défense. Ainsi, la zone sud-ouest: «Dans le Gers, erreur de vaccin pour deux personnes. Malaise vagal d'un enfant de 6 ans après vaccination de Panenza. Erreur de numéro de lot sur 7 bons de vaccination.» Dans les Pyrénées-Atlantiques, à Orthez, «malaise vagal chez une adolescente, passage aux urgences de l'hôpital d'Orthez et retour chez elle». En Charente-Maritime, à Surgères, «un enfant vacciné avec du Panenza au lieu de Pandemrix, un autre vacciné avec du Pandemrix au lieu de Panenza. Les deux enfants sont de la même famille: ils ont été mis sous surveillance parentale». A Royan, «malaise vagal d'un enfant de 10 ans ayant entraîné une chute avec léger choc sur la tête. Son état a justifié un transport par les pompiers au CH de Royan». A La Rochelle, c'est différent: «Difficulté en approvisionnement en gants et pansements sur certains centres.» De même en Corrèze: «Difficultés de recrutement de personnels médicaux et paramédicaux pour assurer les vacations».

Dans les Deux-Sèvres, «la livraison des produits reste aléatoire: retards systématiques, livraisons incomplètes ou ne correspondant pas aux commandes, en dehors des horaires d'ouverture des centres de vaccination». Dans le Tarn-et-Garonne, «un médecin et une élève infirmière réquisitionnés ne se sont pas présentés. Ces absences n'ont pas perturbé le bon fonctionnement du centre de vaccination».

Et ainsi, dans chaque zone de la France. On passe dans le nord. Dans l'Oise, «difficulté d'approvisionnement, des erreurs constatées par plusieurs centres dans la livraison des vaccins avec des étiquettes qui ne correspondent pas aux lots de vaccins livrés. Difficultés répétées d'obtention de certains consommables médicaux malgré commandes réitérées: rouleaux de papier pour table de consultation, pansements pour enfants, couvertures de survie, notices de vaccins Pandemrix».

Doute. Dans l'ouest de la France, dans le Finistère exactement, «des internes ne se sont pas rendus sur les lieux de vaccination et n'ont pas prévenu. Le département a dû faire face à de grosses difficultés pour trouver des volontaires le samedi après-midi. Une erreur d'injection, sans incidence particulière selon le médecin. Trois malaises vagaux survenus chez des enfants entre 7 et 10 ans». Dans l'Eure, «doute sur la vaccination d'une femme enceinte de huit mois avec du Pandemrix». En

Eure-et-Loir, «malaise de deux enfants; un personnel médical s'est piqué avec une seringue usagée. Seconde injection de Pandemrix sur un enfant de 10 ans», etc..

La note de synthèse quotidienne se conclut par le point sur les fermetures de classes. «Plusieurs établissements scolaires ont fait l'objet de mesures de fermeture, totale ou partielle, depuis le jour de la rentrée scolaire: 663 établissements, de la maternelle au lycée, ont été fermés intégralement. 513 fermetures de classes individuelles. À la date du 12 décembre 2009: 64 classes demeurent fermées, et 94 établissements demeurent totalement fermés». Ainsi va la France, un dimanche sous la grippe A.

THE FLU CASE

Secret Memo reveals France divided into Martial Law defence zones for Swine Flu Jab

The Flu Case, 22 December 2009 10:45
https://web.archive.org/web/20100102043916/http://theflucase.com/index.php?option=com_content&view=article&id=2384%3Asecret-memo-reveals-france-divided-into-martial-law-defence-zones-for-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Unreported by the French mainstream media, a special interdepartmental crisis committee which receives instructions from WHO has been operating in France since April under the pretext of managing the swine flu pandemic emergency.

This committee summons French Ministers to give them instructions on a day to day basis, and so bypasses parliament and other democratic institutions, creating a state of virtual martial law.

The French Health Minister Roseylne Bachelot recently floated the idea of moving the internal pandemic level from 6 b to 6 a, which would initiate fully fledged martial law.

Now the newspaper La Liberation maintains it has obtained an "ultra confidential" memo from a Sunday meeting of this secretive committee.

The memos details the progress and "errors" of the swine flu vaccination programme across the country, using the classification of "defence zones", underlining the military character of the swine flu programme.

JIM.fr JOURNAL INTERNATIONAL DE MEDECINE

Grippe A (H1N1): allergique à la désorganisation … s'abstenir

Journal International de Médecine, 25 Novembre 2009
https://www.jim.fr/e-docs/grippe_a_h1n1_allergique_a_la_desorganisation_s_abstenir__112572/document_actu_pro.phtml
(deleted)

Ainsi, à Caen, par deux fois, des médecins généralistes ont attaqué en référé les ordres de réquisition du préfet du Calvados et ont été deux fois (dont une fois hier) débouté de leur demande. A Pechbonnieu (Haute Garonne, moins de 3 000 âmes), les médecins ont décidé aujourd'hui de se rendre en délégation au centre de vaccination pour exiger qu'on leur remette des doses de vaccins et des formulaires pour pouvoir procéder eux-mêmes aux injections dans leur cabinet.

A Paris, le préfet, Daniel Canepa estimait hier que 20 à 25 % du personnel médical et administratif convoqué ne se présentent pas aux vaccinations. «Si on n'y arrive pas ici, c'est dramatique. Car à Paris, on ne peut pas dire qu'il y ait une pénurie de médecins» déplore-t-il. Il est à espérer que la situation s'améliore d'ici lundi, date à laquelle doit commencer l'immunisation des enfants des classes primaires, invités à se rendre avec leurs parents dans les centres de vaccination.

Dans la capitale, comme dans d'autres régions (notamment dans le Nord Pas de Calais), il est prévu d'immuniser également les parents: l'affluence devrait être accrue. L'engouement soudain des Français pour la vaccination n'a cependant pas permis à l'hexagone de rattraper son retard sur d'autres pays: au 21 novembre, le ministère de l'Intérieur comptabilisait 305 000 personnes vaccinées!

D'une manière générale, la mobilisation des professionnels de santé laisserait à désirer dans de nombreuses régions de France.


JIM.fr
https://www.jim.fr › e-docs › docu...
Grippe A (H1N1) : allergique à la désorganisation... s'abstenir
Ainsi, à Caen, par deux fois, des médecins généralistes **ont attaqué en référé les ordres de réquisition du préfet** du Calvados et ont été deux fois (dont une ...
... **vaccination pour exiger qu'on leur remette des doses de vaccins et** des formulaires pour pouvoir procéder eux-mêmes aux injections dans leur cabinet. A Paris ...
... **primaires, invités à se rendre avec leurs parents dans les** centres de vaccination. Dans la capitale, comme dans d'autres régions (notamment dans le Nord Pas ...
... **novembre, le ministère de l'Intérieur comptabilisait 305** 000 personnes vaccinées ! Des vaccins « extrêmement similaires » en France et au Canada. Au Canada ...
305 000 personnes vaccinées le 21 novembre ! D'une manière générale, la mobilisation des professionnels de santé laisserait à désirer dans de nombreuses ...

THE FLU CASE

0.47% of the French Population Vaccinated as of November 21

The Flu Case, 26 November 2009
https://web.archive.org/web/20100102035709/http://theflucase.com/index.php?option=com_content&view=article&id=2080%3A047-of-the-french-population-vaccinated-as-of-november-21&catid=1%3Alatest-news&Itemid=64&lang=en

305,000 people or 0.47 % of the French population of 65 million people got their swine flu jab by November 21st, according to the French government...

REUTERS

WHO donates 9 million flu shots to Philippines

Reuters, 26 November 2009, 5:25 PM GMT+8
https://www.reuters.com/article/us-flu-philippines-vaccines-idUKTRE5AP14020091126/

Manila, Nov 26 (Reuters) – The World Health Organisation (WHO) promised on Thursday to donate 9 million H1N1 flu shots to the Philippines, and assured the country the vaccines were safe.

At least 1.2 million of the vaccine shots will be made available by the end of the year and be distributed to about 400,000 health workers in the Philippines, WHO director-general Margaret Chan told reporters in Manila.

"The vaccine is safe," Chan said, adding the rate of side effects was within the expected range.

But she urged the Philippines to conduct post-vaccination surveillance to determine any potential harmful side effects.

Chan said the WHO has prioritised donating flu vaccines to 10 percent of the population of poor and developing countries from stockpiles from more developed states. The Philippines has about 92 million people.

Last week, the WHO said the H1N1 vaccine had been cleared of blame for 41 deaths which health authorities worldwide had investigated after suspicions were raised they might have been caused by the inoculation.

Governments have so far reported that 65 million vaccine doses have been administered against H1N1, known as swine flu, in 16 countries, but the true figure is probably higher since immunisation campaigns are under way in 40 states, said a WHO vaccine expert.

At least 6,770 deaths have been recorded worldwide since the H1N1 virus emerged in April – but officials always stress the confirmed count represents only a fraction of the actual cases as most patients never get tested.

In the Philippines, 33 deaths were recorded in nearly 5,500 cases from May to October this year.

The New York Times

Donald G. McNeil Jr.

Experts say Swine Flu mutations do not warrant new alarm

The New York Times, 27 November 2009
https://web.archive.org/web/20121115211101/http://www.nytimes.com/2009/11/28/health/28flu.html

The World Health Organization tried this week to dampen fears about mutations seen in the swine flu virus in several countries, noting that both mutations had been found in very few people.

A change that created Tamiflu resistance has been found in about 75 people around the world, said Dr. Keiji Fukuda, chief flu adviser to the W.H.O.'s director general. Two clusters, in cancer units at Duke University Medical Center in North Carolina and a hospital in Wales, were both among patients whose immune systems had been severely suppressed by cancer treatment; some had had their bone marrow, which produces infection-fighting white blood cells, wiped out so that replacement blood stem cells could be injected.

Such patients are more likely to develop resistant viruses when on Tamiflu because they can not clear a virus on their own. But the mutant strain appears not to spread easily in people with normal immunity, like hospital workers.

"We don't know the full answer, but it is more likely that we are not seeing a major shift," Dr. Fukuda said.

Widespread Tamiflu resistance is a serious problem in the seasonal H1N1 virus, but it has not crossed over into the swine H1N1.

Dr. Fukuda also said W.H.O. scientists were "not sure" of the level of threat posed by a separate mutation that helps the virus reach the lungs. It has been found in Norway, Ukraine, Brazil, China, Japan, Mexico and the United States, in both serious and mild cases.

Experts still need to see whether the mutation – whose shorthand name in virology is D222G or D225G – is becoming more common, and how often it leads to severe disease, he said.

One isolate from Ukraine with the mutation had changed so *that swine flu vaccine probably would not protect against it well*, Britain's national medical laboratory reported Friday.

Flus mutate so fast, Dr. Fukuda cautioned, that announcing each change is "like reporting changes in the weather."

More than 100 million swine flu shots have been administered in 40 countries, and the side effects are similar to or lower than those from regular flu shots, he added.

Six cases of anaphylaxis were widely reported in Canada when it was found that all were from one batch of vaccine, which was recalled. Anaphylaxis is an allergic reaction, usually to egg protein, that can range from mild hives to fatal airway swelling. All six patients recovered, and Dr. Fukuda pointed out that there were 172,000 doses in the batch, most of which caused no problems, so it was unclear whether the cause was a bad batch or just a coincidence.

MEDICÍNA .CZ

V České republice se začalo očkovat proti pandemické chřipce

Medicina.CZ, 27 listopad 2009
https://medicina.cz/clanky/8235/34/V-ceske-republice-se-zacalo-ockovat-proti-pandemicke-chripce/

Na začátku tohoto měsíce - listopad - byly v České republice naočkovány první vybrané skupiny osob proti pandemickému viru chřipky H1N1. V rámci první dodávky bylo do země doručeno celkem 95 tisíc dávek vakcíny Pandemrix™ společnosti GSK, kterou budou očkováni chronicky nemocní pacienti, zdravotníci a osoby nezbytné pro chod státu. Dle dostupných údajů z provedených klinických hodnocení v současnosti vyplývá, že by mohlo být dostačující očkování pouze jednou dávkou vakcíny. V České republice by tak pandemickou vakcínou mohl být očkován až jeden milion lidí.

Do České republiky dorazilo minulý týden celkem 95 tisíc dávek vakcíny Pandemrix™, která je určena k ochraně rizikových skupin proti pandemickému viru chřipky H1N1 (tzv. prasečí chřipce). Očkovány budou vybrané skupiny osob, mezi které patří zejména chronicky nemocní pacienti, zdravotníci a osoby nezbytné pro zajištění chodu státu.

Vakcína se vyrábí od 21. září letošního roku, a to v týdenních cyklech. Celková týdenní produkce je následně rozdělována mezi jednotlivé země. Tento princip je uplatňován pro všechny státy, které mají s GSK uzavřenou smlouvu na dodání pandemické vakcíny. Vydávání vyrobených vakcín v týdenních intervalech je shodné pro všechny země a počet odpovídá výrobě jednotlivých šarží.

O aktuální situaci vyrobeného množství vakcíny pro Českou republiku je Ministerstvo zdravotnictví ČR průběžně informováno.

Evropská léková agentura v minulém týdnu oznámila, že u dospělých zdravých osob by mohlo být dostačující očkování pouze jednou dávkou pandemické vakcíny. Dvěma dávkami by měli být očkováni pacienti se závažným chronickým onemocněním, dialyzovaní a pacienti po transplantaci. Na základě těchto změn by tak mohl být v České republice očkován pandemickou vakcínou téměř jeden milion obyvatel.

Očkování pandemickou vakcínou je určeno pouze pro rizikové osoby uvedené ve „Vakcinační strategii" Ministerstva zdravotnictví ČR a probíhá ve zdravotnických zařízeních určených jednotlivými kraji. Seznamy očkovacích míst lze nalézt na Pandemickém webovém portálu MZ ČR. Chronicky nemocní pacienti budou očkováni v ordinacích svých praktických lékařů, kteří je budou v průběhu následujících týdnů postupně zvát na očkování.

Nově byla také pro očkující lékaře zřízena informační linka 844 606 607 určená pro dotazy týkající se vakcíny Pandemrix™, a to zejména bezpečnosti, profilu nežádoucích účinků a podmínek skladování. Telefonní linka je v provozu každý všední den od 8 do 18 hodin a na dotazy odborníků zde odpovídají speciálně vyškolení pracovníci.

THE FLU CASE

UK Parliamentary Briefing Note from November 10th says Compulsory Vaccinations Allowed

The Flu Case, 27 November 2009, 12:37
https://web.archive.org/web/20100102003952/http://theflucase.com/index.php?option=com_content&view=article&id=2095%3Auk-parliamentary-briefing-note-from-november-10th-says-compulsory-vaccinations-allowed&catid=41%3Ahighlighted-news&Itemid=105&lang=en

UK Parliament

UK Parliament

A UK Parliamentary briefing note published on November 2009 maintains that the government has the power to impose compulsory swine flu vaccinations under the Civil Contingencies Act 2004

UK Parliament, November 2009
https://web.archive.org/web/20100423153715/http://www.parliament.uk/commons/lib/research/briefings/snsc-05164.pdf

Dr Gavin Colthart authored the "information is provided to Members of Parliament in support of their parliamentary duties."

The note also says that local authorities can declare people who are suspected of having the swine flu to be guilty of a criminal offence.

The note also makes the claim for which there is as yet no evidence that the swine flu can cause Guillain-Barré syndrome in an apparent attempt to downplay the cases of Guillain-Barré syndrome reported in connection with the swine flu jab in the US and France.

Extracts:
"**Powers to impose compulsory vaccination**
Most legal powers needed to manage a pandemic are provided under the Public Health Acts covering England, Wales, Scotland and Northern Ireland, which empower local authorities to require examination, hospitalisation, or isolation of infected persons, create a criminal offence relating to exposing others to risk of infection, and allow some controls over school attendance and playgrounds.14

In other words, although local authorities cannot force people to be vaccinated under those powers, they can for example refuse to admit children to school unless they have been vaccinated.

However, the Government has extremely broad powers for tackling an emergency, in the Civil Contingencies Act 2004. This includes a special procedure for making regulations in an emergency, if existing legislation could not relied upon without the risk of serious delay, and various other conditions are met.

In particular:

22 Scope of emergency regulations

(1) Emergency regulations may make any provision which the person making the regulations is satisfied is appropriate for the purpose of preventing, controlling or mitigating an aspect or effect of the emergency in respect of which the regulations are made.

(2) In particular, emergency regulations may make any provision which the person making the regulations is satisfied is appropriate for the purpose of –

(a) protecting human life, health or safety,

(b) treating human illness or injury,

Thus, if the situation became serious enough for compulsory vaccination to be considered necessary, regulations could be introduced under the Civil Contingencies Act 2004 and these could include penalties for non-compliance."

"Vaccine safety concerns

Anti-vaccine activists and others have opposed widespread use of any new vaccine, arguing that the accelerated clinical testing of the new vaccines makes it difficult to ensure safety and that the generally mild course of novel H1N1 flu infection does not justify exposing the population to vaccine-related risks.7

Particular concern has been raised regarding Guillain-Barré syndrome, a nerve disease causing reversible paralysis, which has been associated with flu vaccinations. A rise in cases of Guillain-Barré syndrome resulted in the cessation of a 1976 national flu vaccination programme in the USA. Analysis of the data from that time, and several subsequent studies, suggest that there is a small rise in the incidence of the syndrome (between 1:100,000 and 1:1,000,000).8

However, there is also evidence that flu infection itself may be a trigger for Guillain-Barré syndrome and that this risk may be greater than the risk from vaccination.9

In the absence of clear evidence on the balance of risks and benefits relating to adverse events such as Guillain-Barré syndrome, WHO have advised intensive surveillance for any side effects during and after any vaccine programme. In the UK the HPA has announced an enhanced surveillance programme specifically for Guillain-Barré syndrome.10 11"

TORONTO STAR

Pat Hewitt (CP)

H1N1 flu shot clinics set to close in parts of Ontario

The Star (Toronto) // The Canadian Press, 27 November 2009
https://www.thestar.com/life/health-wellness/h1n1-flu-shot-clinics-set-to-close-in-parts-of-ontario/article_9be88d40-1f52-511d-8ccd-79828180fd6e.html

Toronto – The time to roll up a sleeve to get an H1N1 flu shot is coming to an end at some public clinics in Ontario.

Some health units are seeing a drop in both H1N1 activity and demand for the swine flu shot and plan to wind down their mass vaccination clinics, even as the death toll from H1N1 rises in the province.

Other areas are adding clinics due to increased demand, while still others are transitioning clinics to now provide the seasonal flu shot.

Hamilton's last date for its mass H1N1 vaccination clinics will be Dec. 4, although residents can still get the swine flu shot from their family doctor or through the city's regular immunization clinics.

"We've seen a drop in the number of people visiting our clinics so we will be looking at the more traditional routes available for vaccinations such as family doctors and walk-in clinics," Dr. Elizabeth Richardson, Hamilton's medical officer of health, said in a statement.

H1N1 activity is down in Hamilton, but officials still encourage people to get vaccinated, she said.

In Stratford, the Perth District Health Unit plans to close its public H1N1 clinics on Dec. 1.

Toronto Public Health is still seeing a steady stream of people wanting the flu shot. It will close two clinics on Sunday that have had a drop in attendance, but its eight other clinics will stay open until mid December.

"We are still vaccinating around 7,000 people a day at our clinics," said spokeswoman Susan Sperling.

Toronto Public Health said it will monitor attendance daily to determine the final day of the other eight clinics.

However it will also close two more of the five Flu Assessment Centres Friday. One closed earlier this week.

In Ottawa, there are no immediate plans to close mass vaccination clinics but the health unit continues to monitor demand closely and will adjust clinic hours accordingly, said Dr. Isra Levy, medical officer of health.

"Ottawa Public Health continues to see interest from the public for the vaccine and we continue to vaccinate several thousand people each day at our clinics," said Levy.

Ottawa will promote vaccination well into the new year. The vaccine will protect people when they gather for parties and other festivities as the holiday season approaches, he said.

H1N1 activity may be slowing down in the community, he suggested, as fewer schools are reporting higher absenteeism rates, and patient levels in Ottawa hospital emergency rooms are returning to normal.

Clinics will run through Dec. 8 in Windsor-Essex, which has been vaccinating more than 1,000 people a day, said that region's medical officer of health Dr. Allen Heimann.

However the clinics are transitioning to give the seasonal flu shot, he said, as the area experiences a decline in H1N1 activity.

"That's certainly the trend across the province," Heimann said.

Niagara Region will decide whether to extend its clinics past Dec. 4 after assessing this week's demand.

It's been vaccinating more than 1,400 individuals per day but has seen a drop in lab-confirmed cases of H1N1, and school absenteeism from the flu is also decreasing, said Niagara Region Public Health spokeswoman Carrie Beatty.

"The Niagara Health System continues to see patients with flu but the numbers have dropped significantly since the H1N1 outbreak began in late October," said Niagara Health System spokeswoman Caroline Bourque Wiley.

All of Niagara's hospital services and operations, including surgical schedules and emergency room volumes, are back to normal, she added.

The Simcoe Muskoka District Health Unit is extending its clinics into the first two weeks of December, saying illness remains high in the area. Chatham extended its clinics until Dec. 5, while Waterloo added clinics through Dec. 3 because of demand.

The Ministry of Health has never had an expectation about how long public vaccination clinics should run, said spokesman David Jensen.

"We have full confidence that local public health units, gauging the demand they're experiencing from their communities, will be able to determine the best and most effective way to operate the H1N1 clinics," he said.

Ontario has had 95 lab-confirmed H1N1 deaths since April.

Jensen said most people in Ontario have not been immunized.

The ministry is encouraging people to get their shots now, he said.

The vaccine is available at more than 4,400 physician offices across the province, he added.

Ontario has received almost 5.9 million doses of vaccine. Next week, it will get at least another 1.1 million doses, and could get an additional one million doses beyond that.

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THE FLU CASE

Swine Flu Jab Centers in Canada set to close due to Lack of Demand

The Flu Case, 27 November 2009, 12:19

https://web.archive.org/web/20100102042726/http://theflucase.com/index.php?option=com_content&view=article&id=2091%3Aswine-flu-jab-centers-in-canada-set-to-close-due-to-lack-of-demand&catid=1%3Alatest-news&Itemid=64&lang=en

Challenges

Grippe A: 22 décès en une semaine (Bachelot)

Challenges, 27 Novembre 2009 à 17h06
https://www.challenges.fr/monde/grippe-a-22-deces-en-une-semaine-bachelot_360699

La France métropolitaine comptabilise 68 cas mortels liés au virus et le Canada 24 cas d'anaphylaxie dont 1 mortel. L'anaphylaxie est une grave réaction allergique qui provoque l'obstruction des voies respiratoires.

La ministre de la Santé, Roselyne Bachelot, a indiqué, jeudi 26 novembre, que le pays comptait 22 nouveau cas mortels liés à la grippe A/H1N1 en une semaine. L'épidémie "s'accélère", a redit la ministre.

"Cette accélération concerne maintenant la quasi-totalité du territoire national" et 730.000 consultations pour des symptômes grippaux ont été recensées pour la semaine du 16 au 22 novembre, soit 72% de plus que la semaine précédente. Elle a en outre précisé que "121 personnes atteintes du virus sont actuellement hospitalisées en unité de réanimation ou en soins intensifs". "Nous nous attendons à observer les premières tensions sur le système hospitalier", a ajouté Roselyne Bachelot.

Le ministère de l'Intérieur avait lui confirmé mardi une progression de la fréquentation des centres de vaccination contre la grippe pandémique A/H1N1 avec 65.000 personnes par jour contre 13.000 au lancement, le 12 novembre, de la campagne de vaccination collective dans les 1.060 centres installés sur le territoire national.

Réquisition des étudiants

Sur ce point, la ministre de l'Enseignement supérieur Valérie Pécresse a annoncé sur LCI qu'elle souhaitait que des étudiants en médecine puissent participer aux vaccinations contre la grippe A/H1N1. "Je vais proposer aux présidents d'université et aux doyens des facultés de médecine d'aménager les horaires des étudiants en médecine de manière à ce qu'ils puissent être plus nombreux dans les centres de vaccination", a-t-elle dit.

Ces étudiants, "qui ont déjà 4 ou 5 ans de formation", ne seront pas rémunérés mais seront mobilisés sur le principe de la réquisition", a précisé Valérie Pécresse.

"Sur la base des recommandations émises par l'Agence européenne (du médicament), la vaccination sera réalisée avec une seule injection, à l'exception de certaines tranches d'âge", a fait savoir Roselyne Bachelot. Ainsi, "les jeunes de moins de neuf ans recevront toujours deux injections car la protection immunitaire est plus difficile à obtenir chez eux".

2.726.000 personnes ont été infectées par le virus grippal pandémique H1N1 en France depuis le mois d'août, selon les estimations du réseau des Groupes régionaux d'observation de la grippe (Grog) diffusées mercredi.

24 cas d'anaphylaxie chez les Canadiens vaccinés

De l'autre côté de ol'Atlantique, le directeur de l'Agence de santé publique du Canada a fait de son côté état de 24 cas d'anaphylaxie confirmés, dont un mortel, parmi les Canadiens vaccinés contre le virus A/H1N1. Le Dr David Butler-Jones a indiqué que la personne décédée après avoir reçu le vaccin, identifiée par les médias comme étant un octogénaire du Québec, présentait les symptômes

liés à l'anaphylaxie, une grave réaction allergique qui provoque l'obstruction des voies respiratoires. Il a toutefois précisé que la cause du décès n'avait toujours pas été déterminée et que d'autres problèmes de santé étaient peut-être à l'origine de la mort.

L'anaphylaxie a fait la "une" des journaux la semaine dernière lorsque le fabricant GlaxoSmith-Kline a ordonné aux provinces de ne plus administrer de vaccins provenant d'un lot de 172.000 doses envoyées le mois dernier. L'ordre a été donné après que six personnes ayant reçu un vaccin issu de ce lot ont subi un choc anaphylactique, soit un nombre de cas plus élevé que la normale. David Butler-Jones a cependant indiqué que le taux de réactions anaphylactiques était d'environ 0,32 cas pour 100.000 doses administrées, ce qui demeure dans les normes pour les campagnes de vaccination massives.

Par ailleurs, dans leur premier rapport sur la question publié mercredi, les autorités sanitaires américaines ont relevé qu'il n'existait aucune preuve que le vaccin contre le A/H1N1 comportait des effets secondaires importants.

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THE FLU CASE

French medical students
to be Requisitioned to work in Swine Flu jab Centres, no pay

The Flu Case, 28 November 2009, 17:06
https://web.archive.org/web/20100102043725/http://theflucase.com/index.php?option=com_content&view=article&id=2115%3Afrench-medical-students-to-be-requisitioned-to-work-in-swine-flu-jab-centres-no-pay&catid=1%3Alatest-news&Itemid=64&lang=en

French medical students are going to be requisitioned to work in the country's vaccine centers without pay under plans announced by Valerie Pecreese, the Minister of Higher Education, reports unisfaceauvaccin.org.

She said that the medical students would not be paid but would be mobilised using a law allowing them to be "requisitioned."

news.ch

Burkhalter will Impfzwang für Gesundheitspersonal

News.Ch, 27 November 2009, 18:42 h
https://web.archive.org/web/20091130230353/http://www.news.ch/Burkhalter+will+Impfzwang+fuer+Gesundheitspersonal/416920/detail.htm

Bern - Gesundheitsminister Didier Burkhalter ist für einen Impfzwang für das Pflegepersonal. Wenn die Pandemie komme und die Situation schlimmer werde, müssten sich alle Pflegepersonen zwangsweise impfen, sagte der Bundesrat in der «Tagesschau» des Schweizer Fernsehens. (fkl/sda)

«Wenn man pflegen will, muss man sich impfen», sagte Burkhalter. Die Diskussion über den Impfzwang müsse deshalb jetzt schon geführt werden. Es sei wichtig, dass das Pflegepersonal ein Bewusstsein dafür entwickle.

Der Schweizer Berufsverband der Pflegefachfrauen und -männer (SBK) empfiehlt seinen Mitgliedern eine Impfung gegen die Schweinegrippe. Der SBK erwartet von Pflegefachpersonen, dass sie die Entscheidung nach einer Auseinandersetzung mit den Fakten und dem Gefährdungspotential in ihrem Arbeitsalltag fällen.

Der Entscheid für oder gegen eine Impfung sei aber letztendlich ein persönlicher Entscheid, den es zu respektieren gelte, teilte der Verband mit. Aus verschiedenen Gründen verhalte sich ein beträchtlicher Teil der Pflegefachleute zum gegenwärtigen Zeitpunkt skeptisch bis ablehnend gegenüber der Impfung gegen die Schweinegrippe.

Polemik der Medien

Diese Zurückhaltung werde in einem Teil der Medien polemisch und gehässig kommentiert, bis hin zu Angriffen auf die Professionalität und die moralische Integrität der Pflegenden. Auch schreckten etliche Arbeitgeber vor massivem Druck nicht zurück, um die Impfquote in ihren Institutionen zu erhöhen.

Der SBK zeigt sich in einer Mitteilung befremdet über diese «unqualifizierten, pauschal diffamierenden Angriffe auf Berufsleute, die tagtäglich, oft unter sehr schwierigen Arbeitsbedingungen, den Tatbeweis erbringen, dass ihre ganze Sorge dem Wohl ihrer Patienten gilt.»

THE FLU CASE

Swiss Health Minister wants compulsory jab for Health care workers;
Swiss Media under fire for bullying doctors and nurses

The Flu Case, 28 November 2009, 16:50
https://web.archive.org/web/20100102043101/http://theflucase.com/index.php?option=com_content&view=article&id=2112%3Aswiss-health-minister-wants-compulsory-jab-for-health-care-workers-swiss-media-under-fire-for-bullying-doctors-and-nurses&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Swiss Health Minister Didier Burkhalter has called for the compulsory vaccination of health personnel. He told Swiss TV on Friday that all health care workers should be obliged to take the swine flu jab.

The Swiss Professional Association for Care Workers (Schweizer Berufsverband der Pflegefach-frauen und -manner, SBK) has said, however, it wants health care professionals to make their own choice after considering the facts for and against a jab, even though it recommends the jab.

Swiss health care professionals have so far shunned the untested swine flu vaccine.

The SBK health care workers association accused the Swiss media of whipping up hatred against health care professionals who refused the jab, for example, by suggesting people who refused lacked moral integrity.

In addition, some employers have shown they are willing to go to almost any lengths to increase the number of people given the jab in their institutions.

The SBK has expressed its concern over the "unqualified, undifferentiated defamatory attacks on an occupational group that proves it puts the well-being of patients first day in, day out often under very difficult conditions of work."

noe ORF.at

Schweinegrippe-Impfung heiß umstritten

ORF, 27 Novembre 2009
https://noev1.orf.at/stories/398963

Am Dienstag beginnt für das medizinische Personal die Impfaktion gegen die Schweinegrippe. Bei den Ärzten herrscht Uneinigkeit darüber, ob man sich gegen das H1N1 Virus tatsächlich impfen lassen soll.

H1N1 für Ärzte nicht erklärbares Phänomen

Viele Menschen sind verunsichert und wissen derzeit nicht, ob sie sich gegen die Schweinegrippe impfen lassen sollen. Auch bei den Ärzten gibt es stark divergierende Meinungen.

Rudolf Heschl, praktischer Arzt aus Öd bei Amstetten, rät dazu, sich vorerst einmal gegen die normale Grippe impfen zu lassen, denn bei dieser Grippe sei die Komplikationsrate wesentlich höher. Bei der normalen Grippe gibt es nämlich ca. 100.000 Krankheitsfälle. Bei der Schweinegrippe sind es hingegen derzeit bloß 400 Erkrankungen in Österreich.

Laut Heschl ist das neue Virus für die Mediziner nach wie vor ein nicht ganz erklärbares Phänomen. Außerdem sei das Risiko in Österreich an der Schweinegrippe zu erkranken sehr gering, sagt der Mediziner.

"Über Nebenwirkungen wenig bekannt"

Der Impfstoff gegen die Schweinegrippe ist durch die Zwänge rasch zu reagieren sehr schnell entwickelt und auf den Markt gebracht worden, so der Arzt aus Öd.

Über etwaige Nebenwirkungen gibt es derzeit zu wenige Informationen. Hier gibt es, so Heschl, einen hohen Unsicherheitsfaktor. Er selbst sagt, dass er sich zwar gegen die normale Grippe, aber nicht gegen die Schweinegrippe impfen lässt.

Auch das Zurückgreifen auf das Medikament Tamiflu, das im Jahr 2005 aufgrund der Vogelgrippe eingekauft und eingebunkert wurde, wäre bei einer Schweinegrippepandemie eine Möglichkeit, sagt Heschl, denn das Medikament würde 2010 sowieso ablaufen.

Wien ORF.at

Schweinegrippe: 45.000 Impfungen in Wien

Wien ORF, 27 Novembre 2009.
http://wien.orf.at/stories/406116/ (deleted)

Rund 45.000 Menschen haben sich bisher gegen die Schweinegrippe in Wien impfen lassen. Die Phase der ersten Teilimpfung hat vor drei Wochen begonnen. Am Montag läuft die zweite Phase an.

4.300 in der dritten Woche

Den stark rückläufigen Trend bei den Impfungen dokumentiert ein Vergleich der drei Wochen. In der ersten Woche ließen sich rund 28.900 Menschen impfen, in der zweiten Woche 11.508 und in der dritten Woche knapp 4.300.

Die Gesundheitsbehörden gehen davon aus, dass sich die Tendenz nun wieder verstärkt. Am Montag beginnt die zweite Phase der Immunisierung.

Zweite Teilimpfung empfohlen

"Besonders chronisch kranke und abwehrgeschwächte Personen, bei denen die Immunantwort eventuell bei der ersten Impfung schwächer ausgefallen ist und damit auch früher nachlässt, und alle, die auf Nummer sicher gehen wollen, können und sollen sich ein zweites Mal impfen lassen", so Ursula Karnthaler von der Landessanitätsdirektion.

Aufgrund der sinkenden Nachfrage werden auch die Zeiten der H1N1-Infohotline zurückgefahren. Die Information der Agentur für Gesundheit und Ernährungssicherheit zur Schweinegrippe ist dann von Montag bis Freitag von 8.00 bis 17.00 Uhr erreichbar.

THE FLU CASE

Dramatic Drop in Austrians Taking Swine Flu Jab Continues in Third Week

The Flu Case, 28 November 2009 11:41
https://web.archive.org/web/20100102032353/http://theflucase.com/index.php?option=com_content&view=article&id=2108%3Asteepening-decline-in-austrians-taking-swine-flu-jab-continues-in-third-week&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The dramatic decline in the numbers of people in Austria taking the swine flu jab has continued into the third week of the national mass swine flu vaccination campaign.

Only 4,300 people in the capital city of Vienna went to take the jab last week, down from 11, 508 in the second week and 28,900 in the first week, reports state-run ORF.

Vienna has a population of about 1.7 million people: so far 45,000 people have taken the jab.

The low numbers of people turning out to take the new and untested swine flu jab represents a triumph of common sense over an unprecedented barrage of misinformation pumped out by pharmaceutical companies, governments, WHO and the media, which have systematically concealed the serious side effects of the swine flu vaccine in their rush to make profits.

Science

Martin Enserink

For Sale: 19 million doses of Pandemic vaccine, as good as new

Science, 28 Nov 2009; doi: 10.1126/article.41176
https://www.science.org/content/article/sale-19-million-doses-pandemic-vaccine-good-new

Amsterdam – The Netherlands is selling the bulk of its H1N1 pandemic vaccine supply. Some 19 million doses of the 34 million doses that the government has ordered from manufacturers Novartis and GlaxoSmithKline are now for sale, Health Minister Ab Klink wrote yesterday in a letter to Parliament. Some 2 million of them will be available in December, the remainder in the first months of 2010. Malta and Macedonia have been reported to be among the potential buyers.

The Netherlands is one of the few countries that decided early on in the pandemic to order two doses of vaccine for each of its citizens. But like most countries, it ended up only vaccinating certain groups, such as pregnant women, people with medical conditions that put them at greater risk, health care workers, the elderly, and children aged between 6 months and 4 years. Even if the sale goes through, the Netherlands will still keep a strategic stockpile of 2.2 million vaccines.

THE FLU CASE

German Vaccine Commission steps back from the Brink,
says one dose of toxic jab is now enough

The Flu Case, 28 November 2009, 11:53 ...
https://web.archive.org/web/20100102041933/http://theflucase.com/index.php?option=com_content&view=article&id=2110%3Agerman-vaccine-commission-steps-back-from-the-brink-says-one-dose-of-toxic-jab-is-now-enough&catid=1%3Alatest-news&Itemid=64&lang=en

The German vaccine commission STIKO is expected to announce at the beginning of December that doctors should not give the second injection of the swine flu vaccine Pandemrix.

The change in guidelines comes as reports of death and damage to people who took the first of the two injections recommended for Pandemrix by STIKO continue to flood in.

The members of STIKO have come under criticism for their links to the pharamceutical companies producing the swine flu vaccine.

The Health Authorities in Frankfurt am Main have already changed the rules to give healthy people between the ages of 10 and 80 years old only one jab.

Gesundheitsamt:
Keine zweite Schweinegrippe-Impfung für Gesunde zwischen 10 und 80 Jahren

Neu-Isenburg (gwa). Anfang Dezember werden die neuen Empfehlungen der Ständigen Impfkommission STIKO zu Impfungen gegen Schweinegrippe erwartet. Bereits jetzt impft zum Beispiel das Gesundheitsamt in Frankfurt am Main gesunde Menschen zwischen 10 und 80 Jahren kein zweites Mal, wie die "Ärzte Zeitung" erfuhr.

Immer wieder wird diskutiert, ob eine einmalige Impfung mit dem in Deutschland genutzten Impfstoff Pandemrix® reicht, oder ob zweimal geimpft werden muss, um eine ausreichende Immunisierung gegen das neue H1N1-Virus zu induzieren. Für Kinder zum Beispiel genügt eine Impfung, wie der Virologe Professor Peter Wutzler aus Jena bestätigt.

Die europäische Behörde ECDC rät zu nur einer Impfung bei Menschen über 60 Jahren. Die STIKO empfiehlt bislang zwei Impfungen.

Für Anfang Dezember werden die neuen STIKO-Empfehlungen zur Schweinegrippe-Impfung erwartet, etwa zur Impfung gesunder Menschen. Bereits jetzt aber impft das Gesundheitsamt Frankfurt am Main Gesunde zwischen 10 und 80 Jahren nur noch einmal, wie die "Ärzte Zeitung" erfuhr. So berichtete ein Arzt, dass das Gesundheitsamt den Termin zur zweiten Impfung gestrichen habe mit Hinweis auf neue Empfehlungen.

Le Parisien

Grippe A: des médecins militaires en renfort pour vacciner

Le Parisien, 28 Novembre 2009 à 07h33
https://www.leparisien.fr/societe/sante/grippe-a-des-medecins-militaires-en-renfort-pour-vacciner-28-11-2009-727010.php

Des moyens complémentaires vont être mis oeuvre pour renforcer les centres de vaccination collective, répondant ainsi au souhait du président de la République. «650 internes sont mobilisés quotidiennement dans les centres, des médecins du travail viennent renforcer les centres de vaccination et enfin, le service de santé des armées va être appelé en renfort», annonce un communiqué du ministère de l'Intérieur.

«Les centres de vaccination collective sont ouverts depuis le jeudi 12 novembre dernier», rappelle le ministère, soulignant que «depuis une semaine, l'adhésion de la population à la vaccination contre le virus A(H1N1) est en forte augmentation, provoquant, souvent et essentiellement dans les centres urbains, des tensions sur le dispositif mis en place».

«Des instructions ont été données aux préfets pour, d'une part, ouvrir très rapidement les 1.080 centres installés sur l'ensemble du territoire métropolitain (2/3 à ce jour sont d'ores et déjà ouverts) et, d'autre part, en allonger les plages d'ouverture et accroître leur capacité, notamment les mercredis et les samedis», précise l'Intérieur.

Face aux couacs et aux files qui s'allongent dans les centres de vaccination contre la grippe H1N1, Nicolas Sarkozy avait appelé vendredi au calme et à la mobilisation, depuis Trinidad-et-Tobago, où il participait au sommet du Commonwealth. «Il faut garder notre sang-froid, faire en sorte de ne pas surréagir en permanence», avait rappelé le chef de l'Etat.

lepoint.fr

Vaccination contre la grippe A:
des moyens complémentaires et l'armée à la rescousse

Le Point, 28 Novembre 2009, à 12h42
https://web.archive.org/web/20091201021149/http://www.lepoint.fr/grippe-a-h1n1/2009-11-28/h1n1-vaccination-contre-la-grippe-a-des-moyens-complementaires-et-l/2024/0/399886

Des moyens complémentaires vont être mis oeuvre pour renforcer les centres de vaccination collective et notamment le renfort des services de santé des armées, a annoncé samedi le ministère de l'Intérieur. "650 internes sont mobilisés quotidiennement dans les centres, des médecins du travail viennent renforcer les centres de vaccination et enfin, le service de santé des armées va être appelé en renfort", selon un communiqué du ministère.

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THE FLU CASE

French Army to be used in Swine Flu vaccine centres

The Flu Case, 28 November 2009, 16:33

https://web.archive.org/web/20100102054756/http://theflucase.com/index.php?option=com_content&view=article&id=2111%3Afrench-army-to-be-used-in-swine-flu-vaccine-centres&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French army's medical corps is to help carry out vaccinations in the country's 1080 vaccine centers, according to an announcement by the French Ministry of Interior today, Saturday.

The army is being called in along with doctors and other health care personnel to operate the controversial centers and administer the untested swine flu jab in spite of – or because of? – evidence of a low voluntary up take of the jab among the population.

According to French government figures only about 300,000 people have taken the jab so far in spite of extreme pressure from the health ministry and daily media hype about the alleged dangers of the swine flu.

A secret French government document leaked in August revealed plans by Health Minister Roselyn Bachelot to vaccinate the entire population between the end of September and January in the specially established centers, many of which have extra security features.

Also, secret documents from the Justice Ministry showed that plans were in place to allow the imprisonment of people for up to six months without being charged under the pretext of controlling a pandemic emergencies.

This week, French police intervened to shut down a school by force in spite of protests by the local Mayor and school director, who said there was no evidence of a swine flu pandemic in their school.

400 schools in France have been shut in the past couple of weeks as the government propagates the myth of a country under siege from the swine flu.

The decision to draft in the highly controversial French medical corps, which has played a key role in guarding and distributing the swine flu jabs, will raise fears in France that the government is using the pandemic as an excuse to hollow out civic rights and that the move to a compulsory vaccination of the population is on the cards.

EU approves single dose swine flu vaccine

The Hindu, 30 November 2009, 05:50 pm
https://www.thehindu.com/sci-tech/health/medicine-and-research/EU-approves-single-dose-swine-flu-vaccine/article16895057.ece

Brussels (AP) – The European Union's executive commission says it has approved single doses of two swine flu vaccines that could speed up winter vaccinations.

The European Commission's Monday authorization of single shots of Novartis AG' Focetria and GlaxoSmithKline's Pandemrix replaces the use of two doses of the vaccine against the H1N1 virus for adults and older children.

Older people over the age of 60 must be vaccinated with two doses of Focetria but can be treated with one dose of Pandemrix.

EU spokesman Tom van Lierop said regulators were still assessing the safety of a single shot of a third vaccine, Celvapan, made by Baxter.

=> the same article, with the added last sentence

CT INSIDER

EU approves single dose swine flu vaccine

CT Insider, 3 December 2009
https://www.ctinsider.com/news/article/EU-approves-single-dose-swine-flu-vaccine-12110431.php

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Some 5 million people in Europe have already been vaccinated against the flu this winter.

lematin.ch

Titus Plattnertitus

Vaccination obligatoire: le tabou est brisé

Le Matin, 30 Novembre 2009

http://archives.lematin.ch/LM/LMD/-/article-2009-11-355/dans-les-hopitaux-universitaires-de-lausanne-et-de-geneve-25-a-30-du-personnel-se-sont-fait. (deleted)
https://web.archive.org/web/20100102041337/http://theflucase.com/index.php?option=com_content&view=article&id=2122%3Aswiss-media-and-health-officials-step-up-campaign-for-forced-vacccination-of-health-personnel&catid=1%3Alatest-news&Itemid=64&lang=en

Dans les hôpitaux universitaires de Lausanne et de Genève, 25 à 30% du personnel se sont fait vacciner contre la grippe A à ce jour. Un succès considérable, disent les directions des deux établissements. En coulisses pourtant, ils ont moins fière allure. Car ils sont conscients que leurs employés ne montrent pas vraiment l'exemple. «Se vacciner pour se protéger et protéger les autres», dit depuis des semaines l'Office fédéral de la santé publique…

Pour protéger les patients les plus faibles, les Hôpitaux universitaires de Genève (HUG), ont instauré un système de badges indiquant que tel médecin ou telle infirmière a été immunisé («Le Matin Dimanche» du 8 novembre). Les autres sont obligés de porter le masque dès qu'ils sont en contact avec les patients.

Protéger les patients en oncologie et les grands prématurés

Bernard Gruson, directeur des HUG, aurait préféré une solution plus simple: «Cela ne m'aurait pas choqué que l'on impose la vaccination aux professionnels», dit-il. En particulier dans des services avec des patients très vulnérables, comme en oncologie ou chez les grands prématurés. «Mais une telle mesure n'est pas légale et ne peut pas être imposée», ajoute le patron des HUG.

Parmi les professionnels de la santé, Bernard Gruson n'est pas le seul à poser la question d'une vaccination obligatoire. Jacques de Haller, président de la fédération des médecins suisses (FMH), est lui aussi prêt à franchir le pas. Tant que la dangerosité du virus reste limitée, il préfère privilégier les libertés individuelles, mais «en cas de virus dangereux, comme l'a été le SRAS par exemple, c'est une question qui se pose.»

Se préparer à la pandémie suivante

Et d'ajouter que si l'on est «vraiment professionnel», on sait que ce vaccin contre le virus H1N1 ne pose «aucun problème». Le port du masque par le personnel soignant protège moins bien les patients, selon Jacques de Haller. «Mieux vaut que les soignants soient vaccinés.»

Toutes ces questions ne se posent pas avec une très grande acuité dans le cas de la grippe A, car le virus est finalement moins virulent que l'on craignait. Mais tout le monde sait qu'une pandémie beaucoup plus grave finira par arriver.

«Le débat sur l'obligation pour le personnel soignant de se faire vacciner doit avoir lieu. Sans tabou», espère Eric Masserey, médecin cantonal adjoint vaudois. Non seulement avec à l'esprit la prévention d'une contamination de patients, mais aussi en regard de la disponibilité des soignants. Si beaucoup d'entre eux sont malades, cela peut conduire à des situations très problématiques, surtout en situation de crise, explique-t-il.

Directeur adjoint de l'Institut du droit de la santé de l'Université de Neuchâtel, Dominique Sprumont estime lui aussi que la Suisse n'échappera pas à une discussion.

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Et cela montrerait qu'un canton peut très bien imposer la vaccination à certaines catégories de la population, comme le prévoient les articles 19 et 23 de la loi fédérale sur les épidémies.

Dans la pesée d'intérêts pour savoir s'il faut franchir ce pas, quatre facteurs sont déterminants selon le professeur Sprumont: le degré de contagiosité de la maladie, la gravité de la maladie, la sûreté du vaccin et l'efficacité du vaccin.

Vacances forcées pour récalcitrants

Dans le cas de la grippe A, ces facteurs ne sont pas tous réunis, estime-t-il. «Mais pour protéger les patients particulièrement vulnérables, dit Dominique Sprumont, on peut déjà justifier la mise à l'écart du personnel non vacciné des services concernés. » Y compris en les mettant en vacances forcées.

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Cette doctrine s'imposera-t-elle un jour en Suisse? «En Suisse alémanique, où le taux de vaccination contre la rougeole est trop faible pour présenter une protection efficace (70% contre 95% en Suisse romande), dit Dominique Sprumont, je peux m'imaginer qu'on oblige la population à se faire vacciner. Et cela serait légalement justifiable.» Et de rappeler qu'en janvier dernier, une fille de 13 ans est morte à Genève à cause de la rougeole. Y

=> An English version is on the next page

THE FLU CASE

Swiss Media and Health Officials step up Campaign for Forced Vaccination of Health Personnel

The Flu Case, 30 November 2009, 12:01
https://web.archive.org/web/20100102041337/http://theflucase.com/index.php?option=com_content&view=article&id=2122%3Aswiss-media-and-health-officials-step-up-campaign-for-forced-vacccination-of-health-personnel&catid=1%3Alatest-news&Itemid=64&lang=en

The Swiss media and health authorities are pushing the idea that the emergence of a virulent swine flu virus is inevitable and that health care professionals need to be required to take the swine flu jab by law.

However, many experts have argued *a virulent virus has only started to emerge now after many millions of swine flu vaccines were given to people*, underlining fears that there will be a repeat of the vaccine-generated pandemic as was the case with the Spanish Flu in 1918-1919.

Greece which did not mass vaccinate people in 1918-1919 had no deaths from the Spanish Flu.

We do not know how many of the people who have come down with the symptoms of the virulent swine flu recently, for example, in Polka County, Iowa, got the swine flu jab beforehand.

The forced vaccination of the Swiss health professionals based on series of fraudulent claims concerning the virus, its origin and the safety and efficacy of vaccine (which has not been proven according to the EMEA's own documents), will lead to an increase in sicknesses and death among the personnel (which will be attributed to the virus) and to the breakdown of the health services and could give the government an excuse to implement martial law.

This is a report in the Swiss news paper Le Matin advocating the false idea that a virulent virus is natural and inevitable and supporting the forced vaccination of health personnel with an untested and dangerous jab:

Obligatory vaccination: the taboo is broken
Titus Plattnertitus. plattner@edipress. CH

In the university hospitals of Lausanne and Geneva, 25 to 30% of the personnel have been vaccinated against the swine flu to date. A considerable success, say the directors of two establishments.Behind the curtains, though, they have are less than pleased. Because they are aware their employees do not show the kind of example they want. "To vaccinate onself is to protect and protect the others", the Federal Office of public health has been saying for weeks…

To protect the weakest patients, the University hospitals of Geneva (HUG), founded a system of badges indicating that such doctor or such nurse was immunized ("the Morning Sunday" of November 8). Others are obliged to war a mask as soon as they are in contact with patients.

To protect the patients in oncology and premature cares

Bernard Gruson, director of the HUG, would have preferred a simpler solution: "It has not have shocked me that they are trying to impose the vaccination on professionals", he says. In particular in

services with very vulnerable patients, as in oncology or at the large premature ones. "But such a measurement is not legal and cannot be imposed", adds the boss of HUG.

Among health professionals, Bernard Gruson is not the only one to raise the question of an obligatory vaccination. Jacques de Haller, president of the federation of the Swiss doctors (FMH), has also taken the step. As long as the danger of the virus remains limited, he prefers to allow individual freedoms, but "in the event of dangerous virus, like was to it the SARS for example, it is a question which arises. "

To prepare for the coming pandemic

He adds if one is "really professional", one knows that this vaccine against virus H1N1 does not pose "any problem". Wearing a mask by medical staff offers far less protection to patients, according to Jacques de Haller. "More v alue for looking after patients are the vaccinated."

All these questions do not arise with a very great acuity in the case of the siwn flu, because the virus is has proved less virulent than one feared. But everyone knows that a more serious pandemic will end up arriving.

"The debate on the obligation for medical staff to be made vaccinate must take place. Without tabu", says Eric Masserey, associated cantonal doctor of Vaud. Not only with the spirit prevention of a contamination of patients, but also in respect to the question of the availability of staff. If many health care personnel are sick, that can lead to very problematic situations, especially in crisis situation, he explains.

Director of the Institute of the right of the health of the University of Neuchâtel, Dominique Sprumont also believes Switzerland will not escape a discussion on obligatory vaccination.

In an opinion on the law, which it has just returned this Friday to the Department of the Health of the canton of Vaud, the professor concludes that it would be legal to oblige all health care professionals and all personnel in contact with early childhood (nurseries, cribs, moms of day, etc) to be forced to be vaccinated against measles. If the chief of the department Pierre-Yves Maillard confirms it, it would be a first in the country.

And that would show that a canton can indeed impose vaccination on certain categories of the population, as articles 19 and 23 of the federal law state in the case of epidemics.

In the weighing of interests to know if this step should be crossed, four factors are determining according to Professor Sprumont: the degree of contagiousness of the disease, the gravity of the disease, the safety of the vaccine and effectiveness of the vaccine.

Forced holidays for recalcitrant

In the case of the swine flu, these factors are not joined together, estimates it. "But to protect the particularly vulnerable patients, known as Dominique Sprumont, one can already justify the setting with the variation of the personnel not vaccinated of the services concerned. " Including by putting them on a forced holiday.

The State of New York, so he says, goes further. A few weeks ago, it obliged health care personnel to take the vaccine against the seasonal flu and virus H1N1. No surprise, employees took legal action, but according to New England Journal of Medicine, published this Thursday, they have little chance to win.

In the United States, the responsibility carried by the institution has more weight that the individual responsibility. Reminder, Arkansas requires that the children who enter to the school be vaccinated against hepatitis B.

Will these doctrines be essential one day in Switzerland? "In German-speaking Switzerland, where the rate of vaccination against measles is too weak to present an effective protection (70% compared with 95% in French-speaking Switzerland), known as Dominique Sprumont, I can think that one obliges the population to be made vaccinate. And that would be legally justifiable. " And to recall that last January, a 13 year old girl died in Geneva because of measles.

http://archives.lematin.ch/LM/LMD/-/article-2009-11-355/dans-les-hopitaux-universitaires-de-lausanne-et-de-geneve-25-a-30-du-personnel-se-sont-fait

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DW Made for minds.

Laura Schweiger

Plagued with controversy

Deutsche Welle, 30 November 2009
https://www.dw.com/en/confusion-and-controversy-plague-swine-flu-vaccine/a-4939907

While roughly 65 million people worldwide have been vaccinated against swine flu, controversy over the vaccine is also spreading like a disease, with confused citizens and a medical community at odds with itself.

Even as European health officials notice a decline in the rate of people infected by the H1N1 swine flu virus,

But when the vaccination process for swine flu got underway at the end of October, clinics and doctor's offices were met with a surge of people anxious to get the H1N1 shot. While many people had to stand outside in chilly weather to wait their turn, they weren't the only ones who felt left out in the cold.

Dr. Collin Blume, an internal medicine specialist and one of about 35 doctors administering the vaccine in Duesseldorf, said the process was also unclear from the beginning for health professionals, and led to the rash implementation of a program that could have been spread over a longer timeframe.

"If you consider that we knew those things were coming maybe half a year ahead of time, I don't understand why it had to be done in such a rush," he said.

One large aspect of confusion surrounding the vaccine Pandemrix, which is produced by GlaxoSmithKline, is who should get it. With the medical community presenting contradicting opinions, Blume said he feels the information that accompanies the Pandemrix vaccination itself is the best guide.

Medical community lacks a united stance

"There were different organizations and they all had different advice and that advice even changed," he said. "Even pediatricians changed their minds to vaccinate children below three. Before that they said they couldn't be vaccinated, even though the Pandemrix allows it. And then some children died and then they said, 'Maybe it's a good idea.'"

But only certain groups of the population really need the shot right away, according to Dr. Tomas Jelinek, a specialist for tropical medicine and infectious diseases and the scientific director of the Center for Travel Medicine in Duesseldorf. He said vaccinations should be limited to people in high-risk groups.

"Chronic diseases and very young children and pregnant women as well, all these risk groups we know that suffer from complications of swine flu," he said, referring to certain risk groups. "Elderly people who are healthy are not necessarily in that group. We have a group of people traveling and obviously traveling exposes you much more than staying at home and it's a good idea to vaccinate them."

Further compounding the swine flu vaccine uncertainty is the question of how many times people should get it. While some doctors have been recommending two shots for everyone, other physicians say this is only necessary for young children and the elderly.

Fear of side effects keeps many from jab

Fears about serious side effects from the vaccine are another factor preventing several people from getting the shot. But having vaccinated roughly 400 people with only a few minor side effects, Blume said concerns about serious reactions to the vaccine need to be put into a wider context.

"You have to consider that the vaccination is 0.5 milliliters," he said. "The possibility that anything can cause a cancer, and cancer's one of the major concerns, or chronic fatigue syndrome within 0.5 milliliters is very, very rare."

A broader question that's been raised against the backdrop of the swine flu vaccination is whether vaccines even work. Even in years when viruses have mutated to the point they make vaccines ineffective, mortality rates did not increase, according to some studies.

Vaccines still best shot

While Jelinek from the Center for Travel Medicine admitted this can happen, he said vaccines are still our best shot when it comes to protecting ourselves against influenza, despite that they are produced months before the actual strains of seasonal flu can be determined.

"You have to take the best guess and then you have to start to produce the vaccine," he said. "You can't wait until you see which strain is going to make the next influenza wave because then it's too late. But we have long experience with vaccination now. We simply know that they work."

Le Monde

H1N1: le ministère de la défense prêt à participer à la campagne de vaccination

Le Monde avec AFP, 30 novembre 2009, à 11h22

https://www.lemonde.fr/epidemie-grippe-a/article/2009/11/30/h1n1-nicolas-sarkozy-demande-l-ouverture-des-centre-de-vaccination-le-dimanche_1273914_1225408.html

Ce week-end, les autorités ont annoncé l'augmentation des capacité de centres et l'allongement de leurs horaires d'ouverture.

Les centres de vaccination contre la grippe H1N1 ont connu une soudaine affluence ces jours derniers, ce qui a conduit les autorités à annoncer, pendant le week-end, l'augmentation de leur capacité et l'allongement de leurs horaires d'ouverture dès la semaine prochaine.

Lundi 30 novembre, les choses s'accélèrent. Nicolas Sarkozy demande l'ouverture des centres le dimanche. Plus tôt dans la matinée, le ministre de la défense Hervé Morin a dévoilé les mesures que pourrait prendre le ministère de la défense, dans le cadre de la campagne de vaccination contre la grippe A (H1N1). "On est tout à fait capable, au titre des armées, de mettre entre 100 et 150 équipes vaccinales (un médecin et une infirmière)", a expliqué M. Morin sur France-Inter, en précisant que cette mise à disposition était "dans les plans".

"Il y a quinze jours, personne ne voulait se vacciner, aujourd'hui le mouvement est exactement inverse", a ajouté le ministre de la défense, en soulignant qu'il existait "des moyens complémentaires" (...), une capacité de monter en puissance, si la demande devenait plus forte". "Les réservistes peuvent faire partie des recrues complémentaires pour faire la vaccination. On est en train d'aborder ces sujets-là", a-t-il précisé.

"On est capables aujourd'hui d'envoyer au moins une centaine d'équipes médicales sous quelques jours pour compléter la vaccination, et nous pourrons faire appel ensuite aux réservistes", a encore dit Hervé Morin. Le ministre de la défense a également indiqué que l'armée assurait la vaccination de 40 000 soldats et militaires, jugée nécessaire au maintien du système de défense français.

Grippe A (H1N1): l'ouverture des centres de vaccination le dimanche, c'est pas gagné

20 Minutes, 30 novembre 2009, à 00h00
https://www.20minutes.fr/france/367370-20091130-grippe-h1n1-ouverture-centres-vaccination-dimanche-gagne

SANTE Le chef de l'Etat a réuni les ministres concernés, l'occasion de faire le point sur le dispositif en place et les améliorations à y apporter…

Travail du dimanche, le retour. Puisque la grippe A (H1N1) ne prend pas de congés, Nicolas Sarkozy a demandé au gouvernement ce lundi d'ouvrir les centres de vaccination le dimanche pour faire face à l'afflux de candidats à l'injection.

Reste que ce sera «à chaque préfet de prendre sa décision. Les centres sont sous leur responsabilité, c'est à eux d'appliquer les directives en fonction de leurs besoins», expliquait-on ce lundi soir au ministère de l'Intérieur, qui n'était pas à même d'indiquer si des centres seraient ouverts dimanche prochain. En tout cas, la mesure «n'est pas envisagée pour le moment» en Essonne, où on se concentre sur une extension des horaires d'ouvertures en semaine, comme en Gironde ou dans les Pays-de-la-Loire. A la préfecture du Rhône, la question est par contre «sérieusement envisagée», mais l'ouverture dominicale ne se fera probablement que dans les grands centres de vaccination situés en zones urbaines, où l'affluence est importante.

Améliorer l'accueil et l'information au public

L'Elysée a par ailleurs indiqué qu'à partir de mercredi, «plusieurs centaines d'internes en médecine, de médecins du travail et de médecins du service de santé des armées seront affectées» dans les centres de vaccination. «On est tout à fait capable, au titre des armées de mettre entre 100 et 150 équipes vaccinales (un médecin et une infirmière)», avait annoncé plus tôt le ministre de la Défense Hervé Morin sur France Inter.

Et en attendant l'ouverture le dimanche, les plages d'ouverture des centres «sont élargies dès cette semaine, en particulier le mercredi, le samedi et en début de soirée», a par ailleurs affirmé un communiqué de l'Elysée. D'autres efforts ont été réclamés aux ministres présents concernant «la qualité de l'accueil dans les centres de vaccination» et l'information au public «sur le fonctionnement des centres et sur les vaccins».

Pas question, cependant, de distribuer les vaccins monodoses aux généralistes, qui souhaitent participer à la campagne. «Nous n'avons pas trois millions de doses» de vaccins à dose unique, a affirmé Roseline Bachelot sur RMC/BFM-TV. La ministre de la Santé assure ne disposer que de 250.000 vaccins à monodose sans adjuvant et 500.000 avec adjuvant.

Pas de vaccins pour les généralistes

«Ces vaccins j'en ai besoin parce qu'en France, il y des gens qui ne vont ni dans les centres de vaccination, ni dans les cabinets médicaux. Ce sont les personnes fragiles, les personnes précaires», s'est justifiée Roselyne Bachelot. «Avec ça, je vaccine les sans-domicile-fixe, je donne les doses unitaires aux équipes de maraude qui vont vacciner les plus fragiles d'entre nous», a-t-elle détaillé.

La ministre de la Santé reste ainsi opposée à la vaccination dans les cabinets généralistes. Raison invoquée: «Préserver la capacité des généralistes à traiter les malades grippés.» Selon Roselyne Bachelot, le nombre de consultations pour syndrome grippal augmente de façon significative et les généralistes, très sollicités par les malades, ne sont donc pas en mesure de pratiquer les 200.000 vaccinations quotidiennes nécessaires. Ces derniers affirment le contraire.

THE FLU CASE

Grippe A/H1N1: les armées peuvent déployer entre 100 et 150 équipes vaccinales, selon Hervé Morin

The Flu Case, 30 Novembre 2009, 12h38
https://web.archive.org/web/20100102012949/http://theflucase.com/index.php?option=com_content&view=article&id=2126%3Afrance-to-mobilise-100-150-military-vaccine-teams&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"Entre 100 et 150 équipes vaccinales" pourraient être mobilisées au titre des armées dans le cadre de la campagne de vaccination contre la grippe A/H1N1, a fait savoir lundi le ministre de la Santé Hervé Morin.

"On est tout à fait capable au titre des armées de mettre entre 100 et 150 équipes vaccinales", soit un médecin et une infirmière, au service de la campagne de vaccination, a-t-il déclaré sur France-Inter. "On a arrêté des plans depuis longtemps avec une capacité de monter en puissance, si la demande devenait plus forte".

"Les réservistes peuvent faire partie des recrues complémentaires pour faire la vaccination. On est en train d'aborder ces sujet-là", a ajouté Hervé Morin. "On est capable d'envoyer au moins une centaine d'équipes médicales sous quelques jours pour compléter la vaccination, et nous pouvons faire appel ensuite aux réservistes", a-t-il expliqué.

"Il y a quinze jours, personne ne voulait se faire vacciner. On nous expliquait que le gouvernement en faisait trop, que les gymnases étaient vides" et "aujourd'hui, le mouvement est exactement inverse", a observé le ministre de la Défense.

"En même temps, nous assurons la vaccination des 40.000 soldats et militaires qui ont été répertoriés comme nécessaire au maintien du système de défense français", a-t-il ajouté. AP

Vaccination: Nicolas Sarkozy souhaite que les centres ouvrent le Dimanche.
30 novembre,

Nicolas Sarkozy, qui a présidé lundi une réunion à l'Elysée sur la grippe A/H1N1, a demandé au gouvernement de prendre des "dispositions complémentaires" pour améliorer le service de vaccination contre la grippe A/H1N1, souhaitant notamment que les centres soient ouverts le dimanche.

D'ores et déjà, "plusieurs centaines d'internes en médecine, de médecins du travail et de médecins du service de santé des armées" vont renforcer les effectifs des centres à compter de mercredi prochain, a confirmé la présidence de la République à l'issue de cette réunion. De plus, les plages d'ouverture des centres sont élargies "dès cette semaine, en particulier le mercredi, le samedi et en début de soirée", précisent les services de Nicolas Sarkozy dans un communiqué.

Le chef de l'Etat a présidé lundi à l'Elysée une réunion sur la grippe A/H1N1, avec le Premier ministre François Fillon, et les ministres Brice Hortefeux (Intérieur), Luc Chatel (Education nationale), Hervé Morin (Défense) et Roselyne Bachelot (Santé).

Les ministres ont présenté au président de la République les "premières mesures" prises pour augmenter les capacités des centres de vaccination, comme Nicolas Sarkozy l'avait souhaité vendredi

dernier, selon le communiqué de l'Elysée. Le chef de l'Etat "a donné instruction au gouvernement de prendre des dispositions complémentaires pour assurer un meilleur service à la population", ajoute la présidence.

"Il a en particulier demandé que les centres de vaccination soient ouverts le dimanche", selon le communiqué. Et "la qualité de l'accueil dans les centres de vaccination devra être améliorée et une meilleure information sera faite au public sur le fonctionnement des centres et sur les vaccins". AP

Frankreich mobilisiert jetzt auch das Militär, um die Impfung seiner Bevölkerung gegen die Schweinegrippe zu gewährleisten. Ab Mittwoch würden die landesweit gut 1100 Impfzentren durch "mehrere hundert" Militärärzte, Arbeitsmediziner und Medizinstudenten verstärkt, teilte das Präsidialamt am Montag in Paris mit. Laut Verteidigungsminister Hervé Morin kann die Armee binnen weniger Tage "zwischen 100 und 150 Impfteams" abstellen. Noch vor zwei Wochen habe sich niemand impfen lassen wollen, sagte der Minister im Sender France Inter. "Heute ist es genau umgekehrt."

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THE FLU CASE

France to Mobilise 100-150 Military Vaccine Teams

The Flu Case, 30 November 2009 13:11
https://web.archive.org/web/20100102012949/http://theflucase.com/index.php?option=com_content&view=article&id=2126%3Afrance-to-mobilise-100-150-military-vaccine-teams&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French army is mobilising 100 to 150 "vaccination teams" to help vaccinate the population with the untested swine flu jab, the French Minister of Defence Herve Morin said on Monday.

From Wednesday, the 1,100 special "vaccine centers" in France will be operated by "several hundred" doctors belonging to the army medical corps as well as medical students.

Morin said more "vaccination teams" could be assembled from the military reserves.

President Nicolas Sarkozy, who called on his ministerial team to do more to get French vaccinated on Friday, called for the vaccine centers to be opened on Sunday.

Morin and Sarkozy claim that the unusual step of drafting in the army to administer the untested swine flu jab is needed because demand for the vaccine is rising, but the low turn out in France suggests demand is actually very low and possibly even falling in spite of intense pressure from the media and the government to get the jab.

Gendarmes were sent to close a school in Charente Maritime last week after the Mayor refused to obey an order from the Prefect on the grounds there was no evidence of a swine flu infections in the local school.

Many experts say that there will only be a more virulent virus if enough people are vaccinated.

THE FLU CASE

French Agency Prepared for Pandemic in January 2009

The Flu Case, 30 November 2009, 12:16

https://web.archive.org/web/20100102011926/http://theflucase.com/index.php?option=com_content&view=article&id=2123%3Afrench-agency-prepared-for-pandemic-in-january-2009&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French government agency responsible for dealing with pandemic emergencies began preparing for a pandemic in January – that is, three months before the allegedly new swine flu appeared in Mexico in April and one month before Baxter was found to have contaminated 72 kilos of vaccine material with the live bird flu virus, nearly sparking a global bird flu pandemic in February, according to a repot in Le Parisien. =>

http://www.leparisien.fr/saint-denis-93200/un-qg-pour-faire-face-aux-crises-sanitaires-16-01-2009-375348.php

The report dated January 16th, 2009 says that L'Eprus (Etablissement de préparation et de réponse aux urgences sanitaires) will need lots of motivation because the year 2009 "will be busy."

Founded in 2007, the agency for medical crisis moved "discretely" at the end of December to a larger 700m2 office in the Saint-Denis quarter of Paris.

French Health Minister Roselyne Bachelot visited the 30 or so staff belonging to the agency in the middle of January, around the same time as she requested an opinion from "legal experts" as to whether forced vaccination was possible in France and received the answer it was.

L'Eprus director Thierry Coudert told Le Parisien in January that the "song of 2009" is checking the quality and quantities of medicines, vaccines and masks in stock.

Furthermore, L'Eprus was looking for 1500 volunteers, ready to go into action immediately.

The preparedness of L'Eprus for a pandemic can be most simply explained by assuming they knew that Baxter, WHO, Bachelot and other entities planned to unleash one.

Another explanation might be they are able to see into the future thanks to miraculous powers of clairvoyance. However, while this explanation might be favoured by so-called conspiracy theorists, people who are concerned with building their opinions on the facts must conclude that L'Eprus had some type of inside knowlege of plans to trigger a pandemic in advance.

=> See the next article

Le Parisien

Un QG pour faire face aux crises sanitaires

Le Parisien, 16 janvier 2009, à 07h00
https://www.leparisien.fr/seine-saint-denis-93/saint-denis-93200/un-qg-pour-faire-face-aux-crises-sanitaires-16-01-2009-375348.php

C'est un lieu hautement stratégique qui s'est discrètement installé fin décembre à Saint-Denis, à deux pas du Stade de France. Son nom: l'Eprus pour Etablissement de préparation et de réponse aux urgences sanitaires. Créée en 2007 et auparavant implantée à Paris (VI e), cette agence de 700 m 2 regroupe 31 salariés qui ont reçu hier matin la visite de la ministre de la Santé, Roselyne Bachelot. (photo). «Je suis ravie de voir enfin l'Eprus installée dans des locaux adaptés, avec une équipe motivée», s'est réjouie la ministre au terme d'un bref échange avec le personnel.

Pandémie, tsunami, attentats…

De la motivation, l'Eprus en aura besoin en cette année 2009 qui s'annonce chargée. «Notre rôle est de devenir une plaque tournante qui permettra de fournir les pouvoirs publics en moyens humains et matériels en cas de crise sanitaire grave ou de problèmes plus ponctuels», résume Thierry Coudert, directeur général de l'Eprus depuis octobre. Pandémie grippale, tsunami, attentats terroristes, dengue: le «pool de professionnels de la santé» de l'Eprus interviendra en cas de situations exceptionnelles impliquant un risque de désorganisation du système de soins en France et à l'étranger .

Selon Thierry Coudert, le «chantier de 2009» est de recenser et de vérifier la qualité des médicaments, vaccins et masques actuellement en stock (voir notre édition nationale d'hier). Mais aussi de recruter une «réserve sanitaire», un vivier de 1 500 volontaires mobilisables immédiatement (voir encadré), de couvrir juridiquement et servir d'agence de voyages. «L'idée est de réagir le plus vite possible aux sollicitations », insiste Thierry Coudert.

Par ailleurs, l'Eprus devrait acquérir cette année le statut d'établissement pharmaceutique qui lui permettra de stocker les médicaments sur différents sites tenus secrets en France, mais aussi de sous-traiter leur fabrication en cas de besoin. Lors des attaques terroristes de Bombay en décembre, l'Eprus a déjà envoyé une mission composée de cinq médecins, deux psychologues et deux convoyeurs. Elle pourrait intervenir très rapidement à Gaza, dans les territoires palestiniens, où un manque de chirurgiens a récemment été signalé.

the Atlantic

Jeanne Lenzer and Shannon Brownlee

Does the Vaccine Matter?

The Atlantic Magazine, November 2009
https://web.archive.org/web/20100506004837/http://www.theatlantic.com/magazine/archive/2009/11/does-the-vaccine-matter/7723
https://web.archive.org/web/20100507113609/http://www.theatlantic.com/magazine/archive/2009/11/does-the-vaccine-matter/7723/2/
https://web.archive.org/web/20100507155300/http://www.theatlantic.com/magazine/archive/2009/11/does-the-vaccine-matter/7723/3/

Whether this season's swine flu turns out to be deadly or mild, most experts agree that it's only a matter of time before we're hit by a truly devastating flu pandemic – one that might kill more people worldwide than have died of the plague and aids combined. In the U.S., the main lines of defense are pharmaceutical – vaccines and antiviral drugs to limit the spread of flu and prevent people from dying from it. Yet now some flu experts are challenging the medical orthodoxy and arguing that for those most in need of protection, flu shots and antiviral drugs may provide little to none. So where does that leave us if a bad pandemic strikes?

Drive too fast along Red Lion Road, beside Philadelphia's Northeast Airport, and you will miss the low-rise cement building where the biotech company MedImmune has been quietly pumping out swine flu vaccine at about a million doses a week. Through the summer and fall, workers wearing protective gear that covered them from head to toe brewed up batches of live, genetically modified flu virus. Robots then injected tiny doses of virus-laden fluid into glass vials, which were mounted into nasal spritzers, labeled, and readied for shipment at the direction of the Centers for Disease Control and Prevention, in Atlanta, which is helping to coordinate the nation's pandemic-preparedness plan. In the most ambitious vaccination program the nation has mounted since the anti-polio campaign in the 1950s, the federal government has commissioned MedImmune and four other companies to produce enough vaccine to cover the entire U.S. population.

Vaccination is central to the government's plan for preventing deaths from swine flu. The CDC has recommended that some 159 million adults and children receive either a swine flu shot or a dose of MedImmune's nasal vaccine this year. Shots are offered in doctors' offices, hospitals, airports, pharmacies, schools, polling places, shopping malls, and big-box stores like Wal-Mart. In August, New York state required all health-care workers to get both seasonal and swine flu shots. To further protect the populace, the federal government has spent upwards of $3billion stockpiling millions of doses of antiviral drugs like Tamiflu – which are being used both to prevent swine flu and to treat those who fall ill.

But what if everything we think we know about fighting influenza is wrong? What if flu vaccines do not protect people from dying – particularly the elderly, who account for 90 percent of deaths from seasonal flu? And what if the expensive antiviral drugs that the government has stockpiled over the past few years also have little, if any, power to reduce the number of people who die or are hospitalized? The U.S. government – with the support of leaders in the public-health and medical communities – has put its faith in the power of vaccines and antiviral drugs to limit the spread and lethality of swine flu. Other plans to contain the pandemic seem anemic by comparison. Yet some top flu researchers are deeply skeptical of both flu vaccines and antivirals. Like the engineers who

warned for years about the levees of New Orleans, these experts caution that our defenses may be flawed, and quite possibly useless against a truly lethal flu. And that unless we are willing to ask fundamental questions about the science behind flu vaccines and antiviral drugs, we could find ourselves, in a bad epidemic, as helpless as the citizens of New Orleans during Hurricane Katrina.

The term influenza, which dates back to the Middle Ages, is taken from the Italian word for occult or astral influence. Then as now, flu seemed to appear out of nowhere each winter, debilitating or killing large numbers of people, only to vanish in the spring. Today, seasonal flu is estimated to kill about 36,000 people in the United States each year, and half a million worldwide.

Yet the flu, in many important respects, remains mysterious. Determining how many deaths it really causes, or even who has it, is no simple matter. We think we have the flu anytime we fall ill with an ailment that brings on headache, malaise, fever, coughing, sneezing, and that achy feeling as if we've been sleeping on a bed of rocks, but researchers have found that at most half, and perhaps as few as 7 or 8 percent, of such cases are actually caused by an influenza virus in any given year. More than 200 known viruses and other pathogens can cause the suite of symptoms known as "influenza-like illness"; respiratory syncytial virus, bocavirus, coronavirus, and rhinovirus are just a few of the bugs that can make a person feel rotten. And depending on the season, in up to two-thirds of the cases of flu-like illness, no cause at all can be found.

Nobody knows precisely why we are much more likely to catch the flu in the winter months than at other times of the year. Perhaps it's because flu viruses flourish in cool temperatures and are killed by exposure to sunlight. Or maybe it's because in winter, people spend more time indoors, where a sneeze or a cough can more easily spread a virus to others. What is certain is that influenza viruses mutate with amazing speed, so each flu season sees slightly different genetic versions of the viruses that infected people the year before. Every year, the World Health Organization and the Centers for Disease Control and Prevention collect data from 94 nations on the flu viruses that circulated the previous year, and then make an educated guess about which viruses are likely to circulate in the coming fall. Based on that information, the U.S. Food and Drug Administration issues orders to manufacturers in February for a vaccine that includes the three most likely strains.

Every once in a while, however, a very different bug pops up and infects far more people than the normal seasonal flu variants do. It is these novel viruses that are responsible for pandemics, defined by the World Health Organization as events that occur when "a new influenza virus appears against which the human population has no immunity" and which can sweep around the world in a very short time. The worst flu pandemic in recorded history was the "Spanish flu" of 1918–19, at the end of World WarI. A third of the world's population was infected, with at least 40million and perhaps as many as 100million people dying – more than were killed in World Wars I and II combined. (Some scholars suggest that one reason World WarI ended was that so many soldiers were sick or dying from flu.) Since then, two other flu pandemics have occurred, in 1957 and 1968, neither of which was particularly lethal.

In August, the President's Council of Advisors on Science and Technology projected that this fall and winter, the swine flu, H1N1, could infect anywhere between one-third and one-half of the U.S. population and could kill as many as 90,000 Americans, two and a half times the number killed in a typical flu season. But precisely how deadly, or even how infectious, this year's H1N1 pandemic will turn out to be won't be known until it's over. Most reports coming from the Southern Hemisphere in late August (the end of winter there) suggested that the swine flu is highly infectious, but not particularly lethal. For example, Australian officials estimated they would finish winter with under 1,000 swine flu deaths – fewer than the usual 1,500 to 3,000 from seasonal flu. Among those who have died in the U.S., about 70 percent were already suffering from congenital conditions like cerebral palsy or underlying illnesses such as cancer, asthma, or AIDS, which make people more vulnerable.

Public-health officials consider vaccine their most formidable defense against the pandemic – indeed, against any flu – and on the surface, their faith seems justified. Vaccines developed over the course of the 20th century slashed the death rates of nearly a dozen infectious diseases, such as smallpox and polio, and vaccination became one of medicine’s most potent weapons. Influenza virus was first identified in the 1930s, and by the mid-1940s, researchers had produced a vaccine that was given to soldiers in World WarII. The U.S. government got serious about promoting flu vaccine after the 1957 flu pandemic brought home influenza’s continuing potential to cause widespread illness and death. Today, flu vaccine is a staple of public-health policy; in a normal year, some 100 million Americans get vaccinated.

But while vaccines for, say, whooping cough and polio clearly and dramatically reduced death rates from those diseases, the impact of flu vaccine has been harder to determine. Flu comes and goes with the seasons, and often it does not kill people directly, but rather contributes to death by making the body more susceptible to secondary infections like pneumonia or bronchitis. For this reason, researchers studying the impact of flu vaccination typically look at deaths from all causes during flu season, and compare the vaccinated and unvaccinated populations.

Such comparisons have shown a dramatic difference in mortality between these two groups: study after study has found that people who get a flu shot in the fall are about half as likely to die that winter – from any cause – as people who do not. Get your flu shot each year, the literature suggests, and you will dramatically reduce your chance of dying during flu season.

Yet in the view of several vaccine skeptics, this claim is suspicious on its face. Influenza causes only a small minority of all deaths in the U.S., even among senior citizens, and even after adding in the deaths to which flu might have contributed indirectly. When researchers from the National Institute of Allergy and Infectious Diseases included all deaths from illnesses that flu aggravates, like lung disease or chronic heart failure, they found that flu accounts for, at most, 10 percent of winter deaths among the elderly. So how could flu vaccine possibly reduce total deaths by half? Tom Jefferson, a physician based in Rome and the head of the Vaccines Field at the Cochrane Collaboration, a highly respected international network of researchers who appraise medical evidence, says: "For a vaccine to reduce mortality by 50 percent and up to 90 percent in some studies means it has to prevent deaths not just from influenza, but also from falls, fires, heart disease, strokes, and car accidents. That’s not a vaccine, that’s a miracle.”

The estimate of 50 percent mortality reduction is based on "cohort studies,” which compare death rates in large groups, or cohorts, of people who choose to be vaccinated, against death rates in groups who don’t. But people who choose to be vaccinated may differ in many important respects from people who go unvaccinated – and those differences can influence the chance of death during flu season. Education, lifestyle, income, and many other "confounding” factors can come into play, and as a result, cohort studies are notoriously prone to bias. When researchers crunch the numbers, they typically try to factor out variables that could bias the results, but, as Jefferson remarks, "you can adjust for the confounders you know about, not for the ones you don’t,” and researchers can’t always anticipate what factors are likely to be important to whether a patient dies from flu. There is always the chance that they might miss some critical confounder that renders their results entirely wrong.

When **Lisa Jackson**, a physician and senior investigator with the Group Health Research Center, in Seattle, began wondering aloud to colleagues if maybe something was amiss with the estimate of 50 percent mortality reduction for people who get flu vaccine, the response she got sounded more like doctrine than science. "People told me, ‘No good can come of [asking] this’,” she says. "‘Potentially a lot of bad could happen’ for me professionally by raising any criticism that might dissuade people from getting vaccinated, because of course, ‘We know that vaccine works.’ This was the prevailing wisdom.”

Nonetheless, in 2004, Jackson and three colleagues set out to determine whether the mortality difference between the vaccinated and the unvaccinated might be caused by a phenomenon known as the "healthy user effect." They hypothesized that on average, people who get vaccinated are simply healthier than those who don't, and thus less liable to die over the short term. People who don't get vaccinated may be bedridden or otherwise too sick to go get a shot. They may also be more likely to succumb to flu or any other illness, because they are generally older and sicker. To test their thesis, Jackson and her colleagues combed through eight years of medical data on more than 72,000 people 65 and older. They looked at who got flu shots and who didn't. Then they examined which group's members were more likely to die of any cause when it was *not* flu season.

Jackson's findings showed that *outside of flu season*, the baseline risk of death among people who did not get vaccinated was approximately 60 percent higher than among those who did, lending support to the hypothesis that on average, healthy people chose to get the vaccine, while the "frail elderly" didn't or couldn't. In fact, the healthy-user effect explained the entire benefit that other researchers were attributing to flu vaccine, suggesting that the vaccine itself might not reduce mortality at all. Jackson's papers "are beautiful," says Lone Simonsen, who is a professor of global health at George Washington University, in Washington, D.C., and an internationally recognized expert in influenza and vaccine epidemiology. "They are classic studies in epidemiology, they are so carefully done."

The results were also so unexpected that many experts simply refused to believe them. Jackson's papers were turned down for publication in the top-ranked medical journals. One flu expert who reviewed her studies for the *Journal of the American Medical Association* wrote, "To accept these results would be to say that the earth is flat!" When the papers were finally published in 2006, in the less prominent *International Journal of Epidemiology*, they were largely ignored by doctors and public-health officials. "The answer I got," says Jackson, "was not the right answer."

=> Jackson LA, et al. Functional status is a confounder of the association of influenza vaccine and risk of all cause mortality in seniors. Int J Epidemiol. 2006 Apr; 35(2): 345-52. Epub 2005 Dec 20. Doi: 10.1093/ije/dyi275.

=> Jackson LA, et al. Evidence of bias in estimates of influenza vaccine effectiveness in seniors. Int J Epidemiol. 2006 Apr;35(2):337-44. Epub 2005 Dec 20. PMID: 16368725; doi: 10.1093/ije/dyi274.

The history of flu vaccination suggests other reasons to doubt claims that it dramatically reduces mortality. In 2004, for example, vaccine production fell behind, causing a 40 percent drop in immunization rates. Yet mortality did not rise. In addition, vaccine "mismatches" occurred in 1968 and 1997: in both years, the vaccine that had been produced in the summer protected against one set of viruses, but come winter, a different set was circulating. In effect, nobody was vaccinated. Yet death rates from all causes, including flu and the various illnesses it can exacerbate, did not budge.

Sumit Majumdar, a physician and researcher at the University of Alberta, in Canada, offers another historical observation: rising rates of vaccination of the elderly over the past two decades have not coincided with a lower overall mortality rate. In *1989, only 15 percent of people* over age 65 in the U.S. and Canada were vaccinated against flu. *Today, more than 65 percent* are immunized. Yet death rates among the elderly during flu season *have increased* rather than decreased.

Vaccine proponents call Majumdar's last observation an "ecological fallacy," because he fails, in their view, to consider changes in the larger environment that could have boosted death rates over the years – even as rising vaccination rates were doing their part to keep mortality in check. The proponents suggest, for instance, that influenza viruses may have become more contagious over time, and thus are infecting greater numbers of elderly people, including some who have been vaccinated. Or maybe the viruses are becoming more lethal. Or maybe the elderly have less immunity to flu than they once did because, say, their diets have changed.

=> Eurich DT, ... Majumdar SR. Mortality reduction with influenza vaccine in patients with pneumonia outside "flu" season: pleiotropic benefits or residual confounding? doi: 10.1164/rccm.200802-282OC

Or maybe vaccine just doesn't prevent deaths in the elderly. Of course, that's the one possibility that vaccine adherents won't consider. **Nancy Cox**, the CDC's influenza division chief, says flatly, "*The flu vaccine is the best way to protect against flu*."

Anthony Fauci, a physician and the director of the National Institute of Allergy and Infectious Diseases at the NIH, where much of the basic science of flu vaccine has been worked out, says, "*I have no doubt that it is effective in conferring some degree of protection. To say otherwise is a minority view*."

Majumdar says, "We keep coming up against the belief that we've reduced mortality by 50 percent," and when researchers poke holes in the evidence, "people pound the pulpit."

The most vocal – and undoubtedly most vexing – critic of the gospel of flu vaccine is the Cochrane Collaboration's Jefferson, who's also an epidemiologist trained at the famed London School of Tropical Hygiene, and who, in Lisa Jackson's view, makes other skeptics seem "moderate by comparison." Among his fellow flu researchers, Jefferson's outspokenness has made him something of a pariah. At a 2007 meeting on pandemic preparedness at a hotel in Bethesda, Maryland, Jefferson, who'd been invited to speak at the conference, was not greeted by any of the colleagues milling about the lobby. He ate his meals in the hotel restaurant alone, surrounded by scientists chatting amiably at other tables. He shrugs off such treatment. As a medical officer working for the United Nations in 1992, during the siege of Sarajevo, he and other peacekeepers were captured and held for more than a month by militiamen brandishing AK-47s and reeking of alcohol. Professional shunning seems trivial by comparison, he says.

"**Tom Jefferson** has taken a lot of heat just for saying, '*Here's the evidence: it's not very good*,'" says Majumdar. "The reaction has been so dogmatic and even hysterical that you'd think he was advocating stealing babies." Yet while other flu researchers may not like what Jefferson has to say, they cannot ignore the fact that he knows the flu-vaccine literature better than anyone else on the planet. He leads an international team of researchers who have combed through hundreds of flu-vaccine studies. The vast majority of the studies were deeply flawed, says Jefferson. "*Rubbish is not a scientific term, but I think it's the term that applies*." Only four studies were properly designed to pin down the effectiveness of flu vaccine, he says, and two of those showed that it might be effective in certain groups of patients, such as school-age children with no underlying health issues like asthma. The other two showed equivocal results or no benefit.

Flu researchers have been fooled into thinking vaccine is more effective than the data suggest, in part, says Jefferson, by the imprecision of the statistics. The only way to know if someone has the flu – as opposed to influenza-like illness – is by putting a Q-tip into the patient's throat or nose and running a test, which simply isn't done that often. Likewise, nobody really has a handle on how many of the deaths that are blamed on flu were actually caused by a flu virus, because few are confirmed by a laboratory. "I used to be a family physician," says Jefferson. "I've never seen a patient come to my office with *H1N1* written on his forehead. When an old person dies of respiratory failure after an influenza-like illness, they nearly always get coded as influenza."

There's one other way flu researchers may be fooled into thinking flu vaccine is effective, Jefferson says. All vaccines work by delivering a dose of killed or weakened virus or bacteria, which provokes the immune system into producing antibodies. When the person is subsequently exposed to the real thing, the body is already prepared to repel the bug completely or to get rid of it after a mild illness. Flu researchers often use antibody response as a way of gauging the effectiveness of vaccine, on the assumption that levels of antibodies in the blood of people who have been vaccinated are a good predictor – although an imperfect one – of how well they can ward off the infection.

There's some merit to this reasoning. Unfortunately, the very people who most need protection from the flu also have immune systems that are least likely to respond to vaccine. Studies show that young, healthy people mount a glorious immune response to seasonal flu vaccine, and their response reduces their chances of getting the flu and may lessen the severity of symptoms if they do get it. But they aren't the people who die from seasonal flu. By contrast, *the elderly, particularly those over age70, don't have a good immune response to vaccine* – and they're the ones who account for most flu deaths. (Infants with severe disabilities, such as leukemia and congenital lung disease, and

people who are immune-compromised – from AIDS, or diabetes, or cancer treatment – make up the rest. As of August 8, only 36 deaths from swine flu had been confirmed among children in the U.S., and the overwhelming majority of those children had multiple, severe health disorders.)

In Jefferson's view, this raises a troubling conundrum: *Is vaccine necessary for those in whom it is effective, namely the young and healthy? Conversely, is it effective in those for whom it seems to be necessary, namely the old, the very young, and the infirm*? These questions have led to the most controversial aspect of Jefferson's work: his call for placebo-controlled trials, studies that would randomly give half the test subjects vaccine and the other half a dummy shot, or placebo. Only such large, well-constructed, randomized trials can show with any precision how effective vaccine really is, and for whom.

In the flu-vaccine world, Jefferson's call for placebo-controlled studies is considered so radical that even some of his fellow skeptics oppose it. Majumdar, the Ottawa researcher, says he believes that evidence of a benefit among children is established and that public-health officials should try to protect seniors by immunizing children, health-care workers, and other people around them, and thus reduce the spread of the flu. Lone Simonsen explains the prevailing view: "It is considered unethical to do trials in populations that are recommended to have vaccine," a stance that is shared by everybody from the CDC's Nancy Cox to Anthony Fauci at the NIH. They feel strongly that vaccine has been shown to be effective and that a sham vaccine would put test subjects at unnecessary risk of getting a serious case of the flu. In a phone interview, Fauci at first voiced the opinion that a placebo trial in the elderly might be acceptable, but he called back later to retract his comment, saying that such a trial "would be unethical." Jefferson finds this view almost exactly backward: "What do you do when you have uncertainty? You test," he says. "We have built huge, population-based policies on the flimsiest of scientific evidence. The most unethical thing to do is to carry on business as usual."

Just after 6 p.m. on a warm Friday evening in July, Dr. David Newman is only minutes into a 10-hour shift in the emergency room of New York City's St. Luke's Hospital, and already he has assumed responsibility for 11 patients. The young Italian tourist sitting on the bed in front of the doctor has meningitis, and through an interpreter, Newman tells him he almost certainly has the viral form of the disease, which will do nothing more than make him feel ill for a few days. There is a tiny chance, says Newman, that the illness is caused by a bacterium, which can be deadly, but he is almost positive that's not what the tourist has. He says to his patient, "I can't tell you with 100 percent certainty that you don't have it, but if you do, you'll begin to feel worse and you'll need to come back." The tourist, on learning that he might be infected with a potentially lethal disease, looks down at his feet and confesses that he is much more worried about another illness: swine flu. Newman smiles patiently. "It would be nice if you had swine flu," he says. "Compared to bacterial meningitis, swine flu is safe."

Late last spring, as headlines and airwaves warned of a possible pandemic, patients like Newman's began clogging emergency rooms across the country, a sneezing, coughing, infectious tide of humanity more worried than truly sick, but whose mere presence in the emergency room has endangered the lives of others. "*Studies show that when there is ER crowding, mortality goes up, because patients who need immediate attention don't get it*," says Newman, the director of clinical research in the Department of Emergency Medicine at the hospital, which is affiliated with Columbia University. In an average year the ER at St. Luke's, a sprawling 1,076-bed hospital on 113th Street, takes in 110,000 patients, some 300 a day. At the height of the summer swine flu outbreak, that number doubled. The vast majority of panicky patients who came in the door at St. Luke's and other emergency departments didn't actually have the virus, and of those who did, most were not sick enough to need hospitalization. Even so, says Newman, when patients with even mild flu symptoms show up in the hospital, they vastly increase the spread of the virus, simply because they inevitably sneeze and cough in rooms that are jammed with other people.

Many of the worried sick come to St. Luke's and other hospitals in search of antiviral drugs. The CDC recommends the use of two drugs against H1N1: oseltamivir and zanamivir, better known by

their brand names, Tamiflu and Relenza, which together form the second pillar of the government's anti-pandemic-flu strategy. Public-health officials at the state and local levels are also recommending the drugs. Guidelines issued by the New York City Department of Health, says Newman, "encourage us to give a prescription to just about every patient with the sniffles," a practice that some experts worry will quickly lead to resistant strains of the virus.

Indeed, that's already happening. Daniel Janies, an associate professor of biomedical informatics at Ohio State University, tracks the genetic mutations that allow flu virus to develop resistance to drugs. Flu can become resistant to Tamiflu in a matter of days, he says. Handing out the drug early in the pandemic, when H1N1 poses only a minimal threat to the vast majority of patients, strikes him as "shortsighted." Indeed, samples of resistant H1N1 were cropping up by midsummer, increasing the likelihood that come late fall, many people will be infected with a resistant strain of swine flu. Alarmed at that prospect, the World Health Organization issued an alert on August 21, recommending that *Tamiflu and Relenza be used only in severe cases and in patients* who are at high risk of serious complications. By mid-August, two U.S. swine flu patients had developed Tamiflu-resistant strains.

The U.S. first began stockpiling Tamiflu and Relenza back in 2005, in the wake of concern that an outbreak in Southeast Asia of bird flu, a far more deadly form of the disease, might go global. On November 1, 2005, President George W.Bush pronounced pandemic flu a "danger to our homeland," and he asked Congress to approve legislation that included $1 billion for the production and stockpiling of antivirals. This was after Congress had already approved $1.8 billion to stockpile Tamiflu for the military, a decision that was made during the tenure of Defense Secretary Donald Rumsfeld. (Before joining the Bush Cabinet, Rumsfeld was chairman for four years of Gilead Sciences, the company that holds the patent on Tamiflu, and he held millions of dollars' worth of stock in the company. According to *Roll Call*, an online newspaper covering events on Capitol Hill, Rumsfeld says he recused himself from all government decisions involving Tamiflu. Gilead's stock price rose more than 50 percent in 2005, when the government's plan was announced.)

As with vaccines, the scientific evidence for Tamiflu and Relenza is thin at best. In its general-information section, the CDC's Web site tells readers that antiviral drugs can "make you feel better faster." True, but not by much. On average, Tamiflu (which accounts for 85 to 90 percent of the flu antiviral-drug market) cuts the duration of flu symptoms by 24 hours in otherwise healthy people. In exchange for a slightly shorter bout of illness, as many as one in five people taking Tamiflu will experience nausea and vomiting. About one in five children will have neuropsychiatric side effects, possibly including anxiety and suicidal behavior. In Japan, where Tamiflu is liberally prescribed, the drug may have been responsible for 50 deaths from cardiopulmonary arrest, from 2001 to 2007, according to Rokuro Hama, the chair of the Japan Institute of Pharmacovigilance.

Such side effects might be worth risking if the antivirals prevented serious complications of flu, such as pneumonia, hospitalization, and death. Roche Laboratories, the company licensed to manufacture and market Tamiflu, says its drug does just that. In two September 2006 press releases, the company announced, "Tamiflu significantly reduces the risk of death from influenza: New data shows treatment was associated with more than a two third reduction in deaths," and "Children with influenza [are] 53 percent less likely to contract pneumonia when treated with Tamiflu." Once again cohort studies (the same kind of potentially biased research that led to the conclusion that flu vaccine cuts mortality by 50 percent) are behind these claims. Tamiflu costs $10 a pill. It is possible that people who take it are more likely to be insured and affluent, or at least middle-class, than those who do not, and a large body of evidence shows that the well-off nearly always fare better than the poor when stricken with an infectious disease, including flu. In both 2003 and 2009, reviews of randomized placebo-controlled studies found that *the study populations simply weren't large enough to answer the question*: Does Tamiflu prevent pneumonia?

As late as this August, the company's own Web site contained the following statement, which was written under the direction of the FDA: "*Tamiflu has not been proven to have a positive impact*

on the potential consequences (such as hospitalizations, mortality, or economic impact) of seasonal, avian, or pandemic influenza." An FDA spokesperson said recently that the agency is unaware of any data submitted by Roche that would support the claims in the company's September 2006 news release about the drug's reducing flu deaths.

Why, then, has the federal government stockpiled millions of doses of antivirals, at a cost of several billion dollars? And why are physicians being encouraged to hand out prescriptions to large numbers of people, without sound evidence that the drugs will help? The short answer may be that public-health officials feel they must offer something, and these drugs are the only possible remedies at hand. "I have to agree with the critics the antiviral question is not cut-and-dried," says Fauci. "But [these drugs are] the best we have." The CDC's Nancy Cox also acknowledges that the *science is not as sound as she might like, but the government still recommends their use*. And as with vaccines, she considers additional randomized placebo-controlled trials of the antiviral drugs to be "unethical" and thus out of the question.

This is the curious state of debate about the government's two main weapons in the fight against pandemic flu. At first, government officials declare that both vaccines and drugs are effective. When faced with contrary evidence, the adherents *acknowledge that the science is not as crisp as they might wish*. Then, in response to calls for placebo-controlled trials, which would provide clear results one way or the other, the proponents say such studies would deprive patients of vaccines and drugs that have already been deemed effective. "We can't just let people die," says Cox.

Students of U.S. medical history will find this circular logic familiar: it is a long-recurring theme in American medicine, and one that has, on occasion, had deadly consequences. In 1925, Sinclair Lewis caricatured a medical culture that allowed belief – and profits – to distort science in his Pulitzer Prize–winning book, *Arrowsmith*. Based on the lives of the real-life microbiologists Paul de Kruif and Jacques Loeb, Lewis tells the story of Martin Arrowsmith, a physician who invents a new vaccine during a deadly outbreak of bubonic plague. But his efforts to test the vaccine's efficacy are frustrated by an angry community that desperately wants to believe the vaccine works, and a profit-hungry institute that rushes the vaccine into use prematurely – forever preempting the proper studies that are needed.

The annals of medicine are littered with treatments and tests that became medical doctrine on the slimmest of evidence, and were then declared sacrosanct and beyond scientific investigation. In the 1980s and '90s, for example, cancer specialists were convinced that high-dose chemotherapy followed by a bone-marrow transplant was the best hope for women with advanced breast cancer, and many refused to enroll their patients in randomized clinical trials that were designed to test transplants against the standard – and far less toxic – therapy. The trials, they said, were unethical, because they *knew* transplants worked. When the studies were concluded, in 1999 and 2000, *it turned out that bone-marrow transplants were killing patients*. Another recent example involves drugs related to the analgesic lidocaine. In the 1970s, doctors noticed that the drugs seemed to make the heart beat rhythmically, and they began prescribing them to patients suffering from irregular heartbeats, assuming that restoring a proper rhythm would reduce the patient's risk of dying. Prominent cardiologists for years opposed clinical trials of the drugs, saying it would be medical malpractice to withhold them from patients in a control group. The drugs were widely used for two decades, until a government-sponsored study showed in 1989 that *patients who were prescribed the medicine were three and a half times as likely to die as those given a placebo*.

Demonstrating the efficacy (or lack thereof) of vaccine and antivirals during flu season would not be hard to do, given the proper resources. Take a group of people who are at risk of getting the flu, and randomly assign half to get vaccine and the other half a dummy shot. Then count the people in each group who come down with flu, suffer serious illness, or die. (A similarly designed trial would suffice for the antivirals.) It might sound coldhearted, but it is the only way to know for certain whether, and for whom, current remedies actually work. It would also be useful to know whether vaccinating healthy people – who can mount an immune response on their own – protects

the more vulnerable people around them. For example, immunizing nursing-home staff and healthy children is thought to reduce the spread of flu to the elderly and the immune-compromised. Pinning down the effectiveness of this strategy would be a bit more complex, but not impossible.

In the absence of such evidence, we are left with two possibilities. One is that flu vaccine is in fact highly beneficial, or at least helpful. Solid evidence to that effect would encourage more citizens – and particularly more health professionals – to get their shots and prevent the flu's spread. As it stands, more than 50 percent of health-care workers say they do not intend to get vaccinated for swine flu and don't routinely get their shots for seasonal flu, in part because many of them doubt the vaccines' efficacy. The other possibility, of course, is that we're relying heavily on vaccines and antivirals that simply don't work, or don't work as well as we believe. And as a result, we may be neglecting other, proven measures that could minimize the death rate during pandemics.

"***Vaccines give us a false sense of security***," says Sumit Majumdar. "When you have a strategy that [everybody thinks] reduces death by 50 percent, it's pretty hard to invest resources to come up with better remedies." For instance, health departments in every state are responsible for submitting plans to the CDC for educating the public, in the event of a serious pandemic, about hand-washing and "social distancing" (voluntary quarantines, school closings, and even enforcement of mandatory quarantines to keep infected people in their homes). Putting these plans into action will require considerable coordination among government officials, the media, and health-care workers – and widespread buy-in from the public. Yet little discussion has appeared in the press to help people understand the measures they can take to best protect themselves during a flu outbreak – other than vaccination and antivirals.

"Launched early enough and continued long enough, social distancing can blunt the impact of a pandemic," says Howard Markel, a pediatrician and historian of medicine at the University of Michigan. Washing hands diligently, avoiding public places during an outbreak, and having a supply of canned goods and water on hand are sound defenses, he says. Such steps could be highly effective in helping to slow the spread of the virus. In Mexico, for instance, where the first swine flu cases were identified in March, the government launched an aggressive program to get people to wash their hands and exhorted those who were sick to stay home and effectively quarantine themselves. In the United Kingdom, the national health department is promoting a "buddy" program, encouraging citizens to find a friend or neighbor willing to deliver food and medicine so people who fall ill can stay home.

In the U.S., by contrast, our reliance on vaccination may have the opposite effect: breeding feelings of invulnerability, and leading some people to ignore simple measures like better-than-normal hygiene, staying away from those who are sick, and staying home when they feel ill. Likewise, our encouragement of early treatment with antiviral drugs will likely lead many people to show up at the hospital at first sniffle. "***There's no worse place to go than the hospital during flu season***," says Majumdar. Those who don't have the flu are more likely to catch it there, and those who do will spread it around, he says. "But we don't tell people this."

All of which leaves open the question of what people should do when faced with a decision about whether to get themselves and their families vaccinated. There is little immediate danger from getting a seasonal flu shot, aside from a sore arm and mild flu-like symptoms. The safety of the swine flu vaccine remains to be seen. In the absence of better evidence, vaccines and antivirals must be viewed as only partial and uncertain defenses against the flu. And they may be mere talismans. By being afraid to do the proper studies now, we may be condemning ourselves to using treatments based on illusion and faith rather than sound science.

Marrecca Fiore

Access to H1N1 Vaccine Easing as Interest in Shot Wanes

Fox News, 1 December 2009
https://web.archive.org/web/20091204002311/http://www.foxnews.com/story/0,2933,578369,00.html

With 66 million doses of H1N1 vaccine now available in the U.S., municipalities have begun easing restrictions to access, and federal officials believe the vaccine may soon be available to all.

Starting Tuesday, the Tennessee counties of Memphis and Shelby will begin administering H1N1 vaccine to everyone who wants it, joining several other municipalities across the country that have already opened access or are considering doing so.

"I get the sense that more areas are starting to vaccinate outside the priority groups," said Tom Skinner, a spokesman for the U.S. Centers for Disease Control and Prevention.

Skinner said federal officials have been clear in their desire to have priority groups, such as pregnant women and children, vaccinated first.

"But federal guidelines also give states the flexibility to vaccinate outside the priority groups if the states feel that's the best thing to do given the issues surrounding supply and demand at the local level," Skinner said.

States are in the best position to make the call to open the vaccine to everyone, Skinner said, adding that more states will be vaccinating outside the priority groups in the coming weeks and months as more of it becomes available.

"There will come a time when everyone will have access to it," he said.

The H1N1 vaccine became available in the U.S. in early October, about a month after schools and colleges opened. By mid-month, 14 million doses of the vaccine were available, about half of what the U.S. expected to have received from manufacturers.

A top Dallas County (Texas) health official on Saturday called for distribution of the H1N1 vaccine to everyone, as more vaccine appears to be headed toward North Texas pharmacies.

The move comes as interest in obtaining the shot by high-risk groups appears to be waning.

Zachary Thompson, director of Dallas County Health and Human Services, told the Dallas Morning News he was concerned that the vaccine supply already shared with local pharmacies had not found enough takers among the targeted high-risk groups.

A spot check of local pharmacies by The Dallas Morning News last week found that some stores still had hundreds of shots available for people in high-risk groups.

In addition to local pharmacies, chain drugstores including Walgreens and CVS are offering the vaccines in Dallas County.

Walgreens, which is distributing vaccine in 25-30 states, is complying with federal guidelines and immunizing only high-risk groups against the virus, said spokesman Jim Cohn. He said the company would be willing to offer the vaccinations to everyone if that were the directive of the municipal health department.

"We work on a state-by-state and county-by-county basis," he said. "In some cases, we're sitting and waiting for the vaccine. In other cases, the (municipal) government came to us early on and asked us to be part of the supply chain so that the vaccine could be distributed as efficiently as possible. We would like to be able to receive and offer vaccine in all 50 states and it is becoming more widely available as time goes on."

Despite reports of an H1N1 virus mutation in Norway, a federal health official said Tuesday that the H1N1 vaccine is well-matched and still a person's best defense against the virus.

"We have not seen clusters of resistance," said Dr. Thomas Frieden, director of the U.S. Centers for Disease Control and Prevention. "The cases reported are interesting, but they are not of concern."

Frieden said the H1N1 virus is gradually decreasing in the United States, but is still widespread in 32 states and people should remain vigilant.

"Although the flu is going down," Frieden said, "it's far from gone. … And flu season lasts until May so there's still a lot of time to see what will happen."

The CDC polled 12 health experts who were split as to whether the country will see another surge of H1N1 this flu season.

"One (expert) said flip a coin," Frieden said. "We don't know what the future will hold. ... What we do know is that the vaccine is the very best way to protect yourself."

Frankfurter Allgemeine

"Ängste normalisiert":
Sinkende Nachfrage nach Schweinegrippe-Impfstoff

Frant'furter Algemeine, 1 Dezembre 2009, 15:10
https://www.faz.net/aktuell/rhein-main/hessen/aengste-normalisiert-sinkende-nachfrage-nach-schweinegrippe-impfstoff-1900854.html

Die Zahl der an Schweinegrippe Infizierten in Hessen ist auf mehr als 7500 Fälle "stark angestiegen". Gleichwohl lässt der Ansturm auf die Impfungen nach. "Die Ängste haben sich normalisiert", heißt es bei der Kassenärztlichen Vereinigung Hessen.

Der Ansturm auf Impfungen gegen Schweinegrippe ebbt ab. 781.000 Impfstoffdosen hat das hessische Gesundheitsministerium bislang erhalten und an Ärzte verteilt. Im Moment gebe es keine Engpässe bei den Bestellungen, sagte eine Sprecherin in Wiesbaden. Grund sei die sinkende Nachfrage. Dies bestätigte auch die Kassenärztliche Vereinigung (KV) Hessen: "Die Ängste haben sich normalisiert", sagte eine Sprecherin. So langsam, wie die Impfaktion angelaufen sei, gehe es aktuell weiter.

Nach KV-Angaben ist die Zahl der an Schweinegrippe Infizierten in Hessen auf mehr als 7500 Fälle "stark angestiegen". Trotz steigender Infektionszahlen erschreckt die Schweinegrippe in Hessen niemanden mehr so richtig. "Die Ängste haben sich normalisiert", sagte eine Sprecherin der Kassenärztlichen Vereinigung (KV) Hessen in Frankfurt der Deutschen Presse-Agentur. Ebenso langsam, wie die Impfaktion angelaufen sei, gehe es derzeit weiter: "Von Impfmüdigkeit kann gar keine Rede sein - es gab ja nicht mal eine Impfbegeisterung."

Wieder mit steigender Nachfrage zu rechnen

"Die Nachfrage ist abgeflaut", bestätigt auch die Sprecherin des Gesundheitsministeriums. Derzeit gebe es keine Engpässe bei den Impfstoffbestellungen. "Aber noch letzte Woche konnten nicht alle Bestellungen erfüllt werden." Es sei auch wieder mit steigender Nachfrage zu rechnen, da die Ständige Impfkommission in den kommenden Tagen bundesweit eine Empfehlung veröffentlichen werde, vor allem Kinder impfen zu lassen. Dies gelte auch für nicht chronisch vorerkrankte Kinder.

Gut 1,5 Millionen Impfstoff-Dosen sollen bis Ende Dezember geliefert werden, insgesamt 3,7 Millionen bis zum nächsten Frühjahr. Seit Anfang der Woche kann nach Beschluss des Ministeriums der Schweinegrippe-Impfstoff nur noch per Rezept bei den Lieferapotheken bestellt werden. "Das ist aber ein rein formaler Akt und ändert nichts an den Beschaffungsmöglichkeiten oder der -geschwindigkeit", erklärte die Sprecherin der Kassenärztlichen Vereinigung Hessen.

THE FLU CASE

Germans taking Swine Flu jab drops to new Lows

The Flu Case, 2 December 2009 13:03
https://web.archive.org/web/20100102022440/http://theflucase.com/index.php?option=com_content&view=article&id=2158%3Agermans-taking-swine-flu-jab-drops-to-new-lows&catid=1%3Alatest-news&Itemid=64&lang=en

The number of Germans going to take their swine flu jabs has dropped dramatically again in spite of intense scare mongering about the pandemic in the media, according to reports in the dpp.

Heinz Fracke, the head of Thuringia's Health Ministry, said on Tuesday that there had been a "considerable ebbing away" in the "vaccination joy", but refused to give any figures.

A spokesperson from the Frankfurt am Main health authorities was more frank when she told the FAZ: "There can be no talk about vaccine tiredness - there was never any vaccine enthusiasm in the first place."

Berliner Morgenpost

Christine Richter

Schweinegrippe-Impfung nun auch für Gesunde

Berliner Morgenpost, 1 Dezember 2009, 14:20 Uhr
https://www.morgenpost.de/berlin/article104924688/Schweinegrippe-Impfung-nun-auch-fuer-Gesunde.html

Zuerst waren die Risikogruppen an der Reihe, nun kann sich jeder Berliner gegen Schweinegrippe impfen lassen. Die Gesundheitssenatorin wird am Donnerstag zu den Ersten gehören, die in eine der 716 Berliner Arztpraxen, die impfen, zur Immunisierung geht.

Rund vier Wochen nach dem Start der Impfaktion gegen Schweingrippe können sich nun auch Gesunde gegen das Virus immunisieren lassen. Voraussichtlich an diesem Mittwoch werde die Ständige Impfkommission (STIKO) die Schutzimpfung auch Menschen ohne Gesundheitsprobleme empfehlen, teilte die Senatsgesundheitsverwaltung mit. Senatorin Katrin Lompscher (Linke) geht mit gutem Beispiel voran und will sich am Donnerstagmorgen immunisieren lassen. Sie rät auch gesunden Berlinern zur Impfung. "Wer sich impfen lässt, schützt sich und andere", sagte sie.

Bisher wurde die Impfung nur medizinischem Personal, Polizei, Feuerwehr und chronisch Kranken empfohlen, darunter auch chronisch kranken Kindern. In Berlin haben inzwischen 716 Arztpraxen den Impfstoff vorrätig. Die Adressen stehen im Internet unter www.berlin.de/impfen. In der vergangenen Woche waren die Ansteckungszahlen um mehr als 1500 nach oben geschnellt. Inzwischen sind seit Mitte Juni mehr als 5000 Schweinegrippe-Fälle in der Hauptstadt bestätigt.

Das Robert Koch-Institut (RKI) gibt bei der Schweinegrippe noch keine Entwarnung. Die Zahl der Atemwegserkrankungen als Signal für die Neue Grippe steige bundesweit weiter an. Nur in Bayern seien die Atemwegserkrankungen in den vergangenen zwei Wochen leicht zurückgegangen. Sie könnten in den kommenden Wochen aber auch wieder steigen: Es wird kälter – und der Winter als traditionelle Grippezeit steht erst noch bevor.

GENTSIDE

Grippe A: pas de vaccination pour les médecins généralistes

Maxisciences, 1 décembre 2009, à 11:37
https://www.maxisciences.com/sante/grippe-a-pas-de-vaccination-pour-les-medecins-generalistes_art4692.html

France – La ministre de la Santé a annoncé que les médecins généralistes ne seront pas habilités à vacciner contre la grippe A jusqu'à nouvel ordre. Roselyne Bachelot préfère les voir soigner que vacciner.

Il y a environ dix jours, Roselyne Bachelot avait annoncé que certains cabinets médicaux seraient habilités de façon ciblée à vacciner au mois de décembre.

Aujourd'hui, la ministre a annoncé vouloir "*préserver la capacité des médecins généralistes à prendre en charge les malades grippés*". Les généralistes traiteront mais ne vaccineront donc pas.

Michel Chassang, président de la Confédération des syndicats médicaux français (CSMF), estime qu'en un jour, les médecins généralistes peuvent vacciner autant que les centres ne l'ont fait en trois semaines. Il réfute les difficultés logistiques évoquées par le fait qu'en Angleterre, en Allemagne et en Belgique, les médecins généralistes utilisent les vaccins multi-doses dans de parfaites conditions de conservation.

Les principaux syndicats de médecins libéraux et généralistes avaient renouvelé leur souhait de participer à la campagne de vaccination. "*Les patients fragiles et handicapés éviteront de longues attentes dans des conditions peu satisfaisantes*", estime MG France. Pourtant, un autre syndicat, le SML, ne juge pas la vaccination en cabinet "*raisonnable*" car les patients sains et malades seraient ainsi mis en contact.

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THE FLU CASE

French Health Minister continues to exclude GPs from Swine Flu jab programme

The Flu Case, 1 December 2009.
https://web.archive.org/web/20100102035331/http://theflucase.com/index.php?option=com_content&view=article&id=2140%3Afrench-health-minister-continues-to-exclude-gps-from-swine-flu-jab-programme&catid=1%3Alatest-news&Itemid=64&lang=en

The French Minister of Health Roselyne Bachelot has rejected the request of family doctors to participate in the swine flu vaccination programme, currently being conducted in especially set up vaccine centers.

Bachelot said that she wished to "preserve the capacity of the GPs to care for those who are ill from the flu."

The exclusion of GPs from the country's biggest ever mass vaccination campaign will heighten fears over the safety of the untested swine flu jab and fuel concerns over who will be accountable for any damage or deaths caused.

LE FIGARO

Grippe A: l'alerte maximale envisagée en France

Le Figaro, 1 Decembre 2009, 10:09
https://sante.lefigaro.fr/actualite/2009/12/01/9924-grippe-lalerte-maximale-envisagee-france

La décision de passer au niveau 6 pourrait être prise prochainement. Le Figaro fait le tour des mesures qui pourraient être appliquées.

Lundi, la ministre de la Santé, Roselyne Bachelot, a évoqué la possibilité que la France passe bientôt au niveau 6 du plan de pandémie grippale. Dix nouveaux décès ont été enregistrés depuis vendredi, «avec des personnes qui pour la plupart n'avaient ni facteur de risque, ni problème particulier». Mme Bachelot s'est empressée toutefois de rappeler que ce plan a été imaginé au moment de la grippe aviaire et qu'il constitue avant tout une «boîte à outils». «Il y a des outils dans e niveau 6 qui peuvent d'ores et déjà être utilisés, par exemple l'interdiction des rassemblements. Mais ça ne veut pas dire qu'on (les) utilisera forcément tous», a-t-elle expliqué sur RMC. « La décision de passer au niveau 6 est envisagée mais pas pour demain», expliquait de son côté Didier Houssin, directeur général de la santé.

En France métropolitaine, 2 762 000 personnes ont été touchées par la grippe A. On dénombre 86 décès (plus 28 dans les collectivités d'outre-mer), 305 cas graves dont 101 sont encore en réanimation parmi lesquels 20 % d'enfants de moins de 15 ans.

Ce que prévoit le niveau 6?

• Le ministère de l'Intérieur à la tête des opérations
Le passage au niveau 6 pourrait amener des changements dans l'organigramme de la gestion de la pandémie. Le ministère de l'Intérieur pourrait prendre la main et être appelé à piloter les nouvelles mesures, ces dernières étant toujours décidées dans le cadre de la cellule interministérielle de crise. La Place Bauveau serait également chargée de coordonner les actions conduites au niveau départemental et municipal.

• Rassemblements, réunions publiques et déplacements limités
Le plan prévoit toute une série de mesures barrières visant à freiner et à limiter l'extension de la pandémie. Est citée en priorité la fermeture des crèches, des établissements d'enseignement et de formation, des internats et des centres d'accueil de mineurs. Des mesures indispensables dont l'efficacité est démontrée pour limiter la contagion lors d'épidémies grippales, selon les rédacteurs du plan. L'interruption ou la réduction de certains transports locaux, lieux potentiels de transmission du virus, est également indiquée. Les spectacles, les rencontres sportives, les foires et salons ainsi que les rassemblements festifs pourraient eux aussi être suspendus. Ce type de décision s'inscrirait dans une vraie perspective de santé publique à la différence des récents reports de match de foot motivés avant tout par le fait que plusieurs footballeurs étaient infectés par le virus H1N1. Le plan envisage la suspension de la distribution de documents publicitaires par porteurs.

• Visites et accès limités à certains lieux publics
Le plan évoque la possibilité de restreindre les visites et les accès aux établissements hospitaliers, aux maisons de retraite, aux prisons et aux établissements sociaux et médico-sociaux.

• Mesures d'isolement et port de masques

Les opérations de vaccination des dernières semaines ont éclipsé plusieurs mesures d'hygiène qui avaient été abondamment évoquées au début de l'épidémie. Le passage au niveau 6 pourrait remettre à l'ordre du jour le port de protections respiratoires par les personnels de santé ou le port du masque chirurgical par les personnes indemnes dans les espaces publics qui pourrait être rendu obligatoire dans certains lieux.

• Distribution de sacs plastiques à lien pour les déchets des malades

Le plan tient par certains côtés du catalogue à la Prévert. «Les Français ont l'habitude de construire des cathédrales technocratiques et d'essayer de faire rentrer la réalité des choses dans des mesures administratives», ironisait Roselyne Bachelot lundi sur RMC. Exemple, quelques lignes après avoir évoqué la mise en place du contrôle des prix qui pourrait être décidée sur proposition du ministre des Finances, le plan envisage de déroger aux prescriptions techniques applicables aux véhicules funéraires et, en cas de pénurie, de distribuer des sacs plastiques à lien pour les déchets des malades à domicile.

THE FLU CASE

French Government about to implement full scale Martial Law in pandemic crackdown

The Flu Case, 2 December 2009, 13:52

https://web.archive.org/web/20100102051237/http://theflucase.com/index.php?option=com_content&view=article&id=2165%3Afrench-government-about-to-implement-full-scale-martial-law-in-pandemic-crackdown&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The French government is about to move the country to the highest pandemic alert level allowing the implementation of full-scale martial law, according to a report in Le Figaro.

Measures allowed under the country's highest pandemic level, 6, include

- forced vaccination
- forced quarantine/isolation
- compulsory wearing of face masks/respirators for health personnel
- the distribution of plastic body bags for the "deceased"
- a ban on public gatherings
- a ban on transporting documents by courrier
- closure of all schools and education establishments
- restricted movement
- restricted access to hospitals, old people's homes, prisons and other social institutions
- restrictions in transport, also of food and other supplies

The move to pandemic level 6 under WHO's instructions will strip French people of their basic civic rights at a time when the government has set up the infrastructure for the mass vaccination of the entire population by force mobilising military units to work in the special vaccine centers.

Only about 85 people in France have died from the swine flu according to the authorities, far fewer than for the regular flu.

There are no reliable figures for how many of these deaths were really due to the swine flu and how many were seasonal flu deaths reclassified as swine flu deaths by the government as has been proven to have occured in Scotland.

According to the French government, two to three million people have visited their doctor and are suspected of having the swine flu - and this is enough to enact the draconian legislation and move to compulsory vaccination with an untested and toxic jab for which the pharma companies have no liability.

However, this is clearly a fraudulent manipulation of scientific data to justify an illegal and criminal power grab.

People vaccinated in the special vaccine centers in Laxou en Lorraine have left comments on Le Figaro, saying they had to sit for 2 hours on the floor of a gymnasium before being given the swine flu jab in a box measuring one meter by one meter without any curtains and in full of view of everyone else.

"It is shameful!" says the person.

Are the people of France to be subjected to a degrading vaccination with toxic substances causing long term damage and death -- in many cases, indeed, immediate death -- by force in the full sight of the entire world?

And does the government of France, specifically President Nicolas Sarkozy, Health Minister Roselyne Bachelot and Defence Minister Herve Morin, really think they can get away with this mass murder by closing borders and shutting down the internet?

They can not.

We, the People, of The World refuse to allow this crime to occur, and the people responsible to go unpunished.

We refuse to let it occur in France or any country of the globe.

It is time to End the WHO, End the EU, and bring these criminals in the French and other governments to trial.

THE FLU CASE

Ansturm der Impfwilligen gegen Schweinegrippe auf Arztpraxen abgeebbt

The Flu Case, 2 Dezember 2009
https://web.archive.org/web/20100102022440/http://theflucase.com/index.php?option=com_content&view=article&id=2158%3Agermans-taking-swine-flu-jab-drops-to-new-lows&catid=1%3Alatest-news&Itemid=64&lang=en

Bisher 61 Tote durch Schweinegrippe in Deutschland

Erfurt/Berlin. Der große Ansturm auf die Arztpraxen ist rund fünf Wochen nach Beginn der Impfungen gegen die sogenannte Schweinegrippe offensichtlich vorbei. Die Impffreudigkeit habe in einigen Bundesländern bereits erheblich nachgelassen, berichtete der Leiter der Abteilung Gesundheit im thüringischen Gesundheitsministerium, Heinz Fracke, am Dienstag nach einer Telefonkonferenz mit seinen Amtskollegen. Weitere Einzelheiten wollte er allerdings nicht nennen. Er betonte lediglich, dass infolge der abnehmenden Nachfrage auch die Versorgung mit den Impfstoffen in den meisten Ländern kein Problem mehr sei. Bis zum Jahresende hat Thüringen den Vorsitz in der Gesundheitsministerkonferenz.

Hinsichtlich des speziellen Impfstoffes für Schwangere teilte ein Sprecher des Bundesgesundheitsministeriums in Berlin mit, man gehe davon aus, dass dieser «in Kürze» zur Verfügung stehen werde. Rund 150.000 Dosen eines Präparats der australischen Firma CSL sollen dann bereitgestellt werden. Ursprünglich sollte dieses bereits bis Ende November geschehen.

Schon am vergangenen Wochenende war berichtet worden, dass die Schweinegrippe-Welle langsam abebbt. Indikator dafür ist die Zahl der akuten Atemwegserkrankungen, die insbesondere in Bayern rückläufig ist.

Nach Angaben des Robert-Koch-Instituts sind mit Stand von Freitagnachmittag 61 Menschen an der sogenannten Schweinegrippe gestorben. (ij/ddp)

THE FLU CASE

Paul G. King

We, the People's, Struggle for Vaccination Choice

The Flu Case, 2 December 2009, 13:30
https://web.archive.org/web/20100102030745/http://theflucase.com/index.php?option=com_content&view=article&id=2163%3Awe-the-peoples-struggle-for-vaccination-choice-by-paul-g-king&catid=1%3Alatest-news&Itemid=64&lang=en

"*Never, never, never give up*"; "*Success is not final; failure is not fatal: it is the courage to continue that counts*" – Sir Winston Churchill

Introduction

In 2005, an article in the American Journal of Public Health

Today's Realities

Today we, the People, face clearly unconstitutional federal and state laws crafted after "9/11" using "bioterrorism" as their pretext and enacted:

Under the color of law,

At the behest of the pharmaceutical industry and the other facets of the healthcare establishment, without truly open public debate and/or public acceptance, and in the case of the federal "PREP Act", attached to an unrelated defense appropriation bill, finally titled, " Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act, 2006", by conference committee members who, as with the previous "Lily" riders that were inserted in a previous defense appropriation in the dark of night and subsequently repealed, were obviously serving interests other than those of the people.

The federal laws enacted in 2004 ("Biodefense I") and late 2005 ("PREP Act") not only unconstitutionally strip the people of the right to sue for redress if injured but also delegate to a non-elected, political appointee (the Secretary of Health and Human Services [the Secretary of HHS or, simply, the Secretary]) the unilateral right, stated to be not subject to judicial review, to suspend the normal federal safeguards for drug approvals and to protect all those involved in any aspect of any item he or she declares is related to a possible pandemic from being held accountable for their actions unless:

a) the Secretary grants the persons alleging harm the right to seek redress and
b) the persons alleging harm have proof that the person or persons being sued acted with the explicit intent to harm said person or persons or were grossly negligent in their actions.

In the area of vaccination, the state laws generally void all but "recognized medical exemptions" for any mandated vaccination program and allow public health officials to mandate vaccination programs and/or quarantine at sites designated by the public health officials whenever the state's governor declares a "health emergency" – whether or not there really is a health emergency.

… => see the whole article here:
https://web.archive.org/web/20100102030745/http://theflucase.com/index.php?option=com_content&view=article&id=2163%3Awe-the-peoples-struggle-for-vaccination-choice-by-paul-g-king&catid=1%3Alatest-news&Itemid=64&lang=en

NL NOVI LIST

Croatian Health Minister has lied about Swine Flu consent forms, says Lawyer

Novi List // The Flu Case, 2 December 2009, 10:04
http://www.novilist.hr/Vijesti/milinovic-lagao-gradani-potpisom.aspx (deleted).
https://web.archive.org/web/20100102015557/http://theflucase.com/index.php?option=com_content&view=article&id=2151%3Acroatian-health-minister-has-failed-to-explain-implications-of-signing-swine-flu-consent-forms-says-lawyer&catid=1%3Alatest-news&Itemid=64&lang=en

The Croatian Minister of Health has failed to give accurate information about the implications of signing consent forms for the swine flu jab and to make it clear to people that by signing this consent they are taking full responsibility for any harmful effects that could appear, according to a report in Novilist.

Thanks for the translation of the following by Luka:

"Milinovic (Croatian Minister of Health) lied, citizens relieve the state of any responsibility for the side effects by signing the consent form

Chronic patients, pregnant women and the rest of priority groups the doctors have encouraged to get vaccinated have extended their boycott yesterday fearing the possible side effects.

The Minister of Health, Darko Milinović, invited all high-risk groups to get vaccinated for both season and pandemic flu, saying it was the best form of protection.

But the consent form the citizens must sign prior to vaccination dissuaded them from doing so. While the Minister claims the consent forms do not reveal uncertainty and lack of testing of the vaccines, and that the government does not relieve itself from any liability for severe side effects, lawyers claim otherwise: signing the form means the patient claims all responsibility for the consequences of vaccination.

By signing the form, the patient takes full responsibility for any harmful consequences because by the act of signing, he or she gives the consent for them to appear, explains jurist Rajko Mlinarić. Therefore, the state has no legal responsibility towards the patients in case side effects occur, and the patient cannot take any legal action.

The Ministry of Health claims the consents are signed for better tracking of vaccinated citizens, limited vaccination supplies and efficient recording of possible sideaffects. Such consent will be introduced next season for regular flu vaccinations, under proposals by the EU. Drug and medicine agency published a set of forms for quick side effect registration, and a long list of possible, mostly rare side effects that can be very severe.

Additional 195.000 doses of vaccines were distributed yesterday and should be in dispensaries today. Patients showed interested in season flu vaccination while the pandemic vaccine will mainly end up being thrown away if the boycott continues. A total of a million and a half vaccination doses total worth of 70 million HRK (a little less than 10 millions euros) is what the Ministry of Health has acquired for a third of the population.

REUTERS

Clément Guillou et Gérard Bon

Quelque 1,3 million de Français vaccinés contre la grippe A

Reuters // Boursier, 3 Décembre 2009, 13h38
https://www.boursier.com/actualites/reuters/quelque-1-3-million-de-francais-vaccines-contre-la-grippe-a-58136.html

Paris (Reuters) La vaccination contre la grippe A(H1N1) monte en puissance avec environ 1,3 million de personnes vaccinées en 18 jours en France métropolitaine, où le virus a fait 92 morts depuis le début de l'épidémie.

Près d'un million de personnes (993.000) ont consulté pour des infections liées au virus la semaine dernière, soit une progression hebdomadaire de 40%, a souligné jeudi la ministre de la Santé, Roselyne Bachelot.

En une semaine, 24 nouveaux décès ont été enregistrés et l'augmentation du nombre de cas graves semble se poursuivre, avec un total de 481 personnes hospitalisées.

"Cette hausse semble ralentir un peu", a toutefois déclaré Roselyne Bachelot lors d'un point sur l'épidémie avec son homologue de l'Intérieur, Brice Hortefeux.

Après une période d'attentisme de la part des Français, des centres de vaccination ont été pris d'assaut ces derniers jours, ce qui a poussé le gouvernement à renforcer le dispositif et faire appel aux bénévoles de la Croix-Rouge et de la Protection Civile, notamment.

Selon Brice Hortefeux, 1,33 million de Français ont été vaccinés en 18 jours, ce qui semble montrer une amélioration du dispositif gouvernemental. "Au rythme actuel, le nombre des vaccinations aura doublé en une semaine", a-t-il assuré.

Objectif: 12 Millions de Français

Le gouvernement, qui a acheté 94 millions de doses de vaccins, entend proposer la vaccination à tous les Français qui le souhaitent sur une durée de quatre mois. Mais un ordre de priorité a été défini.

Le Premier ministre, François Fillon, a indiqué que l'objectif était de vacciner 12 millions de Français dans les semaines qui viennent.

Il avait annoncé mardi un renforcement du dispositif de vaccination, s'excusant des tensions créées par la mise en place de "la plus grosse entreprise de santé publique" jamais organisée en France.

Tous les centres de vaccination seront désormais ouverts de 08h00 à 22h00 du lundi au samedi "notamment en zone urbaine", a précisé le Premier ministre. Dans les grandes agglomérations, sur décision des préfets, les centres seront ouverts sept jours sur sept à partir de dimanche prochain.

Malgré les appels répétés des syndicats de médecins, qui souhaitent participer à la campagne, le Premier ministre a réitéré le refus du gouvernement de faire pratiquer des vaccinations dans les cabinets libéraux.

Cinq mille personnes seront recrutées d'ici dix jours pour pallier l'engorgement des centres de vaccination contre la grippe A(H1N1) en France, a affirmé de son côté le secrétaire d'Etat à l'Emploi, Laurent Wauquiez.

Le gouvernement va permettre aux associations de recruter "5.000 contrats aidés supplémentaires qui seront financés à 100% et seront là pendant six mois", a-t-il dit sur RMC et BFM TV.

Les embauches seront faites par la Croix-Rouge, a-t-il précisé, et devront être achevées "au maximum dans les dix jours".

THE FLU CASE

1.3 Million French have taken the Swine Flu jab, reports Reuters

The Flu Case, 3 December 2009 13:48

https://web.archive.org/web/20100102014246/http://theflucase.com/index.php?option=com_content&view=article&id=2172%3A13-million-french-have-taken-the-swine-flu-jab-reports-reuters&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

Fears Vaccine Information Sites to be Closed in The Netherlands and Finland Email Exchance Reveals

The Flu Case, 3 December 2009 11:20

https://web.archive.org/web/20100102010449/http://theflucase.com/index.php?option=com_content&view=article&id=2164%3Afears-vaccine-information-sites-to-be-closed-in-the-netherlands-and-finland-email-exchance-reveals&catid=1%3Alatest-news&Itemid=64&lang=en

From: XX
Date: 2009/12/2
Subject: RE:
To:

XX,
thanks so much. We're working under high presure right now.
Our [DUTCH] gouverment has declared they will shut down web-sites about the true information about the vaccine and the flu.

Today our minister of health told about theire interactions on blog's and forum's; so they'll know how the opnions are.
We are aware of that, so we have to be carefull.

I can confirm that Pandemrix is a nano-vaccine.

We are still in court with our minister of health, to give the information about the ingredients in the vaccine. Further more, our advisor of our health minister is Ab Osterhaus who has 13 side-jobs in the farmaceutical industry. Read this:

WHO announced the swine flu pandemic under pressure from a panel of advisers, headed by a Dutch doctor, Albert Osterhaus, nicknamed 'Dr. Flu' (from the name 'Tamiflu') because he was active in promoting mass vaccination of the population through WHO and the Western media.

Ever since I've been investigating the HPV-vaccine's I'm no longer on the gouverment mail-list. They've blocked me.

I have daily information about so many terrible affects of this vaccine. Woman who miscarriage, GBS.

We know now, since the vaccinations took place a week ago at least 7 people died. We only know that by internet -sources. Our media is absolutely quiet about that.

I have proof that our so-called Health Commite, lies about the people who'll have this flu-shot. People were stuck in lines for TV as if they were all there for a Mex. flu-shot. In fact, it was a shot of people in line for a sale and had nothing to do with the Mex. flu shot. They've announced special openings in the weekend, because of the overwhelming amount of people standing in line for the Mex. flu shot.

This is one cruwel joke. I'm sure, not even 40% turned up for this dangerous vaccination.

Our minister of health orderd, 34 miljion dosis and is selling 19 miljion dosis to Macedonia and some African country's.

Riika, you are free to give any information I give you.

We'll keep in touch!
Annelies

Date: Wed, 2 Dec 2009 03:21:57 +0200
Subject:
From:
To:

Hello Annelies,
I saw your message in Mirjaleena Isoaho´s blog.
This what I answered there:
Annelies,

#228, thank you for coming here! We are ve-ry interested about everything you can tell us.

I do not know, if we have a WAC-group here in Finland but I am sure we will find out. And when we do, we´ll let you know.

Our government keeps silent. Yesterday there was "news" in the paper that STM (finnish Social- and Health Ministry) is monitoring chats, blogs and netforums to keep a track of discussions concerning Swineflu.

Some of us have contacted parliament-members, media, Chancellor of justice and Protector General but we get no answers. Media keeps silent.

Hospital personnel has told us -anonymously- that THL (finnish Health- and Wellbeing-department) has forbidden to keep a register of the symptoms people get after vaccination and the dead are neither to be registered.

Private clinics are forbidden by THL to take Swineflutests.

We suspect that Pandemrix is a nanovaccine. They are not patented, licensed, tested yet. If this is so, it is extremely dangerous for pregnant women as it causes irreversible changes in the mitochondryo of the phoetus.

But we do not know for sure it is a nanovaccine. We just strongly suspect this to be so.

There is a person who is demanding in the court that THL submit the papers revealing the real substance of Pandemrix. So far they have refused to do so.

I ´ll enclose a link to next comment, it´s a graphic so that even if you do not understand the language you´ll understand the names (some familiar among them…) and euro-marks

here´s the link http://www.svd.se/nyheter/utrikes/artikel_3866223.svd?service=graphic (deleted)

I´ll send this comment to your e-mail also, in case this blog is shut down.

We are communicating with a swedish MEP and he tells that the media in Sweden ignores his information as if they were told to do so.

Can I give him the message you posted in this blog?

You CAN make a complaint to your Chancellor of Justice, complaint being a breach of rights of a citizen and jeopardizing citizen health, and request him/her to investigate the matter.

Keep in touch!
XX

REUTERS

Cinq mille embauches pour la campagne de vaccination antigrippe

Reuters, 3 Décembre 2009, 4:43 pm
https://www.reuters.com/article/idUSPAE5B204I/

Cinq mille personnes seront recrutées d'ici dix jours pour pallier l'engorgement des centres de vaccination contre la grippe A(H1N1) en France, a affirmé le secrétaire d'Etat à l'Emploi.

Les centres de vaccination sont pris d'assaut depuis leur ouverture à la mi-novembre, ce qui a poussé Nicolas Sarkozy et François Fillon à renforcer le dispositif et faire appel aux bénévoles de la Croix-Rouge et de la Protection Civile.

Le gouvernement va permettre aux associations de recruter "5.000 contrats aidés supplémentaires qui seront financés à 100% et seront là pendant six mois", a dit Laurent Wauquiez sur RMC et BFM TV.

Les embauches seront faites par la Croix-Rouge, a-t-il précisé, et devront être achevées "au maximum dans les dix jours".

Selon la ministre de la Santé Roselyne Bachelot, la France a franchi la semaine dernière la barre du million de personnes vaccinées.

Le directeur général de la Santé, Didier Houssin, a estimé de son côté que deux à trois millions de personnes pourraient être touchées par la grippe A(H1N1).

THE FLU CASE

Clément Guillou

5,000 extra people to be hired to run vaccine centres in France

The Flu Case, 5 December 2009 15:01
https://web.archive.org/web/20100102051701/http://theflucase.com/index.php?option=com_content&view=article&id=2188%3A5000-extra-people-to-be-hired-to-run-vaccine-centres-in-france&catid=1%3Alatest-news&Itemid=64&lang=en

Five thousand people are to be hired in the next ten days by the French government in order to operate the mass vaccination centers, Laurent Wauquiez, employment secretary has announced.

THANHNIEN NEWS.com

Vietnam requests WHO clarification on H1N1 vaccine safety

Thanh Nien News // Tuoi Tre, 3 December 2009, 22:08:24 Vietnam (GMT+07)
https://web.archive.org/web/20091207094559/http://www.thanhniennews.com/healthy/?catid=8&newsid=54027

Vietnam has asked the World Health Organization to clarify the safety of H1N1 vaccines to be provided to the country after higher

In an urgent communication to WHO, Vietnam has demanded that all information about the Arepanrix H1N1 vaccines produced by the British-owned GlaxoSmithKline, including its dosage and the number of allergic reactions to it in other countries, be clearly stated, the health ministry's Drug Administration said on Wednesday.

The country is expected to receive 1.2 million does of vaccines produced by GlaxoSmithKline from the WHO this month.

Nguyen Huy Nga, head of the health ministry's Preventive Health and Environmental Department, said they planned to vaccinate 800,000-900,000 women who are more than three months pregnant and 280,000 health workers between this month and next February.

According to the Drug Administration, Canada last month withdrew 170,000 doses of the Arepanrix vaccines after six negative reactions were reported. One or two allergic reactions are expected in a batch of that size.

Also on Wednesday the Ministry of Health reported that two more people – a 17-year-old girl and a 33-year-old man in the Mekong Delta of An Giang – have died of swine flu.

Swine flu has so far killed 46 people nationwide.

REUTERS

Ben Hirschler

EU: no safety concerns as 10 mln get H1N1 shots

Reuters, 3 December 2009, 03:38:13 PST
https://www.reuters.com/article/us-flu-europe-idUSTRE5B224520091203/

London, Dec 3 – Some 10 million people across the European Union have now been vaccinated against H1N1 swine flu and so far no unexpected serious safety issues have been identified, the region's drugs watchdog said on Thursday.

The most frequent adverse reactions have been fever, nausea, headache, allergic reactions and injection site pain, but these were mostly non-serious and had been expected, the European Medicines Agency said.

The safety update is the first analysis of adverse reactions following the roll-out of three vaccines across Europe – GlaxoSmithKline's Pandemrix, Novartis's Focetria and Baxter's Celvapan.

New clinical trial data did show a greater incidence of fever following the second dose of Pandemrix in babies from 6 to 35 months and an assessment of that data was ongoing, the agency added.

The Geneva-based World Health Organisation (WHO) said that around 150 million doses of pandemic H1N1 vaccine had now been distributed in more than 40 countries but did not say how many had actually been given to people. [https://jp.reuters.com/article/idUSGEE5B212H/]

THE FLU CASE

"Vaccination Expert" leaves Newspaper to work for WHO

The Flu Case, 3 December 2009 14:02
https://web.archive.org/web/20100102030802/http://theflucase.com/index.php?option=com_content&view=article&id=2176%3Aqvaccination-expertq-leaves-newspaper-to-work-for-who&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The close links between WHO and the media were underlined by the news that the "vaccination expert" of Germany's "Ärzte Zeitung", Tomas Jelinek, has been hired by WHO as a "Consulting Expert to WHO in Travel Medicine."

"Die Ärzte Zeitung" is a newspaper reporting medical news that prints about 65,000 copies for doctors and other health professionals in Germany.

Jelinek has been advising people to take the swine flu jab in his reports, as might be expected if he has just moved to WHO on an unnamed salary.

The "Ärzte Zeitung" presents itself as independent source of information to its readers.

But how credible are these claims when its so-called "vaccination expert" leaves to take up a job in WHO after promoting the WHO flu jab in its pages?

The media has played a key role in the swine flu scam – as it has in the global warming swindle -- by misrepresenting and suppressing facts to shape public attitudes to encourage people to take the swine flu shot, so furthering the agenda of the international corporate crime syndicate that owns media enterprises.

WELT

Pia Heinemann

Schweinegrippe-Impfung jetzt für alle empfohlen

WELT, 3 Dezember 2009
https://www.welt.de/gesundheit/article5416717/Schweinegrippe-Impfung-jetzt-fuer-alle-empfohlen.html

Die Ständige Impfkommission empfiehlt jetzt allen Menschen in Deutschland die Impfung gegen die Schweinegrippe – obwohl die Grippewelle einen Scheitelpunkt erreicht hat. Die Impfungen seien wichtig, weil noch immer nicht vorauszusehen sei, wie sich die Grippe entwickele.

Die Ständige Impfkommission (Stiko) hat eine neue Empfehlung zur Impfung gegen die Schweinegrippe herausgegeben: Alle Menschen in Deutschland sollen nun gegen das Grippe-Virus geimpft werden. Obwohl die Grippewelle einen Scheitelpunkt erreicht hat, hat sich die Impfkommission nun dazu entschieden, dass nun nicht mehr nur medizinisches Personal, chronische Kranke und Schwangere geimpft werden – sondern jeder.

Das Robert-Koch-Institut (RKI), das diese neuen Impfempfehlungen der Stiko gestern herausgegeben hat, betont, dass Impfungen aus dem Grunde wichtig seien, da noch immer nicht vorauszusehen sei, wie sich die Grippe im Laufe des Winters entwickele. Noch ist die normale saisonale Grippe in Deutschland nicht großflächig angekommen – noch müssen die Menschen also nicht mit zwei Influenzaviren zurechtkommen. Das Robert-Koch-Institut in Berlin erklärt weiter, mittlerweile habe sich gezeigt, dass nicht – wie ursprünglich gedacht – zwei Spritzen notwendig sind, um einen ausreichenden Immunschutz aufzubauen. Vielmehr reiche eine Spritze. Ende November hatte die Weltgesundheitsorganisation WHO davor gewarnt, die Schweinegrippe zu unterschätzen. Der WHO-Grippeexperte Keiji Fukuda betonte damals, der einzige Schutz gegen eine Grippe sei die Impfung.

Angela Spelsberg, Epidemiologin und Vorstandsmiglied der Anti-Korruptions-Organisation "Transparency International" sei das Them Grippeimpfung aber auch von Geschäftsinteressen geprägt. Dem Sender "Deutschlandradio Kultur" sagte sie: "Wir beobachten da massive Interessenkonflikte". Das Robert-Koch-Institut weist derartige Vorwürfe aber zurück. Die Grippewelle dauere noch an, erklärte das RKI. Auch nach dem Erreichen des Scheitelpunkts einer Welle träten in der Regel mindestens noch einmal so viele Fälle auf wie davor. Von früheren Grippe-Pandemien wisse man, dass sie oft in mehreren Wellen auftreten.

Nachdem Anfang Oktober zunächst die Impfung für Medizinpersonal, chronisch Kranke und Schwangere empfohlen wurde, erklärte die Stiko nun, "in Abhängigkeit von der Verfügbarkeit der Impfstoffe stufenweise die Impfung aller Indikationsgruppen durchzuführen". Bisher galt, dass vor allem Risikogruppen wie Mediziner und chronisch Kranke sich impfen lassen sollten. Nun wird die Impfung zudem den Menschen empfohlen, in deren Umgebung sich nicht geimpfte, zur Risikogruppe gehörende Personen befinden, zum Beispiel Angehörigen von chronisch Kranken. Auch Kinder und junge Erwachsene bis 24 Jahre immunisiert werden, in einer nächsten Stufe über 60-Jährige. Im weiteren Verlauf sollen dann Personen im Alter von 25 bis 59 Jahren und schließlich Personen ab 60 Jahre geimpft werden.

In Deutschland sind bis zum 1. Dezember 66 Menschen im Zusammenhang mit der Schweinegrippe gestorben. Bei rund drei Vierteln von ihnen gibt es laut RKI Hinweise darauf, dass sie an einer anderen Krankheit litten. "Die Daten unterstreichen jedoch auch ein erhöhtes Risiko von jungen Kindern und von Jugendlichen, sowohl an der Neuen Influenza zu erkranken als auch schwere Krankheitsverläufe zu entwickeln."

In die Diskussion um die Sicherheit des Impfstoffes bringt das PEI nun auch erste Zahlen ein: Ihm wurden bislang 658 Verdachtsfälle von Reaktionen nach einer Schweinegrippe-Impfung gemeldet. 15 Menschen starben nach einer Impfung. Doch bei keinem Patienten habe es einen Zusammenhang zwischen der Impfung und dem späteren Tod gegeben, sagte eine Sprecherin des PEI. Die meisten später gestorbenen Patienten seien vorerkrankt gewesen. Nach PEI-Angaben wurden bundesweit 4 bis 5,8 Millionen Dosen Pandemrix verimpft.

Beim PEI liegen, wie in anderen Staaten auch, "keine Hinweise für vermehrte schwere unerwünschte Wirkungen nach einer Impfung vor", meldet das PEI. "Aber wie vor anderen Impfungen sollte auch bei der neuen Impfung grundsätzlich eine individuelle Nutzen-Risiko-Abwägung vorgenommen werden. Die Organisation der Impfung ist Aufgabe der Länder."

Erstmals gab es auch ein Fall nach der Impfung mit Celvapan, dem Impfstoff ohne Wirkverstärker (Adjuvans). Dieser Impfstoff wurde als "Bundeswehrimpfstoff" bekannt. Bei dieser Nebenwirkung nach einer Celvapan-Impfung habe es sich aber um "eine anaphylaktische Reaktion" gehandelt, betonte die PEI-Sprecherin. Solche überschießenden Immunantworten treten laut PEI nach Impfungen mit einer geschätzten Häufigkeit zwischen ein und zehn Fällen pro einer Million Dosen auf.

Das PEI verwies auf eine Studie aus Schweden, die ebenfalls unerwartete Reaktionen nach der Schweinegrippe-Impfung auflistet. Dort wurden bis Mitte November unter anderem 26.000 Kinder bis drei Jahre geimpft. In zwei Fällen mussten die Kinder mehrmals erbrechen. Außerdem seien 31.000 Schwangere mit Pandemrix geimpft worden. Vier Fehlgeburten und ein im Mutterleib gestorbener Fötus standen dabei im zeitlichen Zusammenhang mit der Impfung –allerdings sei die Impfung nicht die Ursache gewesen.

Die Ständige Impfkommission erinnerte darüber hinaus an die Impfung gegen die saisonale Grippe, "die den bekannten Risikogruppen weiterhin empfohlen wird: chronisch Kranke und Personen über 60 sowie medizinisches Personal und Menschen mit viel Kontakt zu anderen". Zur Verringerung des Infektionsrisikos sollten nach wie vor die persönlichen Hygienemaßnahmen wie häufiges Händewaschen beitragen.

THE FLU CASE

All Germans should now get Swine Flu shot, say government "Experts"

The Flu Case, 4 December 2009, 16:31

https://web.archive.org/web/20100102050608/http://theflucase.com/index.php?option=com_content&view=article&id=2184%3Aall-germans-should-now-get-swine-flu-shot-say-government-qexpertsq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A key German government vaccine body, STIKO, has changed its guidenlines to expand the scope of the mass swine flu vaccination campaign, saying that the entire population should now be given the swine flu shot, according to the newspaper, Augsburger Allegemeine.

Augsburger Allgemeine

Schweinegrippe: Impfung jetzt für alle empfohlen

Augsburger-Allgemeine, 4 Dezemver 2009, 09:12 Uhr
https://www.augsburger-allgemeine.de/politik/Staendige-Impfkommission-Schweinegrippe-Impfung-jetzt-fuer-alle-empfohlen-id6962016.html

Schweinegrippe-Impfung für alle: Die Ständige Impfkommission (STIKO) rät, dass sich jeder Deutsche gegen das H1N1-Virus impfen lassen sollte.

Die Ständige Impfkommission (STIKO) ist die zentrale, wissenschaftliche Einrichtung der Bundesrepublik Deutschland zur Krankheitsüberwachung und -Vorsorge.

Im Kampf gegen die Schweinegrippe überprüft die STIKO regelmäßig die Situation in Deutschland und gibt dann entsprechende Impfempfehlungen heraus. Anfang Oktober etwa rieten die Experten, dass sich vor allem medizinisches Personal wie Ärzte oder Krankenschwestern, chronisch Kranke und Schwangere gegen die Schweinegrippe impfen lassen sollten.

In ihrem aktuellen epidemiologischen Bulletin geht die Impfkommission nun einen Schritt weiter. Die Experten empfehlen jetzt eine Schweinegrippe-Impfung für alle Menschen. Zunächst sollten sich Menschen, die mit besonders gefährdeten Personengruppen Kontakt haben, impfen lassen, etwa Eltern von Kindern unter sechs Monaten. Dann sollten Kinder und Erwachsene bis 24 Jahre zur Schutzimpfung. Danach sollten - sofern Impfstoff vorhanden ist - Menschen im Alter von 25 bis 59 Jahren, und schließlich die über 60-Jährigen geimpft werden.

"Die STIKO weist darauf hin, dass die Impfung gegen die Neue Influenza A (H1N1) wie alle Impfungen nach individueller Nutzen-Risiko-Abwägung vorgenommen werden soll. Das gilt insbesondere für chronisch Kranke, Kinder und Schwangere", ergänzten die Experten wörtlich.

Zugleich gingen die Experten auf die Sorge vor unerwünschten Nebenwirkungen der Schweinegrippe-Impfung ein: "Die bisher verfügbaren Daten zur Sicherheit der adjuvantierten Impfstoffe gegen die Neue Influenza A (H1N1) enthalten keine Hinweise für ein vermehrtes Auftreten schwerer unerwünschter Wirkungen. Der überwiegende Teil der Meldungen an das Paul-Ehrlich-Institut (PEI) beschreibt Impfreaktionen an der Injektionsstelle und milde Allgemeinreaktionen."

Das Robert-Koch-Institut registrierte bis zum 27. November 2009 insgesamt 172.627 Infektionen mit Schweinegrippe in Deutschland. "Im Gegensatz zur Situation in den Sommermonaten, als die gemeldeten Neue Influenza A (H1N1)-Infektionen mehrheitlich aus dem Ausland importiert waren, wurden 95 % der seit dem 28.09.2009 gemeldeten Fälle in Deutschland erworben", so das RKI. Da nicht alle Erkrankten zum Arzt gingen und nicht bei allen Verdachtsfällen Test gemacht würden, sei von einer "erheblichen Untererfassung der Fälle" auszugehen.

THE FLU CASE

All Germans Should Now Get Swine Flu Shot, Say Government "Experts"

The Flu Case, 4 December 2009 16:31
https://web.archive.org/web/20100102050608/http://theflucase.com/index.php?option=com_content&view=article&id=2184%3Aall-germans-should-now-get-swine-flu-shot-say-government-qexpertsq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A key German government vaccine body, STIKO, has changed its guidenlines to expand the scope of the mass swine flu vaccination campaign, saying that the entire population should now be given the swine flu shot, according to the newspaper, Augsburger Allegemeine.

The Gazette

Sharon Kirkey

H1N1 pandemic ending with a whimper, not a bang

The Gazette, 4 December 2009
https://web.archive.org/web/20091208101956/http://www.montrealgazette.com/health/H1N1+pandemic+ending+with+whimper+bang/2304630/story.html

With H1N1 poised to enter history as the least deadly of four global flu pandemics, some experts are calling for an end to Canada's mass vaccination program.

Nature is already achieving what we would hope to achieve by vaccinating, they say.

H1N1's "reproductive number" – the number of people each infected person passes the virus to – was above one when the epidemic began, which led to the explosive initial increase in cases.

Now it is less than one, because many people have become immune, and each old case is making less than one new case. When the reproductive number falls below one, the epidemic can't sustain itself, and fades away.

The drop in cases suggests Canada has hit the critical fraction of the population that needs to be vaccinated to control the pandemic, says Dr. David Fisman, a University of Toronto expert in infectious disease dynamics.

Fisman can't understand the rational for continuing mass vaccinations. He said that for a virus as contagious as H1N1, fewer than 30 per cent of the population needed vaccination to reach a critical level of immunity.

"I'm sure that the vaccine has prevented some deaths. I'm sure that there are people who are alive right now who would not have been alive if we hadn't vaccinated," he says. But the pandemic was already peaking, and then subsiding before the vaccination was rolling out in force.

"That's nobody's fault, that's just how long it took to make a vaccine against a brand new virus. Those were the cards we were dealt," says Fisman, an associate professor of infectious diseases epidemiology at the University of Toronto's Dalla Lana School of Public Health.

Despite that view, Canada's top doctor this week pleaded with Canadians to get vaccinated if they have not already done so. Chief public health officer David Butler-Jones said that, while 30 per cent of the population is now immune to H1N1, either because they have been vaccinated or because they have already been infected, "millions" of people are still at risk of infection.

Someone vaccinated today may be protected against infection two weeks from now, "if there is still enough of (H1N1) kicking around," Fisman says. But the benefit diminishes the further into the future we go, and he says other public health programs have suffered as staff and resources were redeployed to the H1N1 campaign. In some jurisdictions, breastfeeding support programs, sexually transmitted diseases clinics and other usual activities were cancelled or postponed as public health was forced to bear the brunt of delivering the largest immunization program in Canada's history.

"At this point, in terms of saying everybody must get vaccinated because there is a pandemic abroad, it's kind of done," Fisman says.

H1N1 will likely die out with a death rate lower than that for regular seasonal flu.

Harvard University infectious disease expert Marc Lipsitch is pegging H1N1's case fatality rate – the proportion of people infected with a disease who die of it – at less than 0.1 per cent, placing human swine flu in a category 1 pandemic, the lowest level of severity for a worldwide disease outbreak. Swine flu's case fatality rate is less than what was seen for the three worldwide flu outbreaks in the 20th century: 1918, 1957 and 1968.

Unless the virus mutates, and there is no strong sign H1N1 is becoming noticeably different, "it's almost certainly going to be the mildest of the four (pandemics) that we have good data on," says Lipsitch, a professor of epidemiology at the Harvard School of Public Health.

When the World Health Organization declared the pandemic in June, officials warned the rogue virus threatened all of humanity. The reality is so far proving strikingly different from what was expected.

The world agency, and Canada, had done their pandemic planning with a different flu virus in mind. They spent five years watching H5N1, or "bird flu," which kills up to 60 per cent of those it infects.

We got off lucky when the real pandemic hit, WHO says, but the public doesn't always understand that.

"Adjusting public perceptions to suit a far less lethal virus has been problematic," WHO said in a statement Thursday, issued in response to media reports that ties with the drug industry among expert advisers may have influenced WHO's policy decisions related to H1N1.

"Given the discrepancy between what was expected and what has happened, a search for ulterior motives on the part of WHO and its scientific advisers is understandable, though without justification.

"WHO has consistently assessed the impact of the current influenza pandemic as moderate. WHO has consistently reminded the medical community, public and the media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment."

But some critics say WHO set itself up for blame.

"They had been talking for years about the possibility of some kind of reprise of the 1918 pandemic," says Philip Alcabes, author of Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to the Avian Flu. "A huge amount of money and person power was devoted to preparing" for the next outbreak, he says.

But, "there was never any evidence, not from Day 1, and not anytime since, that this strain of flu was going to be a particularly dangerous strain, either in terms of its capacity to make people sick or its capacity to kill people," says Alcabes, associate professor in urban public health at Hunter College's School of Health Sciences in the City University of New York.

"Yet that's the story that's always been told, almost every single day since it appeared in April. 'We don't know what's going to happen.' Essentially, 'the sky might fall.'"

Lipsitch, of Harvard, says that when the first reports were coming out of Mexico, the case fatality rate estimates were as high as four per cent, which is twice the rate for the 1918 Spanish flu.

"If you don't know how bad your enemy is, you plan as if it's bad, and you hope that you're over-planning. In this case, that's exactly what was done," he says.

"I think the response has been appropriate for what we knew at each stage, but what we know has changed, because the data gets better."

THE FLU CASE

Experts Call for an End to Canada's Mass Vaccination Program

The Flu Case, 10 December 2009, 11:48
https://web.archive.org/web/20100102023400/http://theflucase.com/index.php?option=com_content&view=article&id=2225%3Aexperts-call-for-an-end-to-canadas-mass-vaccination-program&catid=1%3Alatest-news&Itemid=64&lang=en

American experts: pig flu pandemic category 1 retreating naturally. – Montreal Gazette, 4 December 2009.

Experts are calling for an end to Canada's mass vaccination program.

Nature is already achieving what we would hope to achieve by vaccinating, they say.

Many people have become immune, and each old case is making less than one new case. When the reproductive number falls below one, the epidemic can't sustain itself, and fades away.

Dr. David Fisman can't understand the rational for continuing mass vaccinations.
…

Le Journal du Dimanche

Grippe A-Paris: La vaccination renforcée

Le Journal du Dimanche, 5 December 2009.
http://www.lejdd.fr/Societe/Sante/Depeches/Grippe-A-Paris-La-vaccination-renforcee-155583/

La mairie de Paris a annoncé vendredi l'ouverture de "10 gymnases supplémentaires d'ici la fin de la semaine" dans le cadre du plan de vaccination contre la grippe A-H1N1. Pour faire face à "l'affluence accrue" et les "files d'attente considérables", la ville de Paris mobilisera "200 agents administratifs municipaux afin de faciliter l'accueil des personnes". Quatre centres de vaccination destinés aux enfants de moins de 3 ans seront transférés "vers des gymnases qui garantissent des conditions d'attente plus confortables" et les horaires d'ouverture seront doublés dès samedi.

"Nous demandons à l'Etat qu'il continue d'adapter son plan, de façon pragmatique, à la réalité des besoins, en diversifiant davantage les lieux et les modalités de vaccination, et en mobilisant des moyens accrus pour l'appliquer", poursuit le texte en rappelant enfin que de nombreuses "personnes isolées et en perte d'autonomie" ne peuvent se rendre d'elles mêmes dans les centres de vaccination.

PARIS MATCH

Grippe A: Dispositif renforcé à Paris

Paris Match, 5 December 2009, 16:00
https://www.parismatch.com/Actu/Sante/Grippe-A-Dispositif-renforce-a-Paris-168208

Face à l'afflux de candidats à la vaccination, les préfets d'Ile-de-France ont renforcé le dispositif de vaccination contre la Grippe A. A Paris, 10 nouveaux centres, fonctionnant de 8 heures à 22 heures, ont ouvert leurs portes ce samedi 5 décembre, venant s'ajouter aux 12 centres déjà existants. Au total, ce sont 166 centres qui sont ouverts en Ile-de-France. Débutée le 12 novembre, la campagne de vaccination a déjà permit de vacciner 252 800 franciliens prioritaires et à risques. Pour la seule journée du vendredi 4 décembre, 27 853 personnes qui ont été vaccinées, dont 5 604 à Paris.

THE FLU CASE

"Strengthened" Vaccination Centers to Open in Paris

The Flu Case, (4 December 2009), 16:36
https://web.archive.org/web/20100102004345/http://theflucase.com/index.php?option=com_content&view=article&id=2185%3Aqstrengthenedq-vaccination-centers-to-open-in-paris&catid=1%3Alatest-news&Itemid=64&lang=en

The mayor of Paris has said that 10 additional sports facilities are to be opened by the end of the week as part of the operation to mass vaccinate the entire population with the swine flu shot.

These additional facilities appear to fall under the category "vaccination renforcée" and to have extra security features as outlined in the Health Ministry vaccination plan leaked in August.

LE FIGARO

H1N1/vaccination: dispositif "renforcé"

Le Figaro, AFP, 5 Decembre 2009, 14:24
https://www.lefigaro.fr/flash-actu/2009/12/05/01011-20091205FILWWW00641-h1n1vaccination-dispositif-renforce.php

Le dispositif de vaccination contre la grippe H1N1 a été "renforcé" à partir de samedi en Ile-de-France, avec l'ouverture de 10 nouveaux centres à Paris, annonce le préfet de police, préfet de la zone de défense Ile-de-France dans un communiqué.

En Ile-de-France, la campagne de vaccination contre la grippe H1N1, débutée le 12 novembre dernier, a permis de vacciner 252.800 personnes prioritaires et à risques, précise la préfecture de police, ajoutant que pour la seule journée du vendredi 4 décembre, ce sont 27.853 franciliens qui ont été vaccinés, dont 5.604 à Paris.

"Pour accompagner l'accroissement de la fréquentation des centres, particulièrement en fin de semaine, les préfets de la zone Ile-de-France ont été conduits à augmenter les capacités de vaccination", poursuit le texte. Ainsi 166 centres sont désormais ouverts en Ile-de-France. A Paris et dans l'agglomération parisienne, ces centres sont ouverts 7 jours sur 7 de 8 heures à 22 heures.

A Paris, 10 nouveaux centres, fonctionnant de 8 heures à 22 heures, ont ouvert leurs portes ce samedi 5 décembre dans les 7ème, 10ème, 11ème, 13ème, 14ème, 15ème, 17ème, 18ème, 19ème et 20ème arrondissements, venant s'ajouter aux 12 centres déjà existants.

THE FLU CASE

Police Prefect opens 10 more Vaccine centres in Paris

The Flu Case, 8 December 2009 15:21
https://web.archive.org/web/20100102034711/http://theflucase.com/index.php?option=com_content&view=article&id=2213%3Apolice-prefect-opens-10-more-vaccine-centres-in-paris&catid=1%3Alatest-news&Itemid=64&lang=en

The Prefect of the Police and Prefect of the Defence Zone Ile-de-France said on Saturday that 10 new vaccine centers are to be opened in Paris operating frm 8 am until 10 pm seven days a week.

=> A similar articles on the next page

L'OBS

Vaccination: dispositif renforcé en Ile-de-France

L'Obs, 6 décembre 2009, 10h47

La préfecture de police a annoncé samedi l'ouverture de 10 nouveaux centres de vaccination dans la région Capitale. 27.853 Franciliens ont pu être vaccinés dans cette seule journée.

Avec l'ouverture de 10 nouveaux centres à Paris, le préfet de police, préfet de la zone de défense Ile-de-France, a annoncé dans un communiqué le samedi 5 décembre que le dispositif de vaccination contre la grippe H1N1 avait été "renforcé". Déjà 252.800 personnes prioritaires et à risques on pu être vaccinées dans la région Ile-de-France, depuis le début de la campagne, le 12 novembre dernier, a précisé la préfecture de police. Ajoutant que 27.853 Franciliens ont été vaccinés dans la seule journée du 4 décembre, dont 5.604 à Paris.

"Pour accompagner l'accroissement de la fréquentation des centres, particulièrement en fin de semaine, les préfets de la zone Ile-de-France ont été conduits à augmenter les capacités de vaccination", poursuit le communiqué. 166 centres sont donc désormais ouverts en Ile-de-France.

A Paris et dans l'agglomération parisienne, ces centres accueillent 7 jours sur 7, de 8 heures à 22 heures, excepté le lundi où ils ouvrent à 12h30. Dans la capitale, 10 nouveaux centres, fonctionnant de 8 heures à 22 heures, ont ouvert leurs portes ce samedi 5 décembre dans les 7ème, 10ème, 11ème, 13ème, 14ème, 15ème, 17ème, 18ème, 19ème et 20ème arrondissements, venant s'ajouter aux 12 centres déjà existants.

111 décès en France métropolitaine (139 avec l'outre-mer)

Le lundi, les centres d'Ile-de-France ouvrent au public à compter de 12H30, "afin de permettre en matinée le réapprovisionnement en vaccins et matériel médical, ainsi que la remise en état des lieux garantissant des conditions d'hygiène et d'accueil satisfaisantes", a précisé le communiqué. "La campagne de vaccination dans les centres reste, pour l'instant, réservée aux personnes les plus vulnérables, qui ont reçu un bon de vaccination de la Caisse Nationale d'Assurance Maladie" a-t-on rappelé. Sont notamment concernés les nourrissons de 6 à 23 mois, ainsi que leur entourage (pour les nourrissons de moins de 6 mois), les femmes enceintes, les personnes présentant un facteur de risque particulier, et enfin, les professionnels de santé.

La ministre de la santé, Roselyne Bachelot, a indiqué samedi que le nombre de personnes vaccinées avait franchi en France le cap des deux millions. Par ailleurs, la grippe H1N1 fait 111 décès en France métropolitaine (139 avec l'outre-mer).

Police Prefect opens 10 more Vaccine centres in Paris. – The Flu Case, 8 December 2009.
https://web.archive.org/web/20100102034711/http://theflucase.com/index.php?option=com_content&view=article&id=2213%3Apolice-prefect-opens-10-more-vaccine-centres-in-paris&catid=1%3Alatest-news&Itemid=64&lang=en

The Prefect of the Police and Prefect of the Defence Zone Ile-de-France said on Saturday that 10 new vaccine centers are to be opened in Paris operating frm 8 am until 10 pm seven days a week.

The News & Advance

Liz Barry

Turnout low for swine flu vaccine clinics

The News & Advances, 6 December 2009
https://newsadvance.com/news/local/turnout-low-for-swine-flu-vaccine-clinics/article_ad3ec2fc-4e62-52dd-acdc-9aef0d704922.html

Turnout was lower than expected at Central Virginia Health District's five H1N1 vaccination clinics on Saturday, with a total of 324 doses administered across the district.

The shot and nasal spray vaccines were offered for free at sites in Lynchburg, Amherst, Bedford, Appomattox and Campbell County. People considered "high risk" for complications, such as pregnant women, young people and people with chronic medical conditions, were the target demographic.

Upwards of 25 people were waiting when the Lynchburg site opened at 9 a.m. After the initial rush, people trickled through the door until the clinic closed at noon.

"We had the initial push, but they've been slowly coming in," said Shayla Anderson, public information officer for the Central Virginia Health District.

The Lynchburg clinic was prepared to administer 300 doses of the vaccine. In the end, they gave out 99.

Kerry Gateley, director of the Central Virginia Health District, said he has noticed a drop in the demand for the vaccine over the past two weeks. Part of that he attributes to the fact that many high-risk patients have already gotten the vaccine.

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"We're getting into a population of people who are not so certain about their risk or not so certain they want the vaccine."

Rain and snow also might have contributed to the low numbers, Gateley said.

This was the health district's first weekend clinic. Previously, it has also administered vaccinations in schools and to high-priority groups.

Lynchburg resident Roger Clements, 49, came to the clinic with his two sons, Roger, 19, and Gordon, 22, since their family doctor does not offer the vaccine.

Clements, who has diabetes, is in the high-risk category, along with his sons, who are both under the age of 25.

"We've been hoping to get the vaccine long before now," Clements said, who added that he got the vaccine both for "peace of mind" and to "satisfy my wife."

Gateley emphasized that the Virginia Department of Heath will continue to offer the vaccine as long as necessary.

THE WALL STREET JOURNAL

David Gauthier-Villars

France takes another shot at combating H1N1 threat

The Wall Street Journal, 7 December 2009, 12:01 am ET
https://web.archive.org/web/20091208004606/http://online.wsj.com/article/SB126013820647379157.html

PARIS - France is playing catch-up in rushing to vaccinate a large part of its 65-million-strong population against the H1N1 virus, after being ahead of the game in developing and buying vaccines earlier this year.

Last month, vaccination vouchers were mailed to children, pregnant women and elderly people -- categories that get precedence in receiving the shot. So far, two million people have been vaccinated and health authorities are aiming to reach the 30-million mark by February.

French Health Minister Roselyne Bachelot, right, holds the hand of a woman receiving an H1N1 vaccine on Saturday at a vaccination center in Marcq-en-Baroeul.

On Sunday at Paris's Jean Dame municipal sports center, near the former mercantile exchange, doctors and nurses hosted patients in a labyrinth of cubicles with cardboard dividers, the first Sunday vaccination centers were open.

"We've treated 200 patients so far," said the director of the makeshift vaccination center.

The rush for shots is quite a turn of events. France was one of the fastest countries to develop a countrywide vaccination campaign for the H1N1 "grippe," or flu. Since the summer of 2003, when an estimated 15,000 people died nationwide because of a heat wave, the French government has taken great care in preparing itself against any health risk.

Health authorities ordered 94 million shots from drug makers, including Sanofi-Aventis SA of France and GlaxoSmithKline PLC of the U.K.

That is far more than the French population, but authorities originally thought people might need two shots for the vaccine to be effective.

France's national health-insurance agency CPAM, which is facing a deficit of about €10 billion ($14.9 billion) this year, was asked to foot the bill for most of the overall €1 billion vaccine cost.

The government organized a major advertising campaign on why everyone should get vaccinated. France's Health and Sports Minister Roselyne Bachelot -- a grandmotherly figure who recently sported pink Croc shoes at a cabinet meeting -- regularly appeared on television to remind people to wash their hands and get vaccinated.

Radio and television ads were blasted over the airwaves, saying "the vaccination offers the best protection."

The problem was, nobody listened.

Doctors didn't push the vaccine and even pooh-poohed it with patients. Bernard Debré, a French urologist and lawmaker affiliated with the ruling UMP Party of President Nicolas Sarkozy, publicly played down the dangers of swine flu.

When the vaccines became available on Nov. 12, virtually nobody showed up. French television broadcast footage of nearly empty vaccination centers.

The phenomenon is similar to what is happening in other European countries. In Italy and Spain, the vaccine is readily available but people are staying away. While the health ministries of both countries are encouraging vaccination, doctors are far more blasés with their patients.

So what changed in France? Over the past few weeks, French papers have publicized deaths from H1N1. Late last month, Ms. Bachelot said 22 more patients with H1N1 had died.

The population panicked. Now a popular refrain is that the French government isn't moving fast enough – and that health centers are giving out the vaccine in dribs and drabs.

The latest wave of public demands has prompted Mr. Sarkozy to call in the army to help keep new makeshift vaccination centers open until late at night and on the weekends. Medical students have also been drafted to help nurses across the country administer shots.

Still, bureaucratic hassles are also holding things up.

"The vaccination vouchers I received are for my kids," said Nathalie Heckel, a Parisian mother of two. "That means I'll have to queue up again for my own shot."

Because it overestimated its need, France has millions of extra vaccine doses that can't be stored until next year. The government has said France may donate part of its stockpile to poor nations and sell the rest on the international market.

THE FLU CASE

France wants to give 30 million people the Swine Flu jab by February

The Flu Case, 7 December 2009 12:40
https://web.archive.org/web/20100102054905/http://theflucase.com/index.php?option=com_content&view=article&id=2197%3Afrance-wants-to-give-30-million-people-the-swine-flu-jab-by-february&catid=1%3Alatest-news&Itemid=64&lang=en

A leaked French government *document in August* revealed plans to vaccinate the entire French population against swine flu between the end of September 2009 and the end of January 2010.

However, concerns surrounding the untested vaccine as well as the secret contracts with the phramacuetical companies promised total immunity, have taken their toll.

There is also the additional detail that there is verifiably no pandemic threat from the swine flu.

Only 2 out of 65 million people in France have taken the jab so far - and that mostly due to fear mongering by the French Health Minister Roselyne Bachelot as the Wall Street Journal freely admits.

"Over the past few weeks, French papers have publicized deaths from H1N1. Late last month, Ms. Bachelot said 22 more patients with H1N1 had died.

The population panicked..." writes the WSJ.

THE FLU CASE

Grippe A: les élèves infirmiers ne soigneront que s'ils sont vaccines

The Flu Case // Maxisciences, 7 décembre 2009, 13h08
https://web.archive.org/web/20100102030653/http://theflucase.com/index.php?option=com_content&view=article&id=2219%3Afrench-student-nurses-told-take-swine-flu-jab-or-go-home&catid=1%3Alatest-news&Itemid=64&lang=en

France - Les étudiants infirmiers du CHU de Bordeaux ne seront pas autorisés à soigner les patients hospitalisés s'ils ne sont pas vaccinés contre la grippe A. Ils ne seront autorisés à s'approcher des patients que dix jours après avoir reçu l'injection.

Depuis le 4 décembre, pour les unités pédiatriques, les étudiants infirmiers qui ne sont pas vaccinés contre la grippe A ne sont pas autorisés à s'approcher des patients par mesure de protection. Pour les autres services, la mesure prendra effet le 8 décembre.Une fois vaccinés, les étudiants devront attendre dix jours avant de pouvoir à nouveau se rendre sur leur lieu de stage. La nouvelle a fait grincer des dents les étudiants qui ne comprennent pas que les personnels médicaux titulaires aient pu se faire vacciner en interne, pour les volontaires, alors qu'eux doivent se rendre en centre de vaccination.Si le CHU de Bordeaux ne doit officiellement prendre sa décision qu'aujourd'hui, plusieurs étudiants ont été renvoyés chez eux dès vendredi. Les étudiants n'entendent pas se laisser faire et s'étonnent de ne pouvoir travailler alors qu'on les réquisitionne en centres de vaccination, qu'ils soient vaccinés ou pas. L'obligation de se faire vacciner est normalement interdite par la loi.

THE FLU CASE

French Student Nurses Told Take Swine Flu Jab or Go Home

The Flu Case, 9 December 2009, 11:52
https://web.archive.org/web/20100102030653/http://theflucase.com/index.php?option=com_content&view=article&id=2219%3Afrench-student-nurses-told-take-swine-flu-jab-or-go-home&catid=1%3Alatest-news&Itemid=64&lang=en

French student nurses working in a major hospital in Bordeaux have been told they cannot look after patients unless they take the swine flu jab. The student nurses say they are forced to work in swine flu jab centres whether they have had the jab or not, some appear to be ready to be sent home rather than take the jab.

The Telegraph

Rebecca Smith

Swine flu vaccine programme in disarray

The Telegraph, 9 December 2009, 7:30 AM GMT
https://web.archive.org/web/20091210215853/http://www.telegraph.co.uk/health/swine-flu/6762038/Swine-flu-vaccine-programme-in-disarray.html

The swine flu vaccination programme for children under five has been thrown into disarray after a furious row between ministers and GPs.

Children aged between six months and five years were supposed to be offered the vaccine from the middle of December.

However, that is now in doubt after negotiations between the Government and GPs over how the scheme would be administered broke down.

The sticking point in the talks was over how GPs and clinics would have the time for the extra appointments without losing out financially.

The Daily Telegraph understands ministers would not agree to relax the target that GPs must see patients within 48 hours in order to free-up time for the vaccination programme.

GP practices lose substantial amounts of income if they miss the 48-hour target.

However, sources at the Department of Health claimed GPs wanted more money for administering each vaccine than the £5.25 that was agreed early in the discussions - an allegation the British Medical Association denies.

Local arrangements will now have to be made with the NHS in each area negotiating separately with their GP representatives over what tasks practices can drop in order to free up time.

Children under five are the group most likely to be admitted to hospital with complications from swine flu. Admission rates are still rising in young children even though overall, new cases of the virus are dropping.

GPs are already offering the swine flu vaccine to nine million people in the priority groups, including pregnant women and people with long-term illnesses.

Adding three million healthy children to the vaccination programme at the same time would have put greater time pressures on surgeries at their busiest time of year, family doctors argued.

Andy Burnham, Health Secretary, said vaccinations for children would begin before Christmas but Dr Laurence Buckman, chairman of the British Medical Association's GPs Committee said this would now be 'extremely difficult' for most practices.

The age group involved means it is highly unlikely any vaccination programme could be carried out in schools without the assistance of GPs.

Dr Laurence Buckman, Chairman of the BMA’s GPs Committee, said "We sincerely wanted to be able to reach a national agreement with the UK governments about a process for vaccinating the under-fives against swine flu.

"Unfortunately, this has not been possible, because the government would not support adequate measures to help free up staff time. At the busiest time of the year for general practice, with surgeries already dealing with the additional work of vaccinating the first wave of at-risk groups, we felt this was vital in order to ensure this next phase could be carried out quickly.

"We appreciate that parents of young children might be worried when they hear that there will be no national framework and want to assure them that this does not mean their children will not be vaccinated."

A spokesman for the Department of Health said parents of young children will receive information about the vaccines as soon as local plans have been put in place.

A statement said: "We hope many GPs will still decide to vaccinate under fives. But where GP practices do not wish to vaccinate this group, PCTs will determine whether vaccinations will be offered through other local GP practices, their directly managed staff (e.g. health visitors, district nurses etc) or by arranging with alternative providers (e.g. community or hospital paediatric services, pharmacies etc)."

Mr Burnham said: "It is disappointing that we have not been able to come to a national agreement with GPs to vaccinate children from six months to five years old.

"But we are now getting on with the job and asking local health trusts to put local plans in place so that vaccination of these children can begin seamlessly.

"The supply of vaccine is increasing and we should therefore be able to meet the demand for vaccine and begin vaccinating children before Christmas.

"I want to take this opportunity to thank NHS staff for their exemplary efforts to put in place this vaccination programme swiftly and remind people in the priority groups for vaccination to ensure they are protected."

The fee of £5.25 per vaccine administered and is the same rate as GPs receive for vaccinating people in the priority groups.

NagalandPost
ONLINE EDITION OF NAGALAND'S FIRST & FOREMOST NEWS DAILY

Indigenous human trials for H1N1 vaccine in India

Nagaland Post, 9 December 2009
https://nagalandpost.com/index.php/indigenous-human-trials-for-h1n1-vaccine-in-india/

An indigenous swine flu vaccine is far from ready but India has given the green signal to two foreign pharmaceutical giants to begin human trials of their vaccine in the country.

"GlaxoSmithKline (GSK) and Baxter have received approval from the drug controller of India to carry out human trials in India. The bridge study with volunteers will tell us whether their medicine is safe for us or not," V.M. Katoch, secretary, department of health research in the health ministry, told IANS.

According to the health ministry, India has already placed orders for more than one million doses of swine flu vaccines from GSK and Novartis. But before that is administered, the government wants to ensure that the vaccines are absolutely safe. "Through the above two bridge studies, we are trying to ascertain the safety factor. Whether they are toxic, paralysing or have any other side effect," Katoch said, adding that these human trials would be conducted in several cities.

"They have their own centres in several places of India. The trial will be conducted by these companies on volunteers," the secretary said.

Since India reported its first swine flu case in May, the country has lost over 627 lives to the contagious virus. Over 20,000 people from across the country have already been infected by Influenza A (H1N1). With over 230 deaths, Maharashtra is the worst affected state in terms of mortality and Delhi is the worst in terms of people being infected by swine flu. The national capital has so far reported nearly 6,000 cases, but fortunately less than 30 people of them have succumbed to H1N1.

When asked about the current status of indigenous swine flu vaccine, Katoch said: "We believe they will be ready by April." And would it be of any use then?

"Swine flu is here to stay for some more time. The surge will continue for more than one and half years from now. We cannot take it lightly.

Generally, pandemics have more a life of more than two and half years. Some people develop resistance but the threat factor to common people is quite big," Katoch said, allying fears that the homegrown vaccine may arrive too late to be of any value.

Three pharma companies – Serum Institute of India (Pune), Bharat Biotech (Hyderabad) and Panacea Biotech (New Delhi) – are working on developing the vaccine. The Pune based company is leading in the race to roll it out first.

Authorities said while all imported vaccines would take care of the high-risk groups, the general public may get their share of vaccination once the ingenious vaccine rolls out after April next year. Earlier, the health ministry has said the indigenous vaccine would be available by the end of 2009 or early January.

Grippe A. Dans le Calvados on va vacciner hors des centres

Quest France, 9 Décember 2009, 00h00
https://www.ouest-france.fr/normandie/calvados/grippe-dans-le-calvados-va-vacciner-hors-des-centres-618821

Alors que la ministre de la Santé Roselyne Bachelot milite toujours pour un rôle central des centres de vaccination dans la campagne contre la grippe A, la préfecture du Calvados entrouvre la porte aux propositions des médecins libéraux.

Très prochainement, les médecins libéraux qui le souhaitent pourront aller vacciner leurs patients ultraprioritaires à domicile ou sur leur lieu de séjour. Il pourrait s'agir d'insuffisants respiratoires, de handicapés, de personnes alitées ou ne pouvant se déplacer pour raisons de santé.

Équipes mobiles resserrées «Mieux vaut faire faire cela par les médecins qui connaissent leurs patients plutôt que de faire appel à des gens de l'extérieur» «d'équipes mobiles resserrées» «Ils rempliront le questionnaire de santé avant de venir chercher le nombre de vaccins nécessaires dans le centre le plus proche de leur cabinet»«la traçabilité du vaccin sera assurée».

THE FLU CASE

Axel Constantinoff

H1N1: Vaccination à domicile... dans le Calvados

The Flu Case, 9 Décembre 2009, 06:54
https://web.archive.org/web/20100102024039/http://theflucase.com/index.php?option=com_content&view=article&id=2230%3Agps-in-calvados-came-give-jabs-to-some-patients-rules-prefect&catid=1%3Alatest-news&Itemid=64&lang=en

Selon Ouest-France, la préfecture du Calvados va autoriser les médecins libéraux à aller vacciner certains patients à domicile.

Depuis des semaines, les médecins libéraux réclament l'autorisation de vacciner à domicile. Ce sera bientôt possible pour certains, mais très localement. Selon Ouest France, la préfecture du Calvados va autoriser les médecins libéraux à aller vacciner certains patients à domicile. Il pourrait s'agir "d'insuffisants respiratoires, de handicapés, de personnes alitées ou ne pouvant se déplacer pour raisons de santé", avance le quotidien. "Mieux vaut faire faire cela par les médecins qui connaissent leurs patients plutôt que de faire appel à des gens de l'extérieur", explique le préfet dans Ouest France.

Cependant, les vaccinations à domicile seront soumises à de strictes conditions: chaque médecin devra communiquer sa liste de patients "prioritaires" à la préfecture et remplir un questionnaire de santé détaillé pour justifier ces exceptions. Ensuite, ils seront autorisés à venir chercher les vaccins dans les centres. Ces précautions seront prises, explique le préfet dans Ouest France, pour assure la traçabilité de la vaccination.

La semaine dernière, François Fillon avait réaffirmé mardi que les médecins libéraux n'effectueraient "pas de vaccination" massive contre la grippe H1N1 pour des "raisons logistiques". "Les vaccins sont des vaccins multidoses, ils ne peuvent pas être répartis dans n'importe quelles conditions", avait-t-il fait valoir.

Le H1N1 endommage les poumons

La grippe H1N1 endommage l'ensemble des voies respiratoires, de la trachée aux alvéoles pulmonaires, tout comme les virus qui ont causé les pandémies de grippe meurtrières de 1918 et 1957, selon une étude américaine publiée mardi. Des scientifiques de l'Institut national de la santé (National Institutes of Health) et des responsables de la santé de la ville de New York ont étudié au microscope des tissus provenant de 34 personnes décédées des suites de la grippe H1N1. Ils ont découvert "un éventail de lésions, aussi bien dans les voies respiratoires supérieures que dans les voies inférieures", a indiqué l'un des auteurs de l'étude parue dans l'édition en ligne de Archives of Pathology and laboratory Medicine. Dans l'ensemble des cas étudiés, la trachée et les bronches présentaient des signes d'inflammation et étaient parfois gravement endommagées. Dans 18 cas, soit plus de la moitié, des lésions ont été observées dans les bronchioles et dans 25 cas, soit près des trois-quarts de l'échantillon, jusque dans les alvéoles pulmonaires. L'étude met en évidence une nouvelle caractéristique affectant les trois-quarts des victimes: l'obésité. "L'obésité n'avait pas été identifiée lors des précédentes pandémies, et la nature du lien entre l'obésité et la grippe n'est pas claire", souligne cependant l'auteur.

GPs in Calvados came give jabs to some patients, rules Prefect

The Flu Case, 10 December 2009 13:11
https://web.archive.org/web/20100102024039/http://theflucase.com/index.php?option=com_content&view=article&id=2230%3Agps-in-calvados-came-give-jabs-to-some-patients-rules-prefect&catid=1%3Alatest-news&Itemid=64&lang=en

The Prefect of the department of Calvados in France is to allow doctors to give people in special cases of illness the swine flu jab in their practices against the wishes of the government, according to TF1. The GPs of Calvados are in the process of challenging requisition orders in the local courts.

Rue89

Sophie Verney-Caillat

Grippe A: et si la vaccination était une cause de divorce?

Rue89, 9 Decembre 2009, 11:05
https://web.archive.org/web/20091213004503/http://www.rue89.com/2009/12/09/grippe-a-et-si-la-vaccination-etait-une-cause-de-divorce-129212

Se faire vacciner? Faire vacciner ses enfants? La question de la vaccination divise au sein du couple. Témoignages.

La chronique de Stéphane Guillon [1], ce mardi matin à la radio, en plus de me faire rire, m'a ouvert les oreilles sur une question de société peu évoquée: «Tous les couples qui ne mourront pas de la grippe A divorceront dans l'année.»

C'est vrai ça, que se passe-t-il lorsqu'un désaccord de cette taille surgit au sein d'un couple? Après avoir raillé Roselyne Bachelot, qui était l'invitée de la matinale de France Inter [2], l'humoriste décrit une scène de ménage. (Voir la vidéo à partir de 3 minutes 10)

«Même au sein de la famille, les gens ne sont pas d'accord. Le médecin de monsieur a dit oui mais la pédiatre des enfants a dit non…

- Très bien, quand ils auront 41°C, viens pas chialer, tu t'en voudras à mort…
- Je préfère qu'ils aient 41 plutôt qu'ils attrapent la sclérose en plaques…
- Qui t'as dit ces conneries?
- Brigitte a une copine…
- Brigitte?! Cette coooonne qu'est même pas capable d'avoir des enfants! Passe-moi le téléphone, je vais l'appeler…
- T'as jamais pu blairer mes copiiiiiiiines…

Bref, tous les couples qui ne mourront pas de la grippe A ou du vaccin divorceront dans l'année, c'est le seul effet secondaire dont on est certain. »

Entre parents d'élèves, entre parents et enfants et au sein du couple, la question a parfois des accents politiques. Puisque c'est la ministre de la Santé elle-même qui nous invite à nous faire vacciner [3], certains ont l'impression qu'ils seront comptés parmi les partisans de la politique gouvernementale s'ils prêtent leur bras.

Chez les enfants, les rumeurs vont bon train, et du coup il faut parfois une petite mise au point pour chasser leurs fantasmes.

S'en remettre aux scientifiques

L'envie de se faire vacciner varierait-elle avec les classes sociales ? Hervé, conseil en développement durable, raconte: «Dans nos milieux écolos, on a beau être des adeptes du principe de précaution, on est plutôt opposés à la vaccination. Pour nous, c'est évident que cette affaire de grippe est une blague énorme. D'ailleurs, dans les médias, on entend moins les sceptiques…»

Ceux qui comptent des scientifiques parmi leurs proches s'en remettent souvent à leurs avis. Flore témoigne: «Mon père est chercheur en biologie, dans son milieu tout le monde se fait vacciner, alors je l'ai fait et pour mes enfants aussi».

Et que se passe-t-il lorsque le débat coince? Au ministère de l'Education nationale, on précise que:
- pour la vaccination dans les collèges et lycées, qui a démarré le 25 novembre et doit durer jusqu'à Noël, les parents doivent signer le bon de vaccination et dire si oui ou non ils veulent se faire vacciner. Mais, de toutes façons, c'est eux qui décident [4];
- pour les écoliers, il n'y aura pas de passage dans les établissements. Les parents sont invités à se rendre dans les centres de vaccination collective. La présence d'une seule personne ayant autorité parentale suffit.

Théoriquement, un parent pourrait décider pour son enfant, sans en référer à l'autre. Il est rare d'en arriver là… même quand on est divorcé. Jean-Charles, divorcé et papa d'une fille de 9 ans, explique: «On a décidé de faire confiance au pédiatre. Lui a fait vacciner ses petits-enfants, donc on fera pareil».
«Face à une mère… je me sais perdant»

Chez Pascal, le pédiatre jugeait la vaccination des enfants pas très utile. Mais sa femme était pour:
«J'avais coché "non" sur le bon de vaccination du collège, elle a voulu aller le reprendre pour dire oui; entretemps notre fils a passé une soirée avec des copains dont l'un avait la grippe A, et lui ne l'a pas attrapé. Comme il avait eu un coup de fièvre un peu plus tôt, on s'est dit qu'il devait être immunisé.»

Les mères semblent plus favorables à la piqûre que les pères et, comme précise Bertrand qui est dans ce cas de figure: «Pour l'heure, je garde la main, mais face à une mère… je me sais perdant!»

Surtout, le penchant des Français à se faire vacciner varie avec l'annonce du nombre de morts (118 en métropole [5]). Chacun fait son rapport bénéfices/risques, avec une bonne dose d'irrationnel. Patrick, journaliste scientifique et père d'un garçon de 14 ans, raconte:
«Quand c'était la pointe de l'épidémie, il y a dix jours, sa mère voulait qu'on le fasse vacciner. Moi j'avais l'impression que s'il avait la grippe, ce ne serait pas grave. Je n'ai pas peur qu'il attrape une maladie rare, mais c'est toujours fatiguant un vaccin. Lui n'avait pas envie, ça a joué.

Des médecins disent qu'il vaudrait mieux se faire vacciner contre les infections à pneumocoques, avec le Pneumo 23 [6]».
Mais ce dernier est réservé aux personnes présentant des facteurs de risque. Et vous, la décision fait-elle consensus dans vos familles?

THE FLU CASE

French Comedian gets mileage out of Swine Flu hoax

The Flu Case, 10 December 2009, 12:59
https://web.archive.org/web/20100102053238/http://theflucase.com/index.php?option=com_content&view=article&id=2229%3Afrench-comedian-gets-mileage-out-of-swine-flu-hoax&catid=1%3Alatest-news&Itemid=64&lang=en

The issue of whether to get the swine flu jab or allow children to get the swine flu jab is dividing couples in France, according to Rue 89, but also providing jokes for commedians.

"All those couples who haven't died from the swine flu are going to get divorced this year," says comedian Stephane Guillon.

Guillon made waves this week in France for saying apparently as part of a comedy routine that a friend of his who has a biosafety lab 4 in the US had told him that monkeys given the swine flu jab in August died four months later.

LesEchos.fr

Vincent Collen

Vaccination: les réquisitions encadrées

Les Echos, 9 Décembre 2009

https://web.archive.org/web/20091227095431/http://www.lesechos.fr/info/sante/020258893649.htm?xtor=RSS-2059

Déprogrammations. Devant les protestations des professionnels de santé, Roselyne Bachelot a précisé, hier, les conditions dans lesquelles les médecins et les infirmiers peuvent être réquisitionnés pour participer à la campagne de vaccination.

La mobilisation des internes et des étudiants en médecine se fera «sur la base des seules listes fournies par les établissements de santé», précise une circulaire envoyée aux préfets.

Les services hospitaliers déjà «en tension du fait de l'épidémie» (urgences, pédiatrie, réanimation, pneumologie, maladies infectieuses) ne seront plus sollicités.

Les réquisitions se limiteront à deux vacations de cinq heures par semaine. La rémunération des internes sera doublée le dimanche et en semaine après 18 heures (66 euros de l'heure au lieu de 33 euros), comme celle des élèves infirmiers.

Le délégué général de la Fédération hospitalière de France, Gérard Vincent, s'est voulu rassurant sur la période des fêtes, toujours difficile en raison des vacances du personnel. La déprogrammation d'activités non urgentes devrait «permettre de faire face», a-t-il dit.

THE FLU CASE

French Nurses win a victory over Requisitions

The Flu Case, 10 December 2009 13:15

https://web.archive.org/web/20100102015230/http://theflucase.com/index.php?option=com_content&view=article&id=2231%3Afrench-nurses-win-a-victory-over-requisitions&catid=41%3Ahighlighted-news&Itemid=105&lang=en

French student nurses have won a victory in their battle to stop the government from compelling them to work seven days a week for up to 14 hours a day in swine flu vaccine centers.

French Health Minister Roselyne Bachelot has said students nurses cannot be requisitioned for more than ten hours a week or two sessions of five hours, according to Les Echos.

In addition, student nurses are to get better pay.

Students nurses last Saturday protested the conditions under which they were compelled to work in chaotic vaccine centers under the orders of bullying supervisors.

NEWS BBC

Swine flu victim's family plea over vaccinations

BBC, 10 December 2009, 17:52 GMT
http://news.bbc.co.uk/2/hi/uk_news/scotland/8406761.stm

The family of a woman who died from swine flu after giving birth have urged all pregnant women to get vaccinated against the virus.

Marianne Johnston, 20, who was from Clydebank in West Dunbartnoshire, is thought to have contracted H1N1 while she was pregnant with her son, Leon. Ms Johnston developed symptoms of swine flu after she returned home with her new baby.

The number of people with H1N1 fell last week from 12,300 to around 9,000.

Just days after leaving hospital and returning home to her partner William Laird and one-year-old son Jay, Ms Johnston was sent to Glasgow's Western Infirmary with swine flu like symptoms.

After her symptoms worsened, she was moved to the intensive care ward, where she was put on a ventilator. She was later transferred to London's Royal Brompton Hospital for specialist treatment, but died on November 29 after developing complications including deep vein thrombosis and bleeding on her brain.

Marianne Johnston's sister, Kirsty, said: "Think about people who have lost babies due to this and Marianne now has a child and my nephew does not have a mum. – "If they have any doubt just think about what can happen."

In a plea to all pregnant women, she added: "It is not just random, it is happening all over the place and don't take the chance with your own life or with your child, have the sore arm for two days, because I am sure if Marianne had the option now she would take the sore arm any day.

"I don't think that there would be any doubt in their minds."

Vaccine uptake

Figures from the Scottish government showed that only a quarter of people who are eligible for the swine flu vaccination have had it. Almost half of all NHS staff have had the vaccination.

The extent of vaccination uptake was revealed as the most recent figures showed another drop in the number of swine flu cases.

Health officials estimate that 8,900 people caught the virus in the past week, down from 12,300 over the previous seven days.

Health Secretary Nicola Sturgeon said: "It is encouraging to note a drop in the number of cases of flu-like illness again this week. – "As more people are vaccinated we should continue to see these numbers fall as immunity to H1N1 increases."

Vaccine uptake for pregnant women was 36.7%, while it was 33.2% for under-65s and 20.3% for over-65s, giving an average of 25.5% for the entire at-risk group. The estimated uptake rate for front-line health and social care staff was 45.7% and 29.5% respectively - both increases on the previous week.

Ms Sturgeon added: "We have seen all too often this year the tragic consequences of people developing complications from H1N1 and the best protection against this is vaccination. – "In particular, I would again urge pregnant women to come forward to be vaccinated. – "We know that pregnant women are more at risk of developing complications if they contract this illness and vaccination will protect not only them but their unborn baby. – "Health boards and GP surgeries are continuing to focus their efforts on getting pregnant women vaccinated to ensure that they are all offered the jab by Christmas."

THE FLU CASE

Andrea Gerlin

U.S. almost ready to give swine flu shot to all (from Bloomberg)
70 Million doses of Swine Flu jabs delivered via undisclosed sites in USA

The Flu Case, Bloomberg, 10 December 2009, 11:53
https://web.archive.org/web/20100102031903/http://theflucase.com/index.php?option=com_content&view=article&id=2227%3A70-million-doses-of-swine-flu-jabs-delivered-via-undisclosed-sites-in-usa&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The U. S. is preparing to offer swine flu shots to everyone who wants one in the next few weeks, a Centers for Disease Control and Prevention official said Monday.

"We're at the stage now where vaccine will be available to most anyone who wants it," Anthony Fiore, associate chief of policy and liaison activities at the CDC's National Center for Immunization and Respiratory Diseases' Influenza Division, said in a presentation at the World Influenza Congress in Brussels.

The U. S., like other countries, is vaccinating people most at risk of contracting the illness first. These priority groups include pregnant women, people who have close contact with children under six months of age, who can't receive the vaccine, health workers, people aged six months to 24 years old and adults under 65 who have chronic medical conditions.

About 70 million doses of the shot have been shipped to state and local health authorities in the U. S., Fiore said in an interview. San Francisco-based McKesson Corp. is distributing the vaccine from manufacturers to four undisclosed sites and then on to 150,000 local sites, said Michael Angelastro of the U. S. Biomedical Advancement Research and Development Authority.

Fiore said the CDC expects to have estimates of the number of people who had received the vaccine in the U. S. in the next week or two. About 10 percent of older people and 10 percent of pregnant women have probably received the vaccine so far and about 20 percent of young children have probably had one of the two doses they need, he said.

PreventDISEASE.com
Aiming Towards Better Health

Canada looking to share its Deadly Arepanrix Vaccine with other countries

Prevent Disease, 10 December 2009
https://web.archive.org/web/20100102180310/http://preventdisease.com/news/09/121109_Canada_to_share_deadly_arepanrix.shtml

Late last month, the Canadian federal government stated that it was to announce a decision on what to do with tens of millions of unused doses of the deadly Arepanrix H1N1 vaccine. Now, at the health detriment of other countries, Canada's chief public health officer has stated that the World Health Organization will begin putting the surplus doses to use.

Chief Public Health Officer Dr. David Butler-Jones said the Public Health Agency would talk with it's supplier about turning back unneeded vaccine so the company could start filling orders from other countries sooner.

Canada ordered 50.4 million doses of H1N1 vaccine, enough to give 75 percent of Canadians two doses apiece if two were required.

Up until now, Canadian authorities have steadfastly refused to discuss what they might do with the excess vaccine, saying they wanted to ensure Canada's needs were being met before crossing that bridge.

The World Health Organization (WHO) has also been promised more than 150 million doses by four vaccine manufacturers, including Canada's main supplier GlaxoSmithKline (GSK). A Canadian spokesperson had said it was not clear what form Canada's donation would take.

GSK had asked several provinces to set aside the 170,000 doses from the questionable batch they'd noticed a higher-than-usual number of allergic reactions from one batch. Dozens of Canadians have suffered severe allergic reactions while 200 others died from the vaccine.

However recently, Canada has communicated with WHO indicating it could share it surplus does of the H1N1 vaccine with other countries such as Vietnam.

In an urgent communication to WHO, Vietnam has demanded that all information about the Arepanrix H1N1 vaccines produced by the GlaxoSmithKline, including its dosage and the number of allergic reactions to it in other countries, be clearly stated, the health ministry’s Drug Administration said. The country is expected to receive 1.2 million does of vaccines produced by GlaxoSmithKline from the WHO this month.

A Canadian government spokesperson said it will be important to hold onto some additional supply, in case increased demand is triggered by future events that cannot be foreseen.

Vaccine researcher and Naturopathic Doctor, Dave Mihalovic stated that holding onto any additional H1N1 vaccine supply is useless. "The H1N1 virus has already mutated as verified by the WHO, so even based on rudimentary vaccine science (if that even exists), any vaccine developed by GSK six months ago would be completely ineffective against the current strain.

tagesschau.de

Schweinegrippe-Impfstoff soll teilweise verkauft warden

Tages Schau, 10 Decembre 2009.
https://web.archive.org/web/20091210195935/http://www.tagesschau.de/inland/schweinegrippe714.html

Weil sich weniger Deutsche als erwartet gegen die Schweinegrippe impfen lassen, wollen die Bundesländer Impfdosen an das Ausland verkaufen. Nach Angaben von Bundesgesundheitsminister Philip Rösler sollen 2,2 Millionen Einheiten anderen Ländern angeboten werden. Ein möglicher Kunde: die Ukraine. Die Impfdosen sollen in der letzten Dezember-Woche 2009 ausgeliefert werden.

Sechs Wochen nach Beginn der Immunisierungen hätten sich nur fünf Prozent der Bevölkerung impfen lassen, sagte Rösler nach dem zweiten Impfgipfel in Berlin. Selbst bei Ärzten und Pflegepersonal liege die Impfquote bei nur 15 Prozent.

Keine Entwarnung bei der Schweinegrippe

Gleichzeitig lehnte der Gesundheitsminister eine Entwarnung bei der Schweinegrippe ab. "Man kann noch nicht davon ausgehen, dass die Krankheit ihre Gefahr verloren hat", warnte er. Rösler appellierte erneut an Bevölkerung, Ärzte und Pflegepersonal, sich impfen zu lassen.

Auch Christoph Fuchs von der Bundesärztekammer warnte vor dem Virus. Selbst wenn die erste Welle der Erkrankungen inzwischen den Höhepunkt überschritten habe, könne es eine zweite Welle und eine Veränderung des Virus geben.

Rund 190.000 Menschen haben sich in Deutschland an der Schweinegrippe infiziert, sagte er. 86 von ihnen seien gestorben. Etwa 85 Prozent der Toten litten nach Angaben des Robert-Koch-Instituts bereits an Vorerkrankungen.

"Durch das Impfen hat es keinen einzigen Todesfall gegeben"

Bislang seien fünf bis sechs Millionen Menschen immunisiert worden, sagte Wolfram Hartmann vom Verband der Kinder- und Jugendärzte. "Bisher hat es durch das Impfen keinen einzigen Todesfall in Deutschland gegeben." Zwar verlaufe die Grippe wesentlich harmloser als befürchtet, doch empfehle er eine Impfung auch für Kinder ab dem sechsten Monat. "Auch wer bereits Grippesymptome hatte, sollte sich immunisieren lassen", sagte Hartmann.

Die Schweinegrippe befällt am häufigsten Kinder und junge Erwachsene bis zum Alter von 24 Jahren. Die Länder hatten 50 Millionen Impfdosen bestellt, die schrittweise bis zum Frühjahr ausgeliefert werden sollen. Das finanzielle Risiko für nicht verbrauchte Impfdosen liegt bei den Ländern.

=> an English version on the next page

THE FLU CASE

Ukraine to get Swine Flu jabs rejected by Germans

The Flu Case, 8 December 2009 15:11
https://web.archive.org/web/20100102033538/http://theflucase.com/index.php?option=com_content&view=article&id=2211%3Aukraine-to-get-swine-flu-jabs-rejected-by-germans&catid=1%3Alatest-news&Itemid=64&lang=en

The German government is planning to give swine flu vaccine to the Ukraine and other countries after less than 5 % of the people took the untested jab even by the government's own somewhat inflated estimates.

Only 15 % of doctors and health care workers took the jab.

Health Minister Philip Rösler has said that Ukraine could be the recipient of 2.2 million doses of the Pandemrix jab, classified as a bioweapon by EU and US regulators according to biopharma drug databases.

The Ukraine President Viktor Yushchenko last month implemented martial law and suspended presidential elections under the pretext of a pandemic emergency. Several regions have been put under quarantine and critics of the swine flu jab arrested as the Ukraine gears up for a mass vaccination campaign.

GoUpstate

Susanne M. Schafer

Soldiers get mass swine flu shots before holidays

GoUpstate // The Associated Press, 11 December 2009, 11:50 ET
https://www.goupstate.com/story/news/2009/12/11/soldiers-get-mass-swine-flu-shots-before-holidays/29807043007/

Specialist Ashley Vorhees, left, administers the H1N1 vaccine, to specialist Brandon Folden on Wednesday in the Solomon Center at the Army's Fort Jackson Training Center in Columbia.

Fort Jackson – Thousands of Army recruits in training must line up at least once more before heading home for the holidays, this time for mass inoculations by the hundreds against swine flu.

The Army's largest training camp, just outside Columbia, and other posts are hurrying to finish the shots before the year-end break. More than 40,000 soldiers in advanced and basic training across the country head home over the next two weeks in a massive troop movement known as "block leave," Army officials said.

"We have been very aggressive in trying to assure the safety of our soldiers," said Maj. Soo Hee Kim-Delio, the Army physician in charge of the inoculations at Fort Jackson. "Our basic training population is at particularly high risk."

Swine flu, also known as 2009 H1N1, has proved to be similar to seasonal flu but a bigger threat to children and young adults. Many of the trainees are in their late teens and early 20s.

The soldiers are also vulnerable because of the physical stress of basic training and from living at close quarters with hundreds of other recruits, Kim-Delio said. When they return home, they may rub shoulders with a host of relatives or be around children fresh from exposure at school.

Fort Jackson recorded the Army's first death from complications of swine flu when Spc. Christopher Hogg of Deltona, Fla., died Sept. 10 from pneumonia due to H1N1 influenza, authorities said.

Fort Jackson started the shots about two weeks ago and expects to vaccinate as many as 9,000 soldiers by the end of this week and another 2,000 by the middle of next week. The trainers who remain on post, the Army's medical work force, family members, pregnant women and those with certain medical conditions such as asthma also will get the shots for a total of about 15,000 doses, Kim-Delio said.

Spezielle Schweinegrippe-Impfung für Schwangere ab Mittwoch

AFP, Yahoo News, 11 Dezember 2009, 11:38 Uhr
https://web.archive.org/web/20091220203734/http://de.news.yahoo.com/2/20091211/twl-spezielle-schweinegrippe-impfung-fue-4bdc673.html

Schwangere können sich voraussichtlich vom kommenden Mittwoch an mit einem speziellen Impfstoff gegen die Schweinegrippe impfen lassen. Wenn es keine Verzögerungen gebe, stehe das Serum den Frauenärzten am kommenden Mittwoch zur Verfügung, sagte Andreas Hoffmeier vom Gesundheitsministerium Thüringen, das derzeit den Vorsitz in der Gesundheitsminister-Konferenz inne hat, dem "Westfalen-Blatt". Der Impfstoff der Firma CSL Biotherapies enthält keine umstrittenen Wirkverstärker und quecksilberhaltigen Konservierungsmittel.

Die Bundesländer hatten insgesamt 150.000 Dosen des Impfstoffes bestellt, nachdem die Ständige Impfkommission (Stiko) Schwangere als Risikogruppe eingestuft und für sie einen Impfstoff ohne Wirkverstärker empfohlen hatte. Der für die Allgemeinbevölkerung bestellte Impfstoff Pandemrix enthält verstärkende Zusätze, sogenannte Adjuvanzien, die den Impfstoff effektiver machen, aber auch zu stärkeren lokalen Nebenwirkungen führen können. Dies hatte zu heftigen Diskussionen geführt. Allerdings halten Experten eine Impfung mit Pandemrix bei gesundheitlich vorbelasteten Schwangeren durchaus für vertretbar.

Der nun ausgelieferte Impfstoff von CSL soll ein geringeres Risiko einer fiebrigen Infektion bergen. Empfohlen wird die Impfung für Schwangere nach dem ersten Schwangerschaftsdrittel. Nach den Statistiken gibt es in Deutschland jährlich rund 600.000 Schwangere. Die Länder rechnen aber damit, dass die 150.000 Dosen ausreichen, weil sich nicht alle impfen lassen werden.

Nach Angaben des "Westfalen-Blatts" ist die Zahl der Neuerkrankungen mit der Schweinegrippe weiter rückläufig. Bundesweit seien seit dem 18. Mai rund 195.000 Fälle von Neuer Grippe gemeldet worden, schreibt die Zeitung unter Berufung auf das Robert-Koch-Institut. Die meisten neuen Fälle (46.432) seien vom 16. bis 22. November gezählt worden. Vom 23. bis 29. November seien es nur noch 29.771 und vom 30. November bis 6. Dezember nur noch 11.582 neue Fälle gewesen.

THE FLU CASE

German States order new Swine Flu jabs from CSL

The Flu Case, 11 December 2009
https://web.archive.org/web/20100102005120/http://theflucase.com/index.php?option=com_content&view=article&id=2238%3Agerman-states-order-new-swine-flu-jabs-from-csl&catid=1%3Alatest-news&Itemid=64&lang=en

Following protests among doctors and other government officials in Germany, women expecting babies are to be offered a swine flu vaccine without mercury and the adjuvant squalene made by CSL Biotherapies in Australia from Wednesday.

The federal states have ordered 150,000 doses of the jab that is allegedly safer than the untested Pandemrix and Focetria jabs, classified as biodefense stockpile drugs (bioweapons) by EU and US regulators according to the regulatory indices of biopharma databases.

THE FLU CASE

French Police Fetch Surgeons in Hospitals to work in Swine Flu jab centres

The Flu case, 11 December 2009, 10:12
https://web.archive.org/web/20100102033556/http://theflucase.com/index.php?option=com_content&view=article&id=2233%3Afrench-police-fetch-surgeons-in-hospitals-to-work-in-swine-flu-jab-centres&catid=1%3Alatest-news&Itemid=64&lang=en

The French government's requisition of health care workers to work in swine flu vaccine centres is disrupting the care of patients in hospitals, the president of the Paris Hospital Internist Union, Benjamin Chousterman, told AFP.

"The police come and look for internists in the hospital to take them to the vaccination centres," he said underlining the military character of the country's largest mass vaccination operation ever involving army medical corps teams.

A surgeon in the hospital Saint Joseph in Paris reported that he was ordered on Friday evening to work in a vaccine centre on Saturday at 3 pm at a time when he was scheduled to assist with an operation.

Only 30 % of the health workers in France have taken the untested jab in spite of intense government and media pressure. Tiny numbers volunteered to work in the centres, leading the government to implement compulsory service or requisitions.

2 million people in France have received the swine flu shot altogether, according to the government. This far lower than the government hoped for. In August, plans to vaccinate the entire population by the end of January were leaked.

This a report on unisfaceauvaccin.org

Les conditions de réquisition des internes dans le cadre de la campagne de vaccination contre la grippe A(H1N1) v ont donné lieu à quelques ratés ces derniers jours, à en croire les principaux intéressés.

Le Président du Syndicat des internes des hôpitaux de Paris (SIHP), Benjamin Chousterman, a jeté samedi un pavé dans la mare en déclarant à l'AFP que les réquisitions primant sur les gardes, l'opération risquait, par ricochet, de désorganiser l'offre de soins dans les hôpitaux. «La police va chercher des internes dans les hôpitaux pour les amener dans les centres de vaccination», s'indignait notamment Benjamin Chousterman. Toujours à l'AFP, un interne en chirurgie vasculaire de l'hôpital parisien Saint-Joseph, témoignait: «J'ai été prévenu hier soir [vendredi] par la direction de l'hôpital que je devais me présenter dans un centre de vaccination aujourd'hui [samedi] à 15 heures, alors que j'étais d'astreinte à l'hôpital. Un patient devait être opéré en urgence pour une ischémie, une artère de la jambe bouchée. On m'a quand même envoyé au centre de vaccination, en affectant un chirurgien viscéral pour aider le chirurgien senior pendant cette opération. C'est comme si on envoyait un plombier aider un serrurier. Du coup, s'il y a une péritonite ou une appendicite à opérer d'urgence, le chirurgien viscéral est occupé à déboucher une veine dans le service d'à côté».

Prokerala ≡

Taiwan offers cabbages to get people to take swine flu vaccine

Prokeral // DPA, 12 December 2009, 21:02 IST
https://www.prokerala.com/news/articles/a99901.html

Taipei – Taiwan launched an island-wide H1N1 vaccination campaign on Saturday, offering cabbages and other small gifts to induce people to take the shot. More than half a million people took the vaccination shot on Saturday at 2,573 places designated by the Department of Health. They include hospitals, clinics, community centres, shopping malls, train stations and temples.

Some Taiwanese are reluctant to take the shot, fearing the vaccine is not safe.

To lure people to take the shot, the shopping malls and community centres gave the recipient a big green cabbage or a small gift, like a ruler or a rubber eraser.

Premier Wu Den-yi took the H1N1 vaccine shot Saturday. President Ma Ying-jeou took a shot of the locally-developed H1N1 vaccine last month.

Before Saturday, Taiwan had already vaccinated 2.6 million people who were categorized as priority groups - infant and children, students, patients, pregnant women and senior citizens.

Martina Kurtz

Schweinegrippe: Patientin nach Impfung mit H1N1-Virus infiziert
"Ich war selbst erschrocken", sagt ihr Leipziger Arzt zu bild

BILD, 9 December 2009
https://www.bild.de/regional/leipzig/patientin-nach-impfung-mit-virus-infiziert-10755896.bild.html

Der Leipziger Allgemeinarzt Dr. Lothar Markus (60) berichtet jetzt erstmals von einem solchen Fall. Am 12. November habe er einer Patientin (39) eine Dosis des Schweinegrippe-Impfstoffs " Pandemrix" geimpft. 20 Tage später sei sie wieder in seine Praxis gekommen. Der Arzt: "Sie klagte über starke Kopf- und Gliederschmerzen, hatte 39,5 Grad Fieber. Typische Grippe-Symptome!"

Der Mediziner machte sofort einen Nasenabstrich und veranlasste einen H1N1-Test in der Virologie der Universität Leipzig. Das Ergebnis bekam er noch am gleichen Tag per Fax – es war positiv! Dr. Markus: "Ich war selbst erschrocken. Denn das bedeutet, dass eine mit Pandemrix geimpfte Person nicht vor dem Virus H1N1 gefeit ist."

Ralph Schreiber, Sprecher des Sächsischen Gesundheitsministeriums, vermutet eine unglückliche Zeitüberschneidung: "Die Immunität ist erst drei Wochen nach einer Impfung richtig aufgebaut, vermutlich hat sich die Patientin vorher angesteckt."

Damit will sich Dr. Markus nicht zufrieden geben. "Viele Schweinegrippe-Erkrankungen werden nicht erkannt, weil Ärzte nach einer Impfung keine Infektion vermuten", befürchtet er und fordert jetzt in einem Schreiben an das Robert-Koch-Institut (RKI), die Wirksamkeit von Pandemrix zu prüfen: "Möglich, dass eine einmalige Impfung nicht reicht."

RKI-Sprecherin Susanne Glasmacher: "Solche Fälle sind durchaus denkbar. Kein Medikament ist einhundertprozentig wirksam."

THE FLU CASE

Woman gets Swine Flu after pandemrix jab

The Flu Case, 15 December 2009
https://web.archive.org/web/20100102031801/http://theflucase.com/index.php?option=com_content&view=article&id=2300%3Awoman-gets-swine-flu-after-pandemrix-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A woman in Germany who got the Pandemrix swine flu jab developed swine flu 20 days later.
The woman developed severe head ache, a 39.5 degree fever and aches in her limbs. Her doctor Dr Lothar Markus sent a sample to the virology lab in the University of Leipzig, which reported that the 39-year-old woman had developed swine flu.
It is not clear whether the vaccine was the cause of the woman getting the swine flu virus.

THE FLU CASE

French Nurses threatened with Fines and Imprisonment over illegal requisition refusal

The Flu Case, 14 December 2009, 13:43
https://web.archive.org/web/20100102044056/http://theflucase.com/index.php?option=com_content&view=article&id=2280%3Afrench-nurses-threatened-with-fines-and-imprisonment-over-illegal-requisition-refusal-&catid=1%3Alatest-news&Itemid=64&lang=en

French nurses, including students, are being threatened with fines, imprisonment and even the closure of their schools if they do not work in the special swine flu vaccine centers, reports unisface-auvaccins.org.

The nurses are not being given the "requisition" order in written form as is required by the law as the government appears to be seeking to erase evidence of coercion.

Without this formal requisition request, nurses and students cannot be fined or imprisoned for a refusal because they have not technically been requisitioned in the first place.

This is email explaining one nurses' plight:

"A friend of mine, a nurse who has been requisitioned, told me she would have had to pay about 3600 € if she refused to go, so she went, and tried to just be on the reception desk rather than active. Apparently, this fine of 3600€ is payable each time they requisition her, so she will be going again next week as well. She is desperate, and many of her colleagues are as well. However, for the moment, they are just on a list, and have not had a "requisition paper" in their hand with the fine written on it. So in fact, there is no proof they are being threatened with the fine, nothing written, just oral pressure "fine/prison etc". She knows that if she doesn't comply, she will have to pay the fine, whereas she has never received the formal paper informing her of the requisition. Perhaps this is deliberate so there is no trace of the coercion," emails Carolyn from Paris.

Seoul to spend $15 million on flu aid to N. Korea

Yahoo, AFP, 14 December 2009, 09:58 am
https://web.archive.org/web/20091217190354/http://uk.news.yahoo.com/18/20091214/thl-seoul-to-spend-15-million-on-flu-aid-96993ab.html

The unification ministry, which handles cross-border ties, said the shipment would include antiviral drugs for 500,000 patients – Tamiflu for 400,000 and Relenza for 100,000 – and sanitation supplies.

The aid will cost an estimated 17.8 billion won (15.3 million dollars), which will be financed by a state fund for inter-Korean cooperation, it said.

Spokesman Chun Hae-Sung said Seoul would send the shipment as soon as possible, and definitely by the end of the year. But the North, which had accepted the offer, had not yet set a firm date.

The drugs shipment will be the first direct South Korean government aid since relations soured last year, although Seoul has funded assistance to Pyongyang through private groups.

North Korea Wednesday reported nine cases of (A)H1N1 in the capital Pyongyang and the city of Sinuiju bordering China. No death toll was given.

Observers say the virus could pose a particular threat to the North because of malnutrition amid persistent food shortages and a lack of drugs such as Tamiflu.

Good Friends, a Seoul-based welfare group with cross-border contacts, quoted an unidentified Sinuiju city official as saying more than 40 people had died of the swine flu in the border city alone.

The World Health Organization, however, told Yonhap news agency that all nine North Korean patients have recovered.

Yonhap quoted Suzanne Westman, coordinator of outbreak alert and response at the WHO's New Delhi office, as saying no additional cases were reported in the isolated communist country.

The first of the patients, all children aged between 11 and 14, was discovered on November 25 and the last case on December 4, she said, adding that three of the infections were in Pyongyang with the other six in Sinuiju.

"All contacts have been identified, put in isolation and treated," she told Yonhap, adding that North Korea had a solid surveillance system and a sufficient number of physicians is believed to be able to handle the outbreak.

Dr. Russell Blaylock

Forced Vaccinations, Government, and the Public Interest

The National Health Federation, 15 December 2009, 17:29
https://web.archive.org/web/20100102030952/http://www.thenhf.com/vaccinations/vac_299.htm

Those who are observant have noticed a dangerous trend in the United States, as well as worldwide, and that is the resorting of various governments at different levels to mandating forced vaccination upon the public at large. My State of Mississippi has one of the most-restrictive vaccine-exemption laws in the United States, where exemptions are allowed only upon medical recommendation. Ironically, this is only on paper, as many have had as many as three physicians, some experts in neurological damage caused by vaccines, provide written calls for exemption, only to be turned down by the State's public-health officer.

Worse are the States, such as Massachusetts, New Jersey and Maryland, where forced vaccinations have either been mandated by the courts, the state legislature, or have such legislation pending. All of such policies strongly resemble those policies found in National Socialist empires, Stalinist countries, or Communist China.

When public-health officers are asked for the legal justification for such draconian measures as forcing people to accept vaccines that they deem either a clear and present danger to themselves and their loved ones or have had personal experience with serious adverse reactions to such vaccines, they usually resort to the need to protect the public.

One quickly concludes that if the vaccines are as effective as being touted by the public-health officials, then why should one fear the unvaccinated? Obviously the vaccinated would have at least 95% protection. This question puts them in a very difficult position. Their usual response is that a "small" percentage of the vaccinated will not have sufficient protection and would still be at risk. Now, if they admit what the literature shows, that vaccine failure rates are much higher than the 5% they claim, they must face the next obvious question – then why should anyone take the vaccine if there is a significant chance it will not protect?

When pressed further, they then resort to their favorite justification, the Holy Grail of the vaccine proponents – herd immunity. This concept is based upon the idea that 95% (and some now say 100%) of the population must be vaccinated to prevent an epidemic. The percentages needing vaccination grows progressively. I pondered this question for some time before the answer hit me. Herd immunity is mostly a myth and applies only to natural immunity – that is, contracting the infection itself.

Is Herd Immunity Real?

In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem – vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. This is why they began, silently, to suggest boosters for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella.

Then they discovered an even greater problem, the boosters were lasting for only 2 years or less. This is why we are now seeing mandates that youth entering colleges have multiple vaccines, even those which they insisted gave lifelong immunity, such as the MMR. The same is being suggested for full-grown adults. Ironically, no one in the media or medical field is asking what is going on. They just accept that it must be done.

That vaccine-induced herd immunity is mostly myth can be proven quite simply. When I was in medical school, we were taught that all of the childhood vaccines lasted a lifetime. This thinking existed for over 70 years. It was not until relatively recently that it was discovered that most of these vaccines lost their effectiveness 2 to 10 years after being given. What this means is that at least half the population, that is the baby boomers, have had no vaccine-induced immunity against any of these diseases for which they had been vaccinated very early in life. In essence, at least 50% or more of the population was unprotected for decades.

If we listen to present-day wisdom, we are all at risk of resurgent massive epidemics should the vaccination rate fall below 95%. Yet, we have all lived for at least 30 to 40 years with 50% or less of the population having vaccine protection. That is, herd immunity has not existed in this country for many decades and no resurgent epidemics have occurred. Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations.

When we examine the scientific literature, we find that for many of the vaccines protective immunity was 30 to 40%, meaning that 70% to 60% of the public has been without vaccine protection. Again, this would mean that with a 30% to 40% vaccine-effectiveness rate combined with the fact that most people lost their immune protection within 2 to 10 year of being vaccinated, most of us were without the magical 95% number needed for herd immunity. This is why vaccine defenders insist the vaccines have 95% effectiveness rates.

Without the mantra of herd immunity, these public-health officials would not be able to justify forced mass vaccinations. I usually give the physicians who question my statement that herd immunity is a myth a simple example. When I was a medical student almost 40 years ago, it was taught that the tetanus vaccine would last a lifetime. Then 30 years after it had been mandated, we discovered that its protection lasted no more than 10 years. Then, I ask my doubting physician if he or she has ever seen a case of tetanus? Most have not. I then tell them to look at the yearly data on tetanus infections – one sees no rise in tetanus cases. The same can be said for measles, mumps, and other childhood infections. It was, and still is, all a myth.

The entire case for forced mass vaccination rest upon this myth and it is important that we demonstrate the falsity of this idea. Neil Z. Miller, in his latest book *The Vaccine Information Manual*, provides compelling evidence that *herd immunity is a myth*.

The Road to Hell is Paved with Good Intentions

Those pushing mandatory vaccination for an ever-growing list of diseases are a mixed bag. Some are quite sincere and truly want to improve the health of the United States. They believe the vaccine-induced herd immunity myth and likewise believe that vaccines are basically effective and safe. These are not the evil people.

A growing number are made of those with a collectivist worldview and see themselves as a core of elite wise men and women who should tell the rest of us what we should do in all aspects of our lives. They see us as ignorant cattle, who are unable to understand the virtues of their plan for America and the World. Like children, we must be made to take our medicine – since, in their view, we have no concept of the true benefit of the bad-tasting medicine we are to be fed.

I have also found that *a small number of people in the regulatory agencies and public health departments would like to speak out but are so intimidated and threatened with dismissal or destruction of their careers, that they remain silent*. As for the media, they are absolutely clueless.

I have found that "reporters" (we have few real journalists these days) rarely understand what they are reporting on and always trust and rely upon people in positions of official power, even if those people are unqualified to speak on the subject. Most of the time they run to the Centers for Disease Control or medical university to seek answers. I cannot count the number of times I have seen university department heads interviewed when it was obvious they had no clue as to the subject being discussed. Few such professors will pass up an opportunity to appear on camera or be quoted in a newspaper.

One must also appreciate that such reporters and editors are under an enormous economic strain, as vaccine manufacturers are major advertisers in all media outlets and for an obvious reason – it controls content. A number of excellent stories on such medical subjects are spiked every day. That means we will always be relegated to the "fringe media" as our media outlets are called. Despite the high quality of the journalism in many of the "fringe" outlets, they have a much smaller audience. And despite this we are having an enormous effect on the debate.

As the Public Awakens, the Collectivist Becomes Desperate

John Jewkes, in his book *Ordeal by Planning*, observed that as the British collectivists began to see opposition rise to their grandiose plans, they became more desperate and aggressive in their reaction. They then initiated a campaign of smearing their opponents and blaming every failure on the unwillingness of the people to accept the planner's dictates without question. We certainly have seen this in this debate –opponents to forced vaccinations are referred to as fringe scientists, kooks, uneducated, confused, and enemies of public safety – reminiscent of Stalin's favorite phrase, "enemy of the people."

This desperation is based upon their fear that the public might soon catch on to the fact that the entire vaccine program is based upon nonsense, fear, and concocted fairy tales. One special fear of theirs is that the public might discover the fact that most vaccines are contaminated with a number of known and yet-to-be discovered viruses, bacteria, viral fragments, and DNA/RNA fragments. And, further, that our science demonstrates that these contaminants could lead to a number of slowly-developing degenerative diseases, including degenerative diseases of the brain. *This is rarely discussed but is of major importance in this debate*.

The idea that adults and their children would be forced to submit to being injected with dozens of these organisms and organic fragments is terrifying. *No regulatory agency is tracking to see if chronic diseases are rising in the vaccinated*, yet we have compelling evidence of a massive rise in all autoimmune diseases, neurodegenerative diseases, and certain cancers since the advent of a dramatic increase in the number of vaccines being mandated.

Of special concern is the finding that many of the contaminant organisms can pass from generation to generation. For example, new studies have found that SV-40, a major contaminant of the polio vaccine until 1963, not only existed as a latent virus for the lifetime of those exposed to the vaccine but was being passed on to the next generation, primarily by way of sperm, something called vertical transmission. This means that every generation from now on will be infected with this known carcinogenic virus. There is also compelling evidence that some polio vaccines manufactured after 1963 may contain SV-40 virus.

What makes the SV-40 contamination disaster of such concern is its association with so many cancers – including mesothelioma, medulloblastoma, ependymoma, meningioma, astrocytoma, oligodendroglioma, pituitary adenoma, glioblastoma, osteosarcomas, non-Hodgkins lymphoma, papillary thyroid carcinomas, and anaplastic thyroid carcinomas.

The Federal government has gone to enormous links to cover up this association, despite the powerful scientific evidence that this vaccine infected at least a hundred million people worldwide with this carcinogenic virus. And, it took over 40 years just to get this far. Linking vaccine contami-nations and immunoexcitotoxicity to the drastic rise in neurodegenerative diseases will probably

take even longer because of the widespread growth of entrenched powers high in government and their control of the media, which is equally extensive. The fact that powerful, enormously wealthy foundations, such as the Ford Foundation, Bill and Melinda Gates Foundation, and Rockefeller series of foundations, *are supporting forced vaccination greatly enhances the power of governments* all over the World.

These foundations operate in the shadows, influencing legislation and government actions through the World Health Organization and individual governmental bodies. Behind every call for forced vaccinations, mandated quarantines, and home invasions, one can find one of these foundations providing the money as well as experts. Remember, the largest of the pharmaceutical-vaccine manufacturers are also providing much of the money for the foundations and serving on the boards of these foundations. The Rockefellers either owned outright or had controlling interest in all of the major pharmaceutical companies. This has given them absolute and extremely powerful access to the reins of power at all levels. Yet, they can be defeated by the truth.

REUTERS

Sudip Kar-Gupta

Sanofi aims to double vaccine sales by 2013

Reuters, 17 December 2009, 10:59 PM GMT+8
https://www.reuters.com/article/idUSLDE5BG1RT20091217/

PARIS, Dec 17 (Reuters) – French drugmaker Sanofi-Aventis SA aims to double sales at its Sanofi Pasteur vaccines business by 2013, compared to the 2008 level, and reiterated it could make acquisitions in this fast-growing area.

Sanofi-Aventis raised its outlook for 2009 earlier this year due to rising sales of swine flu shots.

It forecast that H1N1 vaccines would add about $500 million to its sales in the fourth quarter of this year and indicated sales would continue "at a similar rate" until into the first quarter of 2010.

Sanofi said in an investor presentation on Thursday that it was targeting 4 billion euros ($5.76 billion) of net sales, including sales of the H1N1 swine flu vaccine, for 2010 for the vaccines business.

Sanofi Pasteur's vaccines offer protection against diseases such as flu, cholera and whooping cough.

Its rivals include the likes of GlaxoSmithKline, Wyeth and Novartis.

Sanofi-Aventis shares were down 0.7 percent at 53.88 euros in mid-afternoon trade, with France's benchmark CAC-40 index <.FCHI> down about 1 percent. ($1=.6942 Euro)

World Health Organization

Pandemic (H1N1) 2009 vaccine deployment update

Geneva, WHO, 17 December 2009

https://reliefweb.int/report/afghanistan/pandemic-h1n1-2009-vaccine-deployment-update-17-dec-2009

Background information

To help countries protect people from developing severe disease from pandemic influenza H1N1 infection, the World Health Organization (WHO) is coordinating the distribution of donated pandemic influenza vaccine to 95 countries. These countries were identified based on their vulnerability to pandemic influenza and their readiness and ability to use the vaccine for priority populations. WHO is working with UN and country partners to facilitate the distribution of the vaccine.

Mobilizing resources

Governments, foundations and manufacturers have offered contributions of vaccines, ancillary products (such as syringes, vaccine vial monitors and safety boxes) and finances to support the donation initiative.

Current situation

WHO has received pledges of nearly 180 million doses of vaccine, 75 million syringes and US$ 67 million for vaccine deployment.

Le Village
Hébergement web pour tous

Roselyne Bachelot assignée en référé le 4 janvier 2009 au TGI de Paris

Écrit par Flash-info-WLS, 17 Décembre 2009
https://web.archive.org/web/20091226035507/http://www.webtelelibre.levillage.org/index.php?option=com_content&task=view&id=2096&Itemid=40

Madame Roselyne Bachelot, Ministre de la Santé, a reçu vendredi dernier une assignation à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier prochain à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

Cette procédure judiciaire a été engagé, devant le « danger imminent » encouru par la population, par l'Association Cri-Vie (Coordination de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées-Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue, ont engagé.

Dans un climat de psychose entretenue par certains experts avec la dramatisation de «quelques morts spectaculaires» (selon le Pr Daniel Floret), les français subissent la promotion commerciale du Tamiflu – source de résistances et de détresse respiratoire aiguë – et celle des vaccins pandémiques hautement toxiques dont l'autorisation de mise sur le marché a été accordée trop rapidement malgré la notion de plusieurs hépatites auto-immunes sur les 400 enfants testés et de nombreuses maladies auto-immunes chez l'adulte en rapport avec le squalène (rapports de la FDA, février 2009 et de l'Agence européenne du médicament: EMEA). Malgré une sous-notification importante, le premier bilan de l'EMEA du 17 novembre fait d'ailleurs état de 55 décès après la vaccination de 5,7 millions de personnes, alors que les autorités s'attendaient à 5,75 décès pour 10 millions de vaccinés. Ce rapport bénéfice/risques déjà défavorable – à court terme – le sera beaucoup plus avec le déclenchement à moyen et à long terme de troubles neuropsychiques (Autisme, hyperactivité…) et «de dizaines de milliers de pathologies auto-immunes, imputées ou non au vaccin, comme les scléroses en plaques (SEP) avec le vaccin hépatite B» (Pr Marchou, CHU Toulouse). Entre 1994 et 2008, la fréquence des seules SEP était passée de 20 000 à 83 000 cas.

Alors qu'elle n'était intervenue que plusieurs années après la survenue des scandales passés, la justice française a l'opportunité de suspendre cette vaccination inefficace ainsi que l'utilisation des antiviraux avant qu'un collège d'experts indépendants n'évalue les réels effets du Tamiflu et de ces vaccins et ne propose des moyens simples et sains de prévention et d'accompagnement de la grippe.

Notre justice ne peut davantage ignorer que l'OMS, les officiels de Santé Publique et les compagnies pharmaceutiques ont construit une machine mondiale de propagande au sujet de pandémies imminentes. Mme Chan, directrice de l'OMS, a ainsi déclaré l'alerte pandémique de niveau 6 en suivant les conseils éclairés d'experts inféodés aux lobbies pharmaceutiques. C'est le cas des Prs Bruno Lina, président en France du GEIG, financé à 100% par les fabricants de vaccins contre la grippe et Osterhaus, conseiller en chef pour les questions de virus pour le gouvernement Britannique et Hollandais,expert-clé du SAGE (Strategic Advisory Group of Experts Président du European Scientific Working group on Influenza (ESWI) financé exclusivement par les géants pharmaceutiques, fabricants de vaccins.

Tandis que la Pologne a refusé de commander de tels vaccins, Igor Barinov, Président de la Duma a, de son côté, interpellé l'ambassadeur russe auprès de l'OMS à Genève pour qu'une enquête officielle soit lancée concernant les témoignages et preuves de corruption massive au sein de l'OMS. Il a demandé qu'une investigation fasse la lumière sur les liens financiers entre les experts de l'OMS en charge de la pandémie grippale et les firmes pharmaceutiques. Si la corruption est établie, la Russie envisage de se retirer de l'OMS. « Il est urgent qu'une commission internationale d'enquête puisse être mise sur pied, a-t-il déclaré. (Der Spiegel, 12/12/09)

Les auteurs de l'assignation et leurs avocats Maîtres Malika Ouarti (Barreau de Paris) et Jean-Pierre Joseph (Barreau de Grenoble) invitent journalistes et citoyens à assister en nombre à cette audience publique de référé qui se tiendra le lundi 4 janvier à 9 h du matin, au TGI de Paris, 4 bd du Palais (75001 PARIS), au cabinet du vice-président Emmanuel Binoche, avec les avocats des parties.

THE FLU CASE

French Health Minister receives court summons over mass Swine Flu Vaccinations

The Flu Case, 18 December 2009, 13:08
https://web.archive.org/web/20100102010134/http://theflucase.com/index.php?option=com_content&view=article&id=2337%3Afrench-health-minister-receives-court-summons-over-mass-swine-flu-vacinnations&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Roselyne Bachelot, the French Minister of Health was summoned on Friday last week to attend a hearing at the Superior Court in January as part of legal action to put an end the swine flu mass vaccination campaign launched by lawyers Malika Ouarti (Barreau de Paris) and Jean-Pierre Joseph (Barreau de Grenoble), according to local media reports.

The hearing will take place on Monday, January 4 at 9 am at the Tribunal de Grande Instance of Paris.

Bachelot, who worked for at least 12 years in the pharmaceutical industry, has played a key role in planning and executing the mass swine flu vaccination campaign in France.

Specifically, Bachelot was involved in the detailed planning to set up 1,100 special vaccination centers around the country, excluding GPs, for the vaccination of the entire population by the end of January 2010.

Also, she sanctioned a secret contract with pharmaceutical companies, giving them blanket immunity from any legal action in the event of their untested jabs causing death or damage.

CTV NEWS

WHO to send swine flu vaccine to poor countries

CTV News, The Associated Press, 17 December 2009
https://www.ctvnews.ca/who-to-send-swine-flu-vaccine-to-poor-countries-1.465422?cache=xnyereiqqn%3FclipId%3D89680

London - The World Health Organization plans to start shipping swine flu vaccine to Azerbaijan, Afghanistan and Mongolia in the next few weeks, flu chief Keiji Fukuda said Thursday.

Another 32 developing countries are in line to get the vaccine soon. The U.N. health agency has prioritized sending the shots to northern hemisphere countries first, which are being hit harder by swine flu than countries in the southern hemisphere.

The agency had hoped to send the vaccine earlier, but the effort has been delayed by manufacturing problems and bureaucracy.

When WHO declared swine flu to be a pandemic, or global outbreak, in June, it warned the virus could have a devastating impact in countries across Africa with high numbers of people with health problems like malnutrition, AIDS, and malaria. Most people who catch swine flu only have mild symptoms like a fever or cough and recover without needing medical treatment.

WHO has a stockpile of about 180 million swine flu shots, donated by six drug makers and a dozen countries.

Countries hoping to get swine flu vaccine from WHO must meet three conditions. They have to formally ask for it, agree to certain terms and conditions on how it will be used, and develop a national plan to make sure the right people – like health workers and those with underlying health problems – get it first. WHO is hoping to send enough swine flu vaccine to cover about 10 per cent of populations in poor countries.

Countries likely won't start vaccinating their populations until a few weeks after they receive the vaccine, but Fukuda said it wasn't too late to ship the vaccine -- even though swine flu appears to have peaked in several northern hemisphere countries, like Britain and the U.S.

"This is a virus that we don't expect to suddenly disappear," Fukuda said, adding WHO expected the virus to keep circulating for the next few years.

Fukuda said it was "premature" to consider whether the pandemic might be on the decline, and that WHO would consult experts before making such a declaration. He said flu activity this year had peaked "extraordinarily early" and warned there were still several months of winter to come.

GMA NEWS.TV STOP KILLING JOURNALISTS!

WHO to send swine flu vaccine to poor countries

GMA News, 18 December 2009, 11:54 AM
https://web.archive.org/web/20091219125433/http://www.gmanews.tv/story/179691/who-to-send-swine-flu-vaccine-to-poor-countries

REUTERS

Swiss plan to donate, sell on swine flu vaccines

Reuters, 18 December 2009, 7:21 PM GMT+8
https://www.reuters.com/article/flu-swiss-idUSLDE5BH0X320091218/

Zurich, Dec 18 (Reuters) - Switzerland plans to donate or sell some 4.5 million excess doses of the swine flu vaccine due to the low uptake of shots, the government said.

Germany and Spain have also said they want to reduce deliveries of swine flu vaccine and potentially return excess supplies to manufacturers, which could hit drugmakers' profits.

"As not every person needs two doses, about 4.5 million of the purchased vaccine doses will be given up. Some of these would be donated to the WHO and others sold on to other countries," the Swiss government said in a statement.

The country would still have enough doses to protect the population in the event of a fresh wave of the H1N1 swine flu pandemic, it added.

Switzerland, whose total population is 7.7 million, ordered 13 million doses of vaccine from GlaxoSmithKline and Novartis .

CDC Identifies Racial Minorities as High Risk for H1N1 complications

Kake 10, 18 December 2009, 15:29
https://web.archive.org/web/20091221182304/http://www.kake.com/world/headlines/79612512.html

The U.S. Centers for Disease Control and Prevention (CDC) has named groups of people that are at a high risk of developing serious complications from H1N1 Influenza. In keeping with the last three subpopulation releases, which focused on pregnant women, breastfeeding moms, and those who smoke, the Sedgwick County Health Department will continue to send monthly releases focused on different subgroups.

Currently, one of the highest priority groups consists of persons with chronic health conditions. For various reasons, racial minorities tend to have more cases of these health conditions, including diabetes and heart disease. Diseases such as asthma, lung disease, diabetes and other conditions affect the immune and respiratory systems. Individuals with these conditions are therefore more likely to develop severe complications from H1N1. Latinos, Hispanics and African Americans have a higher rate of these underlying conditions and are therefore at a higher risk of life-threatening flu complications.

One of the most common underlying health conditions that can lead to complications from the flu is asthma. According to the Environmental Protection Agency (EPA), African Americans visit the emergency department for asthma 350 percent more often than Caucasians, are hospitalized for asthma 240 percent more often than Caucasians and die from asthma 200 percent more often than Caucasians. Puerto Ricans also are disproportionately affected by asthma: Puerto Ricans have asthma 125 percent more often than Caucasians and 80 percent more often than African Americans. Puerto Ricans also have the highest rate of asthma attacks.

The best way to protect oneself from H1N1 is to receive the vaccine. The Sedgwick County Health Department is currently offering vaccine to anyone who wishes to receive it at the Health Department's H1N1 Vaccine Clinic (4095 E. Harry). So far, disproportionately low numbers of minorities have visited the H1N1 Vaccine Clinic. The Health Department encourages everyone, including minorities, who may have an underlying health condition to receive the vaccine. The vaccine is FREE of charge.

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CDC Deploys H1N1 Vaccine as Ethnic Weapon

The Flu Case, 18 December 2009
https://web.archive.org/web/20100223082521/http://www.theflucase.com/index.php?option=com_content&view=article&id=2343%3Acdc-deploys-h1n1-vaccine-as-ethnic-weapon&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

WHO to Distribute 180 Million soft Killer Vaccines in Developping Countries

The Flu Case, 18 December 2009 12:17
https://web.archive.org/web/20100202014520/http://theflucase.com/index.php?option=com_content&view=article&id=2330:who-to-distribute-180-million-soft-killer-vaccines-in-developping-countries&catid=1:latest-news&Itemid=64&lang=en

Governments, foundations and manufacturers have offered toxic and untested swine flu vaccines and syringes to WHO for distribution to developping countries.
http://www.who.int/csr/disease/swineflu/vaccines/

180 million vaccines that have been donated by six vaccine manufacturers and the government of 12 countries to WHO.

WHO plans to distribute these to 95 developping countries in the next few weeks with Azerbaijan, Afghanistan and Mongolia, the first in line, to be followed by around 32 other countries in the "Northern Hemisphere".

THE FLU CASE

Finnish Government now "Predicts"
virulent virus between April and next Autumn

The Flu Case, 18 December 2009, 12:21
https://web.archive.org/web/20100220010818/http://www.theflucase.com/index.php?option=com_content&view=article&id=2331%3Afinnish-government-now-qpredictsq-virulent-virus-between-april-and-next-autumn&catid=1%3Alatest-news&Itemid=64&lang=en

This summer WHO and governments around the world were maintaining that a second wave with a virulent swine flu virus would appear in autumn of 2009 when an unprecedented global, mass vaccination campaign with untested swine flu jabs was supposed to be in full swing.

Now governments such as the one in Finland have mysteriously revised their predictions and say the appearance of this virulent virus cannot be expected until April to autumn next year.

How can this "error" be accounted for if we are really dealing with a virus that mutates according to scientific laws?

The only factor that has changed since summer is the unexpectedly low turn out for the swine flu vaccine throwing government plans into disarray.

Experts such as Dr Rebecca Carley have presented evidence to show said that the vaccine will generate a pandemic as happened with the Spanish Flu Pandemic of 1918-1919 when countries which did not mass vaccinate such as Greece had no Spanish Flu deaths.

The Finnish government even admits there is a causal relation between the "impact of the virus in the community" and the "proportion of those immunized against H1N1" in its statement.

REUTERS

Maggie Fox

Flu pandemic may change US flu approach forever

Reuters, 18 December 2009, 6:51 AM GMT+8
https://www.reuters.com/article/idUSN17190692/

Washington, Dec 17 (Reuters) - The swine flu pandemic may have changed the U.S. approach to handling influenza forever, and for the better, U.S. officials said on Thursday.

While they said years of work were needed before vaccine production was up to the desired standard, some experiments such as vaccinating children in schools might work to help control seasonal influenza.

But there are still holes in the public health system that will take years to patch, and communication with the public could use a bit more polishing, they acknowledged.

– "We still don't have the domestic capacity to make as much (flu vaccine) as we need as fast as we need it," Nicole Lurie, assistant secretary for preparedness and response at the Health and Human Services Department, told a news conference.

She said HHS had been forced by the H1N1 pandemic to work closely with state and local health officials to monitor the virus and deploy drugs and vaccines.

– "I actually think our nation's preparedness, our seasonal flu efforts and so on, will never be the same," Lurie said.

HHS Secretary Kathleen Sebelius said 100 million H1N1 vaccines will have been delivered or would be ready for order by the end of the week. She urged Americans to get vaccinated now and said everyone, not just people on the priority lists, should feel free to get one.

– "This is a serious flu that targets people who normally don't get seriously ill from the flu," Sebelius told the news conference.

"We have a chance to lessen the impact or even prevent a big third wave ... and we need to seize this opportunity right now," she said.

The U.S. Centers for Disease Control and Prevention estimates that 47 million Americans have been infected with H1N1, nearly 10,000 have been killed by it and more than 200,000 hospitalized.

Ebbing Second Wave

"The number of children and young adults killed by mid-November was five times more than in the average flu season," CDC Director Dr. Thomas Frieden said. – "We have an ebbing second wave but we have an uncertain future."

School vaccinations have worked well and CDC may press to keep the programs for seasonal influenza, Frieden said.

– "Not only will vaccinating kids in school reduce the number of kids who get sick ... but may well also tamp down the spread of flu in a community," he said.

But Frieden fretted about losses to public health. The CDC reported that in 2009, 10 percent fewer epidemiologists were working in state health departments than in 2006. Those specialists in the spread and pattern of disease are key to keeping track of viruses like flu, Frieden said.

"This virus was undoubtedly circulating for several months before it was identified," Frieden said.

Had it been detected, he said, vaccine makers could have started work on a vaccine month earlier.

Frieden also noted there was confusion about how many vaccines would be available, and when. HHS has been criticized for at first saying 250 million vaccines would be produced, and then rolling back on the numbers that could be delivered.

- "Clearly we need to do better at managing vaccine expectations," Frieden said.

Much work remains on improving vaccine technology, said Dr. Anthony Fauci, head of the U.S. National Institute of Allergy and Infectious Diseases. The goal is a so-called universal vaccine that would not have to be reformulated as the virus mutates every flu season.

– "We need to harness the science to be able to make an influenza vaccine that not only is good from season to season but ... that doesn't change from season to season and from pandemic to pandemic," Fauci said.

– "It is going to be several years before we get there."

CDC Identifies Racial Minorities as High Risk for H1N1 Complications

The Flu Case // Kake.com, 18 December 2009, 15:29
https://web.archive.org/web/20100102052718/http://theflucase.com/index.php?option=com_content&view=article&id=2343%3Acdc-deploys-h1n1-vaccine-as-ethnic-weapon&catid=1%3Alatest-news&Itemid=64&lang=en

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Currently, one of the highest priority groups consists of persons with chronic health conditions. For various reasons, racial minorities tend to have more cases of these health conditions, including diabetes and heart disease. Diseases such as asthma, lung disease, diabetes and other conditions affect the immune and respiratory systems. Individuals with these conditions are therefore more likely to develop severe complications from H1N1. Latinos, Hispanics and African Americans have a higher rate of these underlying conditions and are therefore at a higher risk of life-threatening flu complications.

One of the most common underlying health conditions that can lead to complications from the flu is asthma. According to the Environmental Protection Agency (EPA), African Americans visit the emergency department for asthma 350 percent more often than Caucasians, are hospitalized for asthma 240 percent more often than Caucasians and die from asthma 200 percent more often than Caucasians. Puerto Ricans also are disproportionately affected by asthma: Puerto Ricans have asthma 125 percent more often than Caucasians and 80 percent more often than African Americans. Puerto Ricans also have the highest rate of asthma attacks.

The best way to protect oneself from H1N1 is to receive the vaccine. The Sedgwick County Health Department is currently offering vaccine to anyone who wishes to receive it at the Health Department's H1N1 Vaccine Clinic (4095 E. Harry). So far, disproportionately low numbers of minorities have visited the H1N1 Vaccine Clinic. The Health Department encourages everyone, including minorities, who may have an underlying health condition to receive the vaccine. The vaccine is FREE of charge. Aside from regular clinic hours, the following mobile clinics have been set up for convenient vaccine receipt.

Irish Independent

Edel Kennedy and Shane Hickey

Majority of health workers have not had swine flu jab

Irish Independent, 18 December 2009, 13:00
https://www.independent.ie/life/health-wellbeing/majority-of-health-workers-have-not-had-swine-flu-jab/26592659.html

Fewer than one in five healthcare workers have received the swine flu jab, despite the death toll now standing at 22. The Irish Independent has also learned that take-up of the vaccine in some hospitals is less than 10pc. Nurses administering the vaccine have reported that take-up among HSE medical staff has been particularly low, although a greater number of health workers in the community – such as home help and care workers – have availed of it.

The Health Service Executive (HSE) has confirmed that "less than 30,000" healthcare workers have received the vaccine. There are 111,000 HSE workers, including administration staff and management. However, the number vaccinated includes general healthcare workers, of which there are an estimated further 50,000.

This means that fewer than one in five workers have had the jab, and it's an even smaller percentage for frontline staff.

Last night, an HSE spokeswoman said it was continuing to encourage staff and the public to get vaccinated. She said that while take-up in some regions may be low, it's "over 50pc" in others. "We have found that in hospitals that have been dealing with cases of swine flu, staff are very aware of the impact the virus has on patients," she said. – "As a result, the uptake among staff is much higher. We'd like to reiterate why it's so important to get it. We're looking at as high an uptake as possible." She also appealed to those who are particularly vulnerable – including children, pregnant women, those with underlying medical conditions and those over 65 – to get the vaccine.

Immune

However, Dr Juliet Bressan, a Dublin-based doctor, said many GPs feel they are immune and are not getting the jab. – "GPs are very reluctant to take any vaccine but we don't really know why," she said. She added that her husband caught the virus a few months ago but she didn't – despite not getting the jab, and she has no intention of having it.

According to Dr Bresson, there was a similar virus outbreak in 1968 and therefore, she claimed, people born before then are probably immune. – "Most people don't have the medical knowledge to know whether they really need it or not," she said. "But GPs can make a scientific calculation."

She added that the purpose of vaccinating healthcare workers was not to protect them but to stop the virus spreading.

Figures released last night by the Department of Health reported that two more people have died from swine flu but the number contracting the disease continues to fall.

The death of a girl and a woman in the past week has brought the total number of deaths here from H1N1 to 22.

Chief medical officer Dr Tony Holohan yesterday expressed his condolences to the families of the woman, who was from the east of the country, and the girl, who was from the west.

Both had underlying health problems -- a feature in all but one of the deaths from the disease.

There are 152 people in hospital being treated, nine of whom are in intensive care.

However, the number of people contracting swine flu has dropped in the last week, said Dr Holohan.

In Northern Ireland, a nine-year-old child has died from the virus. The victim had underlying health conditions and died within the past few days.

Dr Joan Gilvarry, from the Irish Medicines Board, said more than 500,000 people have been vaccinated in the Republic -- with 790 reports of adverse reactions.

NEW BRITAIN HERALD

Lisa Backus

Mayor: City will help homeless through coldest nights

New Britain Herald, 18 December 2009
https://web.archive.org/web/20100102023147/http://theflucase.com/index.php?option=com_content&view=article&id=2326%3Ahomeless-chosen-for-bigpharma-experiments-again&catid=1%3Alatest-news&Itemid=64&lang=en

New Britain – On the coldest night of the year so far Mayor Timothy Stewart vowed Thursday to help the Friendship Center address the overflow of homeless people seeking shelter.

In previous years the center, which serves 52 clients including single men, women and families with children, has taken in cold-weather "overflow" homeless people seeking shelter only on bitterly cold nights.

But center executive director Ellen Perkins-Simpson has been trying to find a way for months to handle the overflow without stretching staff too thin or allowing the adults to mix with the children for fear of spreading the H1N1 flu.

"Previously we would allow them to sleep on couches upstairs but because of H1N1 we decided to put them in cots in the dining room so the overflow population doesn't interact with the children," Perkins-Simpson said.

The city has recently received H1N1 vaccine for distribution, Stewart said, and *he would make getting the homeless vaccinated a priority* to help alleviate the concerns for the children at the shelter.

=> the continuation has been deleted

It is worth to remember the tests conducted in Poland by Novartis AG. For a small reward homeless received injections and were told it was seasonal flu vaccine when in fact it was experimental bird flu formulation. Estimates are 32 homeless died out of 350 participants. Investigation started against the staff administering injections but the drug cartel wasn't sued. Below links to press releases covering those events of summer 2007:

M. Day. **Homeless people die after bird flu vaccine trial in Poland.** –Telegraph, 2 July 2008
http://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html

M. Rzeszut. **Grudziądz. Podejrzane testy**. – Gazeta Pomorska, Maja 3 lipca 2008
http://www.pomorska.pl/apps/pbcs.dll/article?AID=/20080703/TEMATDNIA/424245382

Politique de Vie - Journal Militant
Politique Internationale - Écologie - Spiritualités - Médecines - Justice - Économie - Société

Christian Cotten

Roselyne Bachelot assignée en référé le 4 janvier 2010 au TGI de Paris par Marc Vercoutère/Cri-Vie et Christian Cotten/Politique de Vie

Politique de Vie, 19 décembre 2009
https://www..net/index.htm

Communiqué du 19 décembre 2009 – Christian Cotten – Marc Vercoutère

Madame Roselyne Bachelot, Ministre de la Santé, a reçu vendredi 11 une assignation à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier prochain à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

L'Association Cri-Vie (Centre de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue, ont engagé cette procédure judiciaire suite au constat juridique et médical d'un «danger imminent» encouru par la population soumise depuis plusieurs semaines à des «vaccins» hautement toxiques pour la santé ; vaccins qui présentent de façon manifeste un rapport bénéfices/risques de plus en plus défavorable chaque jour, au regard des centaines de signalements, notamment en Europe et en Amérique du Nord, d'effets secondaires graves allant jusqu'à de multiples décès, qui semblent aujourd'hui être au moins dix fois plus nombreux qu'attendus par les promoteurs eux-mêmes de ces vaccins.

Leur volonté est totalement déterminée, de faire cesser dès janvier 2010 une campagne de vaccination contraire aux intérêts de la population et d'obtenir la désignation d'un collège d'experts indépendants chargés d'évaluer les effets réels du Tamiflu et de faire connaître à la population les moyens simples et sains de prévention et d'accompagnement de la grippe.

Tandis que la Pologne refuse des vaccins insufisamment testés, que des parlementaires russes demandent une commission d'enquête sur la corruption au sein de l'OMS, les preuves s'accumulent chaque jour de la dangerosité des vaccins et de celle du Tamilflu ainsi que des liens d'intérêt entre les industriels et les « experts », qui dramatisent une épidémie qui n'existe pas pour vendre des vaccins-poisons (corrruption manifeste du Pr hollandais Osterhaus et du Pr français Bruno Lina).

Cri-Vie et Politique de Vie, Marc Vercoutère et Christian Cotten font donc solennellement appel à l'institution judicaire, en souhaitant ardemment que celle-ci se montre à la hauteur de l'importance des enjeux et soit capable d'assumer ses responsabilités morales, politiques et judiciaires, puisque le droit lui donne le pouvoir de faire cesser immédiatement une mise en danger d'autrui évidente, manifeste et indiscutable, au regard des données scientifiques actuellement disponibles fournies par les chercheurs indépendants et intègres.

L'audience de référé aura lieu le lundi 4 janvier à 9 h du matin, au TGI de Paris, 4 bd du Palais (75001 PARIS), en salle de réunion près du cabinet du vice-président Emmanuel Binoche, avec les avocats des parties.

Le texte complet de l'assignation est accessible sur le site de Politique de Vie. Les auteurs de l'assignation sont conseillés et accompagnés dans leur démarche citoyenne de lanceurs d'alerte par Maître Malika Ouarti (Barreau de Paris) et Maître Jean-Pierre Joseph (Barreau de Grenoble). Cette procédure est menée en cohérence avec les plaintes contre X avec CPC déposées il y a peu devant les Doyens des Juges d'Instruction de Grenoble, Nantes, Évry, Pauet Paris par différents groupes de citoyens et en cours de procédure.

Le Dr Marc Vercoutère et Christian Cotten invitent journalistes et citoyens à assister en nombre à cette audience publique.

ZEIT ONLINE | GESUNDHEIT

Hartmut Wewetzer

Verstärkte Verunsicherung

Zeit, 19 Oktober 2009, 10:28 Uhr
https://web.archive.org/web/20091230234109/http://www.zeit.de/wissen/2009-10/impfung-schweinegrippe-regierung

Ist der Impfstoff für die Bevölkerung schlechter als jener für die Regierung? Die Sonderbehandlung könnte der Schweinegrippeimpfung das Vertrauen kosten.

Der Piekser wird der gleiche sein, der injizierte Schweinegrippe-Impfstoff jedoch nicht: Die Bundesregierung hat einen anderen Wirkstoff geordert

Auch das noch. Wenige Tage vor dem Start der Impfung gegen die Schweinegrippe am 26. Oktober sickerte durch, dass die Bundesregierung und die Ministerien einen anderen Impfstoff als das "Volk"bekommen. Einen ohne Verstärker. Das könnte den in die Schlagzeilen geratenen Impfstoff "Pandemrix“, der Verstärker enthält und von dem Deutschland 50 Millionen Dosen bestellt hat, endgültig das Vertrauen kosten.

Hinzu kommen die Attacken von Ärztefunktionären und Pharmakritikern, die zwar überwiegend keine Impfstoffexperten sind, aber dafür umso mehr auf die Pauke hauen. Von einer "Kampagne der Pharmakonzerne"ist die Rede, die Deutschen würden zu "Versuchskaninchen der USA "gemacht, die Sache stinke "zum Himmel“.

Wie sehen die Fakten aus? In Europa sind drei Impfstoffe gegen die Schweinegrippe zugelassen. Sie basieren auf vorgetesteten Modellimpfstoffen, die im Fall einer Pandemie rasch produziert werden können, indem man sie an den grassierenden Virusstamm anpasst. Die Impfstoffe "Pandemrix" (Hersteller GSK) und "Focetria"(Novartis) enthalten einen Verstärker, der unter anderem Squalen enthält, ein aus Haifischleber gewonnenes Zwischenprodukt des Cholesterinstoffwechsels. Der Verstärker ermöglicht es, Viruseiweiß (Antigen) einzusparen, und soll auch gegen neue Virusvarianten besser schützen.

Außerdem enthält Pandemrix den quecksilberhaltigen Konservierungsstoff Thiomersal in geringer Dosis, um die Impfbehälter gegen Verkeimung zu schützen. Der Nutzen der Konservierung überwiege das hypothetische Risiko, so die Weltgesundheitsorganisation und die Europäische Zulassungsbehörde Emea.

Der dritte Impfstoff, "Celvapan" (Baxter), den Bundeswehr und Regierung geordert haben, kommt ohne Verstärker und Konservierungsstoff aus. Er enthält komplette Viren in höherer Dosierung. In Pandemrix sind 3,75 Mikrogramm Viruseiweiß, in Celvapan 15 Mikrogramm.

Die Sicherheit von Pandemrix wurde an 5000 erwachsenen Versuchspersonen überprüft. Schwerwiegende Nebenwirkungen wurden nicht beobachtet. Außerdem wurde der Impfstoff bei etwa 400 Kindern im Alter von drei bis neun Jahren getestet und allgemein gut vertragen. Bei zwei Prozent der Kinder trat Fieber auf, Schüttelfrost bei einem Prozent (Altersgruppe drei bis fünf) und bei vier Prozent (sechs bis neun Jahre).

Der verstärkerfreie, in Säugetierzellen hergestellte Impfstoff Celvapan ist insgesamt weniger gut getestet. Es gibt Informationen über Tests an rund 600 Versuchspersonen, bei denen überwiegend leichte Nebenwirkungen auftraten. Nach heutigem Wissensstand gelten jedoch beide Impfstoffe als wirksam und sicher.

Die Tests können wegen der begrenzten Zahl an Versuchspersonen und der noch begrenzten Erfahrung mit den neuen Impfstoffen seltene Nebenwirkungen nicht ausschließen. Deshalb muss die Schweinegrippe-Impfung genau überwacht werden.

Zunächst sollen Beschäftigte im Gesundheitswesen, chronisch Kranke und Schwangere geimpft werden, empfiehlt die Ständige Impfkommission (Stiko). Schwangere sollen vorsorglich einen Impfstoff ohne Verstärkung bekommen, schlägt die Stiko vor. Diesen will die Bundesregierung nun rasch besorgen.

Allerdings ist Pandemrix in Europa durchaus für Schwangere zugelassen. In anderen Ländern, etwa Großbritannien, hat man kein Problem damit, diese mit Pandemrix zu impfen. Es gebe keine Hinweise, dass die Schweinegrippe-Impfung Schwangeren oder ihrem ungeborenen Baby schade, teilt der britische Gesundheitsdienst mit. Eine so erregte Debatte wie in Deutschland gibt es in Großbritannien nicht. Während bei uns vor einem "Großversuch"an der Bevölkerung gewarnt wird, übt man sich jenseits des Kanals in Gelassenheit. Mal sehen, wer recht behält.

aerzteblatt.de

Birgit Hibbeler

Schweingrippe-Impfung: Rösler appelliert an die Ärzte

Dtsch Arztebl 21 Dezember 2009; 106 (51-52): A-2532 / B-2184 / C-2116
https://www.aerzteblatt.de/archiv/67182/Schweingrippe-Impfung-Roesler-appelliert-an-die-Aerzte

Bundesgesundheitsminister Philipp Rösler (FDP) hat die Ärzteschaft bei der Impfkampagne gegen die Neue Grippe um ihre Unterstützung gebeten. "Helfen Sie mit, damit Menschen wieder Vertrauen in den Schutz durch Impfen zurückgewinnen", appelliert Rösler in einem Schreiben an alle Ärztinnen und Ärzte (siehe offener Brief in diesem Heft). Der Minister dankt in dem Papier denen, die in den vergangenen Wochen die Impfaktion unterstützt haben. Der Ausbreitung des A/H1N1-Virus müsse vorgebeugt werden. Dafür sei die Impfung der beste Schutz.

Nach jüngsten Erhebungen haben sich bisher nur circa fünf Prozent der Bundesbürger und 15 Prozent der Ärzte impfen lassen. Da die Krankenkassen nur die Kosten für die tatsächlich verbrauchten Impfdosen übernehmen, könnten die Länder auf Millionenkosten sitzen bleiben. Das Bundesgesundheitsministerium (BMG) unterstützt den Vorstoß einiger Länder, nicht benötigten Impfstoff im Ausland zu veräußern. Das BMG habe über die Botschaften Angebote verbreitet, sagte eine Sprecherin. Ob Impfstoff verkauft oder verschenkt werde, müssten die Bundesländer entscheiden. Das Land Bremen will sich für eine Stornierung bereits bestellter Impfstoffe einsetzen. Mit anderen Ländern habe man vereinbart, noch vor Weihnachten mit dem Hersteller in Verhandlungen zu treten, sagte eine Sprecherin der Bremer Gesundheitsbehörde.

Unterdessen steht nun auch der Impfstoff ohne Adjuvanzien für Schwangere zur Verfügung. BH/ddp

NOVARTIS

All three Novartis A(H1N1) 2009 influenza vaccines prequalified by World Health Organization (WHO) for use in developing world

Novartis, 21 December 2009, 07:15 CET
https://web.archive.org/web/20100109234032/http://www.novartis.com/newsroom/media-releases/en/2009/1365351.shtml

- First prequalification from WHO *for multiple influenza A(H1N1) 2009 vaccines from a single company*: Celtura® and Focetria®, both with the Novartis adjuvant MF59®, as well as unadjuvanted A(H1N1) vaccine from the Fluvirin® platform;
- WHO prequalification of two MF59 adjuvanted vaccines highlights Novartis adjuvants antigen sparing potential as means to enhance global supply of pandemic vaccines;
- More than 80 million doses of Novartis influenza A(H1N1) vaccine shipped to 21 countries around the world.

Basel, December 21, 2009: Novartis announced today that the World Health Organization (WHO) has granted prequalification for all three of its influenza A(H1N1) 2009 monovalent vaccines for supply to United Nations (UN) agencies: the cell culture-based and MF59® adjuvanted vaccine Celtura®, the egg-based and MF59 adjuvanted vaccine Focetria® as well as the egg-based A(H1N1) vaccine manufactured using the seasonal Fluvirin® platform. In addition to granting prequalified status for Novartis' three influenza A(H1N1) 2009 vaccines, WHO has also granted prequalification for the company's trivalent seasonal Fluvirin® vaccine.

WHO prequalification facilitates purchasing through UN agencies and thus enhances access for developing world countries to Novartis A(H1N1) 2009 vaccines that meet unified standards of quality and safety. Novartis has worked closely with WHO under WHO's expedited procedure for evaluating pandemic influenza A(H1N1) 2009 vaccines to ensure rapid prequalification of its A(H1N1) 2009 influenza vaccines.

With WHO prequalification for all three of our A(H1N1) 2009 vaccines, we have expanded our commitment to contribute to the prevention of A(H1N1) 2009 influenza in all countries around the world, said Andrin Oswald, CEO of Novartis Vaccines and Diagnostics.

Prequalification of the adjuvanted vaccines is an important milestone to increase vaccine supply due to the proven antigen and dose sparing potential of the MF59 adjuvant. It is the only oil-in-water adjuvant supported by more than 12 years of post-marketing safety data that includes commercial distribution of more than 45 million doses. The adjuvant has also been studied in randomized clinical trials and observational studies involving 124,000 individuals including children, adults, and elderly; and was first licensed in the seasonal influenza vaccine Fluad® in Italy in 1997. Fluad is currently licensed in Europe for use in individuals 65 years of age and older.

Novartis recognizes the public health need for better access to medicines and vaccines in developing countries. Novartis is working closely with developing countries and international health agencies to find sustainable solutions for effective distribution of essential medicines for diseases such as malaria, meningitis, tuberculosis and leprosy.

About Celtura®

Celtura is an innovative adjuvanted, cell culture-based, inactivated subunit influenza vaccine indicated for active immunization of persons six months of age and older against influenza disease caused by the novel pandemic A(H1N1) 2009 influenza virus. Celtura was approved for use in both Germany and Switzerland in November 2009, and Novartis is also seeking approval in a number of other countries.

About Focetria®

Focetria is an adjuvanted, egg-based, inactivated subunit influenza vaccine indicated for active immunization of persons six months of age and older against influenza disease caused by the novel pandemic A(H1N1) 2009 influenza virus. Focetria was approved by the European Union on September 29, 2009, for use in all 27 member states of the European Union, plus, by extension, in Iceland, Norway and Liechtenstein through the European Economic Area (EEA) Agreement. It is also licensed in a variety of other countries including Turkey, Switzerland, Tunisia and Croatia.

About Novartis A(H1N1) vaccine from the Fluvirin® platform

This vaccine is an unadjuvanted, egg-based, inactivated subunit influenza vaccine indicated for active immunization of persons four years of age and older against influenza disease caused by the novel pandemic A(H1N1) 2009 influenza virus. The vaccine was approved for use in the US by the US Food and Drug Administration on September 15, 2009.

Disclaimer

The foregoing release contains forward-looking statements that can be identified by terminology such as "potential," "commitment," "seeking approval," or similar expressions, or by express or implied discussions regarding potential additional marketing approvals for Novartis' A(H1N1) vaccines, potential future deliveries of influenza vaccines, or regarding potential future revenues from influenza vaccines.

You should not place undue reliance on these statements. Such forward-looking statements reflect the current views of management regarding future events, and involve known and unknown risks, uncertainties and other factors that may cause actual results to be materially different from any future results, performance or achievements expressed or implied by such statements.

There can be no guarantee that Novartis' A(H1N1) vaccines will be approved for sale in any additional countries. Nor can there be any guarantee that Novartis will successfully meet its delivery obligations for its influenza vaccines. Neither can there be any guarantee that Novartis' influenza vaccines will achieve any particular levels of revenue in the future.

In particular, management's expectations regarding Novartis' A(H1N1) vaccines could be affected by, among other things, unexpected regulatory actions or delays or government regulation generally; unexpected manufacturing difficulties or delays, including continued unexpected difficulties with seed virus yields, and unexpected difficulties with our flu cell culture manufacturing facility and processes; unexpected clinical trial results, including unexpected new clinical data and unexpected additional analysis of existing clinical data; the company's ability to obtain or maintain patent or other proprietary intellectual property protection; competition in general; government, industry and general public pricing pressures; the impact that the foregoing factors could have on the values attributed to the Novartis Group's assets and liabilities as recorded in the Group's consolidated balance sheet, and other risks and factors referred to in Novartis AG's current Form 20-F on file with the US Securities and Exchange Commission.

Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those anticipated, believed, estimated or expected. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

Le Parisien

Nicolas Sarkozy vacciné contre la Grippe A

Le Parisien, 22 décembre 2009, 20h32
https://www.leparisien.fr/politique/nicolas-sarkozy-vaccine-contre-la-grippe-a-22-12-2009-753859.php

Nicolas Sarkozy a déclaré avoir été vacciné contre la grippe A. En visite mardi au centre hospitalier de Créteil avec sa femme Carla Bruni-Sarkozy, il a affirmé qu'«un peu plus de 4 millions et demi de personnes», dont lui-même, se sont fait vacciner à ce jour contre la grippe pandémique H1N1 en France. « Il faut continuer, avec le froid qui revient, à faire cet effort de vaccination de masse face à cette grippe», a assuré le chef de l'Etat.

A la question de savoir s'il était lui-même vacciné, M. Sarkozy a répondu: «Mais bien sûr, je ne peux pas dire aux gens « vaccinez-vous » et ne pas le faire moi-même».

«Le nombre de personnes vaccinées depuis le début de la campagne de vaccination était au total de 4.347.425 dimanche 20 décembre, soit un million de plus que dimanche dernier», avait indiqué lundi Gérard Gachet, porte-parole du ministère de l'Intérieur.La grippe H1N1 a entraîné quatre nouveaux décès en France métropolitaine depuis vendredi, soit un total de 168 depuis le début de l'épidémie, selon l'Institut de veille sanitaire (InVS).

THE FLU CASE

H1N1 Vaccine Ingredients, Packages' Inserts and Warnings

The Flu Case, 22 December 2009
https://web.archive.org/web/20100102012703/http://theflucase.com/index.php?option=com_content&view=article&id=2386%3Ah1n1-vaccine-ingredients-packages-inserts-and-warnings&catid=1%3Alatest-news&Itemid=64&lang=en

Not one scientific study has ever established the long-term safety of adjuvants and none have ever been approved for use in vaccines for humans.

Science dictates that only a randomized double-blind, placebo-controlled study can generate unbiased results in any clinical trial. In the history of vaccine development, no such study has ever been performed. It is only unscientific opinions and pharmaceutical propaganda which have propelled the mythological validity, safety and effectiveness of vaccines. Dozens of controlled studies have scientifically verified the immunotoxicty, neurotoxicity and sterility of common vaccine ingredients which destroy human health, yet they are all ignored by conventional medicine.

There should be a public outcry and challenge to every public health official, medical specialist or scientist (from any country) who justifies the inoculation of their population without providing the evidence of safety and effectiveness of the respective H1N1 vaccine in their country.

The public should be demanding that their governments materialize at least one vaccine trial which is randomized, double-blind and placebo-controlled that can scientifically validate the assertions of public health officials.

Since the pharmacokinetic properties of vaccines are not studied, vaccine manufacturers cannot deny any of the toxic effects listed below. The reason they never analyze the absorption, distribution, metabolism or excretion of these ingredients is because it would eradicate the vaccine industry. However the individual effects of each ingredient and their toxic effects on cells are well documented.

Every Physician, Nurse or medical personnel who administers the H1N1 vaccine (or any vaccine) should be asking themselves why they are injecting the following ingredients into patients that have been scientifically proven to cause immunotoxicity, neurotoxicity, sterility and cancer.

The following are the ingredient lists, warnings and side effects for vaccines currently scheduled to be administered to populations worldwide for the H1N1 swine flu.

H1N1 Vaccine Packages' Inserts: Ingredients and Warnings

Prevet Disease, 21 September 2009
https://web.archive.org/web/20091001141716/http://preventdisease.com/news/09/092109_H1N1_package_inserts_warnings.shtml

The following are the ingredient lists, warnings and side effects for vaccines currently scheduled to be administered to populations worldwide for the H1N1 swine flu.
Not one scientific study has ever established the long-term safety of adjuvants and none have ever been approved for use in vaccines for humans.

THE FLU CASE

The CDC's List of
Chemicals commonly used in the production of Vaccines

https://web.archive.org/web/20100102023557/http://theflucase.com/index.php?option=com_content&view=article&id=2387%3Athe-cdcs-list-of-chemicals-commonly-used-in-the-production-of-vaccines&catid=1%3Alatest-news&Itemid=64&lang=en

Chemicals commonly used in the production of vaccines include a suspending fluid (sterile water, saline, or fluids containing protein); preservatives and stabilizers (for example, albumin, phenols, and glycine); and adjuvants or enhancers that help improve the vaccine's effectiveness. Vaccines also may contain very small amounts of the culture material used to grow the virus or bacteria used in the vaccine, such as chicken egg protein.

Additives used in the production of vaccines may include suspending fluid (e.g. sterile water, saline, or fluids containing protein); preservatives and stabilizers to help the vaccine remain unchanged (e.g. albumin, phenols, and glycine); and adjuvants or enhancers that help the vaccine improve its work.

Aluminum gels or salts of aluminum which are added as adjuvants to help the vaccine stimulate a better response to the vaccine. Adjuvants help promote an earlier, more potent response, and more persistent immune response to the vaccine.

Formaldehyde is used to inactivate bacterial products for toxoid vaccines, (these are vaccines that use an inactive bacterial toxin to produce immunity.) It is also used to kill unwanted viruses and bacteria that might contaminate the vaccine during production.

Monosodium glutamate (MSG) and 2-phenoxy-ethanol which are used as stabilizers in a few vaccines to help the vaccine remain unchanged when the vaccine is exposed to heat, light, acidity, or humidity.

Thimerosal is a mercury-containing preservative that is added to vials of vaccine that contain more than one dose to prevent contamination and growth of potentially harmful bacteria.

To find out what chemical additives are in specific vaccines, ask your healthcare provider or pharmacist for a copy of the vaccine package insert, which lists all ingredients in the vaccine and discusses any known adverse reactions.

https://web.archive.org/web/20070921174430/http:/www.cdc.gov/vaccines/vac-gen/additives.htm

Aluminum salts and gels, used as vaccine adjuvants, have been associated with motor paralysis, fatty degeneration of the kidneys and liver, learning disabilities, dementia, bone dissolution, et cetera. https://web.archive.org/web/20121206082825/http://vran.org/about/policy-statement-on-vaccination/

Dr Butler-Jones says Canada may opt for a ‘pandemic’ vaccine which contains adjuvant. This, he says would increase its immunizing power such that more doses could be obtained and still leave enough vaccine available for the rest of the world. The downside he doesn’t mention is that, for the very reason that adjuvants boost the immune response, they also increase the chance for injury. The conventional influenza vaccines currently licensed for use in Canada do not contain adjuvant, although they do contain mercury. Mercury is not only highly toxic by itself, it also greatly increases the toxic effects of the commonly used adjuvant aluminum.

https://web.archive.org/web/20111113060258/http://vran.org/in-the-news/pandemic-vaccine-risk/

The vaccine’s manufacturer, Bioport of Lansing, Michigan, has never passed an FDA inspection. Numerous problems include lack of sterility, contamination problems, quality control problems, lack of consistency in manufacturing, falsification of the expiration dates on some lots of the vaccine (labels were switched), and the presence of squalene, an adjuvant which is illegal in the United States.

https://web.archive.org/web/20091101135135/http://vran.org/health-risks/gulf-war-syndrome/anthrax-vaccine/anthrax-the-fear-of-bio-warfare/

THE FLU CASE

Staff of Meeting of Globalists in Switzerland Ordered to take Swine Flu Jab

The Flu Case, 22 December 2009 10:32
https://web.archive.org/web/20100220011735/http://www.theflucase.com/index.php?option=com_content&view=article&id=2383%3Astaff-of-meeting-of-globalists-in-switzerland-ordered-to-take-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

When the "global elite" meet in January to discuss just how badly their climate gate and swine flu scams are going at the World Ecomic Forum (WEF) in Davos, Switzerland – ex CDC director Julie Gerberding also attended – they will not be required to have the swine flu shot.

However, WEF boss, Klaus Schwab has ordered all employees to get the jab, including hotel workers, according to a report in "Sonntagsblick."

Thomas Geiser, who appears to be a government employed legal advisor, maintains the requirement for even hotel staff to take the untested and toxic shot for a mild pandemic is lawful, according to the newspaper.

THE FLU CASE

Mitarbeiter beim WEF müssen sich impfen lassen

The Flu Case, 22 December 2009 10:32
https://web.archive.org/web/20100220011735/http://www.theflucase.com/index.php?option=com_content&view=article&id=2383%3Astaff-of-meeting-of-globalists-in-switzerland-ordered-to-take-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Für das World Economic Forum WEF im Januar in Davos müssen sich sämtliche Mitarbeiter impfen lassen.

Davos. – Vorgeschrieben wird am diesjährigen World Economic Forum (WEF) in Davos sowohl eine Impfung gegen die Schweinegrippe wie auch gegen die saisonale Grippe. Das berichtete der «Sonntagsblick».

Sollten die Angestellten nicht beide Impfungen haben, könne man sie beim WEF nicht arbeiten lassen, heisst es in einem Schreiben an externe Mitarbeiter. Wie der St. Galler Arbeitsrechtler Thomas Geiser gegenüber der Zeitung sagte, sei dieses Verhalten rechtlich zulässig. Insofern noch keine Arbeitsverträge abgeschlossen seien, könne das WEF die Anstellung verweigern, für den Fall, dass sich der Arbeitnehmer nicht zur Impfung verpflichtet, so der Experte weiter.

CCTV.com

US President Obama and First Lady get vaccinated against H1N1 flu

CCTV, 22 December 2009, 11:15 BJT
http://english.cctv.com/20091222/102191.shtml

In an interview today with American Urban Radio Networks in the Oval Office, the President made clear that the time for adults to get their H1N1 shots is now and that it is safe. "People need to understand that this vaccine is safe," Obama said. "Michelle and I just got the shots ourselves... we wanted to make sure nationwide that children were getting it before adults did. And now there's enough vaccine so that adults should get it as well."

In an interview today, the US President made clear that the time for adults to get their H1N1 shots is now and that it is safe.

NBC NEWS

JoNel Aleccia

60 million in U.S. vaccinated against swine flu

NBC News, 23 December 2009, 3:03 AM +08
https://www.nbcnews.com/id/wbna34525214

About 60 million Americans have received the swine flu vaccine, including a large proportion of children, a government health official said Tuesday.

That estimate comes as supplies of the H1N1 vaccine have vastly increased, with about 111 million doses available now in places as varied as doctors offices, shopping malls and retail pharmacies.

"That's a lot of vaccine and that's really good news," said Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention.

About half of Americans have said they want to be vaccinated against the pandemic virus, Schuchat added.

The CDC based the vaccine uptake estimate on two recent surveys. In the first, a CDC study of nearly 1,400 adults and more than 3,000 children, about 46 million people had received the vaccine as of the week of Dec. 6-12. About 46 percent of those were children, Schuchat said.

A second study by Harvard University researchers surveyed 1,600 people Dec. 16 and 17 and estimated that about 56 million people had been vaccinated against swine flu. In that study, three-quarters of parents who tried to get vaccine for their children were able to do so.

Schuchat reminded parents that children younger than 10 need two doses of the vaccine, according to federal studies. About 2 million children had received second doses at the time of the CD study.

"Many Americans who want to be vaccinated have a great chance to in the days ahead," Schuchat said.

However, many Americans also have indicated that they don't intend to get the H1N1 vaccine for themselves or their children. The Harvard study found that 55 percent of adults did not want the vaccine for themselves and about 35 percent of parents wouldn't immunize their children.

Most who rejected the vaccine cited safety reasons as a major factor, the Harvard study said.

With millions more vaccinated against the virus, the safety profile of the vaccine seems strong, Schuchat said.

"We are not seeing any worrisome signs," she said.

U.S. A/H1N1 flu vaccine supply reaches 111 million doses

CCTV, 23 December 2009, 11:06 BJT
http://english.cctv.com/20091223/102343.shtml

Houston, Dec. 22 (Xinhua) – The supply of A/H1N1 flu vaccine has reached more than 100 million doses in the U.S., a high-ranking health official announced on Tuesday.

"As of today, about 111 million doses of H1N1 vaccine have become available for order by the states," Dr. Anne Schuchat, director of U.S. Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases, said during an afternoon press conference.

"The H1N1 vaccine supply is getting better and better," she added.

During the past two months, limited supply of vaccine caused the CDC to advise state and local health officials to reserve doses for the targeted group, which includes pregnant women, children and young adults, health-care workers and people with asthma and certain other health problems.

"Initial doses of vaccine were relatively quickly taken up and they were going to the people that they were targeted for," Dr. Schuchat confirmed.

"Vaccine is becoming available in more and more places and at more and more times," she said. "It's a really good time (for general public) to be vaccinated in the weeks ahead."

The U.S. Government ordered 251 million doses of A/H1N1 flu vaccine, and most states now offer the vaccine to people of all ages. While the shots and nasal sprays are paid for by the U.S. government, clinics can charge a fee around 20 dollars to administer them.

With 111 million doses now available, experts believe that it should be widely available in doctors' offices, public health departments, drug stores, and even shopping malls during the upcoming traditional holiday seasons.

U.S. FOOD & DRUG ADMINISTRATION

FDA Approves a High dose Seasonal Influenza vaccine specifically intended for People ages 65 and Older

FDA Press Release, 23 December 2009

https://web.archive.org/web/20091231075127/http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm195483.htm

Accelerated approval process used in vaccine approval

The U.S. Food and Drug Administration today approved Fluzone High-Dose, an inactivated influenza virus vaccine for people ages 65 years and older to prevent disease caused by influenza virus subtypes A and B.

People in this age group are at highest risk for seasonal influenza complications, which may result in hospitalization and death. Annual vaccination remains the best protection from influenza, particularly for people 65 and older.

Fluzone High-Dose was approved via the accelerated approval pathway. FDA's accelerated approval pathway helps safe and effective medical products for serious or life-threatening diseases become available sooner. In clinical studies, Fluzone High-Dose demonstrated an enhanced immune response compared with Fluzone in individuals 65 and older.

As part of the accelerated approval process, the manufacturer is required to conduct further studies to verify that the Fluzone High-Dose will decrease seasonal influenza disease after vaccination.

"As people grow older, their immune systems typically become weaker," said Karen Midthun, M.D., acting director of the FDA's Center for Biologics Evaluation and Research. "This is the first influenza vaccine that uses a higher dose to induce a stronger immune response that is intended to better protect the elderly against seasonal influenza."

Fluzone High-Dose, manufactured by Sanofi Pasteur Inc., is formulated so that each 0.5 mL dose contains a total of 180 micrograms (mcg) of influenza virus hemagglutinin (HA) which is made up of 60 mcg of each of the three influenza virus strains.

Other currently licensed seasonal influenza vaccines for adults are formulated to contain a total of 45 mcg of influenza virus hemagglutinin (15 mcg HA from each of the three influenza strains per dose). Sanofi Pasteur, also manufactures Fluzone, a seasonal vaccine for the United States approved for use in individuals ages 6 months and older.

As expected, because of the higher HA content, non-serious adverse events were more frequent after vaccination with Fluzone High-Dose compared with Fluzone. Common adverse events experienced during clinical studies included pain, redness and swelling at the injection site and headache, muscle aches, fever and malaise. The rate of serious adverse events was comparable between Fluzone High-Dose and Fluzone.

People with hypersensitivity to egg proteins or life-threatening reactions after previous administration of any influenza vaccine should not be vaccinated with Fluzone High-Dose.

Fluzone High-Dose is administered as a single injection in the upper arm and is available in single dose pre-filled syringes without preservative.

The Gleaner Jamaica WI Established 1834

Dahlia McDaniel

All I want for Christmas is my flu vaccine

The Gleaner, 23 December 2009
https://web.archive.org/web/20091227192910/http://www.jamaica-gleaner.com/gleaner/20091223/health/health4.html

Last Christmas, my article expressed the same sentiments about getting the seasonal flu vaccine since the flu (short for influenza) is an unwelcome visitor this time each year. Ironically, last year Christmas, the swine flu and its vaccine were nowhere on our radar.

Fast-forward to Christmas 2009, and just as we are waiting to see Christmas and the New Year arrive, we are expecting the arrival of the H1N1 (swine flu) vaccine to Jamaica. Reports show, however, that there is a shortage of the vaccine worldwide.

Will the vaccine come to Jamaica?

Although it has been three months since the approval of the new H1N1 (2009) vaccine, here in Jamaica we do not yet have a scheduled date for its arrival. Hundreds of millions of doses have been manufactured by at least three manufacturers but it is still not enough to go around. We know, however, that the Government of Jamaica via the Ministry of Health (our national health authority) will regulate its distribution here.

What's in the vaccine?

When a person is given the vaccine, the immune system (the body's natural defence system) will produce its own protection (antibodies) against the disease. None of the ingredients in the vaccine can cause flu. The vaccine consists of:

An antigen (in this case it is an inactive preparation of the flu virus). This pushes the body's defence mechanism to respond to the virus. The virus is inactivated so it won't give us the flu. The body will then produce antibodies, a protein substance to fight the antigen from the vaccine and any H1N1 (2009) virus which enters the body within a certain time frame thereafter.

An adjuvant, a chemical like aluminium hydroxide which increases the effectiveness of the vaccine. This may mean that less antigen is needed to produce the same vaccine. By extension, more doses of vaccine may be produced. The adjuvant may or may not be present in a vaccine. The only challenge is that vaccines with adjuvants tend to carry more side effects than those without. There are no flu vaccines with adjuvants licensed in the USA.

Who should be vaccinated?

Persons who are at risk of serious complications, like pneumonia, heart damage and dehydration, from the effects of the swine flu are regarded as being 'at risk'.

These people include children under five years old, the elderly, pregnant women, persons with diabetes, kidney and heart disease and those with a weak immune system, for example, those with HIV, cancer, and those undergoing chemotherapy or radiotherapy. Other at-risk persons are those with respiratory trouble, like asthma, bronchitis and emphysema.

Go ahead, have a happy Christmas

Don't allow any flu ('swine' or 'seasonal') to dampen your Christmas spirits. If you are at risk, as soon as the swine flu vaccine makes its appearance here, try to get yourself vaccinated. If you can, give yourself the gift of a flu vaccine. As for me, that's all I want for Christmas!

AFTONBLADET

Mikael Stengård

Vaccinleveranser till Sverige stoppas

Aftonbladet, 23 December 2009
http://www.aftonbladet.se/nyheter/svininfluensan/article6334971.ab

Leveranserna av vaccinet mot svininfluensa till Sverige stoppas i början av januari.

Det är innebörden i en ny överenskommelse mellan Socialstyrelsen, Sveriges Kommuner och Landsting samt vaccintillverkaren Glaxo Smith Kline, uppger Sveriges Radio Ekot.

Sverige var ett av få länder som från början gjorde ett heltäckande avtal med Glaxo Smith Kline och beställde 18 miljoner vaccindoser.

Och när rekommendationerna senare ändrades från två till en vaccindos per vuxen stod det klart att Sverige skulle få ett stort överskott av vaccinet.

Men nu har svenska myndigheter lyckats få ett tillfälligt stopp på fortsatta leveranser. I januari, när Sverige fått 10 miljoner doser, leveras inget mer vaccin.

– Förutsättningarna har ju ändrats lite grann så till vida att det för den här vågen för de flesta räcker med en dos. Det gör ju att vaccinåtgången varit mindre än vi förutsåg från början, säger Göran Stiernstedt vid SKL, till Ekot.

Alla ska vaccineras

Det tillfälliga leveransstoppet pågår till mitten av februari. Därefter ska man besluta vad som ska ske med de åtta miljonerna doser som är beställda.

– Direkt efter helgerna går vi in och kollar upp hur många som är vaccinerade och får ett så exakt tal som möjligt på hur stort svinnet har varit. Då är det sen lättare att ta bra beslut på hur vi ska förfara med de doser som vi inte behöver just nu, säger Göran Stiernstedt.

Stiernstedt poängterar att de avbrutna leveranserna inte innebär något stopp i vaccinationskampanjen. De som ännu inte har vaccinerat sig ska kunna göra det utan problem.

Enligt Socialstyrelsen har drygt 60 procent av befolkningen redan vaccinerat sig, och ytterligare cirka en femtedel vill göra det.

THE FLU CASE

Johan Niklasson

Sweden stops the vaccine Deliveries

The Flu Case, 23 December 2009, 08:44
https://web.archive.org/web/20100102040115/http://theflucase.com/index.php?option=com_content&view=article&id=2395%3Asweden-stops-the-vaccine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Today, Aftonbladet, the largest Swedish news paper, reported as follows:

We ordered 19 million doses - but only need half. Now the authorities have managed to stop the deliveries temporarily. Vaccine deliveries to Sweden are stopped.The delivery of the vaccine against swine flu are to be stopped from early January. That is the outcome of an agreement between several Swedish authorities and the vaccine manufacturer Glaxo Smith Kline, says Sveriges Radio Ekot.

Sweden was one of the few countries that made a deal with Glaxo Smith Kline for complete coverage and ordered 18 million doses of vaccine. When the recommendations were changed later from two to one dose per adult, it was clear that Sweden would have a large surplus of the vaccine.

But now, Swedish authorities have managed to stop further deliveries temporarily. In January,by which time 10 million doses will have been delivered, no further deliveries will be made.

Furthermore, the article states that the vaccination campaign will **not** stop and everyone that would like to get the vaccine should be able to. It also states that 60% of the Swedish people have received the shot and that another 20% would like to. These numbers need to be confirmed by going through all data after the holidays to know exactly how many in Sweden actually received the poisonous Pandemrix "swine flu" vaccine.

The wording of the article is interesting since the politicians are presented as if they are proud they managed to stop the deliveries. This gives the impression that the pharmaceutical companies are much more powerful than individual governments and countries. If this is true, it certainly explains a few things about the massive pandemic scare and vaccination campaign.

The temporary stop will be reevaluated in February.

Since Swedish citizens have a tendency to trust their government and authorities, especially "science", very many actually believed they would be better off having the vaccination and therefore large numbers in Sweden got the shot. This will result in very large amount of damages, something the Swedish authorities and media openly reported for about one week until it became clear the coverage of the damage was stopping the massive vaccination campaign.

After that, very few reports have appeared about damages from the vaccine. Judging from the initial data, more than 150 people can be assumed to have died from the poisonous Pandemrix "swine flu" shot and several hundred abortions can be assumed to have been triggered by the same vaccine. It is uncertain if the damages will ever be properly investigated and even if they were, if they ever will be made public.

Other severe cases of damages, judged from the initial reports, should be in the number of thousands. The standard tactic to deal with these are either to declare them as "expected and normal" and in that way ignore them or to claim they had nothing to do with the vaccination.

That Sweden have "managed" to get out of the contract with GSK should inspire other countries to do the same with their respective vaccine suppliers.

Sweden have been hit by the largest medical scandal in modern times and for many years this massive mass vaccination will result in hundreds of thousands of severely damaged and sick individuals, suffering from a wide variety of symptoms as seen in the Gulf War Syndrome cases.

Information

Louise Voller, Kristian Villesen

WHO donerer mio. af doser overskudsmedicin til u-lande

Information, 23 December 2009
https://www.information.dk/indland/2009/12/who-donerer-mio-doser-overskudsmedicin-u-lande?lst_cntrb

Kæmpe overskudslagre af H1N1-vaccine doneres nu til WHO, der deler millioner af doser ud i fattige lande. WHO skaffer sig af med et politisk problem, siger kritikere.

180 millioner doser af vestens overskydende H1N1-vacciner gives lige nu til WHO, der deler dem ud i 95 lande, som er 'sårbare over for pandemien'. Afghanistan, Aserbajdsjan og Mongoliet er blandt de 35 lande, der har bedt om de gratis vacciner og skrevet under på, at de udvikler en national pandemiplan.

De gratis vacciner møder dog kritik fra flere eksperter. Når WHO skaffer sig af med de kæmpe lagre af vacciner, gør de sig samtidig fri af en politisk dårlig sag, lyder det bl.a. fra Tom Jefferson, epidemiolog ved det uafhængige forskningsinstitut, Cochrane Centre.

»Hvorfor giver de overhovedet vaccinerne til udviklingslandene? Pandemien er afblæst i store dele af verden. Den største trussel i de fattige lande lige nu er hjerte-kar-sygdomme, mens virus kommer meget langt nede på listen. Hvad er den lægelige begrundelse for at donere 180 millioner doser væk?«

Influenza en lille trussel

Medlemslande ligger inde med millioner af doser H1N1-vaccine på grund af kontrakter med vaccineproducenterne, der blev indgået før pandemien brød ud, og dermed før man kendte til pandemiens omfang. Frankrig købte 94 millioner doser og har til dato kun brugt tre millioner doser, mens Storbritannien købte 60 millioner doser. Af dem har de brugt godt fem millioner. Norge og Tyskland har besluttet at donere vaccinerne til lande, der ikke selv har mulighed for at købe vaccinerne.

Professor i virussygdomme på Rigshospitalet, Jens Lundgren, siger:
»Umiddelbart vil jeg mene, at u-landene har betydeligt større ting at slås med end den her influenza. Hvis man gerne vil gøre noget for u-landene, så skal man nok gøre noget andet,« siger Jens Lundgren.

Speciallæge i almen medicin Claus Hancke undrer sig også:

»For mig at se har u-landene ikke en pind at bruge H1N1-vaccine til. Influenza er ikke et særligt stort problem i de lande, hvor der er meget sol. Dertil kommer, at svineinfluenzaen har vist sig ikke at være særlig farlig,« siger Claus Hancke og tilføjer:

»Det virker som om, at vi gerne vil løse et affaldsproblem, og gør det ved at sende den overskydende vaccine til u-landene. I den logik er det åbenbart bedre at sprøjte affaldet ind i mennesker end at destruere det. Det er grotesk,« siger Claus Hancke, som tidligere har frarådet folk at lade sig vaccinere, fordi H1N1-vaccinen er dårligt testet og muligvis kan have ukendte bivirkninger.

Hvem holder øje?

WHO har gennemført ni workshops i alle regioner, der skal hjælpe landene med at udfærdige nationale pandemiplaner og forberede vaccinernes ankomst. Pandemiplanerne indeholder instruktioner i, hvem vaccinen gives til, hvordan den skal administreres og anbefalinger om først at vaccinere sundhedspersonale.

Alligevel er administrationen af vaccinen den største udfordring, mener Tom Jefferson fra Cochrane Centeret:

»Det er enormt vigtigt, at man er i stand til at overvåge ny medicin, når man dumper millioner af doser ned i et samfund. Man skal overvåge både effekt og bivirkninger, og hvordan har man tænkt sig at gøre det i Afghanistan?« siger han og uddyber:

»Den bedste forklaring, jeg kan komme på, er, at WHO forsøger at formindske de enorme H1N1-lagre. Den største taber i den her pandemihistorie er troværdigheden hos de offentlige sundhedssystemer og WHO. Vi kommer til at betale en enorm pris for det, når vi engang står med en rigtig folkesundhedskrise, og ingen længere stoler på sundhedssystemet. Troværdigheden er det sande offer«.

Information

Louise Voller, Kristian Villesen

WHO donates millions of doses of surplus medical supplies to developing countries,
Denmark's Information Reports

Information, 23 December 2009 // The Flu Case, 28 December 2009
https://web.archive.org/web/20100102033722/http://theflucase.com/index.php?option=com_content&view=article&id=2419%3Awhos-swine-flu-jab-donations-to-developing-countries-demarks-information-reports&catid=41%3Ahighlighted-news&Itemid=105&lang=en
https://www.information.dk/indland/2009/12/who-donerer-mio-doser-overskudsmedicin-u-lande?lst_cntrb

An enormous surplus of H1N1 vaccines is being donated to WHO. The world health organisation distributes millions of doses to poor countries.
WHO gets rid of a political problem, say critics.

180 millions of doses of surplus H1N1 vaccines are in the process of being donated to WHO, which will distribute them to 95 countries that are "vulnerable to the pandemic."

Afghanistan, Aserbajdsjan and Mongolia are among the 35 countries which have asked for free vaccines and signed an agreement to develop national plans for a pandemic.

However, several experts have criticised the free vaccines.

By getting rid of the enormous stocks of vaccines, WHO at the same time frees itself of political problem, says, among others, Tom Jefferson, an epidemiologist at the Cochrane independent research center.

" Why do they give the vaccines to the developing countries at all? The pandemic has been called off in most parts of the world. The greatest threat in poor countries right now is heart and circulatory diseases while the virus figures at the bottom of the list. What is the medical reason for donating 180 million doses?”

Flu is a Small Threat

The member countries have millions of doses of H1N1 in stock because of the contracts with the vaccine producers, which were signed before the pandemic broke out, and so before the scope of the pandemic was known.

France bought 94 million doses but has so far used only used three millions, while Great Britain bought 60 million doses. Of these, a little over five millions have been used. Norway and Germany have decided to donate the vaccines to countries, which cannot afford to buy the vaccines.

Professor for virological diseases at the central Danish hospital, Rigshospitalet, Jens Lundgren, says: "My first thought is that the developing countries have greater problems to fight than this flu. If you really want to do something for the developing countries, you should probably do something else,” says Jens Lundgren.

Claus Hancke, a medical doctor who is specialized in ordinary medicine, is also wondering:

"From my point of view the developing countries have no need whatsoever for H1N1 vaccine. Flu is a minor problem in countries where there is a lot of sunshine. Furthermore it has turned out, that the swine flu is not particularly dangerous,” says Claus Hancke, adding:

"It seems we would like to find a solution to the problem of waste, and are doing so by sending the surplus vaccine to the developing countries. Following this logic it seems to be better to inject the waste into people instead of destroying it. It is grotesque,” says Claus Hancke, who early on has advised people not to take the vaccine as the H1N1 jab is not properly tested and possibly may have unknown sideeffects.

WHO Survey?

WHO has conducted workshops in all regions to help the countries to establish plans for pandemics and prepare for the arrival of the vaccines. The plans for the pandemic contains instructions concerning who is going to receive the vaccine, how it is going to be administered and the recommendations to inoculate health staff first of all.

Still the administration of the vaccine is the greatest challenge, believes Tom Jefferson from the Cochrane Center.

"It is extremely important to be able to monitor new medicine when you dump millions of doses on a society. You have to survey both for effect and side effects, and how is that supposed to be done in Afghanistan?” he says and elaborates:

"The best explanation I can imagine is that WHO is trying to reduce the enormous stocks of H1N1. The greatest loser in this story about the pandemic is the credibility of the public health systems and the WHO. We are going to pay an enormous price for this when we one day have a real crisis in public health, and nobody trusts the health system any longer.

Credibility is the true victim”.

S. Todorović, A. Savanović

No further import of vaccines possible

BLIC // The Flu Case, 25 December 2009, 08:25h
http://english.blic.rs/Society/5736/No-further-import-of-vaccines-possible (deleted)
https://web.archive.org/web/20100102012159/http://theflucase.com/index.php?option=com_content&view=article&id=2411%3Aserbia-set-to-cancel-swine-flu-vaccine-contract-with-novartis-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Serbian government is set to cancel its contract for swine flu jabs with swiss-based Novartis after most peole shunned the shot even though the campaign has just begun, report local media.

Poor response to vaccination makes purchase of vaccines senseless. No further import of vaccines possible

If response to vaccination against the new flu continues to be so poor, the Working group for pandemic shall after the New Year suggest to the Ministry of Health to cancel the agreement with the Swiss manufacturer 'Novartis' over purchase of the vaccines.

If that happens, the group shall also suggest ban on public gatherings in order to prevent spreading of the virus, Doctor Predrag Kon, President of the Working group says for 'Blic'.

According to his words, three cases of negative effects have been reported until so far, a woman, an older man and a young man. They all are well now and the cause of the negative effects is still being investigated.

Serbian opposition refuses flu vaccines, boycott ruling power

FOCUS, 25 December 2009, 13:02
https://web.archive.org/web/20091227192533/http://www.focus-fen.net/index.php?id=n204549

DANAS: Belgrade. MPs of the opposition parties in the Serbian parliament refused to get a vaccine against the new flu virus, Serbian Danas newspaper writes.

The opposition says the refusal is a mark of boycott against the ruling coalition and that they have not taken official decision not to get a vaccine on party level.

Some of the reasons for the boycott include the disputable tender for vaccines' delivery, the unnecessary spending of money for a mediator in the delivery and the fact that there are not enough vaccines delivered to Serbia so as to cover the riskiest groups of citizens in the country.

The Guardian

Aidan Jones

UK medics keep wounded troops alive in Afghanistan's Desert of Death

The Guardian, 27 December 2009 00.06 GMT
https://www.theguardian.com/world/2009/dec/27/british-medics-save-troops-afghanistan

More and more British troops are being saved at Camp Bastion in Afghanistan as Taliban steps up its assaults

They are known by the medics at Camp Bastion as "Holy Shit Sundays", the darkest day of the week when the Taliban are most likely to strike. A popular theory going round the British forces' headquarters in Afghanistan holds that the Taliban stop for Friday prayers, plan their attacks on Saturday and carry them out the following day. And they are doing so with increasing regularity.

Traditionally at this time of year, there is a lull in the fighting as temperatures fall well below zero at night and the tree-lined "green zone" that runs like a spinal cord through Helmand province is replaced by mud, stripping the Taliban of cover. But despite the onset of winter recent Sundays have seen an increase in attacks on British forces in Afghanistan's most notorious province.

As winter rain turns the dust coating Camp Bastion into a treacly yellow sludge, festive cheer is in short supply. The best Christmas gift the medical teams can hope for is a lack of work.

"Any day we're sitting on our arses getting bored stiff is a good one," said Captain Simon Cook, who works with the resuscitation team at the camp. Sipping tea in a storage room-turned-canteen in the surgery unit, he adds: "It means our guys aren't getting hurt."

But these days are rare. More than 1,300 British troops have been killed or wounded in Afghanistan since operations began in 2001, with 104 fatalities and more than 430 injured so far this year. "The enemy is breaking new ground with their improvised explosive devices, but so are we with our treatment," says Colonel Peter Gilbert, commanding officer of Camp Bastion's Territorial Army unit, 256 Field Hospital.

"We see injuries that soldiers would definitely have died from a few years ago. Men who step on IEDs [improvised explosive devices] are losing one or both of their legs or arms and suffering major chest and abdomen injuries. The IEDs are getting worse, but I'm deeply proud of how many soldiers the team is saving."

Gilbert, who normally works as a GP in Kent, oversees 90 NHS medics. Supported by 60 US Navy medics, the 256 unit treats all seriously wounded British troops, the international coalition and the Afghan National Army, in state-of-the-art surgery and trauma units.

...

The biggest fear is a camp-wide outbreak of swine flu or diarrhoea and vomiting which, left unchecked, could affect operations. All British soldiers have been *offered the swine flu vaccine*. ...

=> https://web.archive.org/web/20130908212842/https://www.theguardian.com/world/2009/dec/27/british-medics-save-troops-afghanistan

WEBTELEVISION SOUVERAINISTE

Christian Cotten

Roselyne Bachelot assignée en référé le 4 janvier 2009 au TGI de Paris

WebTeleLibre, 26 December 2009.
https://web.archive.org/web/20091226035507/http://www.webtelelibre.levillage.org/index.php?option=com_content&task=view&id=2096&Itemid=40

Madame Roselyne Bachelot, Ministre de la Santé, a reçu vendredi dernier une assignation à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier prochain à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

Cette procédure judiciaire a été engagé, devant le « danger imminent » encouru par la population, par l'Association Cri-Vie (Coordination de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées-Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue, ont engagé.

Dans un climat de psychose entretenue par certains experts avec la dramatisation de «quelques morts spectaculaires» (selon le Pr Daniel Floret), les français subissent la promotion commerciale du Tamiflu – source de résistances et de détresse respiratoire aiguë – et celle des vaccins pandémiques hautement toxiques dont l'autorisation de mise sur le marché a été accordée trop rapidement malgré la notion de plusieurs hépatites auto-immunes sur les 400 enfants testés et de nombreuses maladies auto-immunes chez l'adulte en rapport avec le squalène (rapports de la FDA, février 2009 et de l'Agence européenne du médicament : EMEA). Malgré une sous-notification importante, le premier bilan de l'EMEA du 17 novembre fait d'ailleurs état de 55 décès après la vaccination de 5,7 millions de personnes, alors que les autorités s'attendaient à 5,75 décès pour 10 millions de vaccinés. Ce rapport bénéfice/risques déjà défavorable – à court terme – le sera beaucoup plus avec le déclenchement à moyen et à long terme de troubles neuropsychiques (Autisme, hyperactivité…) et «de dizaines de milliers de pathologies auto-immunes, imputées ou non au vaccin, comme les scléroses en plaques (SEP) avec le vaccin hépatite B» (Pr Marchou, CHU Toulouse). Entre 1994 et 2008, la fréquence des seules SEP était passée de 20 000 à 83 000 cas.

Alors qu'elle n'était intervenue que plusieurs années après la survenue des scandales passés, la justice française a l'opportunité de suspendre cette vaccination inefficace ainsi que l'utilisation des antiviraux avant qu'un collège d'experts indépendants n'évalue les réels effets du Tamiflu et de ces vaccins et ne propose des moyens simples et sains de prévention et d'accompagnement de la grippe.

Notre justice ne peut davantage ignorer que l'OMS, les officiels de Santé Publique et les compagnies pharmaceutiques ont construit une machine mondiale de propagande au sujet de pandémies imminentes. Mme Chan, directrice de l'OMS, a ainsi déclaré l'alerte pandémique de niveau 6 en suivant les conseils éclairés d'experts inféodés aux lobbies pharmaceutiques. C'est le cas des Prs Bruno Lina, président en France du GEIG, financé à 100% par les fabricants de vaccins contre la grippe et Osterhaus, conseiller en chef pour les questions de virus pour le gouvernement Britannique et

Hollandais,expert-clé du SAGE (Strategic Advisory Group of Experts Président du European Scientific Working group on Influenza (ESWI) financé exclusivement par les géants pharmaceutiques, fabricants de vaccins.

Tandis que la Pologne a refusé de commander de tels vaccins, Igor Barinov, Président de la Duma a, de son côté, interpellé l'ambassadeur russe auprès de l'OMS à Genève pour qu'une enquête officielle soit lancée concernant les témoignages et preuves de corruption massive au sein de l'OMS. Il a demandé qu'une investigation fasse la lumière sur les liens financiers entre les experts de l'OMS en charge de la pandémie grippale et les firmes pharmaceutiques. Si la corruption est établie, la Russie envisage de se retirer de l'OMS. « Il est urgent qu'une commission internationale d'enquête puisse être mise sur pied, a-t-il déclaré. (Der Spiegel, 12/12/09)

Les auteurs de l'assignation et leurs avocats Maîtres Malika Ouarti (Barreau de Paris) et Jean-Pierre Joseph (Barreau de Grenoble) invitent journalistes et citoyens à assister en nombre à cette audience publique de référé qui se tiendra le lundi 4 janvier à 9 h du matin, au TGI de Paris, 4 bd du Palais (75001 PARIS), au cabinet du vice-président Emmanuel Binoche, avec les avocats des parties.

Berliner Morgenpost

Berlin bleibt auf Schweinegrippe-Impfung sitzen

Berliner Morgenpost, 27 Dezember 2009, 13:09
https://www.morgenpost.de/berlin/article104977421/Berlin-bleibt-auf-Schweinegrippe-Impfung-sitzen.html

Die geplanten Impfungen gegen die Schweinegrippe könnten für das Land Berlin teuer werden. Da die Berliner sich weit weniger immunisieren ließen als erwünscht, lagern nun hunderttausende Impfdosen ungenutzt im Berliner Apothekenlagern und Arztpraxen. 2010 werden womöglich 1,4 Millionen weitere geliefert. Werden sie nicht verbraucht, bleibt das Land auf den Kosten sitzen: 13 Millionen Euro.

Die große Impfaktion gegen die Schweinegrippe kann das Land Berlin bis zu 13 Millionen Euro kosten. Denn die Krankenkassen bezahlen die Impfung nur, wenn Ärzte das Serum Patienten auch spritzen. Bleibt es in der Hauptstadt bei der gegenwärtigen Impfmüdigkeit, muss das Land die Rechnung für seine großen Impfvorräte selbst begleichen. Bisher hätten sich schätzungsweise erst 120.000 bis 130.000 Berliner gegen die Neue Grippe immunisieren lassen, sagte Berlins Infektionsschutzbeauftragte Marlen Suckau.

Zurzeit gibt es rund 285.000 Impfdosen im zentralen Berliner Apothekenlager, bis zu 140.000 Impfdosen lagern darüber hinaus in Praxen. Wird keine neue Mengenabnahme der Bundesländer ausgehandelt, bekommt Berlin im kommenden Jahr automatisch weitere 1,4 Millionen Dosen Impfstoff geliefert. Eine Dosis kostet rund 8 Euro. Werden all diese Vorräte nicht verimpft, entstehen dem Land mehr als 13 Millionen Euro Kosten.

Nach den langen Erfahrungen mit der saisonalen Grippe rechnet Suckau jedoch im Januar und Februar mit einer neuen Schweinegrippe-Welle. Damit werde auch das Interesse an der Impfung wieder zunehmen, schätzt sie. Der Impfstoff sei zwei Jahre haltbar. Zurzeit laufen Verhandlungen, ob die Bundesländer angesichts des milden Verlaufs der Schweinegrippe so viele Impfdosen wie vereinbart abnehmen müssen. Wird die Zahl nach unten korrigiert, sinken auch die Kosten für die Länder.

Bisher gibt es rund 8000 bestätigte Schweinegrippe-Fälle in Berlin. Vier Menschen starben in einem zeitlichen Zusammenhang mit der Infektion. Das ist wenig im Vergleich mit der "normalen" Grippe, die jedes Jahr durchschnittlich 10.000 Menschen in Deutschland das Leben kostet.

"Ich finde nicht, dass der Bund oder die Länder bei der Schweinegrippe überreagiert haben", urteilte Suckau. Der Staat habe nun einmal einen Vorsorgeauftrag. "Und Vorsorge kostet Geld. Wenn wir das nicht machen würden, gäbe es zu Recht Beschwerden." Die Impfmüdigkeit wundert sie hingegen nicht. Die Berliner Bevölkerung sei nun mal gelassener.

Suckau wertet den Umgang mit der Neuen Influenza in Berlin bisher als Erfolg. "Das Management der Pandemie ist bis zum Start der Impfung bilderbuchmäßig gelaufen", sagt sie. Den Beginn der Impfaktion sieht sie im Rückblick allerdings kritisch. "Das ist ein wunder Punkt." Denn es gelang dem Land nicht, sich mit der Kassenärztlichen Vereinigung (KV) auf ein Honorar pro Spritze zu einigen. Stattdessen musste das Land in wenigen Tagen Einzelverträge mit niedergelassenen Ärzten schließen, die impfen wollten. Das gab es sonst nur in Bremen und Schleswig-Holstein.

"Ich finde es bedauerlich, dass wir mit der KV in dieser Situation über 2 Euro mehr diskutieren mussten. Da hätte ich mehr Solidarität erwartet", sagte Suckau. Für die Zukunft sei das Problem der Interessenspolitik noch nicht ausgeräumt. Ein Manko war nach Suckaus Ansicht auch die erste Berliner Internet-Information über niedergelassene Ärzte, die impfen. In vielen Praxen gab es zum Zeitpunkt der Veröffentlichung im Netz noch kein Serum. "Daraus haben wir gelernt", sagte sie.

Die Pandemie-Planung seit 2006 hält Berlins Infektionsschutz-Beauftragte dennoch für einen Glücksfall. "In der Regel überrollt es einen kalt", sagt sie. Dass ein neues Virus im April identifiziert werde und im Oktober ein Impfstoff da sei, das habe es noch nie gegeben. In der Regel dauere auch das Aushandeln von Impfvereinbarungen 2 bis 3 Jahre. In Berlin seien in der heißen Phase nur wenige Wochen dafür geblieben. Von den anfänglichen Pannen abgesehen habe sich die Bevölkerung zügig impfen lassen können.

Große Alternativen für künftige Massenimpfungen sieht Suckau für Berlin nicht. "Wir sind auf die rund 6000 niedergelassenen Ärzte angewiesen. In den Gesundheitsämtern haben wir nur 280 Mediziner." Genaue Lehren aus der Schweinegrippe-Impfung will Berlin nach einer detaillierten Auswertung im kommenden Jahr ziehen.

Berliner Morgenpost

Schweinegrippe könnte Berlin 13 Millionen kosten

Berliner Morgenpost, 27 Dezember 2009, 13:11
https://www.morgenpost.de/berlin-aktuell/article104971853/Schweinegrippe-koennte-Berlin-13-Millionen-kosten.html

Die geplanten Impfungen gegen die Schweinegrippe könnten für das Land Berlin teuer werden. Da die Berliner sich weit weniger immunisieren ließen als erwünscht, lagern nun hunderttausende Impfdosen ungenutzt im Berliner Apothekenlagern und Arztpraxen. 2010 werden womöglich 1,4 Millionen weitere geliefert. Werden sie nicht verbraucht, bleibt das Land auf den Kosten sitzen: 13 Millionen Euro.

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Zurzeit gibt es rund 285.000 Impfdosen im zentralen Berliner Apothekenlager, bis zu 140.000 Impfdosen lagern darüber hinaus in Praxen. Wird keine neue Mengenabnahme der Bundesländer ausgehandelt, bekommt Berlin im kommenden Jahr automatisch weitere 1,4 Millionen Dosen Impfstoff geliefert. Eine Dosis kostet rund 8 Euro. Werden all diese Vorräte nicht verimpft, entstehen dem Land mehr als 13 Millionen Euro Kosten.

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Saarbrücker Zeitung

Bald gemeinsame Impfung gegen saisonale und Schweinegrippe

Saarbruecker Zeitung, 28 Dezember 2009, 20:10 Uhr
https://www.saarbruecker-zeitung.de/nachrichten/panorama/bald-gemeinsame-impfung-gegen-saisonale-und-schweinegrippe_aid-401970

Halle. In einem Jahr wird aus Sicht des Infektionsmediziners Christoph Lübbert nicht mehr gesondert gegen die so genannte Schweinegrippe geimpft werden müssen. "Über einen längeren Zeitraum gesehen wird die Schweinegrippe ein Bestandteil der saisonalen Influenza werden", sagte Lübbert

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REUTERS

Clément Guillou

Le rythme des vaccinations contre la grippe A(H1N1) ralentit

Reuters, 28 December 2009, 8:53 PM GMT+8
https://www.reuters.com/article/ofrtp-grippe-france-vaccination-20091228-idFRPAE5BR0DX20091228/

Paris (Reuters) **-** Le rythme des vaccinations contre la grippe A(H1N1) a très nettement ralenti en France durant la semaine de Noël, annonce le ministère de l'Intérieur.

Quelque 250.000 personnes ont été vaccinées la semaine dernière alors que sur les trois premières semaines du mois de décembre, le rythme était d'environ un million de vaccinations hebdomadaires, a indiqué Gérard Gachet, porte-parole du ministère, lors d'un point de presse.

Plus de 4,6 millions de personnes sont vaccinées en France contre la grippe A(H1N1).

Les centres de vaccination étaient quasiment tous fermés le dimanche 27 et aucun centre ne sera ouvert de l'après-midi du jeudi 31 au samedi 2 janvier au soir.

Une deuxième campagne de vaccination en milieu scolaire sera lancée à partir du 5 janvier, a confirmé le ministère.

La campagne au sein des grandes entreprises sera mise en place "début janvier" et une trentaine d'entreprises se sont dites intéressées à ce jour, a précisé Gérard Gachet.

THE FLU CASE

Swine Flu Vaccination Campaign Stalls in France Again

The Flu Case, 29 December 2009
https://web.archive.org/web/20100102051249/http://theflucase.com/index.php?option=com_content&view=article&id=2430%3Aswine-flu-vaccination-campaign-stalls-in-france-again&catid=1%3Alatest-news&Itemid=64&lang=en

The number of people going to take their swine flu vaccination in France has dropped dramatically in the last week of December to about 250,000 people, according to a report in Les Echos.

A surge in French people taking the jab was recorded from the start of December when about one million people a week went for the untested jab, following intense media and government pressure.

More than 4.6 million people in France are now vaccinated. However, a recent opinion poll showed that 76 % do not intend to get the swine flu shot.

WELT

In einem Jahr keine separate Schweinegrippe-Impfung mehr

Welt // Morgen Post, 29 Decembre 2009
https://www.welt.de/News/article104924181/In-einem-Jahr-keine-separate-Schweinegrippe-Impfung-mehr.html
https://www.morgenpost.de/printarchiv/wissen/article104974784/Schweinegrippe-Kuenftig-keine-separate-Impfung.html

Berliner Morgenpost

In einem Jahr wird aus Sicht des Infektionsmediziners Christoph Lübbert aus Halle nicht mehr gesondert gegen die sogenannte Schweinegrippe geimpft werden müssen.

"Über einen längeren Zeitraum gesehen wird die Schweinegrippe ein Bestandteil der saisonalen Influenza werden", sagte Lübbert im Nachrichtenradio MDR info. Das werde sich auch im Impfstoff widerspiegeln, der dann gegen beide Grippearten eingesetzt werden könne.

Zuvor hatte bereits Hessens Gesundheitsminister Jürgen Banzer (CDU) betont, Ziel sei es, künftig eine gemeinsame Impfung gegen die saisonale Grippe und die Schweinegrippe anzubieten. Die Schweinegrippe-Welle ist aus Sicht Lübberts derzeit weitgehend abgeklungen. "Es gibt zwar noch vereinzelte Neuinfektionen, die eigentliche Welle ist aber durch", sagte er. Sie sei weniger dramatisch verlaufen, als viele Experten vorhergesagt hätten.

Lübbert empfahl Risikogruppen dennoch, sich jetzt noch impfen zu lassen, wenn dies bisher nicht geschehen sei. "Es kann niemand vorhersagen, ob es nicht im Februar oder März eine weitere Grippewelle geben wird. In den vergangenen Jahrzehnten kam es immer wieder vor, dass auf eine moderate Welle im Herbst eine heftigere Welle im Frühjahr folgte."

In Deutschland sind nach Angaben des Robert-Koch-Instituts (RKI) bislang etwa 120 Menschen nach einer H1N1-Infektion gestorben. Zuletzt hatte sich den Angaben zufolge die Zahl der wöchentlichen Neuinfektionen von fast 8700 auf 4000 mehr als halbiert. Mitte November wurden in einer Woche mit annähernd 47 000 Fällen die bislang höchste Zahl gemeldet. Bundesweit hat es bisher mehr als 200 000 Fälle der neuen Grippe gegeben. ddp

THE FLU CASE

Swine Flu to Become Part of Regular Seasonal Flu Shot Programme

The Flu Case, 28 December 2009
https://web.archive.org/web/20100102021239/http://theflucase.com/index.php?option=com_content&view=article&id=2418%3Aswine-flu-to-become-part-of-regular-seasonal-flu-shot-programme&catid=1%3Alatest-news&Itemid=64&lang=en

A German infectious diesease specialist Christopher Lübbert has predicted that the swine flu jab is going to become an integral part of vaccinations against the seasonal flu in a year’s time in an interview with MDR radio in Halle.

Swine flu: vaccination campaign to begin on Wednesday

Ennahar, 29 December, 2009, 01:27:00
https://web.archive.org/web/20100304212503/http://www.theflucase.com/index.php?option=com_content&view=article&id=2429%3Aswine-flu-vaccination-campaign-to-begin-in-algeria&catid=1%3Alatest-news&Itemid=64&lang=en

Algiers: The national swine flu vaccination campaign will be launched on Wednesday 30th December 2009, the Ministry of Health, Population and Hospital Reform announced on Tuesday.

The vaccination *campaign will be carried out in six phases to cover public and private health personnel, pregnant women, staff involved in core and strategic activities, all* patients suffering from chronic diseases, children and teenagers over six months to 14 years of age, and the entourage of infants under six months of age.

The 1st phase scheduled to begin on 30th December 2009 will cover all public and private health personnel, whereas the 2nd phase targeting pregnant women will be launched on Wednesday 6th January 2010, said the source.

Ennaharonline/ APS

Shutterstock
https://www.shutterstock.com › editorial ›
Algerian Woman Receives Vaccine Against Ah1n1 Editorial
... **Campaign Will Be Carried out in Six Phases to Cover Public** and Private Health Personnel Pregnant Women Staff Involved in Core and Strategic Activities All ...

Le Nouvel Obs

Grippe A: Nicolas Sarkozy appelle à une intensification de la vaccination

Le Nouvel Obs, 28 novembre 2009, 18h18
https://www.nouvelobs.com/sante/la-grippe-a/20091128.OBS9037/grippe-a-nicolas-sarkozy-appelle-a-une-intensification-de-la-vaccination.html

Le président annonce l'ouverture d'un plus grand nombre de centres de vaccination avec des plages horaires élargies. Le chef de l'Etat estime qu'il faut "prendre au sérieux" l'épidémie.

Nicolas Sarkozy a affirmé, vendredi 27 novembre, que les autorités allaient "ouvrir un plus grand nombre de centres" de vaccination contre la grippe H1N1 en France, en marge du sommet du Commonwealth auquel il a participé, à Port-of-Spain (Trinidad-et-Tobago). Il veut aussi "élargir les plages d'ouverture" des centres, notamment les mercredis et samedis, "qui sont des moments pour les familles de disponibilité". Le chef de l'Etat a appelé à "prendre au sérieux cette épidémie de grippe" et considère avoir "anticipé ce problème qui concerne d'ailleurs le monde entier" en ayant "acheté des millions de vaccins". "Dans les journaux, il y avait des sondages disant: "les Français ne croient pas à la grippe et ne veulent pas se faire vacciner". Trois jours après, il y a la queue dans les centres de vaccination", a-t-il fait remarquer, confiant que lui-même envisageait de se faire vacciner prochainement.

"Gardons notre sang-froid"

Le président de la République a donc confié cette tâche au ministre de l'Intérieur et à la ministre de la Santé, précisant qu'"un peu plus de la moitié (des centres sont) ouverts sur un potentiel d'un peu moins de 1.200". Roselyne Bachelot a de son côté appelé vendredi au "civisme de chacun" pour permettre aux personnes fragiles de se faire vacciner selon l'ordre de priorité établi le gouvernement. Enfin, Nicolas Sarkozy a rappelé que "gouvernement comme médias, on doit garder notre sang-froid, faire en sorte de ne pas surréagir en permanence en disant un jour blanc, l'autre noir". "Aujourd'hui en France, 750.000 personnes ont été vaccinées. Les demandes sont très nombreuses depuis quelques jours. L'épidémie est une réalité", a-t-il ajouté.

Le Journal du Dimanche

Grippe A: Nicolas Sarkozy vacciné

Le Journal du Dimanche, 29 December 2090.
http://www.lejdd.fr/Societe/Sante/Depeches/Grippe-A-Nicolas-Sarkozy-vaccine-159882/

Lors d'une visite au Centre hospitalier intercommunal de Créteil en banlieue parisienne mardi, le président de la République a annoncé s'être fait vacciner. "Mais bien sûr, je ne peux pas dire aux gens vaccinez-vous et ne pas le faire moi-même !", a-t-il répondu. "On a vacciné un peu plus de quatre millions et demi de personnes. Il faut continuer, avec le froid qui revient, à faire cet effort de vaccination de masse face à cette grippe".

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THE FLU CASE

After Obama, Sarkozy says he Gets Swine Flu Jab

The Flu Case, 28 December 2009, 11:55
https://web.archive.org/web/20100220011855/http://www.theflucase.com/index.php?option=com_content&view=article&id=2416%3Aafter-obama-sarkozy-says-he-gets-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Following President Barack Obama, French President Nicolas Sarkozy has claimed to have gotten the swine flu jab over Christmas during a visit to a hospital in Creteil, a suburb of Paris.

Mexican Archaeologist Felipe Solis died from the swine flu one day after meeting Obama at the very start of the „pandemic“ outbreak in Mexico City in April, according to Bloomberg.

Obama was not checked for his doctors for swine flu, according to his own staff and has waited until now for his vaccination against the so-called infectious disease.

Les Echos

Grippe: la campagne de vaccination au ralenti

Les Echos, 29 December 2009
http://www.lesechos.fr/info/sante/020288801949.htm?xtor=RSS-2055 (deleted)

Quelque 250.000 personnes ont été vaccinées la semaine dernière, alors que, sur les trois premières semaines du mois de décembre, le rythme était d'environ 1 million de vaccinations hebdomadaires. Plus de 4,6 millions de personnes sont désormais vaccinées en France contre la grippe A (H1N1).

Les centres de vaccination étaient quasiment tous fermés le dimanche 27 et aucun centre ne sera ouvert de l'après-midi du jeudi 31 décembre au samedi 2 janvier au soir, ce qui laisse augurer une nouvelle semaine très calme.

Une deuxième campagne de vaccination en milieu scolaire sera toutefois lancée à partir du 5 janvier. Le gouvernement vise aussi la mise en place, début janvier, de campagnes au sein des grandes entreprises. Une trentaine d'entreprises se sont dites intéressées à ce jour.

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THE FLU CASE

Swine Flu Vaccination Campaign Stalls in France Again

The Flu Case, 29 December 2009, 12:36
https://web.archive.org/web/20100201221015/http://theflucase.com/index.php?option=com_content&view=article&id=2430:swine-flu-vaccination-campaign-stalls-in-france-again&catid=1:latest-news&Itemid=64&lang=en

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INDEPENDENT

WHO chief says too early to declare flu victory

Independent, 29 December 2009, 01:00 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/who-chief-says-too-early-to-declare-swine-flu-victory-5514833.html

World Health Organisation chief Margaret Chan said Tuesday it was too early to declare victory over swine flu and insisted that measures taken to deal with the pandemic were justified.

"I think that we must remain prudent and observe the evolution of the pandemic over the next six to 12 months before declaring victory," she told Swiss newspaper Le Temps in an interview.

Even though the peak of the flu has passed in some countries of the northern hemisphere, such as Canada and the United States, others countries were far from seeing the end, she noted.

"Winter is still long," said the WHO director-general, adding that a precise picture of the flu's impact would not be seen before two years.

The A(H1N1) virus has killed at least 11,516 people since it was first detected in March.

The rapid spread of the bug led the WHO to declare a pandemic in June. However, with most patients showing mild symptoms, the UN agency has been criticised by some for having over-reacted.

Chan defended the WHO's decision to declare a pandemic, saying that the UN agency adopted a "very prudent attitude" on the issue.

"I would never have declared a pandemic if I did not have the certainty of proof pointing in this direction," she said.

The WHO chief added that the agency took into account advice from independent and impartial experts.

"We are neither influenced by countries nor by the industry," stressed Chan.

She conceded however, that there was an issue with communication.

"In terms of communication, there was a big gap between the expectations and the reality.

"Everyone expected that the next pandemic would be launched by the H5N1 avian flu virus which kills 60 percent of infected people. Instead it was brought about by a more benign virus, the H1N1," she said.

Even though the swine flu pandemic has given an opportunity for countries to beef up their flu response systems, Chan said the world was not ready to deal with an avian flu pandemic.

"I say without hesitation: we are not ready at all. I really hope that the world would never have to deal with an avian flu pandemic," she said.

WHO chief yet to be vaccinated against swine flu

ABC CBN News, 30 December 2009, 08:11 pm
https://news.abs-cbn.com/classified-odd/12/30/09/who-chief-yet-be-vaccinated-against-swine-flu
https://www.abc.net.au/news/2009-12-30/no-swine-flu-vaccine-for-who-chief/1193284?pfm=ms

Geneva (AFP) **-** World Health Organization chief Margaret Chan revealed Tuesday that she has yet to be vaccinated against the swine flu virus, which has killed over 11,500 people world-wide.

"I have asked my medical service to enquire where I can go to get my vaccination," she told reporters in Geneva, pointing out that she has just returned from leave.

The WHO director-general stressed that she would "of course" get vaccinated and that "many of my staff" at the WHO have already taken their jabs against the A(H1N1) virus.

Many countries rolled out their vaccination programmes over the past two months, but the take-up rate has been lower than expected.

Germany said in early December it wants to sell spare vaccines to other countries, while Switzerland said in mid-December that it would give away part of its stock to developing countries and sell another part to countries that are still trying to procure vaccines.

WHO chief yet to be vaccinated against swine flu

The Himalayan, 30 December 2009
https://thehimalayantimes.com/news-archives/who-chief-yet-to-be-vaccinated-against-swine-flu

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Mandatory Influenza Vaccinations: An Example of Health Promotion Theater

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Mandatory_Influenza_Vaccinations_An_Example_of_Health_Promotion_Theater

In 2009, New York became the first state to issue a policy requiring health care personnel to obtain influenza vaccinations. This law can be described as "health promotion theater," a term introduced to describe health policies that have good intentions but carry negative outcomes. Moral panics have produced crime control policies with similar characteristics; called "crime control theater." The proposed notion of "health promotion theater" is derived from and compared to "crime control theater." In this article, moral panic over the H1N1 virus is introduced as the policy's catalyst, "health promotion theater's" components are defined, and alternative solutions are offered to more effectively achieve the policy´s ultimate intent. Finally, educating policymakers is offered as a way to avoid laws that are essentially "health promotion theater."

Introduction

On August 13, 2009, New York became the first state to issue a policy requiring individuals working in health care settings to obtain annual influenza vaccinations. The new flu vaccine requirement was filed with the Secretary of State as amendment 3 to part 66 (Subpart 66-3) of New York's public health law. Mandating vaccinations for health care personnel, staff, workers, and volunteers, this new law is intended to "promote the health and safety of the patients they serve and support efficient provision of services".[1] The possible implications of this recent legislation have not yet been fully analyzed from an academic perspective. Incidentally, the outcomes likely will not be realized in the near future because, on October 16, 2009, the mandate was halted by the state's health commissioner[2] due to an inadequate supply of both seasonal and H1N1 ("swine flu") vaccines. The suspension may be fortunate, however, as it provides more time to analyze the possible effects of this policy.

New York is merely awaiting the right circumstances until the policy may go back into effect, as the mandate represents an *annual* requirement. Hence, it is a law laden with major implications that ought to be examined thoroughly before it inevitably goes back into effect. A thorough analysis may help policymakers and health care professionals assess the pros and cons of this law.

This article will first describe the new law. Next, the "moral panic" over the H1N1 virus will be introduced as the triggering catalyst behind the new law. Similar moral panics are discussed, along with the effects of policies that have resulted in response to moral panics in the past. Reactionary responses to moral panics over crime have led to polices termed *crime control theater.* The term "theater" indicates that they *appear* to be effective, but it is unlikely that they actually are. Similarly, some laws designed to address health issues have similar "theatrical" properties. The proposed notion

of *health promotion theater* is thus derived from, and compared to, *crime control theater*. Using this particular legislation as an example, this article defines the components of *health promotion theater*. Numerous predictions are then expressed about the potential problems associated with the new law, which indicate that this new public health law is likely *health promotion theater*. Some alternative solutions are offered to more effectively ensure the vaccination of health care personnel. Finally, educating policymakers is recommended; and this article will suggest that this may be achieved by researchers and experts in all fields initiating partnerships and working alongside policymakers to prevent the implementation of policies that are likely *health promotion theater*.

Subpart 66-3 in Detail

New York's new public health law, Subpart 66-3, went into effect on August 13, 2009, and required individuals who work in health care settings to be vaccinated for both seasonal flu and the H1N1 influenza A strain virus (commonly referred to as "swine flu") by November 30, 2009.[3] This law is the first of its kind, as there is no similar state-wide policy mandating the vaccination of working adult populations. The Department of Health gave the following rationale in the amendment's "Emergency Adoption Justification" section:

> Influenza disease is a leading cause of morbidity and mortality among hospitalized patients and those admitted to other types of health care facilities. This fact, plus the new threat posed to health and safety by the novel H1N1 influenza A strain that is circulating in New York State, puts a need for emergency regulations requiring that all health care personnel be immunized against influenza annually.[4]

Vaccination and immunization are used interchangeably throughout the amendment in reference to seeking shots. However, for the purposes of this paper, vaccination will be the word used consistently. The term health care personnel refers to anyone (whether paid staff or volunteer) who has direct contact with patients in health care facilities such as hospitals, treatment centers or homes.

The law places the financial burdens associated with the vaccinations on each individual health facility. A rough cost and benefit analysis is presented by the state positing that the institutional costs of complying with the mandate "should be modest" and "more than offset by cost savings to the facility."[5] It is estimated that the cost of vaccinating each health care personnel will be minimal, compared to the monetary savings gained from lower levels of absenteeism and fewer workdays disrupted by sick employees working below their maximum potential. In addition, the spread of influenza among patients will decrease, thereby improving the quality of health care and patient outcomes. The state posits that vaccinating its staff will decrease both direct and indirect costs to health care facilities in the long run.

However, the legislative action is not currently in effect. On October 16, 2009, just two months after the law's passage, the requirement was temporarily suspended because of a vaccine shortage caused by the sudden spread of the H1N1 virus. The assumed "emergency" situation posed by the H1N1 virus not only caused a vaccine shortage, but also happens to be responsible for the swift passing of this public health law. In the following section, moral panic over the H1N1 virus is credited with bringing about this piece of legislation.

Moral Panic

Moral panic, in response to the recent H1N1 outbreak, is a viable explanation for the quick adoption of New York's recent public health law. The law directly addresses the moral dilemma of responsibility and advocacy concerning national health and wellbeing. Who will act on behalf of citizens at risk? It is deemed the moral obligation of health care providers and policymakers to promote the wellbeing of their society. Thus, it may be unacceptable and even unethical for them to idly stand by at such a critical time. H1N1 has been deemed a unique health threat that is more dangerous than other seasonal strands. As such, H1N1 creates a number of dilemmas for policymakers

and health care workers. First, it seems "wrong" to stand by and do nothing; thus, those in authority must do whatever is "right" and necessary to stop the spread of the virus. Second, many people would think it obvious that health care providers would be eager to do their part by getting vaccinated. Health care professionals could be said to have a heightened responsibility to help prevent a health epidemic. Thus, laws such as the New York law are enacted to ensure that health care providers make the morally responsible choice: to seek vaccination.

As discussed next, recent alarm over the spread of the H1N1 virus fits the criteria for a moral panic, and that concern led to the adoption of this law. The phenomenon of moral panic occurs when:

> A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interest; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions…[6]

Moral panics need not be responses to novel occurrences; they can be manifested as new constructions of re-emerging incidents in the past,[7] as the case with the H1N1 virus. Examples of moral panics throughout history include: freeway violence, road rage, satanic cult panics, cyberporn, school violence, child abuse in day cares, and child abduction. All of these examples share five essential elements that qualify them as moral panics. These elements are: concern, hostility, consensus, disproportionality, and volatility.[8] All five of these elements can be observed within the context of the recent H1N1 pandemic.

The first indicator of a moral panic is widespread public concern about the consequences of the target behavior or condition.[9] Generally, concern is measured via opinion polls, media attention, action groups, or proposed legislation. This indicator of moral panic is often observed in heightened levels of public concern. Reactions to the recent H1N1 pandemic fit this description. President Obama's reference to the H1N1 pandemic as a "cause for concern" was repeated numerous times by various news stations. Similarly, newspapers have printed headlines such as "Flu Fears Spur Global Triage" (*Wall Street Journal*); "Nation Braces for Worst as New Strain Emerges" (*USA Today*); "U.S. Steps Up Alert as More Swine Flu Is Found" (Washington Post); and "Hog Wild" (*New York Post*).[10] Further, the Center for Disease Control and Prevention (CDC) has placed a special "H1N1 'Swine Flu'" link on their homepage with up-to-date postings.[11] This concern is exacerbated by worry that health care personnel might not voluntarily get vaccinated. New York's law is an attempt to force health care personnel to make the ethical choice to get vaccinated. It is evident that there is a high level of concern about H1N1 among citizens and authorities.

The second necessary component of a moral panic is an increase in the level of hostile attitudes toward the target. This target must be publicly perceived as harmful and threatening to shared values, interests, or even the existence of a society.[12] Any virus with the potential to claim lives can be considered threatening, thus triggering hostile attitudes. The hostility of citizens toward the H1N1 virus, in particular, was heightened, as evident in online journals and news reports.[13] The CDC reported that, "flu-related hospitalizations and deaths are increasing … and are higher than expected".[14] Pregnant women also happened to be among the most vulnerable to it. Given this vulnerability, hostility has especially been expressed through online blogs by mothers attempting to protect their children from H1N1 infections.[15] There is also hostility toward health care personnel who refuse to get vaccinated. One blogger notes that "an infected health care worker comes in contact with people who are at greatly increased risk…they may endanger [the patient] by their choice not to get vaccinated. If they won't be vaccinated, they shouldn't be allowed to come to work in a health care setting."[16] MSNBC commentator Arthur Caplan wrote an article entitled, "Health Workers Must Get Flu Shot or Quit."[17] It is evident from the various online postings that H1N1 virus – and health care workers who refuse to be vaccinated – have certainly elicited hostility among U.S. citizens.

Consensus is the third element necessary for a behavior, occurrence, condition, or event to qualify as a moral panic. A measure of societal agreement about the reality, seriousness, and threat

of the matter is necessary. However, it is not required that the widespread sentiment necessarily be expressed by the majority of the populace.[18] Public consensus about its unacceptability must also be accompanied by the belief that something ought to be done to address the problem.[19] In the case of the recent H1N1 outbreak, these criteria are likely met. The C.S. Mott Children's Hospital National Poll on Children's Health revealed that 87 percent of the public supports laws that require health care personnel to be vaccinated.[20] According to Gallup polls, 42 percent of women under the age of 50 reported feeling worried about the H1N1 pandemic.[21] Men have consistently shown less concern than women; however, men over 50 with children are twice as likely to be worried about the H1N1 virus as men over 50 without children.[22] This makes sense, as pregnant women, children, and those who are in frequent contact with children are more susceptible to the virus. This data demonstrates there is a stronger consensus among populations who are at high risk. There is also a similar consensus among authorities. The U.S. and several other governments recommended limiting travel, the World Health Organization raised its pandemic alert to the second highest level possible, Phase 5, and the CDC has referred to H1N1 as an epidemic of concern likely to worsen with time.[23] Thus, there is fairly clear consensus that the flu is a serious threat, and that health care workers need to be vaccinated.

The fourth moral panic criterion, disproportionality, means that the level of panic is out of proportion to the nature of the threat.[24] Indeed, the amount of alarm over the H1N1 virus is greater than the actual threat. Between April 2009 and April 2010, the estimated range of deaths due to H1N1 was somewhere between 8,870 and 18,300.[25] Although any number of deaths is a cause for concern, this number is quite low when compared to the Center for Disease Control's estimated 36,000 flu-related U.S. deaths per year.[26] Further, many of the H1N1-related deaths cannot be exclusively attributed to the virus. As with most flu related deaths, the cause is likely a combination of preexisting conditions, such as pregnancy, diabetes, asthma, heart or kidney disease, as well as a weakened immune systems or old age, *along* with the H1N1 virus.[27] In fact, about 70 percent of those hospitalized with H1N1 had medical conditions which placed them in a "high risk" category for flu-related complications.[28] Although panic is high among citizens, only 38 percent of health care personnel indicated planning to seek vaccination against the H1N1 virus,[29] which reflects a possible disproportionality. If such a high proportion of health professionals who come into contact with the virus in their jobs consider the vaccine unnecessary, this may indicate that health care personnel feel that the public's perception of the threat is disproportional to the actual threat. Nonetheless, this particular virus has received an overwhelming amount of media attention and unwarranted concern.

The fifth and final indicator of moral panic is volatility, which is a sudden eruption of alarm over something that could have been latent for a period of time, or has reappeared time and time again.[30] This alarm eventually dissipates and leaves the moral fabric of society relatively unchanged. The 2009 H1N1 pandemic fits this description fairly well. It is, in fact, a reappearing virus. The "swine flu" virus dates back to 1918. Since then, strains and subtypes of this flu have reappeared throughout the twentieth century.[31] Over the years, it has come and gone causing short-lived alarm. Thus, this particular strand will also likely disappear without any unique implications to society as a whole. Similarly, statewide and facility-wide vaccination recommendations for health care workers have fluctuated over the years, often in proportion with the level of alarm over circulating viruses.

Having compared the five elements of moral panic to the current state of the 2009 H1N1 virus, it is appropriate to label this pandemic as a moral panic. There is a heightened level of concern, hostility, and consensus pertaining to the virus (and to health care workers' refusal to get the vaccine) that is quite disproportionate to the reality of its implications; hence the volatility of its emergence, and its predicted retreat. Moral panic associated with these attributes could explain the legal response that New York took in passing this legislation. Although the law itself is unprecedented, the way in which it arose is not a new phenomenon. The formulation of this recent public health law is similar to the adoption of Amber Alert, Megan's law, Jessica's law, and other such laws birthed out of moral panic called *crime control theater*.

Crime Control Theater

Many in the academic community are hesitant to recognize Amber Alert, Megan's law, Jessica's law, and similar legislations as successful. Such laws have been referred to as "*crime control theater,*"[32] which is "a public response or set of responses to crime which generate the appearance, but not the fact, of crime control."[33] Given that they only appear to be effective, they are labeled as "theater."

These sorts of laws tend to be widely supported by the public as a way of addressing the particular crime. Often, such laws are attractive because they appeal to mythic narratives, such as saving children from harm. However, they are unlikely to achieve their intended goals because they are very simple solutions to complex crimes. Further, such laws may even have harmful effects and can take attention away from more frequent problems that are more easily addressed. Laws that qualify as *crime control theater* generally have four components: a reactionary response to moral panic, unquestioned acceptance and promotion, appeal to mythic narratives, and empirical failure.[34]

Crime control theater was initially developed by Griffin and Miller, using Amber Alert as an example.[35] After a child is abducted, an Alert is issued (e.g., by posting the description of the child, abductor, and/or car on road-side signs) in order to get information to the public in time for community members to see the child and report the sighting to authorities, who can then rescue the child. There is evidence that the assumptions underlying the Alert system are flawed.[36] First, statistics demonstrate that children who are killed by their abductors usually are killed within three hours of the abduction.[37] Other research shows most Alerts are issued much later than three hours, suggesting that Alerts are typically not issued in time to rescue the child.[38] Second, psychological research on memory suggests that the likelihood of an individual seeing, remembering, and retrieving the Alert information at the key time (e.g., when the individual sees the abducted child) is slim.[39] One study specifically investigating memory for Alerts found that only 8.3 percent of participants in a study were able to remember Amber Alert information.[40] This problem is exacerbated when Alerts are not issued with enough information to allow the community to recognize the child.[41] Third, there is concern (although little evidence of yet) that the Alert system may lead to copycat crimes, or may lead an offender to kill a child sooner than intended (out of fear of getting caught).[42] These issues, and various others, explain why many in the academic community are wary about the effectiveness of Amber Alerts, even though the public embraces the system.[43]

Although the four elements of *crime control theater* have previously only been used to describe criminal laws, they are also applicable to New York's vaccination law. This indicates that a new term is needed; this article offers the term *health promotion theater* to explain theatrical laws that attempt to address health promotion issues such as New York's vaccination law.

Health Promotion Theater

Health promotion theater can be defined as a social or policy response (or set of responses) adopted to address a moral panic over a health threat. The response generates the appearance of effectively promoting good health, but fails to actually do so. It is a socially constructed or politically formulated solution to a socially constructed health problem that happens to be more complex than the proposed solution can possibly address. Even so, the public feels a need to "do something" to address this problem; thus the policy chosen is quickly and widely accepted with little question. Despite good intentions, such laws are not always successful. Thus, the key word "theater" implies the appearance or illusion of promoting health, but without substantive evidence of actually achieving that goal. These characteristics are represented by four main components that qualify a policy as *health promotion theater.*

First, a *health promotion theater* policy is a reactionary response to moral panic. The reactionary nature of New York's recent public health law is evident in the dedication of a section in Subpart 66-3 titled "Emergency Adoption Justification."[44] The decision to adopt the law in 2009 rather than in any other year is no coincidence; it is highly attributable to the moral panic caused by the H1N1

virus, as described above. In response to a fear that some health care personnel would not voluntarily get vaccinated, the state took steps to ensure they do the "right thing."

Unquestioned acceptance and promotion of the law is the second component of *health promotion theater*. As with any policy, it is difficult to find absolute consensus among citizens, politicians, laypeople, professionals, and scientists. Therefore, it is necessary to distinguish *which* populations are accepting and promoting the law. This component of *health promotion theater* refers to acceptance among citizens and promotion by policymakers. It is important to point out that nurses, physicians, and health care personnel were *not* among those who demanded any sort of statewide solution to influenza; a law which, ironically, singlehandedly impacts them directly. The public widely supports such laws, as the C.S. Mott Children's Hospital National Poll on Children's Health discussed above demonstrates.[45] While 87 percent of the nationwide sample supported the law, the State Hospital Review and Planning Council quickly drafted and adopted the "emergency" mandate, which indicates that it was relatively unquestioned. The few critics have been medical professionals, not policymakers.

An appeal to mythic narratives is the third component of *health promotion theater.* There is, perhaps, no mythical feat greater than that of saving a life. In the case of this law, the objective is saving the lives of thousands of citizens who could potentially catch the H1N1 or seasonal influenza virus and perish. The most likely victims are children, pregnant women, and the elderly – groups that tend to garner high levels of sympathy. The viruses are the antagonist, the publicly perceived harmful and destructive force that must be stopped. Failure on behalf of health care personnel to get the vaccine further provokes the public to take action to stop a possible "pandemic." The H1N1 virus, in particular, has raised high levels of antagonism, given the CDC's report that, "flu-related hospitalizations and deaths are increasing … and are higher than expected."[46] This emergency calls for a protagonist, a hero, to prevent possible devastation. Consequently, the New York Department of Health boldly accepted the challenge. This all-too-real scenario could very well pass as the plot for a best-selling mythical narrative or the script for a motion picture. It is an epic struggle that appeals to people's sense of self-preservation and need to protect the helpless.

Empirical failure is the fourth and final component of *health promotion theater*. Contrary to the state's estimates, there are several reasons why the costs of this public health law will likely outweigh its benefits. Although the governing body did a cost/benefit analysis, it was limited to monetary costs and benefits. There are other concerns to weigh as well, and these are the focus of this analysis – overlooked factors which lead to the adoption of policies deeming the *health promotion theater* label.

Before delving into the problems, it is necessary to consider the law's purpose: to promote the health of patients and to decrease the spread of influenza in health care facilities. The effectiveness of influenza vaccinations, however, is a controversial matter. Not everyone is convinced that flu shots are the best way to avoid the virus, or that seeking vaccinations is a worthwhile effort. In fact, only about 40 percent of adults seek influenza vaccinations each year.[47] Ironically, that rate is not any different for those in the health profession, as roughly only 40 percent of health care personnel obtain yearly flu vaccinations.[48] There is no comprehensive explanation for why a majority of people neglect getting vaccinated. Explanations range from a lack of vaccine effectiveness, a lack perceived safety, and/or a lack of incentive or reward for getting vaccinated.

Concerning vaccine efficacy, the effectiveness of flu vaccines never reaches 100 percent (and fluctuates depending on how well-matched the circulating viruses are to the accompanying vaccines).[49] Furthermore, flu vaccines happen to be the *least* effective for populations *most* vulnerable to the flu, the elderly, and children. Additionally, some people are wary of vaccines due to safety concerns. In the case of the H1N1, there is heightened alarm over safety due to a class action suit brought against the FDA for hastily approving four H1N1 vaccines without determining their safety or efficacy.[50] That may explain why 30 percent of the population is not confident about the whether the new H1N1 vaccine is actually safe.[51] In fact, about 62 percent of 30 to 64 year olds and 53 percent of senior citizens decided to skip vaccination for the 2009 season.[52] On the other hand, a simpler explanation

for overall low vaccination rates among citizens as well as health care personnel may be that there are no tangible rewards or benefits associated with taking the effort to seek yearly vaccinations. Outside of personal conviction, there is no motivator or incentive compelling individuals to get vaccinated.

There are evident deficiencies in the perceived efficacy, safety, and motivation for seeking vaccinations, to which H1N1 is no exception. For the purpose of this account, however, it will be assumed that annual vaccinations are a generally helpful preventive measure against catching influenza. With that said, even *if* the vaccines themselves are 100 percent effective, this law's success in meeting its intended purpose is *still not guaranteed*. This is because failure is not strictly defined by the absence of achieving a particular result, but involves examining the disproportionality between the costs and benefits (both monetary and non-monetary). Undoubtedly, the law will prevent *some* people from catching the flu, but it carries unnecessary burdens for the state and unintended consequences for individual health facilities. The anticipated benefits are not likely to outweigh the burdens and unintended consequences.

The manpower required to oversee the mandate is a costly and unnecessary burden. Under New York's policy, each facility is required to enforce the vaccination of its personnel, assign punitive consequences to those who do not comply, and report back to the state regularly. This translates to thousands of people being paid to supervise and enforce a law that is likely to worsen the culture of the work atmosphere. When personnel do not comply in a timely manner, punitive actions will not be well received, and will diminish the cohesiveness of the work environment. A worst case scenario of firing noncompliant employees and training new persons will be time-consuming and costly. The compliant, and thus remaining, employees will likely be upset and may show their frustration in ways that distract them from performing their duties.

Noncompliance or reluctant compliance among health care personnel will also inevitably be an issue, as the majority of health care workers regularly choose not to obtain vaccinations.[53] There is no similar state-wide vaccination mandate to compare this to. However, there have been voluntary programs aimed at increasing influenza vaccination rates among health care personnel, and even those have yielded poor vaccination levels.[54] Generally, vaccination rates among health care personnel do not extend beyond 40 percent.[55] This suggests that the solution ought to be anything *but* mandating vaccination. The likely effects of requiring health care personnel to get vaccinated will jeopardize the personnel's perceived freedom of choice and personal control over their health.

Although the law makes provisions for those whose religious beliefs are in opposition to receiving vaccinations, or whose prescription medicine intake is incompatible with the vaccine, this only creates more problems in the workplace. The provision, while well-intended, requires the disclosure of intimate and personal information. It is not only likely, but understandable, that certain personnel may not feel comfortable sharing confidential information, such as religious affiliations or medication they are taking, with their superiors.

The amount of effort, manpower, and monetary commitment required by the law's enforcement, its unintended consequences, and the unavoidable change in the culture of the workplaces affected by the law are likely to outweigh the potential benefits. In other words, it is appropriate to predict the failure of this law on account of the lack in positive changes it will render. Through this new law, the state shows favoritism by seemingly valuing the interests of some citizens over others. It sends the message that protecting its patients from the flu at health facilities is more important than the personal health choices and privacy of its health care personnel at those facilities. Even assuming health care personnel compliance *is* established, it will be reluctant, and at a cost. Deviance can be expected in terms of receiving the vaccination due to diminished appraisals of legitimacy of the state and those institutions cooperating with the policy. This law simply cannot produce enough positive consequences to outweigh the effort and side effects required to sustain it.

In sum, these four components render New York's recent public health law as *health promotion theater,* an illusionary solution to a socially constructed health problem. The law is correctly labeled

by its authors as an "emergency regulation," because it is a reactionary response to the moral panic created by the H1N1 virus. Devoid of any precedence, it sprang up with overwhelming public support and acceptance, and policymakers pushed forth until its adoption. It undoubtedly appeals to various mythical narratives, such as life, good health, survival, self-preservation, and saving lives. Lastly, its overall success is unforeseeable. It will likely fail on account of unexpected consequences; such as noncompliance, high monetary costs associated with the manpower necessary to sustain it, and the negative effect it may produce on the work cultures where implemented.

Alternative Solutions

Given the above mentioned issues with the new law, a false illusion of health care promotion is created. As with any social issue that leads to *health promotion theater*, there are no easy solutions. However, if New York officials are adamant about vaccinations being the solution to the influenza problem, they ought to consider alternative ways of achieving their ultimate goal of vaccinating health care personnel. New York, as well as other states considering following suit, ought to consider implementing these more effective alternatives that do not result in high monetary costs, unnecessary manpower, and negative changes in the work culture. To our knowledge, the alternatives suggested below are not currently practiced in any health setting for the purpose of increasing vaccination rates. However, they have succeeded in motivating behavior change in other settings, as reported by each of the respective references.

Making vaccinations optional and offering rewards for those health care personnel who receive vaccinations could boost vaccination rates without the negative effects described above. Such voluntary recruitment attempts are certainly not a novel idea, and many have been utilized by officials in the past without significant effect.[56] However, the method suggested here is based on two of the six most powerful principles of influence: reciprocation and consistency.[57] Tendencies toward reciprocation, the first principle, are observed across all societies. Reciprocation is the normative gesture of repaying what one has received, be that a reciprocal exchange of gifts, favors, or invites. The reciprocation principle does not only refer to tangible items. Consistency is the second principle, introduced as the notion that public commitments predict future action. Even minor verbal agreements positively influence the likelihood of following through on intentions. These two principles can be merged in such a way as to significantly boost health care personnel vaccination rates.

Traditionally, when offering rewards to people, individuals are asked to *first* meet a requirement (i.e., getting the vaccine) *in order to* get a promised reward. Building off of reciprocation research,[58] however, it is worth trying the opposite; *first* giving individuals a reward or gift and then anticipating their reciprocation (seeking vaccinations). To buffer the vaccination success rate, health facilities should also utilize the second principle of influence, consistency. This principle can be employed simply by asking for commitments, especially public commitments or promises, prior to distribution of the reward/gift stating that the individual *does* plan on following through with his/her vaccination (as a sort of oath to reciprocating the gift). As this will take place in a public setting, the personnel will be held accountable to each other in following through on their commitment. Thus, no oversight is necessary (as people will be socially motivated and held accountable by those whom they care to preserve their reputation in front of).

This method is quite simple. An announcement could be made during a staff meeting about the importance of vaccination, asking the group to seek the shots. The announcement would be followed by asking for an informal public agreement/confirmation succeeded by the distribution of a small in-advance thank you gift to those present. Although there is a gift involved, the focus is on fulfilling the commitment and the gift's reciprocation. Yet, there are no "one-size-fits-all" rewards that will equally motivate all health care personnel to take the effort of seeking vaccinations. Thus, luring personnel with the promise of delivering a gift *upon* their vaccination is a less appealing and less effective method, as it is contingent on the gift's value to each individual. Utilizing this principle, however, the focus is not on the reward, but on enforcing the socially accepted norms of reciprocation and consistency (to which there is generally a stronger pull towards than there may be to an arbitrary

gift). With that said, it matters very *little* what the actual rewards are. Each facility could come up with its own reward ideas. The rewards could be low-cost items such as holiday items, movie tickets, gift cards, or items donated by a company. Such prizes would be less costly than the manpower required by the law to ensure that each staff member is up-to-date on his or her annual vaccinations. Additionally, as opposed to feeling forced to seek vaccination, employees would feel rewarded for doing so.

Health related incentives would be another appropriate means of encouraging health care personnel to seek vaccinations. These incentives could include offering lower insurance co-pays or deductibles for those health care personnel who choose to get vaccinated. Granted, this solution would also require some manpower, but the anticipated satisfaction and positive attitudes among health care personnel in response to these incentives would far outweigh the energy required to sustain such a program. Given that more than three out of four people report being dissatisfied with the cost of health care,[59] this type of incentive has never been more appropriate than now. Given these attitudes, it is likely that health care related incentives would motivate many to seek vaccinations.

Lastly, an entirely free way to promote influenza vaccinations would be to provide seemingly small *group* enticements that are tailored to be meaningful to each individual health care institution. Sometimes motivators targeted at the individual may not be as effective as creating a competitive group atmosphere where *groups*, rather than *individuals*, are challenged with a task. Research on social identity theory shows that intergroup behavior is motivated by an effort between groups at promoting and protecting their positive distinctiveness from other groups, which ultimately leads to secure a positive social identity.[60] This phenomenon occurs because group membership leads to an evaluation of individuals' selves through their social identity, and that often translates to heightened self evaluations as a result of the group experience. This principle can be applied to boost vaccination rates.

Groups need not be artificially created, as various groups (e.g., different specializations, shifts, floors, sections, and units) already exist at health facilities. Upon drawing a criterion that divides the facility into any given number of groups or teams, the goal must be stated (the highest percentage of group member vaccinations). Then there needs to be an established prize for the winning group/team that ought to be meaningfully tailored by each facility. For example, if employee parking happens to be a hassle, whichever group obtains the highest vaccination rate could be assigned closer parking spaces for a limited time. Other rewards could include relaxed dress codes, longer lunch breaks, or donations to the group's choice of charities. These options constitute a low-effort, fun, and enjoyable means of promoting higher vaccination rates *alongside* of building team morale and social validation among the health care personnel.

All of these proposed rewards, incentives, and enticements would achieve the law's goal of increasing the number of vaccinated personnel, *without* negatively impacting the work atmosphere or diminishing the perceived choice over their personal health. Rather, these suggested alternatives would build group solidarity alongside of health awareness, ultimately leading to more satisfied employees and better-served patients.

Avoiding Health Care Promotion Theater

The suggestions above can help promote flu vaccinations within facilities. However, the broader issue is the general prevention of laws that are mere *health promotion theater*. In other words, the question at hand is, "How can we prevent health care policies that only *appear* to tackle an issue, but do little to actually solve it?" The primary way to do this is by educating policymakers, as they are the ones who ultimately create mandates and laws. It is unreasonable to expect politicians to be experts in all fields. Therefore, the responsibility of disseminating applicable knowledge and new research falls on experts in all disciplines. Cynical researchers and experts in all fields ought to not only speak up, but should contact their policymakers. When an issue or "moral panic" arises, academics and experts in that discipline should write letters, initiate dialogue, and publish their research through

venues accessible to the target politicians. This may mean launching interdisciplinary dialogue and networking outside of comfort zones. Experts on a hot-topic issue that is on the brink of causing social alarm ought to be proactive in contacting, and even trying to meet officials for the purpose of disseminating their knowledge. For many in academia, this translates to a shift from policy critiquing to active involvement in policy formulation. All of this ought to be done in a timely matter, *during* rather than after policy formulation, as hindsight criticism does little to impact policy.

Public policy centers can also help by sponsoring seminars which provide neutral, unbiased research for policymakers. This could be modeled after 'family impact seminars,' which have successfully educated policymakers about a wide range of issues in various states.[61] Experts from around the country would gather and present their research in order to help policy makers make the best possible decisions. While policy making bodies likely do some sort of cost/benefit analysis for most mandates and laws, such seminars will provide an unbiased, broad, and multi-disciplinary array of monetary, as well as intangible research-based costs and benefits. Likewise, it would be appropriate for public policy centers, research institutes, or special interest groups to create public service announcements about potentially alarming issues that may be blown out of proportion by the public, triggering hasty legislation. For example, had a union or association of nurses or physicians sought out a way to thwart the inflation of public concern about H1N1, Subpart 66-3 may not have been implemented. Educating the public along with policymakers is the ideal way to craft policy.

Unless experts speak up in time, *health promotion theater*-like policies will continue emerging out of reactionary responses, and premature actions will be utilized to address pertinent issues. Legislation ought to be based on facts and research, not emotion. Weighing the costs and benefits ought to take place with qualified experts involved. Ideally, policymakers ought to be the ones calling in the experts and initiating the necessary partnerships; however, this does not always happen, especially in emergency situations. Therefore, the broader message that this article seeks to advance is the importance of researchers and experts broadcasting their knowledge through different publication venues, open seminars, public service announcements, and primarily though seeking out connections with influential policymakers, as opposed to waiting for an invitation to do so.

Conclusion

There is no doubt that illness is a major concern, and that steps should be taken to avoid illnesses or viruses becoming epidemics. Even so, when policymakers hastily enact responses as a result of moral panic, they risk passing policies that are mere *health promotion theater;* that is, policies that have the appearance of addressing a health issue, but actually may be unsuccessful, or even have negative consequences. Thus, while policymakers should consult experts, the experts likewise ought to seek out policymakers and offer their knowledge and research to help fully evaluate the pros and cons of proposed policies, and ultimately work together toward avoiding the enactment of *health promotion theater.*

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Chapter 10

Children and Pregnant Women

under

Global Vaccination Campaign Attack



The Economist

Changing your Genes

The Economist Magazine. 25 April 1992
1992 Apr 25; 323 (7756):11-12. PMID: 16001470
https://pubmed.ncbi.nlm.nih.gov/16001470/



Biology is destiny. "Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Francis Crick and James Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints. ...

APRIL 25TH 1992

Changing your genes

"BIOLOGY is destiny." Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Crick and Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints.

At first glance, genetic therapy—the nascent art of giving sick people new genes to alleviate their illness—looks like the apotheosis of this trend towards reducing human life to a few short sequences of DNA. But although its advent means people will be talking in the language of genes even more than they already do, the way they talk will change. They will not be passively reading out the immutable genetic lore passed down from generation to generation. They will not be receiving orders; they will be giving them. The birth of genetic therapy marks the beginning of an age in which man has the power to take control of his genes and make of them what he will.

New promises, new threats, old answers

At the moment, gene therapy is a small field on the fringes of medicine and biotechnology. Genes carry descriptions of proteins, the molecules that do most of the body's work; if someone is missing a gene, they will be missing a protein, and may thus suffer a deficiency or disease. If a gene or set of genes runs amok, cancer can result. The gene-therapists aim to provide the body with genes to make good its deficiencies and problems. If their field had grown as fast as the stacks of ethical reports and regulatory procedures that surround it, it would already be big business. As it is, after years of discussion, it is only now starting to blossom. Therapies are being tried on people around the world (though in tiny numbers) and new ways of delivering genes are being devised (see pages 95-97). A torrent of raw material for tomorrow's therapies is flowing from the human ge-

the drug is being made inside the body. There already exist sets of rules for trying out drugs. The question of the drug's provenance is of secondary importance, as long as its manufacture can be shown to be safe. Experimental gene therapy has satisfied regulators on that count, so far.

"So far", though, is only the beginning. Beyond today's gene therapy, which is a specialised form of medicine not that dissimilar to others, lie far more controversial possibilities: changing genes for non-medical reasons, and changing genes wholesale in such a way that the new genes are passed on from generation to generation. At present, therapists aim at genes that are clearly villains, and the therapies last at most as long as the patient, and often only as long as a transient set of cells. But what of genes that might make a good body better, rather than make a bad one good? Should people be able to retrofit themselves with extra neurotransmitters, to enhance various mental powers? Or to change the colour of their skin? Or to help them run faster, or lift heavier weights?

Yes, they should. Within some limits, people have a right to make what they want of their lives. The limits should disallow alterations clearly likely to cause harm to others. Even if the technology allowed it, people should not be allowed to become psychopaths at will, or to alter their metabolism so that they are permanently enraged. Deciding which alterations sit in this forbidden category would have to be done case by case, and in some cases the toss may be passionately argued. But so it is with all constraints on freedom. Minimal constraint is as good a principle in genetic law as in any other.

People may make unwise choices. Though that could cause them grief, it will be remediable. That which can be done, can be undone; people need no more be slaves to genes they have chosen than to genes they were born with. To keep that element of choice, however, one thing must be out of bounds. No one should have his genes changed without his informed consent; to force genetic change on another without his consent is a violation of his person, a crime as severe as rape or grievous bodily harm. There may be subtle social pressures to choose certain traits; but there is often social pressure for all sorts of things, and it does not deny the subject free will.

Text in full can also be found in the article:

Genetic Engineering should be Unrestricted. – In: Biomedical ethics: opposing viewpoints. Terry O'Neill, ed. – San Diego: Greenhaven Press, 1994, p. 270-274.
https://archive.org/details/econ-genes

Therer are similar articles in The Economist:

The power of gene editing. – The Economist, 17 March 2022.
https://www.economist.com/films/2022/03/17/the-power-of-gene-editing
Science has made a new genetic revolution possible. – The Economist, 25 August 2022
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How genome editing will change humanity. – The Economist, 8 March 2023.
https://www.economist.com/human-genome-editing-pod
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https://www.economist.com/science-and-technology/2023/04/08/how-the-human-genome-project-revolutionised-biology

ScienceDaily®

Children who get Flu vaccine have three times risk of hospitalization for Flu

American Thoracic Society, ScienceDaily, 20 May 2009
https://www.sciencedaily.com/releases/2009/05/090519172045.htm

Summary:
The inactivated flu vaccine does not appear to be effective in preventing influenza-related hospitalizations in children, especially the ones with asthma. In fact, children who get the flu vaccine are more at risk for hospitalization than their peers who do not get the vaccine, according to new research. While these findings do raise questions about the efficacy of the vaccine, they do not in fact implicate it as a cause of hospitalizations, according to researchers.

ATS 2009, San Diego – The inactivated flu vaccine does not appear to be effective in preventing influenza-related hospitalizations in children, especially the ones with asthma. In fact, children who get the flu vaccine are more at risk for hospitalization than their peers who do not get the vaccine, according to new research that will be presented on Tuesday, May 19, at the 105th International Conference of the American Thoracic Society in San Diego.

Flu vaccine (trivalent inactivated flu vaccine – TIV) has unknown effects on asthmatics.

"The concerns that vaccination maybe associated with asthma exacerbations have been disproved with multiple studies in the past, but the vaccine's effectiveness has not been well-established," said Avni Joshi, M.D., of the Mayo Clinic in Rochester, MN. "This study was aimed at evaluating the effectiveness of the TIV in children overall, as well as the children with asthma, to prevent influenza -related hospitalization."

The CDC's Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend annual influenza vaccination for all children aged six months to 18 years. The National Asthma Education and Prevention Program (3rd revision) also recommends annual flu vaccination of asthmatic children older than six months.

In order to determine whether the vaccine was effective in reducing the number of hospitalizations that all children, and especially the ones with asthma, faced over eight consecutive flu seasons, the researchers conducted a cohort study of 263 children who were evaluated at the Mayo Clinic in Minnesota from six months to 18 years of age, each of whom had had laboratory-confirmed influenza between 1996 to 2006. The investigators determined who had and had not received the flu vaccine, their asthma status and who did and did not require hospitalization. Records were reviewed for each subject with influenza-related illness for flu vaccination preceding the illness and hospitalization during that illness.

They found that children who had received the flu vaccine had three times the risk of hospitalization, as compared to children who had not received the vaccine. In asthmatic children, there was a significantly higher risk of hospitalization in subjects who received the TIV, as compared to those who did not ($p = 0.006$). But no other measured factors – such as insurance plans or severity of asthma-appeared to affect risk of hospitalization.

"While these findings do raise questions about the efficacy of the vaccine, they do not in fact implicate it as a cause of hospitalizations," said Dr. Joshi. "More studies are needed to assess not only the immunogenicity, but also the efficacy of different influenza vaccines in asthmatic subjects."

CONGRESS.GOV

No Child Left Unimmunized Against Influenza Act of 2009 - H.R. 2596 (111th):

GovTrack, 21 May 2009
https://www.govtrack.us/congress/bills/111/hr2596/text
https://www.congress.gov/bill/111th-congress/house-bill/2596?s=1&r=320

No Child Left Unimmunized Against Influenza Act of 2009 – Directs the Secretary of Health and Human Services (HHS) to carry out a multistate demonstration program designed to test the feasibility of using the nation's elementary and secondary schools as influenza vaccination centers in coordination with school nurses, school health care programs, local health departments, community health care providers, state insurance agencies, and private insurers.

Prohibits the Secretary from using such program for children who are eligible under other federally funded programs for payment of the costs of purchasing and administering the influenza vaccine. Requires the Secretary to work with the Secretary of Labor, state insurance agencies, and private insurers to ensure that children who have private insurance have coverage for all reasonable and customary expenses, including the costs of purchasing and administering the vaccine, incurred when influenza vaccine is administered outside of the physician's office in a school or other related setting. Authorizes the Secretary to pay the cost of purchasing and administering the influenza vaccine for children to the extent such cost is not covered through other federally funded programs or through private insurance.

Requires the program to be designed to administer vaccines consistent with recommendations of the Advisory Committee on Immunization Practices for the annual vaccination of all children aged 5 years through 19 years.

Sets forth selection criteria for schools. Makes participation by a school or an individual voluntary. Requires the program to be conducted for the 2010-2011 and 2011-2012 influenza seasons.

111TH CONGRESS
1ST SESSION

H. R. 2596

To authorize the Secretary of Health and Human Services to carry out a demonstration program to test the feasibility of using the Nation's elementary and secondary schools as influenza vaccination centers.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2009

Mr. GENE GREEN of Texas (for himself and Mr. TIM MURPHY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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Evelyn Pringle

Flu Vaccinated Kids more Likely to be Hospitalized

Lawyers and Settlements, 26 May 2009
https://www.lawyersandsettlements.com/blog/flu-vaccinated-kids-more-likely-to-be-hospitalized.html

On May 19, 2009, researchers presented a study that found children who received the trivalent inactivated influenza vaccine [TIV] had a three times greater risk of hospitalization for the flu than kids who were not vaccinated at the International Conference of the American Thoracic Society in San Diego. => https://www.sciencedaily.com/releases/2009/05/090519172045.htm

To determine whether the vaccine was effective in reducing the number of hospitalizations over consecutive flu seasons for 8 years, the researchers conducted a study of 263 children between the ages of 6 months and 18, evaluated at the Mayo Clinic between 1996 and 2006, with laboratory-confirmed influenza and reviewed records to determine which kids had received a flu shot before the illness and hospitalization.

The CDC currently recommends that "all children aged 6 months up to their 19th birthday get a flu vaccine," on its website.

However, according to the study above, not only did the vaccine not prevent the flu, the kids who received it got sicker than those who did not. Which means that for the 8 year period studied, health insurance companies, government programs and parents were bilked for the cost of useless vaccines, doctors office calls and three times more flu-related hospitalizations, with the children following the expert's advice suffering the most.

The American Academy of Pediatrics, an organization that claims to represent "60,000" pediatricians, also recommends that children be required to receive a flu shot annually, along with a host of other useless and harmful, but highly profitable vaccines throughout childhood.

Last July, CBS News reported that the vaccine industry gives millions to the Academy for conferences, grants, medical education classes and even helped build their headquarters. Totals were secret, but documents cited by CBS revealed the following:

A $342,000 payment from Wyeth, maker of the pneumococcal vaccine – which makes $2 billion a year in sales.

$433,000 from Merck, the same year the academy endorsed Merck's Gardasil HPV vaccine – which made $1.5 billion a year in sales.

Another top donor: Sanofi Aventis, maker of 17 vaccines and a new five-in-one combo shot added to the childhood vaccine schedule in June 2008.

In April 2009, the AAP even went so far as to file an amicus brief (friend of the court) with the US Supreme Court in support of a petition for a writ of certiorari from vaccine makers Wyeth and GlaxoSmithKline to overturn a unanimous ruling by the Georgia Supreme Court that decided a civil lawsuit filed by Marcelo and Carolyn Ferrari on behalf of their autistic son was not barred (preempted) by the National Childhood Vaccine Injury Compensation Act.

The Georgia decision noted that recognizing presumptive preemption would "have the perverse effect of granting complete tort immunity from design defect liability to an entire industry."

The Farrari family alleges that the vaccine makers could and should have manufactured safer childhood vaccines without the mercury-based preservative, thimerosal, that caused their son's autism. The Georgia court's ruling would allow a jury to decide the case.

"The AAP can be counted to be the strongest supporters of the vaccine industry," says Ann Dachel, the mother of an autistic son and the media editor for "Age of Autism."

"And why not?" she points out, "What would a well-baby check be like without the lineup of shots every time a visit is scheduled?"

It should be noted that roughly four million new customers in need of well-baby checks are born every year, according to CDC stats. Some vaccines given to children, such as flu and tenanus, still contain thimerosal.

Other organizations that signed on to the AAP brief to help vaccine makers defeat the lone family include: "American Academy of Family Physicians, AAP Section on Infectious Diseases, American College of Osteopathic Pediatricians, American Medical Association, American Public Health Association, Every Child By Two, Immunization Action Coalition, Infectious Disease Society of America, Pediatric Infectious Disease Society, and the Vaccine Education Center at The Children's Hospital of Philadelphia," according to an April 9, 2009 AAP press release.

Last summer, in addition to listing the vaccine maker funding of the AAP, CBS News reported on pediatrician, Dr Paul Offit, described as "perhaps the most widely-quoted defender of vaccine safety." => https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

Offit has went so far as to claim babies can tolerate "10,000 vaccines at once." In responding to the CBS report, Offit reportedly told the Orange County Register, "what I actually have said is at least 10,000. It's probably closer to 100,000."

According to CBS, this is how Offit described himself in a previous interview: "I'm the chief of infectious disease at Children's Hospital of Philadelphia and a professor of pediatrics at Penn's medical school." => https://www.cbsnews.com/news/how-independent-are-vaccine-defenders/

But Offit also holds a $1.5 million dollar research chair at Children's Hospital, funded by Merck, CBS found. And he holds the patent on Rotateq, an anti-diarrhea vaccine he developed with Merck.

At the time of the report, future royalties for the vaccine were just sold for $182 million cash. "Dr. Offit's share of vaccine profits? Unknown," CBS New noted on July 25, 2008.

Offit also wrote the book, "Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure." According to a summary on the Amazon site in September 2008:

"In this book, Paul A. Offit, …. challenges the modern-day false prophets who have so egregiously misled the public and exposes the opportunism of the lawyers, journalists, celebrities, and politicians who support them. Offit recounts the history of autism research and the exploitation of this tragic condition by advocates and zealots. He considers the manipulation of science in the popular media and the courtroom, and he explores why society is susceptible to the bad science and risky therapies put forward by many antivaccination activists."

In a February 24, 2009 article in the Huffington Post, Robert F Kennedy, Jr, most appropriately pointed out that: "it's worth recalling that for sixty years the tobacco industry successfully defended a product that was killing one out of every five of its customers against thousands of legal actions brought by its victims and their families."

=> Robert F Kennedy, Jr. Vaccine Court: Autism debate continues. – HuffPost, 27 Mar 2009. https://www.huffpost.com/entry/vaccine-court-autism-deba_b_169673

"Big tobacco prevailed for six decades even without the help of supportive government agencies deliberately suppressing real science and research," Kennedy says. "In that sense vaccine victims must leap a much higher hurdle."

In 1982, American children were given only three vaccines: a live oral polio vaccine; the MMR; and the DPT vaccine, according to the National Vaccine Information Center. By 2007, children were being told by government health officials and pediatricians to get 48 doses of 14 vaccines by age six and 53-56 doses of 15 or 16 vaccines by age 12.

On April 7, 2008, Kalorama Information issued a press release on a market research study and reforecast of the vaccine market titled, "Vaccines 2008: World Market Analysis, Key Players, and Critical Trends in a Fast-Changing Industry," and reported that stronger than anticipated revenues for flu vaccines and the "surprising commercial success" of Merck's Gardasil, had led to $16.3 billion in vaccine sales in 2007, "an increase of 38% over 2006 sales of $11.7 billion."

According to the report, "new products approved in recent years, in particular Gardasil, but also RotaTeq, Pentacel, Zostavax and FluMist, are now having an impact on the market," the release says. "These new products, combined with a continued emphasis on flu vaccines in the U.S. healthcare system, have created a healthy environment for vaccine products."

Kalorama "expects vaccine sales to more than double in five years," the release notes.

THE LANCET

Denise J Jamieson, Margaret A Honein, Sonja A Rasmussen,
Jennifer L Williams, David L Swerdlow, Matthew S Biggerstaff, et al.

H1N1 2009 influenza virus infection during pregnancy in the USA

Lancet, 28 July 2009 // 8 August; 374(9688): 451-8.
doi: 10.1016/S0140-6736(09)61304-0. Epub 2009 Jul 28. PMID: 19643469.

Summary

Background

Pandemic H1N1 2009 influenza virus has been identified as the cause of a widespread outbreak of febrile respiratory infection in the USA and worldwide. We summarised cases of infection with pandemic H1N1 virus in *pregnant women* identified in the USA during the first month of the present outbreak, and deaths associated with this virus during the first 2 months of the outbreak.

Methods

After initial reports of infection in pregnant women, the US Centers for Disease Control and Prevention (CDC) began systematically collecting additional information about cases and deaths in pregnant women in the USA with pandemic H1N1 virus infection as part of enhanced surveillance. A confirmed case was defined as an acute respiratory illness with laboratory-confirmed pandemic H1N1 virus infection by real-time reverse-transcriptase PCR or viral culture; a probable case was defined as a person with an acute febrile respiratory illness who was positive for influenza A, but negative for H1 and H3. We used population estimates derived from the 2007 census data to calculate rates of admission to hospital and illness.

Findings

From April 15 to May 18, 2009, 34 confirmed or probable cases of pandemic H1N1 in pregnant women were reported to CDC from 13 states. 11 (32%) women were admitted to hospital. The estimated rate of admission for pandemic H1N1 influenza virus infection in pregnant women during the first month of the outbreak was higher than it was in the general population (0·32 per 100 000 pregnant women, 95% CI 0·13–0·52 vs 0·076 per 100 000 population at risk, 95% CI 0·07–0·09). Between April 15 and June 16, 2009, six deaths in pregnant women were reported to the CDC; all were in women who had developed pneumonia and subsequent acute respiratory distress syndrome requiring mechanical ventilation.

Interpretation

Pregnant women might be at increased risk for complications from pandemic H1N1 virus infection. These data lend support to the present recommendation to promptly treat *pregnant women* with H1N1 influenza virus infection with anti-influenza drugs.

The Guardian

Sarah Boseley

Give pregnant women priority for swine flu vaccine, study urges

The Guardian, 29 July 2009, 10.06 BST
https://www.theguardian.com/world/2009/jul/29/swine-flu-pregnant-woman-lancet

Article in Lancet says risk of complications is higher, with worrying death rate from virus among expectant mothers in US

Pregnant women should be prioritised for the flu vaccine as soon as it is available, according to the authors of a study showing they are more at risk of complications and more likely to end up in hospital than other people.

Women expecting a baby should also be given antiviral drugs as soon as they get the flu, says the paper published online today by the Lancet medical journal. Little is known about the possible ill-effects of the drugs on the foetus but scientists say their benefits are likely to be greater than the risks.

The research comes from the US, where six pregnant women died of swine flu complications between 15 April and 18 May. In that month, 34 confirmed or probable cases of swine flu were reported to the Centres for Disease Control and Prevention (CDC) from 13 states. Eleven of them were admitted to hospital.

The rate of admission to hospital is four times higher than in the general population, say the authors, Dr Denise Jamieson from the CDC's division of reproductive health in Atlanta and colleagues. That could be because doctors are more nervous about the effects if flu on pregnant women and are more likely to admit them, but the death rate among pregnant women is high.

"Although the decision to admit a pregnant woman is complex and might include considerations beyond simply the severity of disease, that a high proportion (greater than 10%) of influenza-related deaths in the USA have been in pregnant women is concerning," they write.

"In the previous influenza pandemics of 1918 and 1957, mortality seemed to be higher in pregnant women than in non-pregnant populations ... During the pandemic of 1957, 50% of deaths due to Asian influenza in Minnesota among women of reproductive age occurred in pregnant women."

None of the women who died had been given antiviral drugs promptly, within the first 48 hours of symptoms occurring, they write.

Once a vaccine is available, pregnant women will be a high priority, the authors say. However they are concerned that women may not come forward to be vaccinated because of fear of any effect on their baby. Few pregnant women choose to be immunised against winter flu.

Steven Reinberg

Prioritize pregnant women to get Swine Flu shot, experts say
As CDC recommendations loom, new study confirms this group at great risk

U.S. News, 29 July 2009
https://health.usnews.com/health-news/family-health/womens-health/articles/2009/07/29/prioritize-pregnant-women-to-get-swine-flu-shot

Wednesday, July 29 (HealthDay News) – As U.S. officials meet Wednesday to decide who should get priority for potentially scarce H1N1 swine flu shots this fall, the danger the virus poses to pregnant women should vault that group to the top of the list, experts say.

A panel convened by the U.S. Centers for Disease Control and Prevention is expected to release its recommendations on vaccine distribution priorities later on Wednesday. Beyond that, the first trials of a vaccine against the new H1N1 swine flu are set to begin soon, and experts hope for the first batch of viable shots to be distributed by October, if all goes well.

"The panel will get an update on the H1N1 in the United States," said CDC spokesman Tom Skinner. "They will get an update on where things stand with the development of a vaccine against novel H1N1 and an update on the steps being taken to plan for a potential vaccination campaign in the fall."

But a study published in the July 29 issue of *The Lancet* should weigh heavily on the CDC panel's decision. It confirmed that pregnant women are at especially high risk of complications from the new flu strain.

"Pregnant women who have been infected with H1N1 influenza have had a higher rate of hospitalization, about a fourfold increase compared with the general population and a higher proportion than expected of the deaths were among pregnant women," noted study author Dr. Denise J. Jamieson, a CDC medical officer.

Based on those findings, "I would expect that pregnant women will continue to be a high-priority group for vaccination," Jamieson said, so pregnant women who get the H1N1 flu should receive prompt treatment with antiviral medications.

In fact, the first American to die from the H1N1 strain, 33-year-old Judy Trunnell of Texas, fell ill while in late-stage pregnancy. She died May 5 after falling into a coma. Her healthy baby girl was delivered by C-section.

Why does pregnancy put women at special flu risk? Emory University's Dr. Kevin Ault told the *Associated Press* that pregnancy causes changes to women's respiratory and immune systems that may make it more difficult for them to rid themselves of influenza infection. And the World Health organization recently stated that pregnant women may be "at increased risk for severe disease, potentially resulting in spontaneous abortion and/or death, especially during the second and third trimesters of pregnancy."

The risk of H1N1 during pregnancy has even led some health officials in Britain and Switzerland to advise that women consider delaying pregnancy during an H1N1 outbreak. No such call has come from U.S. health officials, however.

There's also the issue of whether a flu shot might confer some protection to newborns, who have relatively undeveloped immune systems. A study published recently in the *New England Journal of Medicine* found just such a transfer of protection among a group of Bangladeshi women and their offspring who received the seasonal flu vaccine.

Dr. Marc Siegel, an associate professor of medicine at New York University Langone Medical Center in New York City, agreed that pregnant woman should be of special concern. "Pregnant women are semi-immunocompromised, they are a target population for any infection," he said. "It is not surprising that they are at risk of flu, any flu."

In addition, today's pregnant women are younger than women born before 1957, who appear to have some immunity to the new H1N1 swine flu, Siegel said. "I put pregnant women up near the top of the list of those who should get the H1N1 vaccine," he said.

Women should not be afraid of being vaccinated against the H1N1 flu, he added. "Any fear of vaccines is greatly outweighed by the benefit of being inoculated against an emerging virus," he said. "The best way to protect a pregnant women is for everyone around her to be vaccinated in addition to her."

Another expert agreed that moms-to-be should be at the head of the line for the H1N1 shot.

"In addition, because of the greatly increased risk of death for pregnant women from either the seasonal flu or from the H1N1 swine flu, those infected with an influenza virus should [also] be promptly treated with appropriate anti-viral agents," said Dr. Pascal James Imperato, dean and distinguished service professor in the School of Public Health at SUNY Downstate Medical Center in New York City.

The seasonal flu vaccine will offer no protection against the H1N1 swine flu, Imperato added. "This means that some groups in the population will need to receive more than just one flu shot in order to be protected against all of the influenza strains in circulation," he said.

There's also the lingering memory of the 1976 swine flu vaccination program, during which some 500 Americans came down with a rare neurodegenerative condition called Guillain-Barre syndrome, which many experts believe was linked to the shot. Twenty-five of those 500 people died.

"The potential for more severe illness and many more deaths caused by this new strain of influenza weighs heavily on our minds -- as does the unfortunate outcome of the 1976 swine flu vaccination program," said CDC spokeswoman Arleen Porcell-Pharr.

But the H1N1 flu vaccine will be very much like seasonal flu vaccines, which have an excellent safety profile, Porcell-Pharr said. "However, no vaccine is 100 percent safe. This vaccine will be no exception," she added.

If the vaccines are recommended for use, those who choose to be inoculated will receive information sheets describing the vaccines' risks and benefits, signs of side effects to look for after vaccination, and information on how to report adverse events, she added.

"We will be watching very closely for any signs that the vaccine is causing unexpected side effects, and we have systems in place to investigate those signals rapidly," Porcell-Pharr said.

U.S.News & WORLD REPORT

Deborah Kotz

Swine Flu Hits Pregnant Women Harder

U.S. News, 29 July 2009, 11:51 a.m.

https://health.usnews.com/health-news/blogs/on-women/2009/07/29/swine-flu-hits-pregnant-women-harder

As a government panel decides today who should be among the first to get the swine flu vaccine, many experts are calling for pregnant women to step to the front of the line. That's because new research shows pregnant women who get swine flu are more likely to develop severe complications that result in hospitalization or even death, according to a study published today in the journal *Lancet*.

Jamieson D, et al. H1N1 2009 influenza virus infection during pregnancy in the USA. – The Lancet, 28 July 2009

"We hope that pregnant women are placed in the high-priority group for vaccinations because our research shows that they're disproportionately represented among the deaths" in this country caused by the H1N1 virus, says study leader Denise Jamieson, an obstetrician-gynecologist in the division of reproductive health at the Centers for Disease Control and Prevention in Atlanta. Of the 45 deaths from swine flu reported in the study, which collected data from April to May, six were pregnant women; that group represented 13 percent of the deaths. That's far higher than expected, since pregnant women make up only 1 percent of the population. What's more, those women who died were young and healthy and had low-risk pregnancies.

Jamieson adds that since the data were collected, there have been 302 swine deaths in the U.S. population, and 15 were pregnant women, representing 6 percent of the deaths. Though that is a lower percentage, the numbers still suggest that pregnant women are more prone to dangerous infections. The exact reasons for the increased susceptibility aren't known, but Jamieson says it could involve the decreased lung capacity that occurs during pregnancy, which makes it easier for the virus to multiply in the lungs. Or it could be because pregnancy weakens certain components of the immune system. (It strengthens others.)

There were certain similarities among the pregnant women who died. They all developed pneumonia and went into acute respiratory distress. None of them were treated with antiviral drugs like Tamiflu within the first 48 hours after they developed symptoms; in fact, by the time they were treated they had been sick for at least six days and as long as 15 days. "All pregnant women who died did not receive antivirals soon enough to benefit their treatment," the CDC said in a prepared statement that accompanied the study. The agency now recommends that pregnant women who have flu symptoms should immediately be treated with the drugs, preferably in the first two days, to lower the severity and duration of the infection.

Jamieson says she'd like to see more diagnostic flu tests performed by OB-GYNs on pregnant women who develop fevers, sore throats, and other possible flu symptoms. "There's limited access to these tests right now, but I do think more emphasis needs to be put on testing pregnant women" to ensure that they're treated promptly and properly, she explains. She also says that doctors need to do a better job of getting pregnant women vaccinated against the flu since seasonal flu is also associated with more severe complications – like heart and lung problems – during pregnancy. Fewer than 15 percent of pregnant women get a regular flu vaccine, even though the CDC started recommending it in 2004.

What about concerns over the mercury preservative thimerosal, which is present in most flu vaccines? (Pregnant women are told to avoid foods high in mercury because of its potentially detrimental effects on a fetus's brain.) "It does seem reasonable that doctors should stock and provide a thimerosal-free vaccine to their pregnant patients," says Jamieson. Such vaccines are currently available for seasonal flu and will also be available for the H1N1 vaccine. Frequent hand washing is another good precaution pregnant women can take, but Jamieson says there's no reason to avoid crowded places or public transportation, as the British government has recommended.

Deborah Kotz

Pregnant Women will be Included in H1N1 Flu Vaccine Trials

U.S. News, 30 July 2009

http://health.usnews.com/blogs/on-women/2009/07/30/pregnant-women-will-be-included-in-h1n1-flu-vaccine-trials.html

As predicted, pregnant women are, indeed, on the government's list of the first folks to be vaccinated against the H1N1 "swine flu" virus. The panel of experts convened by the Centers for Disease Control and Prevention recommended yesterday that the new vaccine be provided first to pregnant women and adults with compromised immune systems, who face a greater risk of complications, and others, like children and health-care workers, who are at higher risk of becoming infected, says Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases. Some 159 million people fall into these high-priority groups, and whether there will be enough vaccine for all of them when it first becomes available isn't known.

In the event that there are shortages, the panel also came up with a superhigh-priority list of those who should be vaccinated – some 41 million individuals. Once again, pregnant women are on this list. Just how many of them will rush out to get vaccinated, however, remains a mystery. Studies suggest that fewer than 15 percent of expectant moms currently get the seasonal flu vaccine, but more may be willing to get the H1N1 vaccine – and their doctors may push harder for them to have it – given the latest data showing that pregnant women infected with H1N1 are more likely to develop severe complications.

The trouble is, many pregnant women are extremely cautious about getting any shots or medicines because of the potentially harmful effects that these agents could have on a developing fetus. In fact, vaccines that contain live weakened viruses, like measles, aren't administered during pregnancy because of the possibility that they could cause a high fever in the woman – raising the risk of birth defects – or an infection in the fetus. The seasonal flu and H1N1 shots, however, contain dead viruses that don't pose either of these problems. Still, many experts agree, the H1N1 vaccine should be tested in pregnant women before it's licensed for use during pregnancy. (Studies have already established that seasonal flu vaccine is safe and effective to use at any stage of pregnancy.)

The National Institutes of Health is set to begin testing the vaccine in pregnant women in the next month or two. "We're still awaiting word from our institutional review board [which signs off on all clinical trials], so we don't yet know who will be included," says Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, which is part of NIH. Although he says there's no reason not to include pregnant women at the earliest stage of pregnancy, the review board could "out of an abundance of caution" limit the trials to women who are beyond the first 12 weeks of pregnancy. Unfortunately, he adds, safety and efficacy data won't be available from those pregnant women trials when the vaccine initially becomes available in late October.

One question the trials may address is at what stage during pregnancy the vaccine should be given. Swine flu complications tend to be much worse when women get infected near the end of pregnancy as opposed to during the first 12 weeks. And there's always the possibility – no matter how remote – that something administered during those early weeks when a fetus's organs are still developing could

cause birth defects. "This is a new vaccine, so we can't say whether it's safer to give during one period of pregnancy or another," says Mark Steinhoff, director of the global health center at Cincinnati Children's Hospital, who has researched the use of seasonal flu vaccine in pregnant women.

By and large, there's no reason to think that the H1N1 vaccine will pose any problems for pregnant women since it's being produced in exactly the same fashion as the seasonal flu vaccine. What's more, Steinhoff adds, pregnant women who get vaccinated will probably also confer antibody protection to their newborns who are too young to be vaccinated themselves. This could prove lifesaving if H1N1 infections become extremely widespread or the virus mutates into a deadlier strain.

Pregnant women are also advised to get Tamiflu if they experience symptoms of swine flu like high fever, sore throat, and a cough. But some experts are concerned over the lack of research on the use of this drug in pregnant women infected with H1N1. "We are hugely concerned that we don't know what the right dose is for pregnant women," says Ruth Faden, director of the Berman Institute of Bioethics at Johns Hopkins University. "While it may be that the standard dose of Tamiflu is perfectly appropriate, it's at least possible that it's an insufficient dose for pregnant women at a given stage in pregnancy." That's because pregnant women's kidneys clear drugs faster from the body, which means that certain drugs may not enter the bloodstream at therapeutic levels. (This has been demonstrated with some antibiotics, but Tamiflu hasn't been tested in pregnant women.) "I think the message we should be getting out is that pregnant women should be vaccinated," she says, and that those who get infected and treated with Tamiflu should be studied in clinical trials to see if the drug is given at an effective dose. "This is a tough situation. I wish we weren't in it."

12160.INFO

H1N1 'Swine Flu' Vaccine Pandemic Lies and Propaganda from MSNBC
Anthony Facui, M.D. Director, National Institute of Allergy and Infectious Diseases

MSNBC, 12160 Info, 5 August 2009
https://12160.info/video/h1n1-swine-flu-vaccine





THE TIMES
THE SUNDAY TIMES

Daniel Foggo

Question a doctor and lose your child

The Sunday Times, 6 September 2009
https://web.archive.org/web/20100106032925/http://www.timesonline.co.uk/tol/life_and_style/health/article6823345.ece

Parents are being threatened with having their children taken into care after questioning doctors' diagnoses or objecting to their medical care.

John Hemming, a Liberal Democrat MP, who campaigns to stop injustices in the family court, said: "Very often care proceedings are used as retaliation by local authorities against 'uppity' people who question the system."

Cases are emerging across the UK:

The mother of a 13-year-old girl who became partly paralysed after being given a cervical cancer vaccination says social workers have told her the child may be removed if she (the mother) continues to link her condition with the vaccination.

A couple had all six of their children removed from their care after they disputed the necessity of an invasive medical test on their eldest daughter. Doctors, who suspected she might have had a blood disease, called for social services to obtain an emergency protection order, although it was subsequently confirmed that she was not suffering from the condition. The parents were still considered unstable, and all their children were taken from them.

A single mother whose teenage son is terminally ill and confined to a wheelchair has been told he is to become the subject of a care order after she complained that her local authority's failure to provide bathroom facilities for him has left her struggling to maintain sanitary standards.

In the first of those cases, Ashleigh Cave, 13, from Liverpool, began experiencing severe headaches and dizziness half an hour after being inoculated last October with Cervarix, which guards against girls contracting the human papilloma virus.

The schoolgirl was soon collapsing repeatedly; she lost the use of her legs and was admitted to Alder Hey children's hospital. Nearly 11 months later she is still in hospital and is unable to stand or walk unaided. Her mother, Cheryl, has now been told that doctors believe her condition must be psychosomatic.

"The hospital brought in social workers from the local authority who have told me they are considering putting Ashleigh on an at-risk register," Cheryl Cave said. She is convinced her daughter's paralysis was caused by the vaccination.

Cave said that a social worker from Sefton council said she suspected her of having Munchausen's syndrome by proxy or factitious illness syndrome – controversial conditions in which mothers are said to attribute illnesses falsely to their children in order to gain attention.

Cave said: "The social worker said I should stop believing the injection has anything to do with Ashleigh's condition because I am putting my thoughts on to her and stopping her getting well.

"Since Ashleigh was in hospital she has become incontinent and had double kidney infections and chest infections. Have I made all these up?"

In the third of these cases, Melvilina Gavin-Langley's 16-year-old son Omar is terminally ill with Duchenne muscular dystrophy and restricted to a wheelchair.

His mother is embroiled in a legal dispute with Birmingham city council over a partly completed extension intended to provide Omar with easy access to a bathroom.

Gavin-Langley, 49, who wants the extension rebuilt because she says it was designed in a way that was dangerous and obstructed access to sewers, said: "I have had to carry Omar upstairs to bathe him but it was risking dislocating his shoulders and also I got a hernia from all the lifting.

"I told the council I could no longer lift Omar across my back.

"They then turned that around and said I had said I could no longer care for my son. They say they have to put him into care because his hair has not been washed and he's not getting a bath. They have just threatened me with this because they don't like me taking legal action against them."

A spokesman for Birmingham city council confirmed the council was seeking an interim care order but said social workers wanted Omar to remain with his mother.

Sefton council did not comment on the Ashleigh Cave case.

THE FLU CASE

Novartis preys on low income children in Germany for "swine flu" jabs

The Flu Case, 8 September 2009, 15:13
https://web.archive.org/web/20090917020700/http://www.theflucase.com/index.php?option=com_content&view=article&id=526%3Anovartis-preys-on-low-income-children-in-germany-to-give-qswine-fluq-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

Novartis is currently testing its "swine flu" jab on 600 children between the age of 3 and 18 years of age recruited around the world reports Michael Mross of MMnews.

The **Tropical Medical Institute of the University of Rostock** in eastern Germany is conducting the tests on 200 children on behalf of Novartis.

The children are receiving 250 Euro for three injections given in a period of three weeks.

Low income families are reported to be enrolling their children for the "swine flu" jabs to generate some extra income.

Michael Mross reports that the doctor in charge of the trials said there was no 100% guarantee the trials would be without side effects.

Novartis is believed to have been the company that caused death to at least 21 people in Poland in the summer of 2008 through its bird flu trials.

THE FLU CASE

Potential for Baxter's and other manufacturers' H1N1 vaccines to cause fertility problems

Report in Chinese on the "swine flu" jab risks

The Flu Case, 9 September 2009

https://web.archive.org/web/20090917131846/http://www.theflucase.com/index.php?option=com_content&view=article&id=535%3Areport-in-chinese-on-the-qswine-fluq-jab-risks&catid=1%3Alatest-news&Itemid=64&lang=en

10) Potential for Baxter's and other manufacturers' H1N1 vaccines to **cause fertility problems**.

Another possible reason for concern about Baxter's H1N1 vaccine is that the company's patent for its general influenza vaccine manufacturing technique states that "Tween 80" (Polysorbate 80) is used in its influenza vaccine production process.

http://en.wikipedia.org/wiki/Polysorbate_80
http://www.theoneclickgroup.co.uk/documents/vaccines/Baxter%20Vaccine%20Patent%20Application.pdf:

Polysorbate 80 is also an ingredients of some squalene-based water-in-oil emulsions used as vaccine adjuvants.

http://docs.google.com/gview?a=v&q=cache:9HVW79vTl14J:www.who.int/vaccine_research/documents/Brief_overview_of_use_of_oil-in-water_emulsions.pdf+squalene+%2B+AS03&hl=en

This is a concern because injection of Polysorbate 80 into baby females rats caused them to develop abnormalities of the reproductive organs. See: =>
https://web.archive.org/web/20080923002041/http://infertility.suite101.com/article.cfm/polysorbate_80_causes_infertility

An excerpt from the above article – a copyrighted work state:

"Gajdova M, Jakubovsky J, Valky J. **Delayed effects of neonatal exposure to Tween 80** on female reproductive organs in rats. Food Chem Toxicol. 1993 Mar;31(3):183-90. PMID: 8473002.

Baby female rats were injected with polysorbate 80 at days 4-7 after birth. It accelerated the maturing of the rats and caused changes to the vagina and womb lining, hormonal changes, ovary deformities and degenerative follicles."

Given the possibility of adverse reproductive effects of Polysorbate 80, it is worrying CDC reccomends that pregnant women and children six months of age upwards and young adults up to the age of 25 be one of the high priority groups (in addition to healthcare and emergency services personnel) of the coming flu vaccine campaign in the USA – if supplies of vaccine are insufficient to vaccinate the whole population at once. See also:

https://web.archive.org/web/20090730084338/http://www.cdc.gov/media/pressrel/2009/r090729b.htm
http://www.guardian.co.uk/world/2009/jul/29/swine-flu-pregnant-woman-lancet
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61304-0/abstract

(This is a summary of the article in the Lancet which was funded by the CDC, for whom the lead author works.)

U.S. Department of Health and Human Services
NIH News
National Institutes of Health

Early Results: In Children, 2009 H1N1 Influenza Vaccine works like seasonal Flu Vaccine

NIH News, 21 September 2009
https://web.archive.org/web/20090923181003/www.nih.gov/news/health/sep2009/niaid-21.htm

Early results from a trial testing a 2009 H1N1 influenza vaccine in children look promising, according to the trial sponsor, the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. Preliminary analysis of blood samples from a small group of trial participants shows that a single 15-microgram dose of a non-adjuvanted 2009 H1N1 influenza vaccine – the same dose that is in the seasonal flu vaccine – generates an immune response that is expected to be protective against 2009 H1N1 influenza virus in the majority of 10- to 17- year-olds eight to 10 days following vaccination. These results are similar to those recently reported in clinical trials of healthy adults. Younger children generally had a less robust early response to the vaccine.

"This is very encouraging news," says NIAID Director Anthony S. Fauci, M.D. "As we had hoped, responses to the 2009 H1N1 influenza vaccine are very similar to what we see with routinely used seasonal influenza vaccines made in the same way. It seems likely that the H1N1 flu vaccine will require just one 15-microgram dose for children 10 to 17 years of age. The 2009 H1N1 influenza virus is causing widespread infections among children, so these are welcome results."

The ongoing NIAID-sponsored trial began in mid-August at five sites nationwide. The trial is assessing the safety and immune responses to one and two doses of either 15 micrograms or 30 micrograms of vaccine. Data from the trial is being compared for three age groups: children 6 months to 35 months old; 3 to 9 years old; and 10 to 17 years old.

The preliminary results are based on blood samples taken eight to 10 days after the first vaccination. Immune responses were strongest among the oldest children, those 10 to 17 years old. In this group of 25 children, a strong immune response was seen in 76 percent who received one 15-microgram dose of vaccine. The immune responses in children nine years old and younger were not as strong. Among 25 volunteers aged 3 to 9 years old, a strong immune response was seen in 36 percent of those given 15 micrograms of vaccine. In the youngest group, 20 children between 6 months to 35 months old, a single 15-microgram dose of vaccine produced a strong immune response in 25 percent of recipients.

"These results are not unexpected and are both similar to what is seen with seasonal influenza vaccines and consistent with what we and our colleagues at the Food and Drug Administration anticipated," notes Dr. Fauci.

Study investigators are also collecting blood samples from the volunteers approximately three weeks after both the first and second injections. It is anticipated that the immune response to the 2009 H1N1 influenza vaccine will be similar to that of seasonal influenza vaccination and will continue to rise for several weeks following vaccination, says Dr. Fauci. The study is being closely monitored by the trial physicians and staff as well as by an independent safety monitoring committee.

The vaccine being tested in this trial is manufactured by Sanofi Pasteur in Swiftwater, Pa., in the same manner as its licensed seasonal vaccine, which is used every year in millions of children, and is the same formulation recently licensed by the FDA to protect against 2009 H1N1 influenza. Like inactivated seasonal influenza vaccines, the vaccine contains a purified part of a killed virus and cannot cause flu.

NIAID is conducting trials of 2009 H1N1 influenza vaccines through its longstanding vaccine clinical trials network, the Vaccine and Treatment Evaluation Units. Additional information about the NIAID-sponsored clinical trials in children is available in an Aug. 18 Bulletin:
http://www3.niaid.nih.gov/news/newsreleases/2009/H1N1pedvax.htm and a Q&A;:
http://www3.niaid.nih.gov/news/QA/qaH1N1pedvax.htm.
A detailed description of the trial protocol is at clinicaltrials.gov:
http://clinicaltrials.gov/show/NCT00944073.

For more information on influenza, including pandemic influenza and avian influenza, visit www.flu.gov. Also, see NIAID's Web portal at http://www3.niaid.nih.gov/topics/Flu/.

NIAID conducts and supports research – at NIH, throughout the United States, and worldwide — to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the NIAID Web site at http://www.niaid.nih.gov.

The National Institutes of Health (NIH) – *The Nation's Medical Research Agency* – includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

The Seattle Times

Lauran Neergaard

Govt: 1 swine flu shot enough for older kids

The Seattle Times / Associated Press, 21 September 2009, 1:55 pm
https://www.seattletimes.com/seattle-news/health/govt-1-swine-flu-shot-enough-for-older-kids/

Studies of the new swine flu vaccine show children 10 and older will need just one shot for protection – but younger kids almost certainly will need two.

Protection kicks in for older children within eight to 10 days of the shot, just like it does for adults, the National Institutes of Health announced Monday.

But younger children aren't having nearly as robust an immune reaction to the swine flu vaccine, and it appears they'll need two shots 21 days apart, said Dr. Anthony Fauci, head of NIH's National Institute of Allergy and Infectious Disease.

That's not a surprise, since the very young often need two doses of vaccine against regular winter flu the very first time they're immunized against that version of influenza, too, Fauci stressed.

"This is acting strikingly similar to seasonal flu" vaccine, Fauci said. "Overall, this is very good news for the vaccination program."

It means that most people in the U.S. will have to line up for influenza vaccinations twice this year instead of three times – once for the regular winter flu shot and a second time to be inoculated against swine flu, what doctors call the 2009 H1N1 strain.

But here's a twist: If a very young child happens to be getting their first-ever seasonal flu vaccination this year, that tot would need a total of four shots – two against regular flu and two against swine flu.

Once swine flu shots start arriving next month, it will be OK for kids – or people of any age – to get one in each arm on the same visit, said Dr. Anne Schuchat of the Centers for Disease Control and Prevention. But doctors already have supplies of regular flu vaccine, and the CDC wants people to go ahead and get that first inoculation out of the way now.

"This is going to be a complicated flu season," Schuchat warned.

Also Monday, the U.S. ordered more swine flu vaccine, bringing its eventual total to 251 million doses, up from the long-planned 195 million doses. That's an ambitious undertaking for a country where fewer than 100 million people normally get a winter flu shot. The extra orders were from Sanofi Pasteur's Pennsylvania flu-shot factory and from Maryland-based MedImmune LLC, which makes a nasal-spray version.

The new swine flu seems no more deadly than regular winter flu, which every year kills 36,000 Americans and hospitalizes 200,000. But there's an important difference: This H1N1 strain sickens younger people more frequently than the over-65 population who are seasonal flu's main victims. So children are among the priority groups who are supposed to be first in line once swine flu vaccine starts arriving next month, and many schools around the country are expected to offer mass vaccinations.

To determine the right child dose, the NIH set up studies involving 600 children, from babies to teenagers.

About 76 percent of 10- to 17-year-olds showed strong protection after one H1N1 shot. That’s similar to the protection seen with regular winter flu vaccine. It doesn’t mean the rest didn’t respond at all, just that they didn’t have as strong a response, officials cautioned.

But just over a third of 3- to 9-year-olds showed strong protection from the swine flu shot, and only a quarter of babies and toddlers ages 6 months to 3 years, Fauci said.

That response was measured eight to 10 days after the shot, and flu protection usually builds over several weeks so the numbers could improve somewhat, he said. But he wasn’t optimistic that the under-10 crowd would be able to skip the booster dose. Doubling the dose in the shot from a standard 15 micrograms of antigen to 30 micrograms didn’t improve the response.

Younger children simply "don’t have as mature an immune system,” Fauci explained. So a first dose of vaccine against a flu strain they’ve never experienced acts as an introduction for their immune system, and a booster shortly thereafter revs up that immune response.

Side effects are no different from those with regular flu vaccine, such as redness and soreness at the injection site and occasional low fever or headache.

Monday’s study didn’t examine FluMist, the nasal-spray flu vaccine. The first 3.4 million doses of swine flu vaccine to be shipped early next month will be the FluMist version, which can be used by healthy people ages 2 to 49. But health officials said they expected young children to need two doses of FluMist as well.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47890 • Olympia, Washington 98504-7890

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DECLARATION OF OUTBREAK AND VACCINE SHORTAGE AND SUSPENSION OF RCW 70.95M.115 LIMITS FOR CERTAIN INFLUENZA A (H1N1) 2009 MONOVALENT VACCINES IN MULTI-DOSE VIAL PRESENTATIONS

WHEREAS RCW 70.95M.115 prohibits vaccinating a person who is known to be pregnant or under three years of age with influenza vaccine that contains more than 1.0 microgram of thimerosal per 0.5 milliliter dose. RCW 70.90M.115(3) authorizes the secretary of the department of health to temporarily suspend those limits if there is an outbreak of vaccine-preventable disease or a shortage of vaccine that complies with the limits.

The H1N1 influenza virus is a new influenza virus first detected in humans in the United States in April 2009. The United States continues to report the largest number of H1N1 cases of any country worldwide. There have been confirmed cases in all states in the United States. Significant illness from H1N1 influenza has continued into the summer across the country. As of September 04, 2009, the Centers for Disease Control and Prevention (CDC) reported 9,079 hospitalized cases and 593 deaths in the United States and its territories. As of September 16, 2009, there have been 171 hospitalized cases and 16 deaths in Washington State. Of the 16 deaths in Washington State, two have been pregnant women. According to the CDC, rates of infection (the number of reported cases per 100,000 population) are highest among people 0 to 24 years old. Rates of hospitalization among children have been highest in children younger than two years of age.

Nationally and within Washington, the spread of the H1N1 influenza virus has continued through the summer. The CDC and the Department of Health anticipate that the incidence of disease and influenza-related hospitalizations and deaths will increase rapidly starting in September 2009. Vaccination is considered the most effective method to stop community outbreaks as well as reduce overall sickness and death

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 23, 2009
TIME: 11:45 AM

WSR 09-19-152

page 1

70.95M.115(3). At the end of that six month period of suspension, I will reassess the available supply of vaccine to determine if it is necessary to continue this declaration of vaccine shortage.

Signed this __23rd__ day of September, 2009 at Olympia, Washington

Mary C. Selecky, Secretary
Washington State Department of Health

page 3

https://web.archive.org/web/20090930220831/http://www.doh.wa.gov/cfh/Immunize/documents/suspdeclaration.pdf

Los Angeles Times

Shari Roan

H1N1 vaccine a tough sell to pregnant women

Los Angeles Times, 23 October 2009
https://www.latimes.com/health/la-sci-flu-pregnancy23-2009oct23-story.html#page=1

As the H1N1 influenza vaccine trickles into clinics and pharmacies over the next few weeks, public health officials and doctors desperately hope that pregnant women will be at the front of the line for the shot. Past influenza pandemics have proved that they're at increased risk for severe complications - and they appear to be even more vulnerable to this new flu strain.

On Thursday, a consortium of major medical groups, including the American Medical Assn., the Centers for Disease Control and Prevention, and the American College of Obstetricians and Gynecologists, released a statement pleading with pregnant women to get both the H1N1 and seasonal flu vaccines. => https://web.archive.org/web/20150210195731/http://www.ama-assn.org/assets/h1n1/mm/pregnant-colleague-letter.pdf

But pregnant women have a well-established antipathy toward vaccinations, with only 15% getting the flu vaccine in any given year, compared with 30% of the general population, according to CDC reports. The current shortage of the H1N1 vaccine may further stymie efforts at widespread immunization. Moreover, pregnant women distrust medications in general -- even though flu vaccines could prevent or mitigate infection should they be exposed.

All of these factors indicate doctors' hopes will go unrealized even as rates of flu-related deaths, hospitalizations and preterm births rise.

"We may have to hospitalize more pregnant women than we ever have before," said Dr. Allison Bryant, an assistant professor of obstetrics, gynecology and reproductive health at UC San Francisco, who has studied the current pandemic's effects on pregnant patients.

By Aug. 21, the latest date for which numbers are available, pregnant women accounted for 6% of the 484 confirmed U.S. deaths linked to what's known as swine flu, although they make up only 1% of the population. Two H1N1-related deaths in pregnant women have been reported in Los Angeles County, according to the county Department of Public Health.

As for pregnant women diagnosed with flu, of the 700 cases reported to the CDC, 14% required admission to an intensive care unit -- four times the hospitalization rate of non-pregnant women of similar age. That number is probably an underestimate, CDC officials said, because many cases aren't confirmed by testing.

Further, many pregnant women are teenagers or young adults – among the groups most likely to develop severe cases of influenza.

"These otherwise healthy pregnant women can deteriorate rapidly," said Dr. Denise Jamieson, a medical officer in the CDC's division of reproductive health. "We have seen some cases where pregnant women present in the emergency room, and they are already so sick they are intubated and delivered very quickly."

Flu has long been known as a disaster for pregnant women. Complications and deaths from flu were much higher among pregnant women and newborns in the pandemics of 1918, 1957 and 1968 than among the general population. In the 1918 outbreak, 27% of flu infections in pregnant women were fatal, compared with about 10% of overall flu cases worldwide.

Unlike in previous pandemics, however, pregnant women have two options for protection this year: the H1N1 vaccine - for which they and young children have been given priority - and the antiviral medication Tamiflu.

"We usually say pregnant women should only take medications for which the benefits outweigh the risks," Bryant said. "But we certainly believe that is the case with H1N1."

Flu, in general, causes more complications in pregnancy because a woman's immune system is naturally weakened to prevent her body from rejecting the fetus. That boosts the chances of secondary infections, such as pneumonia.

In past pandemics, pregnant women had a 50% higher chance of developing pneumonia compared with other infected people, and such women were 50% more likely to die. Pneumonia poses a particular threat to pregnant women because they have limited lung capacity, and the H1N1 strain appears to settle deeper in the lungs of young people.

The risk of flu complications is highest for women infected during the third trimester, when lung capacity is most reduced because of pressure from the fetus. Pregnant women with asthma or other chronic health conditions are at especially high risk for complications – as are those who are obese or poor, who are current or former smokers, or who have underlying heart disease.

Flu is not thought to be transmitted to the fetus, but the infection's indirect effects, such as high fever, can increase the risk of neural tube defects.

In past pandemics, flu during pregnancy has increased the rate of preterm birth. It also may increase the occurrence of miscarriages.

In the unusually severe 1918 pandemic, the miscarriage rate was an estimated 26% in women with uncomplicated flu and 52% in those with influenza and pneumonia, according to historical records. The rate of preterm birth was also about 50% in infected pregnant women.

Given the dire picture from the past of pregnancy and flu, public health officials are now in overdrive to prevent deaths and complications. Obstetricians report receiving at least one letter of advice a week from either the CDC or the American College of Obstetricians and Gynecologists. Thursday's letter described doctors' attention to the matter as "critical."

"What I've taken from that information is that this is serious," said Dr. Kathryn Shaw, an obstetrician at White Memorial Medical Center in Boyle Heights. "We're telling patients, the vaccine is not only safe, but you are high on the list of people who should receive it."

Yet a sizable portion of reproductive-age women in Los Angeles are not convinced of the value of any type of vaccine, said Dr. James Moran, chairman of obstetrics and gynecology at Saint John's Health Center in Santa Monica.

"I've already talked to many patients who say, 'Well, I've read stories that the baby will get autism if I get the vaccine,' " he said. "There is no scientific evidence this vaccine has anything to do with autism. . . . They don't realize influenza is an illness they could die from."

Mari Abrams, 34, is 28 weeks pregnant and works in a marketing department at a hospital. She has spent the last few weeks seeking advice from her doctor, friends and family and on the Internet about the vaccine and has gone from reluctant to convinced. "I'm going to be one of the first in line to get the vaccine," said the Porter Ranch woman. "At some point, I have to trust that this has been tested, and they're looking out for our well-being."

It may be harder to persuade pregnant women to take Tamiflu. Until this year, the drug was not recommended for pregnant women because its effects on the fetus are relatively unknown.

Not usually enthusiastic about recommending drugs for pregnant women, the CDC is nonetheless recommending that pregnant women who know they have been exposed to the flu, and those infected with the flu, begin taking Tamiflu as soon as possible. Preliminary studies suggest it's safe, the agency says.

National Poll On Children's Health

C.S. MOTT CHILDREN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH

Parents May Underestimate the Risks of H1N1 Flu for Their Children

National Poll on Children's Health, 24 September 2009, 8(1): 1-2
https://web.archive.org/web/20091122202030/http://www.med.umich.edu/mott/npch/pdf/092409report.pdf

Child Health Evaluation and Research Unit
University of Michigan
University of Michigan C.S. Mott Children's Hospital

C.S. Mott Children's Hospital
National Poll on Children's Health
Vol. 8 Issue 1 ■ September 24, 2009

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit

Parents May Underestimate the Risks of H1N1 Flu for Their Children

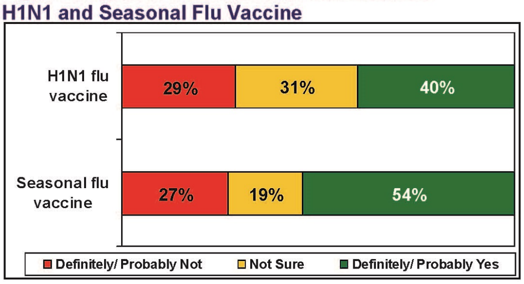
Cases of 2009 H1N1 influenza (previously called "swine flu") in the United States this year have shown that children appear to be more susceptible to the virus than older adults. As a result, the Centers for Disease Control and Prevention (CDC) identified children as a priority group for H1N1 influenza vaccination. H1N1 flu vaccine is expected to be available beginning in October, and 2 doses are recommended for young children up through age 10 years.

Recognizing the potential severity of H1N1 influenza for children, the C.S. Mott Children's Hospital National Poll on Children's Health surveyed a national sample of parents in August 2009, in order to measure their attitudes regarding H1N1 flu and intentions to vaccinate their children against H1N1 flu.

Plans for H1N1 Vaccination of Children

Despite national recommendations issued in July emphasizing the importance for kids of vaccination against H1N1 flu, only 40% of parents intend to have their children vaccinated. In contrast, more than one-half of parents plan to have their children get seasonal flu vaccine this year (Figure 1).

Figure 1. Parents' Plans to Have Children Get H1N1 and Seasonal Flu Vaccine



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2009

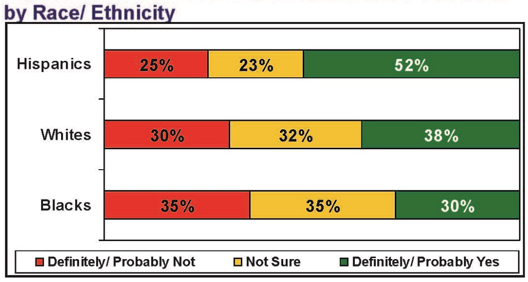
Parents of children with high-risk medical conditions (for example, asthma) are more likely to plan to have those children get H1N1 flu vaccine.

Report Highlights

- **Only 40% of parents plan to have their children get the H1N1 flu vaccine—much fewer than those who plan to have children get the seasonal flu vaccine.**
- **Hispanic parents are more likely than white or black parents to plan to have their children get the H1N1 flu vaccine.**
- **Nearly one-half of parents who don't plan to vaccinate their children are not worried about their kids getting the H1N1 flu.**
- **Only about one-third of parents believe that H1N1 flu will be worse for children than seasonal flu.**

When comparing racial/ethnic groups, more Hispanic parents plan to have their children get H1N1 influenza vaccine, compared with white or black parents (Figure 2).

Figure 2. Planned H1N1 Flu Vaccination for Children, by Race/ Ethnicity



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2009

Vol. 8 Issue 1 ■ September 24, 2009

Reasons for Parents' H1N1 Vaccine Plans

Parents who report that they definitely or probably will NOT have their children get H1N1 vaccine, or who are unsure, give these reasons:

- 56% Worried about side effects of the H1N1 vaccine
- 46% Not worried about children getting H1N1 flu
- 42% Can take medications to treat H1N1 flu
- 30% Too much hassle to get 2 doses
- 25% H1N1 vaccine won't be required or recommended for school / daycare
- 23% Worried that H1N1 vaccine will be too expensive
- 20% H1N1 is not a serious disease

In contrast, parents who *plan* to have their children get H1N1 vaccine endorse these reasons:

- 83% H1N1 is a serious disease
- 80% Worried about getting H1N1 flu
- 75% H1N1 vaccine is recommended for children
- 62% H1N1 vaccine will likely be required or recommended for school / daycare
- 55% Worried that medications will not be available or effective
- 40% H1N1 vaccine likely to be inexpensive

Parents Estimate the Risk of H1N1 Flu for Children

To measure how parents perceive the risk of H1N1 flu for children, the National Poll on Children's Health asked parents to compare H1N1 flu with seasonal flu.

Across several comparisons, about one-third of parents believe that H1N1 flu will be worse for children than seasonal flu (Table 1). About one-half believe the risks are the same for the two types of flu.

Table 1. How would you compare seasonal flu and the new H1N1 flu for each of the following?

	Seasonal flu will be worse	*Seasonal flu and H1N1 flu will be the same*	*H1N1 flu will be worse*
Number of children who catch it	24%	44%	32%
Number of children who get very sick and need to be hospitalized	14%	48%	38%
Number of missed school days because children are sick	20%	49%	31%

Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2009

Parents' perception of risk is closely tied to their plans to have children vaccinated against H1N1 flu. Parents who think H1N1 flu will be worse for children than seasonal flu are substantially more likely to plan to have their children vaccinated against H1N1.

Implications

When the 2009 H1N1 flu outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information about who was affected. That information, analyzed by CDC, supports the conclusion that 2009 H1N1 flu has caused greater disease burden for children than for older people. Unlike what is typically seen with seasonal flu, the rates of illness and hospitalizations related to H1N1 flu are higher for children than for other age groups.

The results from this National Poll on Children's Health indicate that parents may not fully appreciate the different risk of H1N1 flu for their children. In both their intentions to vaccinate children and their comparisons of H1N1 and seasonal flu, many parents do not feel that H1N1 is a significant health threat. Nearly one-half of parents who do not plan to vaccinate their children indicated that they were not worried about their children getting H1N1 disease; nearly 1 in 5 believed that H1N1 flu is not a serious disease.

Another notable finding is the remarkably high proportion of Hispanic parents who plan to vaccinate their children against H1N1 flu. This may reflect a higher perceived risk among Hispanics, given the well publicized outbreak of H1N1 flu in Mexico in early 2009.

With H1N1 flu now becoming more active across the country, it is important that parents seek information about the benefits and risks of H1N1 vaccination for their children, 6 months and older. Public health officials and health care providers must play a critical role in ensuring that parents understand the risks of H1N1 flu illness and H1N1 flu vaccination, and that children have adequate and timely access to vaccine.

Data Source

This report presents findings from a nationally representative household survey conducted exclusively by Knowledge Networks, Inc, for C.S. Mott Children's Hospital via a method used in many published studies. The survey was administered in August 2009 to a randomly selected, stratified group of parents aged 18 and older (n=1,678) from the Knowledge Networks standing panel that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 62% among panel members contacted to participate. The margin of sampling error is plus or minus 2 to 5 percentage points for the main analysis. For results based on subgroups, the margin of error is higher.

Child Health Evaluation and Research Unit
CHEAR
University of Michigan

C.S. Mott Children's Hospital
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www.med.umich.edu/mott/research/chearnpch.html

2

Cases of 2009 H1N1 influenza (previously called "swine flu") in the United States this year have shown that children appear to be more susceptible to the virus than older adults. As a result, the Centers for Disease Control and Prevention (CDC) identified children as a priority group for H1N1 influenza vaccination. H1N1 flu vaccine is expected to be available beginning in October, and 2 doses are recommended for young children up through age 10 years. Recognizing the potential severity of H1N1 influenza for children, the C.S. Mott Children's Hospital National Poll on Children's Health surveyed a national sample of parents in August 2009, in order to measure their attitudes regarding H1N1 flu and intentions to vaccinate their children against H1N1 flu.

Plans for H1N1 Vaccination of Children Despite national recommendations issued in July emphasizing the importance for kids of vaccination against H1N1 flu, *only 40% of parents intend to have their children vaccinated*. In contrast, more than one-half of parents plan to have their children get seasonal flu vaccine this year (Figure 1).

Novartis Vaccines and Diagnostics Limited BLA 1750
Influenza A (H1N1) 2009 Monovalent Vaccine

FDA, September 2009
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM182242.pdf

Novartis Vaccines and Diagnostics Limited BLA 1750
September 2009

Influenza A (H1N1) 2009 Monovalent Vaccine

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use Influenza A (H1N1) 2009 Monovalent Vaccine safely and effectively. See full prescribing information.

Influenza A (H1N1) 2009 Monovalent Vaccine
Manufactured by Novartis Vaccines and Diagnostics Ltd.
Suspension for Intramuscular Injection

8.1 Pregnancy
Pregnancy Category C: Animal reproduction studies ***have not been conducted*** with Influenza A (H1N1) 2009 Monovalent Vaccine or FLUVIRIN. It is also not known whether Influenza A (H1N1) 2009 Monovalent Vaccine or FLUVIRIN can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza A (H1N1) 2009 Monovalent Vaccine should be given to a pregnant woman only if clearly needed.

8.3 Nursing Mothers
It is not known whether FLUVIRIN or Influenza A (H1N1) 2009 Monovalent Vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Influenza A (H1N1) 2009 Monovalent Vaccine is administered to a nursing woman.

8.4 Pediatric Use
Safety and effectiveness in pediatric subjects below the age of 4 years have ***not been established***. [see ADVERSE REACTIONS (6) and CLINICAL STUDIES (14)]

8.5 Geriatric Use
Since 1997, of the total number of geriatric subjects (n = 397) in clinical studies of FLUVIRIN, 29% of adult subjects were 65 years and over, while 2.1% were 75 years and over.

Antibody responses were lower in the geriatric population than in younger subjects. Adverse events occurred less frequently in geriatric subjects (≥65 years) than in younger adults. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. [See ADVERSE REACTION (6) and CLINICAL STUDIES (14)].

8 USE IN SPECIFIC POPULATIONS

Novartis' Influenza A (H1N1) 2009 Monovalent Vaccine and seasonal trivalent Influenza Virus Vaccine (FLUVIRIN) are manufactured by the same process. Available information for FLUVIRIN is provided in this section.

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=>

THE FLU CASE

Novartis package inserts admit no data on whether swine flu jab harms pregnant women and children

The Flu Case, 17 November 2009, 11:18
https://web.archive.org/web/20100102051527/http://theflucase.com/index.php?option=com_content&view=article&id=1840%3Anovartis-package-inserts-admit-no-data-on-whether-swine-flu-jab-harms-pregnant-women-and-children&catid=1%3Alatest-news&Itemid=64&lang=en

Package inserts for Novartis's swine flu jab (below) show that the companies knows very well there is no clinical data on whether "Influenza A (H1N1) 2009 Monovalent Vaccine or FLUVIRIN can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity."

It is not clear why no clinical trials have been carried out on pregnant women to establish this data since they are a target group and have been for months.

One possibility is that Novartis knows that any clinical trials will reveal that the swine flu jab does cause especial harm to pregnant women and children.

By not conducting the trials, Novartis can imply they are safe when there is no such safety data.

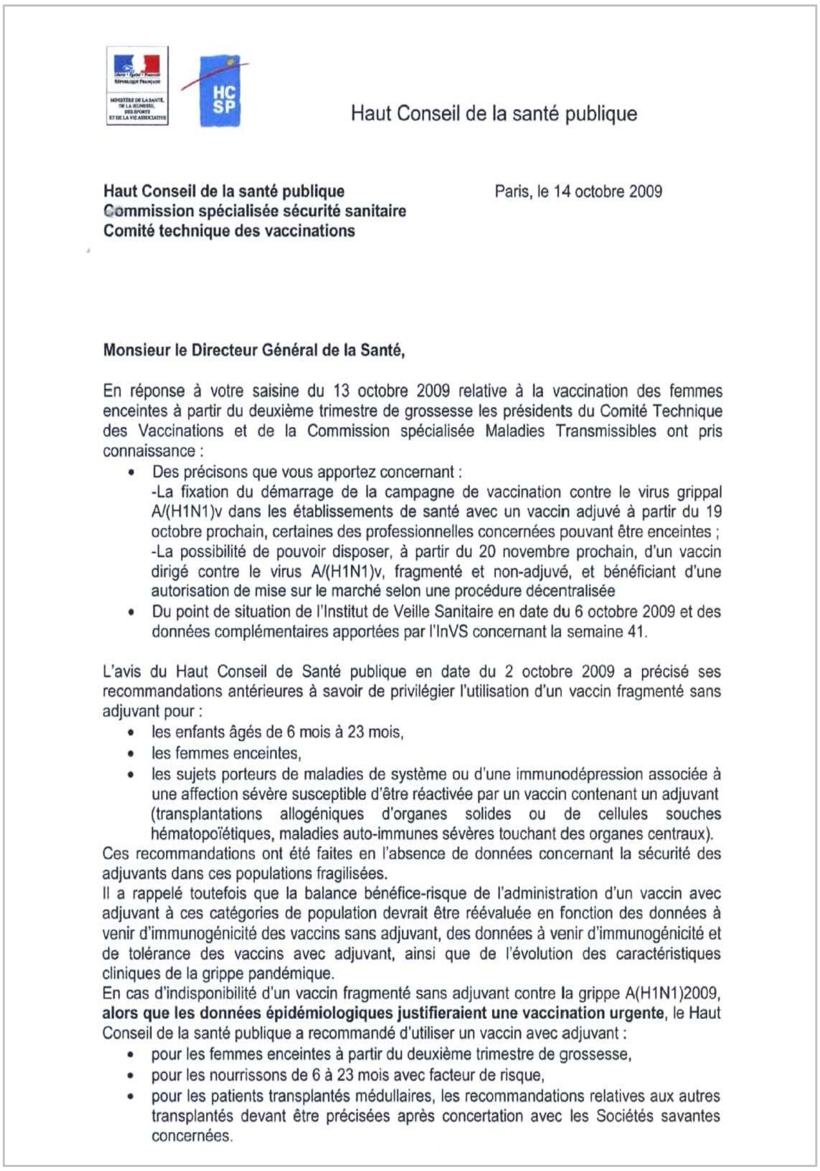
Ministère de la Santé et des Sports
Grippe A(H1N1) - la meilleure protection, c'est la vaccination.
Les gestes de chacun font la santé de tous.

Haut Conseil de la santé publique
Commission spécialisée sécurité sanitaire - Comité technique des vaccinations

Paris, le 14 octobre 2009
https://web.archive.org/web/20091026143900/http://www.sante-sports.gouv.fr/IMG//pdf/Ltre_DGS_reponse_saisine_091013-def.pdf

L'avis du Haut Conseil de Santé publique en date du 2 octobre 2009 a précisé ses recommandations antérieures à savoir *de privilégier l'utilisation d'un vaccin fragmenté sans adjuvant pour*:
• les enfants âgés de 6 mois à 23 mois,
• les femmes enceintes,
• les sujets porteurs de maladies de système ou d'une immunodépression associée à une affection sévère susceptible d'être réactivée par un vaccin contenant un adjuvant (transplantations allogéniques d'organes solides ou de cellules souches hématopoïétiques, maladies auto-immunes sévères touchant des organes centraux).

Ces recommandations ont été faites en l'absence de données concernant la sécurité des adjuvants dans ces populations fragilisées.



Haut Conseil de la santé publique

Haut Conseil de la santé publique
Commission spécialisée sécurité sanitaire
Comité technique des vaccinations

Paris, le 14 octobre 2009

Monsieur le Directeur Général de la Santé,

En réponse à votre saisine du 13 octobre 2009 relative à la vaccination des femmes enceintes à partir du deuxième trimestre de grossesse les présidents du Comité Technique des Vaccinations et de la Commission spécialisée Maladies Transmissibles ont pris connaissance :

- Des précisons que vous apportez concernant :
  -La fixation du démarrage de la campagne de vaccination contre le virus grippal A/(H1N1)v dans les établissements de santé avec un vaccin adjuvé à partir du 19 octobre prochain, certaines des professionnelles concernées pouvant être enceintes ;
  -La possibilité de pouvoir disposer, à partir du 20 novembre prochain, d'un vaccin dirigé contre le virus A/(H1N1)v, fragmenté et non-adjuvé, et bénéficiant d'une autorisation de mise sur le marché selon une procédure décentralisée
- Du point de situation de l'Institut de Veille Sanitaire en date du 6 octobre 2009 et des données complémentaires apportées par l'InVS concernant la semaine 41.

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- les femmes enceintes,
- les sujets porteurs de maladies de système ou d'une immunodépression associée à une affection sévère susceptible d'être réactivée par un vaccin contenant un adjuvant (transplantations allogéniques d'organes solides ou de cellules souches hématopoïétiques, maladies auto-immunes sévères touchant des organes centraux).

Ces recommandations ont été faites en l'absence de données concernant la sécurité des adjuvants dans ces populations fragilisées.
Il a rappelé toutefois que la balance bénéfice-risque de l'administration d'un vaccin avec adjuvant à ces catégories de population devrait être réévaluée en fonction des données à venir d'immunogénicité des vaccins sans adjuvant, des données à venir d'immunogénicité et de tolérance des vaccins avec adjuvant, ainsi que de l'évolution des caractéristiques cliniques de la grippe pandémique.
En cas d'indisponibilité d'un vaccin fragmenté sans adjuvant contre la grippe A(H1N1)2009, **alors que les données épidémiologiques justifieraient une vaccination urgente**, le Haut Conseil de la santé publique a recommandé d'utiliser un vaccin avec adjuvant :

- pour les femmes enceintes à partir du deuxième trimestre de grossesse,
- pour les nourrissons de 6 à 23 mois avec facteur de risque,
- pour les patients transplantés médullaires, les recommandations relatives aux autres transplantés devant être précisées après concertation avec les Sociétés savantes concernées.

L'INVS constate actuellement « que l'incidence des consultations pour grippe clinique estimée par le réseau Sentinelles reste stable » bien que toujours au-dessus du seuil épidémique. « La proportion d'infections respiratoires aiguës (IRA) parmi les actes médicaux en médecine de ville est aussi stable selon le réseau des Grog. Les réseaux SOS Médecins et Oscour indiquent une baisse de l'activité grippale pour la deuxième semaine consécutive. Le nombre de cas graves liés au virus A(H1N1)2009 survenu cette semaine reste stable par rapport à celui des semaines précédentes. Le taux de prélèvement positifs pour le virus A(H1N1) 2009 réalisés par le réseau des Grog reste faible ».
Selon cette analyse « le virus A (H1N1) 2009 continue à circuler. Le recours aux soins en médecine de ville pour grippe clinique et infections respiratoires aiguës est stable. La part du virus A(H1N1) 2009 dans ce recours aux soins reste faible. »
La situation en semaine 41 est très proche de celle observée en semaine 40, sans augmentation notable de l'activité de soins liée à la grippe H1N1.
A l'analyse de ces données il apparaît que la situation épidémiologique actuelle ne justifie pas une vaccination urgente. En conformité avec l'avis du 2 octobre 2009, les conditions qui pourraient conduire à l'utilisation d'un vaccin adjuvé chez les femmes enceintes à partir du deuxième trimestre ne sont donc pas réunies. Toutefois, certains cas particuliers liés à des facteurs de risque de complication de la grippe ou à une forte exposition au virus A(H1N1)2009 méritent d'être pris en considération.

Si les conditions épidémiologiques actuelles se maintiennent, la vaccination des femmes enceintes à partir du deuxième trimestre de grossesse pourrait débuter avec la mise à disposition de vaccin fragmenté non adjuvé dûment enregistré par les agences compétentes. Cette position pourra être reconsidérée si l'Institut de Veille Sanitaire enregistrait des signaux indiquant une accélération rapide de la circulation du virus A(H1N1)2009 ou si un retard à la mise à disposition du vaccin fragmenté non adjuvé était annoncé.

Le Comité technique des vaccinations se réunira le jeudi 15 octobre 2009. Outre les précisions sur la vaccination des transplantés et immunodéprimés, il examinera la problématique particulière des femmes enceintes professionnelles de santé et des femmes enceintes avec facteurs de risque. L'avis du Comité technique des vaccinations sera soumis à la validation de la Commission spécialisée Maladies Transmissibles le vendredi 23 octobre 2009.

Nous vous prions de croire, Monsieur le Directeur Général de la santé en l'assurance de notre haute considération,

Professeur Daniel Floret Président du Comité technique des vaccinations	Professeur Christian Perronne Président de la Commission spécialisée Maladies Transmissibles

14, avenue Duquesne – 75350 PARIS 07 SP

French government letter generates confusion about whether pregnant women and small children will get adjuvants

The Flu Case, 21 October 2009

https://web.archive.org/web/20091026143900/http://www.theflucase.com/index.php?option=com_content&view=article&id=1266:french-government-letter-generates-confusion-about-whether-pregnant-women-and-small-children-will-get-adjuvants&catid=1:latest-news&Itemid=64&lang=en

The French government body charged with formulating vaccine policy, the Haut Conseil de Sante, changed its recommendation on October 2nd and said that pregnant women and small children should get a "swine flu" jab without adjuvants – but only if there is such a vaccine available. If there is no vaccine without adjuvants available – and French government officals have been claiming this is the case – pregnant women and small children should still get the "jab" with adjuvants, says a letter posted on the French Health Ministry website.

honoluluadvertiser.com

Will Hoover

School flu inoculation begins
More than 68,000 kids expected to get shots or nasal mist

Honolulu Adveriser, 14 October 2009
https://web.archive.org/web/20091018090822/http://www.honoluluadvertiser.com/article/20091014/NEWS15/910140325/School+flu+inoculation+begins

Not counting last-minute stragglers bearing late par-ental consent forms, 396 Kalihi Kai Elementary students went under the seasonal flu needle yesterday morning, along with 126 kids who took the vaccine in mist form via nasal spray.

There were few, if any, tears. Kids such as fourth-grader Marc Nunez, 9 – who expressed apprehension about getting his shot beforehand – calmly stroll-ed away afterward saying it didn't hurt much. His secret: "Just look away when they do it," he said.

The occasion was the kickoff of "Protect Hawai'i's Keiki: Stop Flu at School," a program that is expected to inoculate more than 68,000 elementary and middle school students in 334 public, private and charter schools in Hawai'i through Dec. 3.

The school vaccination clinics are being provided by the state Department of Health in collaboration with numerous public and private schools, as well as health care providers and community partner groups.

In the midst of that vaccination effort, the DOH is getting ready to launch a second elementary and middle school program next month to vaccinate students for H1N1, otherwise known as swine flu.

"Other states haven't done something like this," said Gov. Linda Lingle, referring to the fact that two years ago, Hawai'i became the first state to offer free flu vaccine to elementary and middle school students statewide.

"That's why we're so well positioned for the H1NI (swine flu)" vaccination campaign, Lingle said.

The governor was at the school in part to remind students that their parents would soon be receiving another consent form – this one for the H1N1 vaccination program. Lingle encouraged students and parents to read the forms and, if they are comfortable with it, to sign it and mail it back.

Lingle also reminded the students that it's important to be vaccinated for both the seasonal and H1N1 flu strains.

Eventually, she said, the Department of Health and the Hawai'i National Guard would be administering swine flu vaccine to the general public statewide.

"It's not just going to be children, or course," Lingle said. "It will be everybody."

Dr. Sarah Park, state epidemiologist, said the percentage of student participation has increased with each school vaccination clinic program.

"Based on our consent reviews, there definitely seems to be an increased interest among the kids," Park said. "And among the adults as well, actually. Because we also offer vaccinations to the school staff and faculty."

Last year, the total came to 62,000 students and 9,500 staff and teachers.

"I can tell you that in past years we have vaccinated about 43 percent of the kids in Hawai'i ages 5 to 15. And it looks like we will definitely surpass that this year."

Janice Okubo, spokeswoman for the state Department of Health, said one reason the percentage for the free vaccination program isn't higher is because a substantial percentage of parents have their children vaccinated before the beginning of the school year.

"Some parents prefer to take their kids to a private physician," Okubo said. "We would certainly like to break the 50 percent mark, and we're hoping that's going to happen this year."

The student H1N1 vaccination campaign should run through January, Okubo said. The DOH hopes to vaccinate as many students in the swine flu campaign as it will in the seasonal flu program, she said.

TBO.com Tampa Bay Online

Sherri Ackerman

Health department nurses will vaccinate middle and high school students during school hours next week

The Tampa Tribune, 19 October 2009

https://web.archive.org/web/20091022134437/http://www2.tbo.com/content/2009/oct/19/hillsborough-schools-start-swine-flu-vaccinations-/#comments

TAMPA - The first swine flu vaccinations in Hillsborough County schools are scheduled for Tuesday and students at exceptional centers are first in line.

It's a day later than organizers originally announced, but officials needed more time, said health department spokesman Steve Huard.

"We wanted to make sure we had enough time for permission slips to go out and be signed, and to make sure we had enough of the vaccine," he said.

Students at Caminiti and LaVoy exceptional centers were scheduled to start receiving the H1N1 vaccine around 8:30 a.m., school officials said. Willis Peters and Eisenhower exceptional centers will follow.

Lopez exceptional center and D.W. Waters and Simmons career centers are scheduled for vaccinations on Wednesday and, if necessary, Thursday.

Next week, beginning Monday, Oct. 26, health department nurses will vaccinate middle and high school students during school hours. Students at charter and virtual schools, and those being home-schooled and enrolled in adult education can also get vaccinated.

Schools scheduled next week include Freedom, Newsome, Steinbrenner and East Bay high schools and Liberty, Randall, Martinez and Eisenhower middle schools.

On Tuesday and Wednesday. Oct. 27 and 28, elementary students accompanied by their parents or guardians can get vaccinated from 3:30 p.m. to 7 p.m. at Leto, Jefferson and Armwood high schools, and at Bowers-Whitley Career Center.

All minor and exceptional education students must have a signed permission slip in order to receive the vaccine. Elementary students must be accompanied by a parent or guardian.

Schools Superintendent MaryEllen Elia and health department Director Doug Holt said last week that vaccination schedules are subject to change depending on availability of the vaccine and demand.

For more information, visit the school district Web site at www.sdhc.k-12.fl.us/ and click on "H1N1 (Swine Flu)."

Belfast Telegraph

Lisa Smyth

Boy rushed to hospital after swine flu jab

Belfast Telegraph, 27 October 2009, 16:39
https://www.belfasttelegraph.co.uk/news/health/boy-rushed-to-hospital-after-swine-flu-jab/28500833.html

The safety of Northern Ireland’s swine flu vaccination programme was called into question today by the parent of a young special needs pupil who ended up in hospital just hours after getting the jab.

Anne Marie Fletcher said she feared her 15-year-old son Rhys was going to die as she rushed him to hospital less than 24 hours after receiving the swine flu vaccine.

The teenager fell seriously ill after receiving the injection, along with thousands of other pupils across Northern Ireland last Friday. He was later diagnosed with swine flu.

"My husband drove us to Antrim (Area Hospital) and I sat in the back with Rhys,” she told the Belfast Telegraph. By this stage he was going into spasms. He couldn’t bend his fingers. I was absolutely terrified. He was rambling and becoming incoherent. I honestly thought he was going to die in the back of the car. He kept saying he wanted to sleep but I wouldn’t dare let him close his eyes because I was frightened that if I did he would never wake up.”

The Public Health Agency, the organisation tasked with managing Northern Ireland’s response to the swine flu pandemic, has stated clearly that anyone suffering from flu-like symptoms should remain at home and contact their GP by telephone.

The experience of the Fletcher family from Carrickfergus calls into question whether Government protocols regarding the handling of swine flu are being followed. It is the latest episode to shake public confidence after the family of a Londonderry teenager who died with the virus was not informed she had it until after her funeral.

Some 2,500 children in over 20 special schools for severe learning disability across Northern Ireland were offered the vaccine last week after four pupils died with the virus this month.

The Fletcher family’s ordeal began on Friday, several hours after 15-year-old Rhys received the swine flu vaccine at Hillcroft Special School in Newtownabbey.

"I was concerned about Rhys having the vaccination but after what I heard about the four children with special needs dying after contracting swine flu I thought it was better to be safe than sorry,” Mrs Fletcher said. "I took him into school on Friday and he had his injection. A few hours later he started complaining of having a sore arm. He also had a temperature and he was starting to cough. During the night he started to complain that he felt sick. He was up and down most of the night retching.”

Mrs Fletcher contacted the out-of-hours GP service and was told to bring Rhys to Whiteabbey Hospital. She expressed concerns about bringing him to a hospital in light of his symptoms.

"He was in a lot of discomfort and a lot of pain. He was surrounded by people and they were objecting about him being in the waiting area. When we were eventually seen we were told he had to be referred to Antrim Area Hospital.

"My husband drove us to Antrim and I sat in the back with Rhys. By this stage he was going into spasms. He couldn't bend his fingers, I was absolutely terrified. He was rambling and becoming incoherent. I honestly thought he was going to die in the back of the car. He kept saying he wanted to sleep but I wouldn't dare let him close his eyes because I was frightened that if I did he would never wake up."

Following treatment at Antrim Area Hospital the teenager's condition improved enough for him to be discharged, but several hours after returning home the family received a telephone call from the Public Health Agency.

"They mentioned that Rhys may have swine flu when he was in Antrim Hospital but then they said he didn't have it and he was probably suffering from a reaction from the injection, although they said they couldn't be sure," continued Mrs Fletcher. "We took Rhys home and just before 11pm we got a call from a doctor with the Public Health Agency who wanted to discuss Rhys' symptoms. They phoned again about 11.10pm and asked me to bring Rhys to Dalriada (out of hours GP) to be tested for swine flu, but I told them I wasn't taking him anywhere at that time of night.

"They phoned back later and said there was no urgency and we could bring in the morning, but I refused. I told them I thought people with suspected swine flu shouldn't be taken to hospital and they said it was OK because they could see him in a private room. I was disgusted at this point and said I wouldn't bring Rhys to hospital, so eventually a district nurse came out on Sunday to take some swabs. We got a phone call later on to say he had swine flu."

Mrs Fletcher said she was horrified at the treatment her son has received and that she has serious concerns that countless other people have been exposed to the virus as a result. "Rhys is still very listless and I'm worried he could become badly affected by the swine flu. He is on Tamiflu now but I'm also worried he could suffer side-effects from that as well."

The Department of Health said it could not comment on operational matters, while the Public Health Agency did not provide a response.

A spokesman from the Northern Health Trust said: "We appreciate that this issue was brought to our attention. We cannot discuss individual cases but there is an agreed protocol for dealing with cases such as this. A number of agencies were involved and clearly the protocol was not followed as it should have been. We appreciate the concerns that this will have caused and we will examine the circumstances with our partner organisations to make sure this does not happen again."

Meanwhile, the Health Minister has announced that the swine flu vaccination is to be offered to staff who provide personal care for pupils at special schools here.

The vaccination programme for children with complex special needs was carried out last week.

"The staff who provide personal care to the vulnerable children within special schools for severe learning disability are doing similar work as frontline health and social care workers. Therefore I believe that this move will further protect this vulnerable group of children and young people. I have asked the Public Health Agency to make arrangements to offer vaccine to this group of staff as quickly as possible," Michael McGimpsey said.

Ohio boy given H1N1 Vaccine against mom's wishes

Fox News, Associated Press, 30 October 2009, 10:20 am EDT
https://www.foxnews.com/story/ohio-boy-given-h1n1-vaccine-against-moms-wishes

Oregon, Ohio – A furious Ohio mother says her 7-year-old son, who has had problems with medications, was vaccinated for swine flu at school against her wishes.

Kim Lutheran works as a nurse and says her son, Matthew, has had bad reactions to medicine. So, she says she signed for "no consent" on a vaccination form and then circled her intentions with a black marker to make things clear to the boy's public school in the Toledo suburb of Oregon.

Lutheran says she learned Matthew still received a shot on Monday. She says the local health department must be held accountable.

Deputy Health Commissioner Larry Vasko says his agency has responded by changing the consent forms, telling parents not to sign or return them if they do not want their children vaccinated.

Lutheran told the Toledo Blade that her son was sent back to his classroom after handing in his no consent form, only to sent back to the nurse's office a short time later where he was given the H1N1 Vaccine.

"He got sent back again by himself into strange room with these strange people," she told the newspaper. "Supposedly three people looked at this piece of paper before he went to the R.N. who gave him the immunization. ... He's 7. He didn't know."

Matthew did not have a reaction to the vaccine.

PreventDISEASE.com
Aiming Towards Better Health

Reports of H1N1 Vaccine Causing Miscarriages

Prevent Disease, 7 November 2009
https://web.archive.org/web/20091112143056/http://preventdisease.com/news/09/110709_H1N1_vaccine_miscarriage_reports.shtml

Krissi Danielsson reporting from About.com quotes an article from the Minneapolis Star Tribune which showed how some pregnant women are skeptical of the new H1N1 vaccine. Several women blogging at the end of the article had experienced miscarriages with the H1N1 vaccine.

Pregnant women are considered one of the "high risk" groups, but many women are less than thrilled about the idea of getting the shot, reporting concerns about the safety of the vaccine and possible effects for the unborn baby.

I can definitely see where they are coming from, being someone who was concerned about safety of pretty much everything when I was pregnant. And there's not much research on the safety of any type of flu vaccine during the first trimester, much less thimerosal exposure in the first trimester, although the CDC says that flu vaccination is advisable in any trimester during a pandemic. As with most cases, all you can really do is weigh the risks and benefits of both courses of action and discuss your concerns with your doctor - then make an informed choice on how to proceed.

What are your thoughts? Do you plan to get the H1N1 flu vaccine, especially if you are currently pregnant or hope to become pregnant in the near future?

Comments (from readers)

October 9, 2009 at 2:41 pm - (1) Jo says: I got the flu vaccine (regular not H1N1) at 8 weeks pregnant. Three days later I miscarried. I am not going to get the H1N1.

October 26, 2009 at 11:07 am - (2) Regrets says: I got both vaccines on Thursday. I was 9 weeks pregnant. I miscarried on Sunday. I was told by several doctors to get these vaccines. Now I wish I followed my gut feeling and not get them at ALL!

October 29, 2009 at 8:33 am- (3) says: i work in a hospital like setting and was told 'the benefits outweigh the risks" 1am i got the vaccine, 3am i started bleeding and craming, 3pm miscarried. you decide

October 31, 2009 at 1:29 pm - (4) sue says: I had the H1N1 vaccination and 24 hours later had a miscarriage.

October 31, 2009 at 8:25 pm - (5) Linda Hill says: My daughter in law was 10 weeks pregnant and had the H1N1 vaccine on Friday that night she miscarried.

November 1, 2009 at 9:58 pm - (6) Stephanie says: I received the H1N1 over a week ago. I am now 5 weeks. I am doing well so far.

November 2, 2009 at 10:52 pm - (7) SoSorry says: I was so ready to get the H1N1 vaccine last week and they were only giving them to pregnant women. I was 6 weeks along and got it and the next day I started cramping and miscarried. I already had two healthy pregnancies and never miscarried or had any problems. My doctors think I am crazy to think it was the H1N1 but if no one looks into this than other women will not know. I am so sorry that I got it.

November 3, 2009 at 4:30 pm - (8) Connie says: I also received the H1N1 vaccination on October 22nd, 2009 and went into labor on October 25th, at 16 weeks pregnant and we just heard the heartbeat and everything was fine with my pregnancy on October 16th, 2009, then on October 28th my water broke then on October 29th, I delivered a stillborn baby boy, and no one can tell me why… Everyone wants to say it did not come from the shot but I believe it did. My baby was growing at the correct pace and everyone wants to brush off the vaccination. I say if you have the vaccination and suffer a miscarriage if they are able to perform an autopsy have it done.

November 3, 2009 at 4:34 pm - (9) Connie says: I also agree something needs to be done and looked more into with this vaccination because most women are being advised it's just something that happens, but I also had two healthy children normal pregnancies and when I received this vaccination with my third pregnancy, my baby is gone. Contact me at connie.adams@rocketmail.com

November 4, 2009 at 10:12 pm - (10) sioux falls, south dakota says: I received the H1N1 vaccine on October 16th and started experiencing cramping on the 22nd. I was nearly 17 weeks pregnant and gave birth to a stillborn baby boy on the 23rd. Like many of the other women here, the first thing I suspected was the H1N1 vaccine.

I immediately asked a nurse at the hospital if that would have anything to do with it. Without hesitation, she told me "absolutely not."

I had reservations about getting the vaccine, but followed the advice of my long trusted family doctor.

In a follow up appointment with my doctor 3 days after I lost my baby, I asked him if the vaccine would have had any adverse effects on my baby. He also said that it was not possible.

I don't believe that my doctor was necessarily lying to me, he was simply following the accepted practices and opinions of his field. I do, however, believe that as a nation, we are being lied to.

This vaccine is NOT safe during pregnancy. There has not been enough testing done to determine this and there are far too many "coincidences" for this to be anything but a result of a vaccine that was hastily pushed into production and distribution in an effort to stop widespread panic.

I have read so many stories in defense of the vaccine that will talk about how common miscarriages are, but I would challenge you to ask ANY health care professional how common second trimester miscarriages are.

My baby was doing perfect developmentally and I had felt him move earlier that day. My heart goes out to all of you out there who have had to go through the same heartache and loss that I have had in the last couple of weeks. There is no reason that any woman or family should have to go through this. Get the word out to all of the pregnant women that you know.

I know that if I had heard that women had been losing their babies shortly after they received the vaccine, I would have followed my gut and not gotten it myself. Maybe then Wyatt would have had a chance at life.

November 5, 2009 at 11:51 am - (11) sue field says: If you read the novatis or baxter pkg insert available on the web you will find that 1. there is not sufficient testing on pregnant women so they dont know how safe it is….its not recommended for children under 2 is not a fetus a child under 2? there is no conclusion on safety with breastfeeding … Md's just want to scare the hell out of you for the 1% that can get very sick... If folks would just wash hands frequently, stay away from sick contacts as much as possible and take supplements and live a healthy way…you likely can avoid the flu altogether… SOOOOO Sorry for your losses … my heart breaks for you all.

The following H1N1 swine flu vaccine miscarriage horror stories are from a June 2010 birth club:

EBWashington: - I am so upset. I was so excited to be pregnant after trying for a year. As soon as I found out I was pregnant, I joined this birth club and I was due June 25th. We have two healthy boys with no history of miscarriage. Everything was going great. Last Monday, I got the H1N1 vaccine thimerosal reduced (mercury reduced for pregnant women). On Tuesday morning, I started cramping and on Wednesday I started bleeding heavily. My hcg was 50 on Wednesday and I was

almost 6 weeks along so it was low. They still thought that I might be pregnant but on Friday my hcg was down to 22. I am an emotional wreck. I feel like I had a healthy baby and I caused this by getting the H1N1 vaccine. My doctors pushed it. I researched online and there have been many miscarriages after the H1N1 vaccine but they haven't been reported since it is hard to say what caused the miscarriages. I hope that I did not cause this. I wish everyone the best.

Tayla08 **-** I don't have an answer for you, but a friend of a friend just had a miscarriage 2-3 days after getting the shot. She was 7weeks. She had no previous history of m/c… No one can answer if they're related…it hasn't been out long enough and there haven't been any studies done on pregnant women. I will tell you, that it has made up my mind on getting it…I won't and I'm not going to get it for my DD either. My daughter and I both had H1N1 last week, and although it truly sucks…I think I'll take my chances. One doctor will tell you to get it and the next will tell you not too…you have to do what's in your heart.

90707 **-** my heart goes out to you as i recently miscarried as well and was due in june. i had a healthy heart beat at 6wks. then at 7.5 wks my son got the h1n1 mist vaccine which has live vaccine in it. the nurse said to be careful b/c it could technically spread if he rubbed his nose and touched a surface etc. the next night i miscarried and 5 days later was diagnosed with h1n1. i work from home, kids are home, hadnt been anywhere during that time. so the chances that it is all related are very high. the flu mist vaccine warns for immunocompromised patients (which includes prego) to stay away from recipients of the flu mist for 21 days.

THE FLU CASE

Swedish boy, aged 4, close to death from "swine flu" vaccine

The Flu Case, 9 November 2009, 12:22
https://web.archive.org/web/20100102020000/http://theflucase.com/index.php?option=com_content&view=article&id=1711%3Aswedish-boy-aged-4-close-to-death-from-qswine-fluq-vaccine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The almost complete cover up in Sweden regarding deaths and other severe "side effects" from the poisinous Pandemrix "swine flu" vaccine is frightening. A few stories are getting out in spite of this, like the story of Kevin, aged 4 living in Stockholm with his mom Mia who is pregnant in her third trimester.

"- I was sure he was dead" she says in an article published at first only in the printed version of the news paper Aftonbladet and later added to their site after being "reminded" by readers to do so.

Kevin sat with his father in a café when he suddenly started to shake uncontrollably. His little body arched backwards in convulsions and his eyes rolled backwards exposing only white. His mom was not far away and someone quickly fetched her saying "Mia come quickly, Kevin is really bad".

When she arrived to Kevin, a ring of people surrounded him as he was lying flat on the ground. "- His lips were completely white. I have never seen a person that white in my life. I took him in my arms and he was completely limp. My only thought was, 'He is dead, He is no longer alive' ", says his mom.

Kevin did no longer breathe. Two nurses happened to be there and they instructed Mia how to give CPR immediately. Mia started to do that while she at the same time felt she was starting to go into labor. She gave her son air as others called for an ambulance. "I lost the sense of time. But after a while his lips got their color back. He opened his eyes."

During the ride to the hospital, Kevin only expressed one fear: "Mommy, I don't want to have another shot…"

Doctors who cared for him at his arrival at the Hospital agreed that the only explanation to this was that he two days earlier got the poisonous Pandemrix "swine flu" vaccine. They also said "- He is the second one today, this is in no way unique."

The news paper contacted The Medical Products Agency in Sweden and spoke with Professor Jan Liliemark who claimed he had never heard of similar cases. "- Children can come in to states of Coma from a variety of reasons. It could be connected to the vaccination but there could also be other reasons."

Kevin's parents chose to speak about their ordeal so that other parents would be better informed than they were. They never heard that things like this could happen after a vaccination.

Mia says "- What if this would have happened at home while playing alone in his room while I was cleaning downstairs?"

THE FLU CASE

Child paralysed by Flu Mist in the US

The Flu Case, 9 November 2009, 06:59
https://web.archive.org/web/20100102013421/http://theflucase.com/index.php?option=com_content&view=article&id=1706%3Achild-paralysed-by-flu-mist-in-the-us&catid=1%3Alatest-news&Itemid=64&lang=en

"Our granddaughter, Jordyn, (Bobbi and Jeff's daughter) received the nasal spray vaccine for H1N1 on Tuesday of this week and within a half an hour started feeling bad. She developed a fever of 103 and continued for most of Wednesday with it. She seemed better yesterday (Thursday), but was still not herself. She woke up this morning and could not walk (her legs were paralyzed). Bobbi and Jeff have taken her to Sparrow Hospital in Lansing and we are waiting word. We think she has Guillain Barre and, if so, the, paralysis can spread to her other limbs and her face. We are requesting prayer from you and as many believers as you have contact with."

AFTONBLADET

Hälften sjuka efter vaccin

Aftonbladet, 12 November 2009
http://www.aftonbladet.se/nyheter/article6108431.ab

233 elever vaccinerades i måndags. Dagen efter sjukskrev sig 130 elever på en skola i Karlshamn. Många uppgav att de känt sig febriga eller fått värk i kroppen när de hade tagit sprutan, skriver Blekinge Läns Tidning.

Först blev Richard Eitrem, smittskyddsläkare i Blekinge, bestört när han fick höra hur många som blivit sjuka. Han jämförde med när man vaccinerade personalen på infektionskliniken – då blev inte en enda människa sjuk. Men när han hade tagit kontakt med skolans rektor lugnade han ner sig. Alla som sjukskrev sig efter sprutan var tillbaka i skolan dagen därpå.

Enligt Eitrem går det också redan svininfluensa på skolan och därför var sjukskrivningarna fler än vanligt.

Osaklig information

I utsatta förorter till storstäderna vaccineras betydligt färre skolbarn mot svininfluensa än i andra områden. I norra Botkyrka söder om Stockholm och Rosengård i Malmö har bara mellan 20 och 30 procent av föräldrarna sagt ja till att låta vaccinera sin barn. I södra Botkyrka har 70 procent av föräldrarna sagt ja. Det framgår av siffror från skolhälsovården, uppger Ekot.

Enligt Ingrid Scotte, skolsköterska i Rosengård, beror tveksamheten till vaccinet på osaklig information om biverkningar.

THE FLU CASE

Johan Niklasson

Half of school children sick from "swine flu" shot

The Flu Case, 12 November 2009.
https://web.archive.org/web/20100102004722/http://theflucase.com/index.php?option=com_content&view=article&id=1753%3Ahalf-of-school-children-sick-from-qswine-fluq-shot&catid=1%3Alatest-news&Itemid=64&lang=en

In a school in Sweden where the students was mass vaccinated with the poisonous Pandemrix "swine flu", half of them called in sick the day after the vaccination.

Out of 233 students, 130 reported sick the day after the shot and did not show up for school. The doctor administering the shot, Richard Eitrem, was shocked and called the headmaster of the school to find out what the status was of his patients. Many of the students went back to school the second day and this "calmed him down".

The seasonal flu is also making several students ill and according to Aftonbladet, that contributed to the high number of students calling in sick.

The article then states that only 20% to 30 % of the parents in several areas surrounding the capital Stockholm agreed to have their children vaccinated with the poisonous Pandemrix vaccine. According to a school nurse, Ingrid Scotte, that is due to hesitations towards the vaccine based on "irrelevant" information concerning side effects.

Jo Nel Aleccia

Va. teen suffers rare illness after swine flu shot
Boy diagnosed with Guillain-Barre syndrome, but CDC says no clear link

MSNBC, 12 November 2009**,** 12:57 p.m. ET
https://web.archive.org/web/20091115143459/http://www.msnbc.msn.com/id/33845867/ns/health-cold_and_flu

A 14-year-old Virginia boy is weak and struggling to walk after coming down with a reported case of Guillain-Barre syndrome within hours after receiving the H1N1 vaccine for swine flu.

Jordan McFarland, a high school athlete from Alexandria, Va., left Inova Fairfax Hospital for Children Tuesday night in a wheelchair nearly a week after developing severe headaches, muscle spasms and weakness in his legs following a swine flu shot. He will likely need the assistance of a walker for four to six weeks, plus extensive physical therapy. "The doctor said I'll recover fully, but it's going to take some time," the teenager said.

Jordan is among the first people in the nation to report developing the potentially life-threatening muscle disorder after receiving the H1N1 vaccine this fall. His alarming reaction was submitted via msnbc.com's reader reporting tool, First Person, by his stepmother, Arlene Connin.



Jordan McFarland, 14, was hospitalized for five days
after coming down with Guillain-Barre syndrome hours after receiving a vaccination for H1N1
Brendan Smialowski / for msnbc.com

Increased cases of GBS were found in patients who received a 1976 swine flu vaccine, but government health officials say they've seen no rise in the condition associated with the current outbreak.

So far, the federal Centers for Disease Control and Prevention have received five reports of GBS in people who received the H1N1 vaccine since Oct. 6, not including Jordan's case, said Dr. Claudia J. Vellozzi, deputy director for immunization safety.

Out of about 40 million doses of H1N1 vaccine available to date, that's a far lower rate of GBS than the 1 case that develops in every 1 million people who receive the regular flu vaccine. "It's much less than we'd expect," she said, adding that many cases go unreported.

In 1976, about 1 additional case of GBS developed in every 100,000 people who were vaccinated against the swine flu, according to the CDC.

Jordan's parents said doctors diagnosed the teen with GBS, a rare muscle disorder that develops when a person's own immune system attacks the nerves, causing muscle weakness, difficulty walking and sometimes paralysis and death.

Hospital officials didn't dispute that the boy had GBS, but refused to comment on the boy's condition or treatment, even after his family granted permission. "They don't want to create a fear or panic in the community," said Jordan's stepmother, Connin. Connin and Jordan's father, Calvin McFarland, both 38, believe the shot sparked the illness that came on 18 hours after the boy's vaccination.

No clear link

But Vellozzi said there's no clear link between the new vaccine and the disease. "We know that GBS and other illnesses occur routinely in the U.S.," Vellozzi said, noting that 80 to 120 cases are diagnosed each week in the general population. "There are events that follow vaccination. That's what they are, they happened to follow vaccination.

GBS is among the most severe adverse events being tracked with updated systems developed by the CDC, the Food and Drug Administration and the American Academy of Neurology in order to monitor the rollout of the H1N1 flu vaccine.

So far, CDC officials have received about 1,700 reports of adverse events linked to the new shot, Vellozzi said. Of those, only about 4 percent, or 68, were coded as serious. That's on par with reports regarding seasonal vaccine.

While any harmful side effect can be devastating for an individual, when it comes to larger public health issues, the H1N1 virus is considerably riskier than the vaccine, experts say.

"The H1N1 illness is making lots of children very ill," Vellozzi said. "There's lots of illness and lots of death." So far, more than 4,000 people have died from H1N1 infection in the U.S., according to latest estimates by the CDC. Since the start of the H1N1 vaccine campaign, the CDC has repeatedly warned that certain conditions, such as miscarriage, heart attack and even GBS occur regardless of immunization, and officials have urged the public not to blame the vaccine for the illnesses, but to report promptly any suspected side effects.

As of early Wednesday, CDC officials said they had received no report from Inova Fairfax about Jordan's condition. Later in the day, however, hospital spokesman Tony Raker indicated the hospital had submitted the report.

After hearing about Jordan's case from msnbc.com, CDC officials advised the family to report Jordan's case themselves.

Vaccine critic Barbara Lowe Fisher, president of the National Vaccine Information Center in Vienna, Va., said assuming all potential side effects are coincidence is a mistake. Such an attitude is likely to prevent doctors and other health workers from reporting adverse events in a timely manner, obscuring a true picture of any problems.

Mike Adams

Virginia teen athlete in wheel chair after H1N1 vaccine shot

Natural News, 12 November 2010
https://www.naturalnews.com/027473_Guillain-Barre_Syndrome_swine_flu_vaccine.html

A teenage Virginia athlete is in a wheel chair now after suffering Guillain-Barre Syndrome within hours after receiving an H1N1 swine flu vaccine shot. 14-year-old Jordan McFarland developed severe headaches, muscle spasms and weakness in his legs after being injected. He will need "extensive physical therapy" to recovery, reports MSNBC. Plus, he'll need the help of a walker for four to six weeks.

Guillain-Barre Syndrome (GBS) is the name given to anyone who exhibits a particular set of neurological symptoms including muscle weakness and muscle spasms. GBS is now increasingly occurring following H1N1 vaccine injections. It was diagnosed in thousands of patients following the 1976 swine flu vaccine scare, and it appears to be recurring here in 2009 as the swine flu vaccine makes it into more widespread distribution.

Health authorities, however, remain adamant that H1N1 vaccines are *never* the cause of GBS, and that such diagnoses are "pure coincidence." This blatantly unscientific P.R. tactic is designed to dismiss any and all concerns over the neurological side effects of H1N1 vaccines by simply denying they exist. To date, the CDC has received reports of five additional people being diagnosed with GBS following swine flu vaccinations, but it dismisses them all as coincidence. "It's much less than we'd expect," says CDC official Dr. Claudia J. Vellozzi. (Which is sort of interesting all by itself, because it reveals that the CDC expects a lot more people to get GBS following vaccine injections...)

At the same time, part of the reason the CDC isn't receiving many reports on neurological disorders caused by H1N1 vaccines is because they participated in **a massive media brainwashing event** that prepped the population to dismiss all side effects by pre-announcing the bizarre idea that "side effects experienced after vaccine injections are not related to vaccines."

This was an organized, nationwide media brainwashing campaign engineered by the CDC, FDA and drug companies. It sought to pre-program health consumers to automatically dismiss serious side effects that appeared in the hours after receiving swine flu vaccine injections.

The campaign worked. In fact, even the GBS of this young man, Jordan McFarland, wasn't submitted to the CDC. It only came to light when his step-mother submitted details to MSNBC.com's *reader reporting tool*. In other words, this was **citizen journalism** at work, where a parent submitted information directly to the media.

For this to occur is exceedingly rare. Most parents would simply wait for their doctor to submit such information to health authorities, not knowing that submitting reports of vaccine-related side effects *remains voluntary* in modern medicine.

No requirement to report vaccine side effects

You read that right: There is no requirement that doctors send reports of vaccine side effects to any health authority at all. And that raises the question: So how do they really know how many people are suffering neurological side effects from the H1N1 vaccines?

The answer? *They don't.* Nobody knows.

And that's the way the drug companies (and the CDC) would like to keep it. Because reports of neurological disorders tend to (understandably) freak people out and make them more cautious about receiving swine flu vaccines -- especially given how mild swine flu is in the first place. As drug companies well know, the best way to sell more vaccines is to pretend the side effects don't exist at all. That has become the standard operating procedure of the vaccine industry: Deny, deny, deny. Bury the truth and pretend it doesn't exist. Keep the vaccines flowing and keep consumers guessing. Declare all vaccines to be perfectly safe with zero side effects, and widen the target consumer base to include children and pregnant women. This is the mantra of the vaccine industry.

Consider this: If teen boys wound up in the hospital after taking *a dietary supplement*, the FDA and media would have gone crazy over the report. The FDA would have issued public warnings and perhaps even confiscated the products from the supplement manufacturer. Or if these kinds of symptoms were being reported after people take *medicinal herbs*, you'd see a similar media frenzy as accusations of the dangers of the herbs appeared all over the 'net. But somehow when the medicine is *a vaccine* -- a vaccine that has NEVER been tested in a scientific clinical trial -- the drug industry gets a free pass! All side effects are dismissed. All the people hospitalized, paralyzed or killed are simply forgotten and written off as unimportant.

This is the state of the vaccine industry today: It is corrupt, highly dishonest industry that poses a clear and present danger to the health of the People. And yet *absolutely nothing is being done to protect the people from unsafe vaccines*. No clinical trials are being done. No cautions are being advised. All concerns are simply dismissed out of hand, with absolutely no intelligent scrutiny or investigation.

No questions allowed

That's really what the vaccine industry has become today: A cabal of "untouchables." You can't question vaccines without being derided as a quack. You can't demand vaccine clinical trials without being labeled a "non-believer." **Vaccines have become the cult of modern medicine.** You're supposed to simply line up, drink your Kool-Aid take your vaccine shot, obey all directives (do what you're told) and above all *stop asking questions!*

But here at NaturalNews, we refuse to stop asking questions. In fact, **we have more questions** all the time, like why is a healthy young boy suddenly in a wheel chair within hours after receiving a swine flu vaccine shot?

Why have no placebo-controlled clinical trials ever been conducted on ANY flu vaccine?

Why do we even need a shot for H1N1 when the epidemic is so mild that it has only killed a fraction of the number of people who normally die from seasonal flu?

Why did the FDA grant approval for four H1N1 vaccines all on the same day, without any scientific testing at all?

Why are people so easily brainwashed / scared into taking vaccine shots when all they really need is vitamin D?

And for that matter, why does there continue to be a media blackout on the use of vitamin D to prevent swine flu infections?

These are the questions we should be asking, but these are the questions considered "off limits" by health authorities and the complicit mainstream media. At least MSNBC had the guts to print this story about 14-year-old Jordan McFarland. Most media outlets would have simply canned the story right from the start.

Huliq News

Cheryl Phillips

Teen Suffers from Guillain-Barre Syndrome after H1N1 Swine Flu Shot

Huliq News, 12 November 2009.
https://web.archive.org/web/20091115044553/http://www.huliq.com/8059/88700/teen-suffers-guillain-barre-syndrome-after-h1n1-swine-flu-shot

A 14-year-old Virginia boy was hospitalized for five days after coming down with Guillain-Barre syndrome hours after receiving a H1N1 swine flu vaccination. Guillain–Barré is one of the leading causes of non-trauma-induced paralysis in the world.

Jordan McFarland, a high school athlete from Alexandria, Virginia is one of the first people in the nation to report developing the potentially life-threatening muscle disorder after receiving the H1N1 vaccine this fall.

Jordan spent 5 days in Inova Fairfax Hospital for Children after suffering an almost immediate reaction to the H1N1 flu vaccine. He became weak and struggled to walk after coming down with a reported case of Guillain-Barre syndrome (GBS) within hours after receiving the H1N1 vaccine for swine flu.

Guillain–Barré syndrome is an autoimmune disorder affecting the peripheral nervous system, usually triggered by an acute infectious process. GBS is rare and has an incidence of 1 or 2 people per 100,000.

It is frequently severe and usually exhibits as an ascending paralysis noted by weakness in the legs that spreads to the upper limbs and the face along with complete loss of deep tendon reflexes.

With prompt treatment, the majority of patients will regain full functional capacity. However, death may occur if severe pulmonary complications and autonomic nervous system problems are present.

Jordan McFarland left the hospital Tuesday night in a wheelchair nearly a week after developing severe headaches, muscle spasms and weakness in his legs following an H1N1 swine flu shot.

GBS may be a rare side-effect of influenza vaccines, with an incidence of about one case per million vaccinations. There were reports of GBS affecting about 500 people who had received swine flu immunizations in the 1976 U.S. outbreak of swine flu.

Twenty-five of these people died from severe pulmonary complications, leading the government to end that immunization campaign. There is some speculation that GBS may not have been directly due to the vaccine but to a bacterial contamination of the vaccine.

To date, the federal Centers for Disease Control and Prevention have received five reports of GBS in people who received the H1N1 vaccine since October 6, 2009. This does not include Jordan's case, according to Dr. Claudia J. Vellozzi, deputy director for immunization safety.

Connin and Jordan's father, Calvin McFarland, both 38, believe the shot caused the illness that came on 18 hours after the boy's vaccination. His doctors have confirmed that Jordan has GBS, but do not want to talk about the case as it may create panic among people who have still not received their H1N1 Swine flu shot.

So far, CDC officials have received about 1,700 reports of adverse events linked to the new shot. Of those, only about 4 percent, or 68, were coded as serious.

While any harmful side effect can be devastating for an individual, when it comes to larger public health issues, the CDC stresses that the H1N1 virus is considerably riskier than the vaccine.

People like Jordan McFarland, who was diagnosed with GBS after an H1N1 vaccine, can typically expect recovery to start after the fourth week from the onset of the disorder. Approximately 80% of patients have a complete recovery within a few months to a year, although minor findings may persist, such as the absence of neurologic reflexes.

If you or your child have ad adverse reaction to an H1N1 swine flu vaccine, report the incident here on the Vaccine Adverse Event Reporting System: http://vaers.hhs.gov/index

DIGITAL JOURNAL

Andrew Moran

Teenager suffers Guillain-Barre syndrome after swine flu shot

Digital Journal, 12 November 2009
https://web.archive.org/web/20091115100348/http://www.digitaljournal.com/article/282042

During the 1970s flu scare, when a strain of the Swine Flu circulated in the United States, hundreds of people contracted Guillain-Barre syndrome after being vaccinated. A new case in Virginia has some worried history will repeat itself.

After receiving the H1N1 Swine Flu vaccine, a 14-year-old Virginia boy is having a hard time walking. On Tuesday night he finally left the Fairfax Hospital for Children after a week of muscle spasms and weakness in his legs, according to *Huliq News*.

Jordan McFarland has been diagnosed with Guillain-Barre syndrome and will spend some time in a wheelchair.

In 1976, when a strain of the Swine Flu spread across the U.S., there were 500 reported cases of Guillain-Barre syndrome and 25 deaths. Today, 33 years later, some analysts worry about more people will get Guillain-Barre syndrome.

As *MSNBC* notes, the Center for Disease Control and Prevention have received five reports of people contracting GBS since Oct. 6, not including McFarland's case. Deputy Director for Immunization Safety, Dr. Claudia J. Vellozi, said the rate is only one out of about 40 million doses, which is far lower than the regular flu shot.

Vellozi further added, "We know that GBS and other illnesses occur routinely in the U.S. There are events that follow vaccination. That's what they are, they happened to follow vaccination."

GBS is rare, with one out of every 100,000 people being diagnosed with the non-trauma-induced paralysis. After in-depth and serious treatment, 80 per cent of patients have fully recovered and it is expected that McFarland will completely recover.

However, some analysts and doctors, such as Vellozi, believe the diagnosis may not be from the vaccine but a bacterial contaminant in the H1N1 vaccine. Vellozi added that there are 80 to 120 GBS cases reported each week in the US.

In addition, as *Natural News* reports, American doctors are not required to report vaccine side-effects to any health authority.

In July, *Digital Journal* reported that public health officials were calling for a no-fault compensation that would encourage people to take the vaccination because it may cause conditions or side-effects similar to McFarland's case.

The H1N1 Swine Flu vaccine has not received the standard testing usually applied to vaccines by the World Health Organization.

Nevertheless, the high school athlete remains optimistic, "The doctor said I'll recover fully, but it's going to take some time."

HBL

Niklas Tallqvist

Tvååring dog trots H1N1-vaccinering

HBL, 13 November 2009, 10:13
https://web.archive.org/web/20091220095857/http://www.hbl.fi/text/helsingfors/2009/11/13/w39771.php

Ett två år gammalt barn dog i svininfluensan i går. Barnet hörde till riskgruppen och hade vaccinerats en vecka tidigare.

Enligt pressmeddelandet från sjukvårdsdistriktet HNS blev barnet sjukt i början av veckan. I onsdags togs barnet in för sjukhusvård. Det hade då gått en vecka sedan barnet vaccinerats mot H1N1.

Barnet vårdades på akuten vid Barnkliniken på Mejlans sjukhusområde där det sedan avled en dag senare.
Den exakta dödsorsaken är inte känd.

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THE FLU CASE

Child dies one week after getting the flu shot – cause of death claimed to be "swine flu"!

The Flu Case, 17 November 2009.
https://web.archive.org/web/20100102011044/http://theflucase.com/index.php?option=com_content&view=article&id=1846%3Achild-dies-one-week-after-getting-the-flu-shot-cause-of-death-stated-to-be-qswine-fluq&catid=1%3Alatest-news&Itemid=64&lang=en

In Finland is reported that a child at the age of two died from the "swine flu". In the article it says that the child received the "swine flu" vaccine shot one week earlier and in a bizarre twist of facts, it states the child died from the "swine flu" not the vaccine. In the same article, at the very end a disclaimer: "The exact cause of death is not known".

This is what we see now around the world - cases of death being proclaimed to be a result of the "swine flu" and not the vaccination which they received a few days before death.

THE FLU CASE

Child of two and woman of 18 die after getting swine flu shot in Finland

The Flu Case, 13 November 2009, 16:52

https://web.archive.org/web/20100102040548/http://theflucase.com/index.php?option=com_content&view=article&id=1772%3Achild-of-two-and-woman-of-18-die-after-getting-swine-flu-shot-in-finland&catid=41%3Ahighlighted-news&Itemid=105&lang=en

At least two people have died in Finland after getting the swine flu jab. A two-year-old child died one week after getting the shot. According to the local media, the shot "came too late and couldn't save the child."

In addition, an 18-year-woman died in the Päijät-Häme Hospital District in Lahti one week after getting the jab, according to the newspaper Helsingin Sanomat, which, however, attributes the death to the swine flu virus and not the vaccine.

In an interview with Helsingin Sanomat President Tarja Halonen said that she has not been vaccinated yet, as she does not belong to any of the risk groups, and does not plan to jump the queue.

However, the Speaker of Parliament Sauli Niinistö said the President and the government ministers should be allowed to jump the queue to get their H1N1 shots.

...

The Päijät-Häme Hospital District confirmed on Wednesday that an 18-year-old woman had died as a result of a H1N1 virus infection. She had a difficult long-term illness.

She had been admitted to the Päijät Häme Central Hospital in Lahti early on Tuesday morning. The woman had exhibited swine flu symptoms for several days, and was tested positive for the H1N1 virus.

After being treated with antibiotics and antiviral medicines, the woman was transferred to a life support machine. She died at the hospital on Tuesday night.

According to the hospital district, the patient had been vaccinated last week, but it did not manage to boost her immunity against the virus immediately.

The vaccine will offer protection against the H1N1 influenza infection in two to three weeks from the vaccination.

According to THL it is not possible to contract the swine flu from the vaccine.

The current number of H1N1-related deaths in Finland is six.

However, the number of infected individuals is tens of thousands, maybe more than 100,000. Some people get only a very mild infection, occasionally even without any symptoms.

Gripe A: mãe recebe vacina e feto more

Raiva Escondida, 15 Novembro 2009
https://raivaescondida.wordpress.com/tag/swine-flu/

Hospital de Portalegre diz que não há relação entre os dois factos

Uma mulher grávida de 34 semanas foi vacinada com a vacina contra a gripe A e o feto de oito meses acabou por morrer três dias depois, confirmou o tvi24.pt junto de fonte do Hospital de Portalegre.

A mesma fonte adiantou que até ao momento não está provada qualquer relação entre os dois factos. Em comunicado, o hospital esclarece que o nascimento do bebé já morto ocorreu este domingo e que a grávida dirigiu-se ao hospital no sábado «por diminuição dos movimentos fetais».

João Romacho, cunhado da mulher de 31 anos, natural de Alegrete, Portalegre, disse em declarações à Lusa, que depois de na quarta-feira ter sido vacinada contra a gripe A, a grávida começou a queixar-se de dores no corpo e mal-estar geral, estranhando que o bebé ora se mexesse mais do que o normal, ora não se mexesse.

«No sábado de manhã [a grávida] foi ao Centro de Saúde de Portalegre, onde a médica que a assistiu verificou que o batimento cardíaco do feto era baixo, mas existia, e aconselhou-a a ir para casa e a voltar no dia seguinte para ver como estava», disse João Romacho à Lusa.

A mulher acabaria por recorrer ao Hospital de Portalegre por volta do meio-dia de sábado, onde ficou a saber que o coração do feto tinha parado.

João Romacho disse à Lusa que os médicos afastaram desde logo a hipótese de a morte do feto estar relacionada com a vacina, mas os familiares da mulher desconfiam que possa haver uma ligação.

«Não podemos dizer que tenha sido da vacina até porque anteriormente já tinha havido um episódio em que o batimento cardíaco do bebé estava muito acelerado, mas claro que depois de ter tomado a vacina… deixa-nos intrigados e com interrogações. A realidade é que a partir daí [da vacinação] se desenvolveram uma série de reacções», disse o familiar.

O hospital confirma, no comunicado, que a mãe foi vacinada contra o vírus H1N1 na passada terça-feira, mas adianta que não é possível estabelecer uma relação causal entre a vacinação da grávida e da morte do feto».

A direcção hospital acrescenta também no comunicado que «a ocorrência de nados-mortos em Portugal, sem causa prévia, é em média de um por dia».

João Romacho adiantou ainda que os familiares aguardam agora pelos resultados da autópsia ao feto e reclamam explicações dos médicos que acompanharam a mulher ao longo da gravidez para apurar se houve responsabilidades. Só a autópsia, efectuada pelo Instituto de Medicina Legal, poderá revelar a causa de morte do bebé e se a morte estava ou não relacionada com a vacina contra o vírus H1N1.

Gripe A: Terceiro feto morto em grávida vacinada. – Raiva Escondida, 18 Novembro 2009. https://raivaescondida.wordpress.com/tag/swine-flu/

Deu ontem entrada no Hospital de Santo André, em Leiria, mais uma grávida com um feto morto e que tinha sido vacina contra a gripe A (H1N1). É o terceiro caso em poucos dias, mas as autoridades não confirmaram até agora nenhuma relação causa-efeito entre a morte dos fetos e a inoculação.

A jovem de 27 anos estava grávida de vinte semanas e tinha sido vacinada no início do mês. Deu ontem entrada no Hospital de Santo André, em Leiria, que confirmou a morte do feto, que será autopsiado.

Ontem foi confirmada, no hospital CUF Descobertas, a morte de um feto de 34 semanas, cinco dias depois de a mãe ter sido vacinada contra a gripe A. A situação surgiu dois dias depois de uma outra mulher, vacinada

em Portalegre, ter perdido a filha que esperava há também 34 semanas. A Direcção-Geral da Saúde recusa comentar o caso até serem conhecidos os resultados de análises e testes que só podem ser feitos depois do nascimento.

O director clínico do Hospital CUF Descobertas garantiu hoje que vai ser feita autópsia ao feto que morreu com 34 semanas. A autópsia poderá ser fundamental para encontrar a causa da morte, mas os médicos recusam estabelecer uma ligação entre a morte do bebé e a vacina para a gripe A.

João Saramago
Gripe A: Quarta grávida vacinada perde bebé. – Raiva Escondida, 23 Novembro 2009
https://raivaescondida.wordpress.com/tag/swine-flu/

Em Portalegre:
Morreu mais um feto no Hospital de Portalegre em que a grávida foi vacinada contra a gripe A.

A grávida residente em Ponte de Sôr deu entrada, nas últimas 24 horas, nesta unidade hospitalar, onde a 15 de Novembro morreu um outro feto com 34 semanas em que a mãe também foi vacinada.

O pai da grávida, Romão Catarino, confirmou o caso referindo que uma das possíveis causas poderá ter resultado do enrolamento do cordão umbilical à volta do pescoço do feto.

O Hospital de Portalegre promete, para o final da tarde, esclarecimentos sobre este caso, divulga a ‘Rádio Portalegre’.

No espaço de oito dias, sobe para quatro o número de grávidas vacinadas com a ‘Pandemrix’ que perderam os bebés. Além dos dois casos de Portalegre, ocorreu um em Lisboa e um outro em Leira.

Na Europa são conhecidos pelo menos mais três casos com grávidas que tomaram a vacina e perderam os bebés. Dois na Noruega e um em França.

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THE FLU CASE

Another woman loses her baby after Pandemrix jab in Portugal

The Flu Case, 25 November 2009, 07:02
https://web.archive.org/web/20100102015908/http://theflucase.com/index.php?option=com_content&view=article&id=2052%3Aanother-woman-loses-her-baby-after-pandemrix-jab-in-portugal&catid=1%3Alatest-news&Itemid=64&lang=en

Another woman who vaccinated with the Pandemrix swine flu jab in Portugal has lost her baby.

The woman from Ponte de Sor lost her baby in the 34th week at the Hospital de Portalegre after getting the jab.

In the space of eight days, at least four women vaccinated with the 'Pandemrix' in Portual have lost babies, two in Portalegre, one in Lisbon and another in Leira.

tvi NOTÍCIAS

Filipe Caetano, Patrícia Pires

Gripe A: morre mais um feto depois da vacina

tvi24, 17 Nov 2009, 20h 57
https://tvi.iol.pt/noticias/sociedade/h1n1/gripe-a-morre-mais-um-feto-depois-da-vacina

Grávida está internada no hospital CUF Descobertas, em Lisboa

Uma grávida deu entrada no hospital CUF Descobertas esta segunda-feira à noite com o feto já sem vida, confirmou fonte do gabinete de comunicação do grupo José de Mello Saúde ao tvi24.pt.
«Podemos confirmar que deu entrada esta segunda-feira à noite no hospital CUF Descobertas uma grávida de 34 semanas cujo feto estava sem vida», disse a fonte.
A mesma fonte garantiu que a grávida tinha sido vacinada contra a gripe A na passada sexta-feira, sendo que o feto ainda não saiu. Não foi revelada a idade da mulher.

O tvi24.pt sabe que a grávida continua internada no mesmo hospital, sendo que o parto do feto morto ainda não foi efectuado, e que a mulher foi vacinada na sexta-feira passada. «Não parece haver nenhuma relação causa-efeito entre a vacina e a morte do feto. Mas só depois do parto e da autópsia poderemos saber com exactidão», disse à SIC Conceição Telhado, directora do serviço de Ginecologia do CUF Descobertas.

A grávida tem 34 anos e dois filhos. Este é o segundo caso que surge no espaço de três dias.
No passado domingo, um outro bebé, também de 34 semanas, morreu no Hospital de Portalegre depois da sua mãe, de 31 anos, ter tomado a vacina contra a Gripe A. Os especialistas, assim com a autópsia, não encontraram qualquer relação entre a vacina e a morte do feto.

O tvi24.pt tentou contactar diversas vezes o Ministério da Saúde para obter mais esclarecimentos, mas não obteve qualquer resposta.

=>

Two women lose babies after swine flu jab in Portug

The Flu Case, 18 November 2009 15:17
https://web.archive.org/web/20100102053633/http://theflucase.com/index.php?option=com_content&view=article&id=1856%3Atwo-women-lose-babies-after-swine-flu-jab-in-portugal&catid=1%3Alatest-news&Itemid=64&lang=en

A pregnant woman who took the swine flu jab on Friday was rushed to the CUF Descobertas on Monday but lost her baby, according to the Jose de Mello, a Portuguese health official.

TV42.pt reports that the 34-year-old woman is still in hospital and has yet to give birth to the lifeless fetus.

Conceca Talhado, the head of the gynaecology department at CUF Descobertas said that an autopsy would be needed to establish whether there was a link between the swine flu vaccine and the death of the fetus.

On Sunday, another baby, also in the 34th week died in Portalegre hospital after the 31-year-old mother took the swine flu jab.

Record

Novo feto sem vida em grávida vacinada:
É o Segundo Caso em Apenas Três Dias

Recxord, 17 novembro 2009, 20:54
https://www.record.pt/fora-de-campo/detalhe/novo-feto-sem-vida-em-gravida-vacinada

Uma grávida recentemente vacinada contra a gripe A deu ontem à noite entrada no Hospital CUF Descobertas, em Lisboa, com o feto já sem vida, confirmou fonte do gabinete de comunicação do grupo José de Mello Saúde.

"Podemos confirmar que deu entrada esta segunda-feira à noite no hospital CUF Descobertas uma grávida de 34 semanas cujo feto estava sem vida, disse a fonte, que garantiu também que a grávida tinha sido vacinada contra a gripe A.

Este é o segundo caso em apenas dois dias e com contornos muito idênticos. No passado domingo, deu entrada no Hospital de Portalegre uma mulher grávida, também de 34 semanas, com o feto morto, que fora igualmente vacinada contra o vírus da gripe A três dias antes.

cm SOCIEDADE

Segunda grávida vacinada perde bebé

CM Journal, 18 de Novembro de 2009 às 00:30
https://www.cmjornal.pt/sociedade/detalhe/segunda-gravida-vacinada-perde-bebe

Uma mulher de 34 anos, grávida do terceiro filho, perdeu o bebé, segunda-feira à noite, três dias depois de ter sido vacinada contra a gripe A. Trata-se da segunda morte de um feto, num espaço de três dias, após a imunização da mãe, depois do caso ocorrido em Portalegre. Em ambas as situações, as mulheres estavam grávidas de 34 semanas.

A mulher de 34 anos deu entrada no Hospital da CUF Descobertas, no Parque das Nações, em Lisboa, já com o feto sem vida. Tinha sido vacinada na sexta-feira. Segundo fonte do hospital, a mulher encontrava-se ontem à noite em trabalho de parto induzido. A autópsia só será realizada caso os pais assim o decidam.

"Era uma gravidez normal. Foi observada e vimos que o feto não apresentava batimentos cardíacos. Não parece haver relação causa-efeito entre a vacina e a morte do feto. Mas só depois do parto e da autópsia poderemos saber com exactidão", explicou Conceição Telhado, directora do serviço de Ginecologia do CUF Descobertas.

Jorge Branco, director da Maternidade Alfredo da Costa, garantiu ao CM que "vai continuar a haver fetos mortos em Portugal", reforçando a ideia de que não há relação entre as mortes e a vacinação. "Não existe uma relação causal. Reino Unido, Alemanha, Noruega, Suécia, Finlândia e Dinamarca têm a mesma vacina que nós e só existem mortes em Portugal devido à vacinação?", questionou o médico, sublinhando que "é mais perigoso para a mãe não ser vacinada do que ser". Em Portugal morreram 256 fetos ao longo de 2008, e 289 em 2007.

Gripe Vista à Lupa

8 mortes registadas em Portugal consequência da gripe A. O primeiro caso fatal aconteceu a 23 de Setembro, no Hospital Santo António, no Porto.

Pediatras
Os pais estão a pedir aconselhamento aos pediatras antes de levarem os seus filhos à vacinação contra a gripe A.
"*Não há relação entre a morte do feto e a vacina contra a gripe a*", Francisco Georg, Director-geral da Saúde

Família Suspeita de Negligência

O feto que morreu com 34 semanas depois de a mãe ter sido vacinada contra a gripe A no Centro de Saúde de Portalegre foi ontem a enterrar. A autópsia não foi conclusiva, mas os pais de Margarida querem apurar a verdade sobre a morte da bebé e aguardam pelo relatório final para tomar uma posição.

João Romacho, tio da bebé, disse ontem ao CM que pode haver outras responsabilidades neste processo além das suspeitas da vacina: "A morte pode não estar relacionada directamente com a vacina. Mas a minha cunhada estava a tomar antidepressivos e essa medicação pode ter tido alguma interacção com a vacina." João acrescenta que a família suspeita que houve uma atitude negligente de quem assistiu a cunhada: "Se o coração da bebé estava fraco ficava internada e não mandavam a mãe para casa".

Enfermeiros de Quarentena em Benfica

O Centro de Saúde de Benfica está a funcionar apenas com três dos seis enfermeiros de que dispõe. De acordo com José Santos, do conselho clínico, três dos profissionais estão em casa, "não foram vacinados e, por acaso, têm a sintomatologia da gripe A mas não têm um diagnóstico confirmado". A falta de enfermeiros agravou a sobrecarga de trabalho, nomeadamente nos serviços de vacinação.

Com o início do processo de imunização das crianças dos seis aos 24 meses, os enfermeiros não têm mãos a medir. "O telefone não pára. Tendo em conta esta situação devia ser equacionado reforço dos recursos", declarou José Santos.

Diário de Notícias

Gripe A: Terceiro feto morto em grávida vacinada

Diario dew Noticias, 18 novembro 2009 às 23h13
https://www.dn.pt/portugal/gripe-a-terceiro-feto-morto-em-gravida-vacinada-1424242.html/

Deu ontem entrada no Hospital de Santo André, em Leiria, mais uma grávida com um feto morto e que tinha sido vacina contra a gripe A (H1N1). É o terceiro caso em poucos dias, mas as autoridades não confirmaram até agora nenhuma relação causa-efeito entre a morte dos fetos e a inoculação. A jovem de 27 anos estava grávida de vinte semanas e tinha sido vacinada no início do mês. Deu ontem entrada no Hospital de Santo André, em Leiria, que confirmou a morte do feto, que será autopsiado.

Ontem foi confirmada, no hospital CUF Descobertas, a morte de um feto de 34 semanas, cinco dias depois de a mãe ter sido vacinada contra a gripe A. A situação surgiu dois dias depois de uma outra mulher, vacinada em Portalegre, ter perdido a filha que esperava há também 34 semanas. A Direcção-Geral da Saúde recusa comentar o caso até serem conhecidos os resultados de análises e testes que só podem ser feitos depois do nascimento.

O director clínico do Hospital CUF Descobertas garantiu hoje que vai ser feita autópsia ao feto que morreu com 34 semanas. A autópsia poderá ser fundamental para encontrar a causa da morte, mas os médicos recusam estabelecer uma ligação entre a morte do bebé e a vacina para a gripe A.

Terceiro feto morto em grávida vacinada

Radio-Hertz, 18 novembro 2009
https://web.archive.org/web/20091124040217/http://www.radiohertz.pt/?pagina=noticias&id=1660

Segundo o Jornal de Noticias, deu ontem entrada no Hospital de Santo André, em Leiria, mais uma grávida com um feto morto e que tinha sido vacina contra a gripe A (H1N1). É o terceiro caso em poucos dias, mas as autoridades não confirmaram, até agora, nenhuma relação causa-efeito entre a morte dos fetos e a inoculação.

A jovem de 27 anos estava grávida de vinte semanas e tinha sido vacinada no início do mês. Deu ontem entrada no Hospital de Santo André, em Leiria, que confirmou a morte do feto, que será autopsiado.

THE FLU CASE

Third case of woman losing baby after Pandemrix jab in Portugal

The Flu Case, 19 November 2009, 10:09
https://web.archive.org/web/20100102035517/http://theflucase.com/index.php?option=com_content&view=article&id=1869%3Athird-case-of-woman-losing-baby-after-pandemrix-jab-in-portugal&catid=1%3Alatest-news&Itemid=64&lang=en

A pregnant woman who took the Pandemrix swine flu jab was rushed to the Hospital de Santo André, em Leiria in Portugal but lost her baby.

This is the third case in a few days in Portugal but health officials say they cannot confirm any link betewen the death of the baby and the Pandemrix vaccine in spite of the fact there is a huge body of scientific evidence that these vaccines for which there are oddly no clinical data but which are classified as bioweapons by EU and US authorities are damaging.

The 27-year-old was 20 weeks pregnant and was vaccinated ot the begining of this month.

Bild

Ulrike Reinhardt and Marcus Heyl

My boy's agonising death after virus vaccination

Bild, 20 November 2009, 10:42 Uhr
https://www.bild.de/news/bild-english/my-boy-finlay-agonising-death-after-vaccination-10498524.bild.html

With trembling hands, the distraught mother stroked the yellow bear which belenged to Finlay – her beloved son. The little boy died two weeks ago at the age of 21 months after having a vaccination against swine flu.

Doctors reported the case to the Paul Ehrlich Institute as a possible result of a deadly reaction to the virus inoculation.

Mother Yvonne B. (34), a nurse for the elderly in Berlin, said: "Finlay was born with a heart defect and damaged lungs. He had been operated on four times. Now he was waiting in hospital for a new heart and a new lung.

"He was doing quite well. We went out with him everyday. He played in the leaves and liked to watch birds."

Doctors told the parents that the tot should be inoculated, mirroring the advice of the standing committee on vaccinations.

Mom-of-three Yvonne added: "They said the side effects would be no problem, but that swine flu would be a real danger to our son. On top of that, a patient in the room next door had been diagnosed with swine flu."

In the afternoon the boy was vaccinated. On the next day he was still laughing and happily playing around in the leaves.

But in the night, his condition suddenly worsened. He vomited and fluid got into his lung. The organ failed, and then so did his heart.

The devastated mother said: "We were called at night. Finlay fell asleep on my husband's arm."

Immediately a horrific thought surfaced - was the H1N1 virus vaccination to blame for the agonising tragedy?

"The assumption is simply an obvious one! At least that the vaccination played some kind of role."

The parents consented to an autopsy of their son. "The Pathological Institute told us yesterday they couldn't exclude a connection, but also that there was nothing speaking for it compellingly.

"If I had the choice again, I would not let my son be vaccinated."

The investigation of the boy's death is still ongoing.

A week ago the parents carried their son to his grave. "He had an unbelievable willingness to live. We never thought for a second that he wouldn't make it," said his mother.

Mondialisation.ca
Centre de recherche sur la mondialisation

Dr. Eric Beeth

Arepanrix: Une expérimentation illégale:
Vaccination de femmes enceintes avec PandemRix

Mondialisation.ca, 20 Novembre 2009
https://www.mondialisation.ca/arepanrix-une-exp-rimentation-ill-gale/16097?doing_wp_cron=1708587701.8948469161987304687500

Dans la défense de l'action en justice que des médecins et citoyens ont intentée pour garantir plus de transparence sur les risques et bénéfices du vaccin PandemRix en Belgique, (voir la requête en PDF) l'intimé (l'Etat Belge) niait que cette campagne de vaccination était en même temps une expérimentation (voir la première assignation).

Je reprends ci-dessous un passage du texte des appelants (l'Initiative Citoyenne de Mlle Meulemans et cie) qui exigent que le caractère expérimental de cette vaccination soit rendu claire, nécessitant un comité d'éthique, et/ou tout le moins une information non biaisée à toutes les personnes concernées, avec la signature d'un formulaire de consentement libre et éclairé pour toute personne désirant se faire vacciner.

Début de l'extrait à [«Dans son dossier, l'intimé justifiait ses actions en se fondant sur le principe de précaution et produisait une pièce n°1 émanant de l'EMEA (non datée) et intitulée «Vaccins grippaux pandémiques A(HINl) autorises selon une procédure de dossier prototype («Mock-up»)».

Pour les appelants, loin d'être une «précaution», la vaccination notamment des femmes enceintes pose de graves questions et constitue une «expérimentation» interdite par la loi;

En page 10/12, ce document indique sous le titre «FEMMES ENCEINTES»:
«*Expérience avec les vaccins grippaux sans adjuvant:*
Le bénéfice des vaccins grippaux a été rarement étudié de façon spécifique dans cette population, et il n'y a pas de données provenant d'études randomisées contrôlées. » Des données de sécurité des vaccins saisonniers grippaux inactives et sans adjuvant chez la femme enceinte et issue d'essais cliniques sont très limitées.»
«Expérience avec les vaccins pandémiques: Pour les deux vaccins pandémiques (Focetria/Pandemrix), il n'y a pas de données cliniques disponibles chez la femme enceinte.»

Pandemrix
Des études précliniques de toxicité sur la fertilité maternelle, l'embryon, le fœtus et le nouveau-né (jusqu'à la fin de la période de lactation) ont été réalisées chez le rat… Aucune donnée n'est disponible sur l'administration du vaccin au moment de la phase d'implantation de l'embryon. I1 n'y a pas de données disponibles chez la femme enceinte avec un vaccin qui contient l'adjuvant AS03.

«… la sécurité des vaccins chez la femme enceinte et leur efficacité clinique sera surveillée étroitement, dans le cadre du plan de gestion de risque. Des études observationnelles sur la base de registre existant de grossesse sont planifiées.»

Il est donc sur basé de cette pièce n° 1 produite par l'intimé, indiscutable que concernant l'administration du PANDEMRIX à des femmes enceintes:

1. il n'existe que quelques données pré-cliniques du PANDEMRIX qu'avec des rats
2. il n'existe pas d'étude d'efficacité
3. il n'existe pas d'étude de bénéfice
4. il n'existe aucune donnée clinique
5. il n'existe pas d'étude de toxicité
6. la situation est pré-clinique et observationnelle.

Il n'est donc pas contestable, en l'espèce, que l'administration du PANDEMRIX aux femmes enceintes revêt un caractère expérimental ; » ß fin de l'extrait.]

En Belgique nous avons entendu le professeur Nathan Clumeck sur les ondes de la télévision vouloir rejeter toute notion que cette vaccination relève d'un caractère expérimental. Nous avons aussi, suite au témoignage émouvant du professeur Yvon Englert du service de gynécologie d'Erasme, reçu la déclaration du Groupement des Gynécologues Obstétriciens de Langue française de Belgique du 2 novembre 2009, qui appellent toutes les femmes enceintes en deuxième et troisième trimestre de grossesse à aller se faire vacciner avec le PandemRix.

Ce que GGOLFB mentionne dans son communiqué concernant l'adjuvant de PandemRix c'est que les «conséquences à long terme chez le fœtus semblent être minimes et non chiffrables».

Cette phrase est extraordinaire: ce sont nos connaissances sur les «conséquences à long terme chez le foetus» qui «semblent être minimes», et si nous donnons ce vaccin expérimental en masse aux femmes enceintes, les «conséquences à long terme» pourront être «non chiffrables», c'est-à-dire INCALCULABLES!

Revenons maintenant aux seules données pré-cliniques dont nous disposons, et que le GGOLFB semble vouloir dire que l'importance est minime: à la page 18 de la notice destinée aux patients concernant la sécurité du (PandemRix vendu au Canada sous le nom ArepanRix, nos pas si cons citoyens Canadiens peuvent prendre part des résultats de deux études sur la sécurité du Pre-Pandrix, (qui utilise la même mixture d'adjuvants ASO3 que le PandemRix/ArepanRix) C'est écrit sous la rubrique:

Pre-clinical Safety Data

"*Two reproductive studies were conducted with ASO3-adjuvanted H5N1 antigen and evaluated the effect on embryo-fetal and peri-and post-natal development in rats, following intramuscular administration. Although no definite conclusion could be reached, regarding a possible relation to treatment with the H5N1 vaccine and/or the adjuvant ASO3, and other findings were considered normal, the following observations deserve to be mentioned:*

In the first study, there was an increased incidence of fetal malformations with markedly medially thickened kinked ribs and bent scapula as well as an increased incidence of dilated ureter and delayed neurobehavioral maturation.

In the second study, there was an increased incidence of post-implantation loss, and the fetal variation of dilated ureter. Not all findings were observed in both studies, and hence the toxicological significance is uncertain."

(Source: Arepanrix H1N1 Vaccine .pdf Exposed, à partir de 2 min30sec.) Traduction en Français pour l'éclaircissement du Groupement des Gynécologues Obstétriciens de Langue Française de Belgique:

Concernant la sécurité pré-clinique (la seule donnée concernant la sécurité de ce vaccin sur leur utilisation sur les femmes enceintes avant le début de l'étude OBSERVATIONELLE, notamment sur 8000 femmes enceintes qui ont été vaccinées en octobre 2009 en Suède)

«Deux études ont été menées avec l'antigène H5N1 adjuvanté en ASO3 et ont évalué les effets sur le développement embryo-foetal et péri- et post-natal chez les rats, suite à une injection

intramusculaire. Bien qu'une conclusion définitive n'ait pas pu être établie vis-à-vis d'une relation possible au traitement avec le vaccin H5N1 et/ou l'adjuvant AS03, et que les autres données de l'essai semblaient normales, il convient de mentionner l'observation suivante. Dans la première étude, il y avait une incidence accrue de déformations fœtales, surtout les côtes étaient épaissies sur leur partie médiale, avec des plis anormaux, et des omoplates pliées, ainsi qu'une incidence accrue d'uretères dilatés et des retards dans la maturation neuro-comportementale. Dans la deuxième étude il y avait une augmentation de l'incidence de perte de grossesse post implantation, et de la variation fœtale d'uretère dilaté. Tous les phénomènes n'ont pas été observés dans les deux études, et donc la signification toxicologique de ces études demeure incertaine.»

Je pense que, contrairement à certains experts à l'EMEA et l'OMS, les futures mères canadiennes savent très bien lire, car j'entends des rapports qu'il y a des centres de vaccination ouverts là-bas depuis plusieurs jours qui n'ont pas vu arriver le moindre chat!

En dehors de tous les risques et incertitudes déjà connus sur ce vaccin, les lecteurs et lectrices canadiens peuvent prendre connaissance de cette information non sans importance que ce que nous savons sur l'utilisation de PandemRix/ArepanRix concernant la grossesse, c'est que dans des études de sécurité pré-cliniques, les rates enceintes qui avait reçu du «Pre-Pandrix» avec le même adjuvant ont eu des petits avec une incidence accrue de malformations, du retard dans la maturation neurocomportementale, des pertes précoces de l'embryon et des fausses couches.

Cette information ne figure ni sur www.influenza.be, ni sur le communiqué de www.ggolfb.be, mais il est pourtant de nature à intéresser aussi les femmes enceintes belges qui se demandent s'il vaut mieux se vacciner avec le PandemRix ou pas.

Il y a actuellement une bonne estimation du risque réel que l'infection «sauvage» par le H1N1 nous fait courir.

Par contre, les risques à long terme de cette vaccination de jeunes enfants et de femmes enceints sont, comme le GGOLFB le dit, «non chiffrables», c'est-à-dire INCALCULABLES.

Sachant que déjà à court terme, et par les vaccins anti-H1N1 plus classiques utilisés aux Etats-Unis, les effets secondaires commencent à être rapportés en avalanche et sachant que les études de sécurité pré-cliniques concernant les femmes enceintes était tout sauf rassurants (voir ci-dessus) et que le PandemRix contient, en dehors du squalène qui n'a jamais été évalué chez la femme enceinte, également du fœto-neurotoxique thiomersal, du polysorbate 80 et du formaldehyde, soyons un peu sérieux, et arrêtons maintenant de recommander une vaccination de masse de ce produit qui n'a nullement démontré son innocuité ou son bénéfice chez les femmes enceintes!

Membre de l'Initiative Citoyenne qui en tant que médecin exige du gouvernement belge que le caractère expérimental de la vaccination avec le PandemRix soit immédiatement communiqué par le billet de l'exigence d'un formulaire de consentement libre et éclairé à tous les médecins et les patients susceptibles de (se) vacciner. Sur ce formulaire, qui reprend les Contra-Indications absolues et relatives (maladies auto-immuns) du PandemRix, le médecin et son patient devront aussi s'engager à rapporter tout effet secondaire mal vécu, mais étant donnée les nombreuses tâches urgents quotidiens pour le médecins à accomplir, et le fait que ce rapportage n'est nullement obligatoire, mais bénévole, il est très souhaitable que le patient ai aussi un endroit ou se tourner, pour rapporter l'effet secondaire directement. L'Agence Française de Sécurité Sanitaire des Produits de Santé a mis un formulaire comme cela à disposition du public, et nous devons indiquer une site pareil sur nos formulaires en Belgique.

Il est grand temps que le rapport bénéfices/risques de cette vaccination par le produit peu étudié «PandemRix» soit analysé par un comité d'éthique indépendant, car les risques du virus «sauvage» A/H1N1 ne sont pas énormes, et ont le bénéfice d'offrir une immunité naturelle qui dure 50 ans pour les jeunes qui l'attrapent qui n'ont jamais été en contact avec ce souche H1N1.

=> an English version

THE FLU CASE

GSK's Pandemrix Swine Flu shot caused damage to pregnant rats in pretrial studies

The Flu Case, 23 November 2009, 12:41

https://web.archive.org/web/20100102042044/http://theflucase.com/index.php?option=com_content&view=article&id=2025%3Agsks-pandemrix-swine-flu-shot-caused-damage-to-pregnant-rats-in-pretrial-studies&catid=41%3Ahighlighted-news&Itemid=105&lang=en

GlaxoSmithKline's Pandemrix swine flu jab caused damage to pregnant rats in pretrial studies, but governments are concealing this fact from people.

GlaxoSmithKlein saw increased rates of loss of pregnancies and malformations in offspring of PandemRix "mock-up" vaccinated offspring, but surprisingly documents of EMEA and WHO do not mention these disturbing abnormalities remarks Dr Eric Beeth.

Dr Beeth joined a citizen's initiative taking the government to court to protect his profession of General Practioners from unknowingly participating in an illegal experimentation on pregnant women, and practicing the experimental vaccination without an informed consent form.

The dangers of this type of government protected experimentation is especially transparent when it comes to pregnant women, where no data, except the NOT very reassuring reproductive toxicity pre-clinical trials on rats existed before the experimental vaccine was tried out on a massive scale on pregnant women: those whom we must protect the most from all types of known and unknown drugs/pharmaceutical products.

Four pregnant women in Belgian are currently engaged in a legal action to obtain Non-Experimental, standard procedure H1N1 flu shots, without adjuvants, and preferably no thiomersal either.

In his article on www.mondialisation.ca, Dr Beeth quotes a paragraph in English from a study showing that offspring from pregnant rats that were given Pandemrix had an *increased incidence of foetal malformations*: the quote is taken from page 18 of this GSK patient information PDF in Canada: http://www.gsk.ca/english/docs-pdf/Arepanrix_PIL_CAPA01v01.pdf

In a report in French, Beeth quotes a paragraph from a study showing that rats who were given Pandemrix had an increased incidence of fetal malformations.

There have been no clinical trials on pregnant women.

Pharmaceutical companies such as GSK might be expected to carry out these trials if there is evidence of such fetal malformations in rats. Their failure to do so suggests a deliberate attempt to manipulate clinical trials data to get an dangerous drug through to cause damage to pregnant women.

Four pregnant women in Belgian are planning legal action against the government for recommending the dangerous Pandemrix to pregnant women without adequate data.

This is an extra from the report in French

"Two reproductive studies were conducted with ASO3-adjuvanted H5N1 antigen and evaluated the effect on embryo-fetal and peri-and post-natal development in rats, following intramuscular administration. Although no definite conclusion could be reached, regarding a possible relation to treatment with the H5N1 vaccine and/or the adjuvant ASO3, and other findings were considered normal, the following observations deserve to be mentioned:

In the first study, there was an increased incidence of fetal malformations with markedly medially thickened kinked ribs and bent scapula as well as an increased incidence of dilated ureter and delayed neurobehavioral maturation.

In the second study, there was an increased incidence of post-implantation loss, and the fetal variation of dilated ureter. Not all findings were observed in both studies, and hence the toxicological significance is uncertain."

le journal de québec

Jean-Marc Gilbert

Les élèves transportés et vaccinés dès mercredi

Le Journal de Québec, 21 novembre 2009, 19h58
https://www.journaldequebec.com/2009/11/20/les-eleves-transportes-et-vaccines-des-mercredi

Les élèves du préscolaire et du primaire pourront aussi se prévaloir du privilège.

C'est dès mercredi que les élèves de la Commission scolaire de Montréal (CSDM) se rendront en autobus au centre de vaccination massive le plus près de chacune des écoles pour recevoir le vaccin contre la grippe A(H1N1).

Jeudi dernier, des formulaires ont été remis aux élèves de 14 ans et moins pour que les parents les remplissent et les retournent dès lundi à l'école de leurs enfants, pour que la direction de chaque établissement puisse organiser le transport des élèves.

Contrairement à ce que certains médias ont avancé, ce ne sera pas que les élèves du secondaire qui seront vaccinés. Ceux du préscolaire et du primaire pourront aussi se prévaloir du privilège.

«Nous aurons entre 50 et 70 autobus disponibles à tous les jours, jusqu'au 17 décembre», explique Alain Perron, porte-parole de la CSDM.

Si la commission scolaire s'aperçoit qu'elle manque de temps pour faire vacciner tout le monde, il sera possible de poursuivre le processus au retour du congé des fêtes, en janvier.

Éviter l'engorgement

M. Perron tient à rappeler que les parents devraient eux-mêmes s'acquitter de cette responsabilité au lieu que ce soit l'école qui s'en charge.

«Il y a une journée pédagogique aujourd'hui (vendredi). Les parents pouvaient donc aller faire vacciner leurs enfants et ils pourront aussi le faire samedi et dimanche», ajoute le porte-parole.

Cela permettrait d'ailleurs à la CSDM d'éviter d'être débordée par la demande au moment d'organiser le transport de ces élèves vers les centres de vaccination.

Le coût relié aux transports de ces élèves n'est toujours pas connu puisqu'il est impossible de savoir pour le moment combien d'élèves se prévaudront du service offert par la commission scolaire.

=>

THE FLU CASE

School kids in Montreal to be bused to swine flu vaccine centres from Wednesday

The Flu Case, 21 November 2009, 13:22
https://web.archive.org/web/20100102053209/http://theflucase.com/index.php?option=com_content&view=article&id=2007%3Aschool-kids-in-montreal-to-be-bused-to-swine-flu-vaccine-centres-from-wednesday&catid=41%3Ahighlighted-news&Itemid=105&lang=en

50 to 70 buses are ready to transport children belonging to Montreal's school district to the pupil's nearest swine flu vaccine centers from Wendesday.

Last Thursday, parents were given consent forms to fill out for kids of 14 or under.

This is Oxfordshire

Max Pemberton

Should pregnant women have the swine flu jab?

This is Oxfordshire, 22 November 2009, 7:00AM GMT
http://www.thisisoxfordshire.co.uk/news/4752630.At_risk_shun_swine_flu_jab/?ref=rss

I sat and looked at my in-box. It was the third email I'd received about this in as many days. What was I going to say? These emails were from three good friends, all of whom were pregnant and asking the same question: should they have the swine flu jab or not?

"Everyone keeps telling me to have this," said one of them; "I feel under so much pressure from the hospital, I just don't know what to do," wrote another. The tone of all three emails was of feeling forced into something they weren't sure about, and it made me feel acutely uncomfortable.

The UK swine flu vaccination programme is well underway and the first wave should be completed by Christmas. More than 11million people from groups deemed a "priority", including pregnant women, are being offered the jab, alongside two million health and social care staff. But things have not gone smoothly. Research published last week suggests that, so far, more than half the patients offered the vaccine have turned it down. Central to this seems to be concerns regarding safety. This is not helped by the perception that the infection is mild and therefore not worth the potential risk associated with vaccination. Resistance to the jab is particularly high among pregnant women, with only 46 per cent accepting it.

The medical profession has reacted angrily to this state of affairs, seeing it as irresponsible. Last week the Government published online information and leaflets aimed at persuading pregnant women to accept the injection. All three of the friends who emailed me said that they were being made to feel they had to have it, and that health staff had brushed aside their concerns.

The politics surrounding vaccination are complex, and pregnant women as a cohort have a history of scepticism regarding vaccines, initiated by the MMR furore. However, there is a case for a degree of coercion with some vaccinations. Many of the childhood vaccinations rely on "herd-immunity" – a certain percentage of the population having the vaccine in order to protect those that do not, or cannot have it, from infection. In these cases, it can be argued it is a civic responsibility to be vaccinated. But this is not the case with swine flu.

Because of the pandemic nature of the infection, the benefits from inoculation operate on an individual level only. It should therefore be down to each person to make a choice. But it is a difficult choice to make.

On the one hand, there is evidence to suggest that pregnant women are at increased risk of severe disease, particularly in the later stages of pregnancy and that they are ten times more likely to be admitted to an intensive care unit compared with the general population.

On the other hand, most pregnant women won't get swine flu and most of those that do won't be severely affected. Vaccination is not without risk in itself, and pandemic flu vaccines have been associated with a rare neurological condition known as Guillain Barre Syndrome (GBS).

Swine flu vaccines used in the US in 1976 resulted in one case of GBS per 100,000. This is a very small number, but it still meant that more people died as a result of the vaccine than from swine flu. Within the medical profession, some have raised concerns about the unknown effects of the additives in the vaccines, in particular a substance called squalene.

Dr Tom Jefferson, coordinator of the vaccines section of the Cochrane Collaboration, stated that "none of the studies we've extracted have any research on it at all". So the dilemma facing pregnant women is that there is a small but quantifiable risk associated with infection and an unknown but probably only very small risk associated with the vaccine.

When dealing with such fragile certainties, I'm not surprised people are unsure what to do. To dismiss these women's concerns as a hysterical, misinformed reaction does them a disservice.

But it is the responsibility of doctors to inform patients and allow them to make a decision based on this knowledge, not browbeat them into submission. At this early stage of risk-analysis, who can say what the right decision is, yet all three of my friends feel under pressure to have the vaccination, as though there was no real choice in the matter.

While the Government and medical profession may not agree with an individual decision, if there is no risk to the population at large, then it remains their choice. It is they, after all, who will have to deal with the consequences. Arguably, the one exception to this is medical staff who have a responsibility to their patients, and therefore they do have a civic duty to be vaccinated. I'm having mine next week. As for my three pregnant friends, the decision, while difficult, remains theirs.

=> almost similar article

The Telegraph

Max Pemberton

Should pregnant women have the swine flu jab?

Telegraph, 23 November 2009, 7:00 AM.
https://web.archive.org/web/20091125104226/https://www.telegraph.co.uk/health/healthadvice/maxpemberton/6613472/Should-pregnant-women-have-the-swine-flu-jab.html

Finger on the pulse: Max Pemberton examines the difficult choice faced by pregnant women about whether or not to have the swine flu jab.

I sat and looked at my in-box. It was the third email I'd received about this in as many days. What was I going to say? These emails were from three good friends, all of whom were pregnant and asking the same question: should they have the swine flu jab or not?

"Everyone keeps telling me to have this," said one of them; "I feel under so much pressure from the hospital, I just don't know what to do," wrote another. ...

This is Oxfordshire

At-risk shun swine flu jab

This is Oxfordshire, 22 November 2009
https://www.thisisoxfordshire.co.uk/news/4752630.at-risk-shun-swine-flu-jab/

Pregnant women, heart disease patients and people with kidney problems are putting their health on the line by shunning the swine flu vaccination.

About 120,895 Oxfordshire people are considered to be most at risk of contracting the ailment.

But GP surgeries across the county have recorded only a 50 per cent take-up among this group, with pregnant women the most reluctant to have the vaccination.

NHS Oxfordshire, the new name for Oxfordshire Primary Care Trust, last night urged everyone who falls into the high-risk category to have the injection.

Those deemed most susceptible to the H1NI virus are people with long-term illness, such as chronic liver, heart and kidney diseases, and pregnant women.

From next month, a national programme will also begin to vaccinate all children under five.

Angela Baker, consultant in public health for Oxfordshire Primary Care Trust, said pregnant women and those who lived in high deprivation in areas of Banbury and Oxford were not taking up the swine flu jab as well as hoped.

She said: "There are two very different groups of people who are not taking up the vaccination.

"Those who don’t believe in healthcare and are not engaged with local health services, who tend to live in more deprived areas.

"And there are those who have made a very informed choice not to have the vaccine.”

The Department of Health said swine flu increases the risk of complications such as miscarriage and premature labour in pregnant women.

It has launched a national campaign to encourage more expectant mothers to have the jab.

Take-up rates have varied across the county, from as low as 30 per cent in Headington to as high as 80 per cent in Chipping Norton, although NHS Oxfordshire said the variation could be partly explained by delays in delivery of the vaccine to some GP surgeries.

The county saw an average of a 50 per cent take-up among the high-risk group, according to NHS Oxfordshire.

Dr Baker said although pregnant women were the most likely to shun the jab, they were among the most at risk.

She added: "Ten per cent of all people hospitalised because of swine flu are pregnant women.”

She added that 10 of the more than 120 people who had died from swine flu across the country had been pregnant women.

Mother-of-two Samantha Tong, 37, of Abingdon Road, Oxford, said she was still unsure whether she would have the free swine flu vaccination.

Mrs Tong, whose third child is due in six weeks, said pregnant women could be reluctant because the vaccine had not been around long enough for them to make an informed choice.

She said: "I don’t think we’re being told enough about it.

"I have spoken with my midwife and doctor, and still don’t know whether I am going to have it.

"You have to weigh up what the damage is likely to be to your unborn baby, and what would happen if you were to fall ill.

"It’s a very difficult decision to make.”

Julie Osborne, a breastfeeding counsellor for the Baby Cafe breastfeeding clinics in Oxford, said many mothers were talking about the vaccine.

She said: "A lot of mums and pregnant women are trying to decide what to do.

"People feel they don’t know enough about it one way or the other to be able to make a choice. "However, Dr Baker said pregnant women should feel reassured.

She added: "The only way we can properly protect people from swine flu is by vaccinating them before they become too ill.”

THE FLU CASE

GSK's Pandemrix Swine Flu shot caused damage to pregnant rats in pretrial studies

The Flu Case, 23 November 2009, 12:41

https://web.archive.org/web/20100102042044/http://theflucase.com/index.php?option=com_content&view=article&id=2025%3Agsks-pandemrix-swine-flu-shot-caused-damage-to-pregnant-rats-in-pretrial-studies&catid=41%3Ahighlighted-news&Itemid=105&lang=en

GlaxoSmithKline's Pandemrix swine flu jab caused damage to pregnant rats in pretrial studies, but governments are concealing this fact from people.

GlaxoSmithKlein saw increased rates of loss of pregnancies and malformations in offspring of PandemRix "mock-up" vaccinated offspring, but surprisingly documents of EMEA and WHO do not mention these disturbing abnormalities remarks Dr Eric Beeth.

Dr Beeth joined a citizen's initiative taking the government to court to protect his profession of General Practioners from unknowingly participating in an illegal experimentation on pregnant women, and practicing the experimental vaccination without an informed consent form.

The dangers of this type of government protected experimentation is especially transparent when it comes to pregnant women, where no data, except the NOT very reassuring reproductive toxicity pre-clinical trials on rats existed before the experimental vaccine was tried out on a massive scale on pregnant women: those whom we must protect the most from all types of known and unknown drugs/pharmaceutical products.

Four pregnant women in Belgian are currently engaged in a legal action to obtain Non-Experimental, standard procedure H1N1 flu shots, without adjuvants, and preferably no thiomersal either.

In his article on www.mondialisation.ca, Dr Beeth quotes a paragraph in English from a study showing that offspring from pregnant rats that were given Pandemrix had an *increased incidence of foetal malformations*: the quote is taken from page 18 of this GSK patient information PDF in Canada: http://www.gsk.ca/english/docs-pdf/Arepanrix_PIL_CAPA01v01.pdf

In a report in French, Beeth quotes a paragraph from a study showing that rats who were given Pandemrix had an increased incidence of fetal malformations.

There have been no clinical trials on pregnant women.

Pharmaceutical companies such as GSK might be expected to carry out these trials if there is evidence of such fetal malformations in rats. Their failure to do so suggests a deliberate attempt to manipulate clinical trials data to get an dangerous drug through to cause damage to pregnant women.

Four pregnant women in Belgian are planning legal action against the government for recommending the dangerous Pandemrix to pregnant women without adequate data.

This is an extra from the report in French

"Two reproductive studies were conducted with ASO3-adjuvanted H5N1 antigen and evaluated the effect on embryo-fetal and peri-and post-natal development in rats, following intramuscular administration. Although no definite conclusion could be reached, regarding a possible relation to treatment with the H5N1 vaccine and/or the adjuvant ASO3, and other findings were considered normal, the following observations deserve to be mentioned:

In the first study, there was an increased incidence of fetal malformations with markedly medially thickened kinked ribs and bent scapula as well as an increased incidence of dilated ureter and delayed neurobehavioral maturation.

In the second study, there was an increased incidence of post-implantation loss, and the fetal variation of dilated ureter. Not all findings were observed in both studies, and hence the toxicological significance is uncertain."

RTL

La vaccination contre la grippe A arrive dans les écoles et collèges

RTL info, 23 Novembre 2009, 08h 56

https://web.archive.org/web/20091126025248/http://www.rtl.fr/fiche/5930695964/La-vaccination-contre-la-grippe-A-arrive-dans-les-ecoles-et-colleges.html

La vaccination de la population d'âge scolaire débute mardi et concerne 12 millions d'enfants. Dès mercredi, des équipes mobiles se déplaceront dans les collèges et les lycées pour vacciner les enfants, avec l'accord des parents, qui devront signer une autorisation. Le tour des maternelles et des primaires viendra début décembre.

=>

THE FLU CASE

Vaccination of French kids to start on Wednesday
Parents must sign Consent Forms

The Flu Case, 23 November 2009.

https://web.archive.org/web/20100102004610/http://theflucase.com/index.php?option=com_content&view=article&id=2029%3Avaccination-of-french-kids-to-start-on-wednesday-parents-must-sign-consent-forms&catid=1%3Alatest-news&Itemid=64&lang=en

The mass vaccination of children in France's schools is to begin on Wednesday by means of the use of mobile vaccination teams amid intense government and media hype about the threat of the swine flu.

Over 200 schools in France have been closed so far, on account of the virus.

Parents must give their consent to the jab.

HELSINGIN SANOMAT

Aivokuolleen naisen vauva pelastettiin keisarileikkauksella Kuopiossa

Helsingin Sanomat, 24 November 2009, 12:16
https://web.archive.org/web/20091127092033/http://www.hs.fi/kotimaa/artikkeli/Aivokuolleen+naisen+vauva+pelastettiin+keisarileikkauksella+Kuopiossa/1135250982190

(STT) Kuopio. Aivokuolleen 26-vuotiaan naisen poikavauva pystyttiin pelastamaan keisarileikkauksella Kuopion yliopistollisessa sairaalassa, kertoo Ilta-Sanomat. Vajaan kilon painoinen poika toipuu parhaillaan sairaalan keskososastolla.

Keisarileikkaus tehtiin viime torstaina vain muutama tunti sen jälkeen, kun halvauksesta jo toipumassa olleen äidin aivotoiminta yllättäen lakkasi. Menossa oli 28. raskausviikko.

"Hyytymää aivoissa ei raskauden takia päästy missään vaiheessa hoitamaan, ja se aiheutti lopulta aivokuoleman", kertoo sairaalan johtajaylilääkäri Jorma Penttinen lehdelle.

Menehtynyt pohjoiskarjalainen nainen sai halvauskohtauksen vain pari tuntia sen jälkeen, kun hän oli saanut sikainfluenssarokotuksen kotipaikkakunnallaan viime kuun loppupuolella.

Yliopistosairaala (Kys) kiisti jo tämän kuun alussa epäilyt, että rokote olisi aiheuttanut halvausoireet. Kysin mukaan verihyytymä ja tukos olisivat voineet sattua potilaalle milloin tahansa, koska raskaus altistaa keinoläppäpotilaat hyytymille. Naiselle oli asennettu viisi vuotta sitten sydämen keinoläppä, minkä vuoksi hänellä oli veren hyytymistä estävä lääkitys.

Ilta-Sanomien mukaan nainen oli jo pitkään yrittänyt saada lapsen sairautensa aiheuttamista riskeistä huolimatta. Lehden haastattelemien lääkäreiden mukaan tapaus on hyvin harvinainen.

Woman in Finland paralysed hours after Swine Flu jab, gives birth to living baby

The Flu Case, 24 November 2009, 20:53
https://web.archive.org/web/20100102015303/http://theflucase.com/index.php?option=com_content&view=article&id=2051%3Awoman-in-finland-paralysed-hours-after-swine-flu-jab-gives-birth-to-living-baby&catid=1%3Alatest-news&Itemid=64&lang=en

(STT) Braindead woman gave birth to a living baby in Kuopio, Finland. According to a Finnish tabloid Ilta-Sanomat, a baby boy of a 26-yeras old braindead woman was saved using a caesarean section in the University Hospital in Kuopio Finland.

The section took place last Thursday only a couple of hours later after the brain activity of the mother, who was already recovering from paralysis, suddenly stopped. It was 28th week of her pregnancy.

"The clot on her brain during the pregnancy couldn't be cured at any stage, and that eventually caused the brain death", tells the head physician Jorma Penttinen. Deceased woman from north Karelian, Finland, *had paralysed only a couple of hours after she had received the swine flu vaccine* on her home town at the end of last month.

The University Hospital (KYS) denied all the suspicions of possible link between the vaccine and the paralysis symptoms already at the beginning of this month.

According to KYS, the clot and the blockage could have taken place at any time, because pregnancy exposes to clots those patients who have heart valve replacements. There was a heart valve replacement done for the deceased woman five years ago and beacause of that, she had a medication for preventing clots.

According to Ilta-Sanomat, the woman had tried to have a baby for a long time already, despite the risks of her illness. The doctors that the paper interviewed, said that this was a very rare case.

theForeigner
Norwegian News in English

Parents ignore swine flu vaccination programme

The Foreigner, 26 November 2009, at 12:40
https://web.archive.org/web/20101003035534/http:/theforeigner.no/pages/news/parents-ignore-swine-flu-vaccination-programme/

False sense of immunity

50 percent of parents living in Stavanger haven't taken their children to be vaccinated, despite recommendations by the health authorities.

Bjørn Iversen, senior medical officer at the Norwegian Institute of Public Health, believes that parents and children have lulled themselves into a false sense of security regarding the swine flu.

"Some believe that the danger of infection is over as the second wave is on the decline. Young people think they're not vulnerable, and that nothing can happen to them," he tells The Foreigner.

The institute is unsure for the moment as to if there'll be a third round of outbreaks, but Iversen says previous pandemics have shown that there are several waves. He recommends people take their children to be vaccinated as a precaution.

"Vaccinating children is a good way of limiting the spread, because children are the most effective transmitters of illness."

Scepticism

But Iversen admits they have a task on their hands at a local and national level, for several reasons.

"One of the problems of the living in the Western world with its levels of prosperity and hygiene is that we don't see serious infections anymore. We don't relate to illness in the same way that they do in non-Western countries."

It was also difficult to convince doctors and nurses to be vaccinated at first, he says.

"However, their attitude changed quickly when young people started dying from the swine flu, or had to be put in a respirator because of it."

Challenges

Another problem is how the different Norwegian municipalities are organised.

"One of challenges in Norway is that all municipalities are autonomous. They decide themselves how the information should be distributed and what campaigns they should run. There are also different vaccination practices from municipality to municipality, with the worst differences occurring in separate parts of Oslo," he says.

The way forward

But he believes that more parents will also choose to vaccinate their children if the institute, different municipalities, and health care staff explain their point of view well enough.

"Parents need to be given enough information to give them a chance to reconsider their decision, and we also have to organise groups of immunisations in a way that's most convenient for them."

He says he's had the shot too.

"I didn't jump the queue, but was giving a lecture somewhere and offered the chance to be vaccinated in my lunch hour."

THE IRISH TIMES

Pamela Duncan

Swine flu vaccination for under-fives urged by HSE

Irish Times, 27 November 2009,00
https://www.irishtimes.com/news/swine-flu-vaccination-for-under-fives-urged-by-hse-1.779205

The HSE has urged parents with children under the age of five to avail of the swine flu vaccine, as it emerged that only a quarter of parents contacted by the HSE so far have brought their children for vaccinations. A vaccination programme for schoolchildren is due to begin next week.

Dr Pat Doorley, national director of population health with the HSE, has said that the low uptake among parents with children under five was a matter for concern due to the high rate of infection in that category.

"Children under five are a high priority group and . . . we are concerned that we are not getting a sufficient number of them vaccinated," Dr Doorley said.

Almost 150,000 letters have already been sent to about half of parents with children under the age of five. However, only 25 per cent have so far responded by bringing their child to a clinic for vaccination. "Those children who are not vaccinated are at risk of getting swine flu," Dr Doorley warned.

Parents who have not received letters will do so in coming weeks.

While babies under six months are not to be vaccinated, the HSE is proposing that they issue invitations to parents to get the entire family, including parents, brothers and sisters, vaccinated.

Although the rate of infection in children under the age of five has fallen, it is still significantly higher than the national average.

There are 290 cases of swine flu per 100,000 for children under five in comparison with 126.9 cases per 100,000 among the general population.

"We are still seeing significant rates of infection in children which is of concern to us," the Department of Health's chief medical officer, Dr Tony Holohan, said. "People are just not aware that the rates are still very high amongst children."

Meanwhile, vaccinations are to commence in primary and secondary schools next Monday. The vaccination programme for schools is expected to take two months to complete.

"Mostly children will be vaccinated in the school setting," Dr Doorley said.

"Those who are attending small schools will be vaccinated either in bigger schools or, in a small number of cases, in mass vaccination clinics."

It also emerged yesterday that a man with an underlying condition has died in the south of the country as a result of swine flu, bringing to 17 the number of deaths in the State resulting from the virus.

The rate of swine flu infections has fallen slightly from 134 cases per 100,000 last week to almost 127 cases per 100,000 this week.

A minimum of 240,000 people have received the swine flu vaccine; however, that figure could be up to two or three times higher depending on GP returns.

There have been 368 reports of adverse reactions although these have generally been mild.

THE FLU CASE

Irish parents prepare Non-Consent Letter
as unsigned Government sign Flu Jab "Invitations" come through Letter Box

The Flu Case, 27 November 2009, 11:12
https://web.archive.org/web/20100102045214/http://theflucase.com/index.php?option=com_content&view=article&id=2085%3Airish-parents-prepare-non-consent-letter-as-unsigned-government-sign-flu-jab-qinvitationsq-come-through-letter-box&catid=1%3Alatest-news&Itemid=64&lang=en

Letter for parents to non-consent of vaccination of children.

Note: Change the wording of this letter slightly and send same to HSE. Letters being posted by HSE at the moment, notifying parents of the imminent vaccination plans for our children, are not signed by any one responsible. Instead, the letter vaguely ends, 'Yours Faithfully, The Swine Flu Team'. This, lack of signature, is a contentious issue! Get your letter signed by a notary (link for notaries of Ireland below this letter) and send it by registered post. A little extra cost but well worth it for professionalism and to have a record.

Address this letter to School Principal (Nursing Staff).

(Cut the above information before printing your letter and it will fit on one page)

^^

From: (Your Name)
Date:
RE: Request for NON-vaccination of my child (child's name)
Dear Principal __________ (and nursing staff),

This letter is to inform you that as a parent of a child in your school, I do not consent to any H1N1 (Swine Flu) vaccination of my child, (Child's Name), and that if my child is subjected to such a vaccine without my permission, I will consider that a gross violation of not only my parental rights, but the civil rights of my child.

The H1N1 swine flu vaccines currently being given to schoolchildren in Ireland were approved using an unlawful waiver that allowed the vaccines to be approved with absolutely no credible scientific testing. No adequate safety or efficacy testing has been conducted on any of the swine flu vaccines, and those children who are being injected with the vaccines are being treated as human guinea pigs.

H1N1 swine flu has also turned out to be so mild that it can be easily overcome with a healthy immune system aided by healthy levels of circulating vitamin D.

As a parent, part of my responsibility to my child is to protect them from potentially dangerous chemicals or unproven medications that may cause neurological side effects. A previous batch of swine flu vaccines in 1976 are now known to have caused Guillain-Barre Syndrome (GBS), a serious neurological disorder that can cause paralysis or death. The risk of such side effects may be small, but they are permanent and not worth the claimed protection against a disease that is many times less virulent than regular seasonal flu.

Please make note that my child is not to receive any vaccinations without my prior written consent, and that if my child is subjected to vaccines of any kind without such permission, I will immediately seek legal counsel in an attempt to hold your school responsible for all long-term medical costs potentially associated with the vaccine side effects. I will also sue for violation of my child's civil rights.

Should such a scenario unfold, I also plan to go public with this story at both the local and national levels in order to bring increased awareness to this gross violation of parental rights. A copy of this signed and dated letter will be made available to the press to prove that I clearly and specifically requested my child NOT be vaccinated. I will also be happy to provide this documentation to whatever state regulators or law enforcement investigators may become involved at that point.

You may avoid all of this by honoring my request to safeguard my child from any and all H1N1 (Swine Flu) vaccines being given at your school, if that becomes policy.

Regards,

(Your Name) … (Notary stamp here)

PS. for further education on the Flu Scam visit www.theflucase.com

^^^

End Letter
LAOIS NOTARIES
Gerard A. O'Donoghue Market Square, Abbeyleix, Co.Laois 057.8731123 057.8731304
Ryan, Peter Rathdowney, Co. Laois 0505.46145 0505.46533
Also See Millard, Alan, Co. Carlow
For Notaries in our other Counties of Ireland, click:
http://www.notarypublic.ie/finding_a_notary.html#Laois

THE FLU CASE

Jean-Yves Crevel

Lettre ouverte a tous les parents d'élèves et a leurs associations representatives

The Flu Case, 27 November 2009
https://web.archive.org/web/20100102021626/http://theflucase.com/index.php?option=com_content&view=article&id=2086%3Afrench-parents-write-open-letter-advising-against-signing-swine-flu-jab-consent-form-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Ce jour, 25 novembre 2009, nous sommes enjoints par l'éducation nationale de remplir un formulaire visant à autoriser la vaccination de nos enfants dans les établissements scolaires, en dehors de tout cadre habituel.

La veille, nous apprenions que les autorités canadiennes, constatant avec l'Organisation Mondiale de la Santé, un nombre anormal de réactions allergiques graves (dont une mortelle) viennent de retirer en urgence un lot de vaccins Arepanrix produit par le Laboratoire GSK.

A la lecture des documents officiels destinés à autoriser les vaccins Arepanrix au Canada et Pandemrix en France, nous constatons que, contrairement à ce qui a été affirmé précipitamment, ces deux vaccins sont identiques, seuls les noms diffèrent:
https://web.archive.org/web/20091229191059/http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832fr.pdf
(http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832fr.pdf)
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/legislation/interimorders-arretesurgence/prodinfo-vaccin-fra.php

De plus, le 19 février 2009, le Comité Consultatif pour les Vaccins et les Produits Biologiques Associés de la FDA (Food and Drug Administration, chargée aux États-Unis de l'évaluation et de l'autorisation des médicaments) s'était réuni pour une audition publique. A cette occasion, le Dr Vaughn, représentant de GSK, a déclaré: «Alors que nous avons une grande expérience en matière de profil de sécurité pour le vaccin classique inactivé contre la grippe saisonnière chez les enfants de plus de six mois, il y a en général, une expérience très limitée concernant le profil de sécurité de l'ASO3 chez l'enfant» (l'AS03 désignant le squalène contenu dans les vaccins français et canadiens de GSK)

Par ailleurs, le formulaire qui est remis au parent vise ostensiblement à leur extorquer leur consentement:

Comme il l'a été relevé par la rédaction du journal télévisé de France2 (23 novembre2009 / 13 heures) la case «Non» aurait été «oubliée», l'éducation nationale prétend qu'il s'agit «d'une erreur».

Il est préalablement demandé de cocher une case à côté de laquelle figure la mention «J'ai reçu une information sur le vaccin et la vaccination (cochez la case si la réponse est oui)».

Cette «information» fait référence aux feuillets qui accompagnent le formulaire. Or, il ne s'agit pas d'information, attendu que tous ces feuillets incitent à répondre «Oui» à la question qui suit: «et donne mon accord à la vaccination...» alors que l'information minimale que les parents sont en droit d'attendre est précisément le nom et la composition du vaccin, telle qu'elle figure dans le tableau ci-dessus, pour réellement décider en toute connaissance de cause quelles substances peuvent être inoculées à leurs enfants.

Enfin, en suivant l'évolution des cas de grippes relevés officiellement par le réseau Sentinelle, il ressort que certaines régions françaises, (voir par exemple les cartes de la région Poitou-Charentes pour les semaines 45 puis 46) sont sorties de la situation épidémique sans aucune campagne de vaccination systématique. Les récents communiqués de l'Organisation Mondiale de la Santé comme les données des services d'urgence français (Assistance publique - Hôpitaux de Paris) amènent à conclure que le pic de l'épidémie aurait déjà été atteint et que la baisse du nombre de cas se produit avant que les populations ne soient vaccinées.

En conséquence, et en considération de l'article 223-6 du code Pénal réprimant la non assistance à personne en danger, je demande:

A tous les parents de répondre «Non» au formulaire. A ceux qui souhaitent, malgré tout, faire vacciner leurs enfants, d'exiger un vaccin ne présentant pas les risques du Pandemrix.

Aux organisations représentatives des parents d'élèves de demander officiellement au Ministre de l'Éducation Nationale de sursoir à toute vaccination dans l'attente des investigations en cours sur les reactions allergiques graves constatées dans d'autres pays, ceci en application du principe de précaution inscrit dans la Constitution, de faire étudier les vaccins proposés par des experts réellement indépendants des fabricants, d'informer correctement les parents, notamment en faisant figurer la composition complète des vaccins sur les formulaires.

J'invite tous les parents d'élèves qui le souhaitent à co-signer et diffuser cette lettre.
Jean-Yves CREVEL

=>

THE FLU CASE

French parents write Open Letter
advising against signing Swine Flu jab consent form

. The Flu Case, 27 November 2009, 11:17
https://web.archive.org/web/20100102021626/http://theflucase.com/index.php?option=com_content&view=article&id=2086%3Afrench-parents-write-open-letter-advising-against-signing-swine-flu-jab-consent-form-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

French parents have published an open letter giving facts and evidence to show that GlaxoSmith-Kline's Pandemrix swine flu jab is not adequately tested, and advising them not to sign "consent" forms for their children to be given the vaccine at school.

The open letter comes as the French government steps up its mass vaccination plans and parents around the country are receiving froms asking them to give their formal consent to kids to be given

the jab, a step that will prohibit them from claiming compensation from pharamceutical companies in the future for any damage caused by the jab.

The letter notes that parents have not been given adequate information by the government as to the potential side effects of the vaccine, and also that some regions in France have already announced the pandemic is over without a vaccination campaign.

The letter in French can be found here:
http://www.decapactu.com/spip/article.php3?id_article=499

"**Open letter to all parents of pupils and their representative associations**"

Today, 25 November 2009, we are being instructed by the national education authorities to fill out a form designed to allow vaccination of our children in schools, outside any standard framework.

Yesterday, we learned that the Canadian authorities noting along with the World Organization of Health an abnormal number of serious allergic reactions (including a fatal case) is about to make an emergency withdrawal of a batch of vaccines Arepanrix produced by the Laboratory GSK.

Reading the official documents intended to authorize the vaccines Arepanrix in Canada and Pandemrix in France, we note that, contrary to what has been stated too quickly, these two vaccines are identical, with only different names:
https://web.archive.org/web/20091229191059/http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832fr.pdf // (http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832fr.pdf)
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/legislation/interimorders-arretesurgence/prodinfo-vaccin-fra.php

In addition, on 19 February 2009, the Advisory Committee for vaccines and biological products associates of the FDA (Food and Drug Administration, responsible to the United States of the evaluation and authorisation of medicines) met for a public hearing.

On this occasion, Dr Vaughn, representative of GSK, said: "while we have a great experience in matters of security profile for the classical inactivated vaccine against the seasonal influenza among children of more than six months, there is in general, very limited experience concerning the safety profile of the ASO3 among the child. » (AS03 designates squalene, which is in the French and Canadian GSK vaccine…)"

LE FIGARO

Cécilia Gabizon

Grippe A: les mineurs peuvent refuser l'injection

Le Figaro, 27 Novembre 2009, 08:17
https://sante.lefigaro.fr/actualite/2009/11/27/9915-grippe-mineurs-peuvent-refuser-linjection

*Selon le code de santé publique, le consentement d'un patient même mineur est nécessaire pour tout acte médica*l.

Ceux qui ont longuement mûri la décision de faire vacciner leurs enfants pourraient être déçus. Si, le matin, votre chérubin dit clairement «qu'il ne veut pas, il ne sera pas vacciné», a fait savoir le ministère de la Santé. Les premiers refus ont été observés alors que démarre la campagne de vaccination contre la grippe A (H1N1) dans les collèges et les lycées. Or, depuis la loi du 4 mars 2002 sur les droits des malades, le mineur a droit au respect de sa volonté. Au terme de l'article L. 1111-4 du Code de la santé publique, «le consentement du mineur doit être systématiquement recherché s'il est apte à exprimer sa volonté et à participer à la décision». Lorsqu'il dispose de la maturité suffisante, un mineur «peut donc refuser un traitement ou l'interrompre», explique le Dr Irène Kahn-Bensaude, pédiatre et conseiller de l'Ordre.

Ce n'est que dans les cas d'urgence, «si le refus risque d'entraîner des conséquences graves pour la santé de l'enfant, que la loi mais aussi l'article 43 du Code de déontologie disent clairement que le médecin doit passer outre», assure le Dr Michel Fillol, secrétaire général adjoint du Conseil national de l'ordre des médecins.

Procédure différenteen primaire

Dans le cas de la vaccination, «la volonté de l'enfant, dès lors qu'il peut l'exprimer clairement, prime sur celle des parents», estime Michèle Anahory, avocate, associée chez Price Waterhouse.

«C'est une dérogation aux dispositions sur l'autorité parentale», explique Me Marie-Anne Levitan, avocate spécialiste des questions de santé. Qui peut s'avérer problématique lorsque l'enfant est petit, car «la loi n'a pas fixé d'âge minimum pour donner son consentement». Au ministère de la Santé, on se veut pragmatique : «Il n'est pas possible de vacciner des adolescents contre leur gré.» En revanche, si les parents veulent absolument que leur progéniture soit protégée de la grippe A (H1N1), ils peuvent l'emmener plus tard, dans un centre de vaccination. En visite au collège Jules-Romains à Paris mercredi, Roselyne Bachelot a tenté de persuader les méfiants : «À ces jeunes qui doutent, je leur dirai que j'ai envie de les emmener dans un service de réanimation pour leur montrer un jeune avec les poumons complètement détruits par la grippe H1N1, ce qu'on ne voit pas avec la grippe saisonnière.»Dans ce collège, une deuxième journée de vaccination est déjà prévue, ce qui laissera du temps de réflexion aux parents encore indécis. Certains auraient rempli «non»au questionnaire, a fait savoir la principale Marie-Anne Krzesinski, mais «souhaiteraient finalement que leurs enfants soient vaccinés».

La ministre a rappelé que «lorsqu'un des deux parents s'oppose»à la vaccination, «c'est toujours le non qui l'emporte». Enfin, pour éviter peut-être que les enfants ne se dérobent à la piqûre, la procédure sera différente en primaire. Les petits devront se rendre accompagnés de leurs parents dans les centres de vaccination, le mois prochain.

The Telegraph

Lucy Cockcroft

Mother taken to court for refusing to allow daughter to have swine flu vaccination

Telegraph, 28 November 2009, 8:00AM GMT

https://web.archive.org/web/20091201030639/http://www.telegraph.co.uk/health/healthnews/6671405/Mother-taken-to-court-for-refusing-to-allow-daughter-to-have-swine-flu-vaccination.html

A mother is being taken to court by her ex-partner for refusing to allow their daughter to have the swine flu vaccine.

The 44-year-old, a former international consultant, opted to take her daughter, 9, out of the immunisation programme run at her private school because she had reservations about the safety of the vaccine.

After spending hours researching it and speaking with friends in the medical profession, she decided that not enough was known about the long-term effects of the vaccine, and that her child, who has no medical problems, should not have it.

However, when news of her choice reached her former partner, 46, a financial consultant, he strongly disagreed.

He has now launched a civil action in the family court division of the Jersey Royal Court in the hope it will decide that the girl must be inoculated.

It is the first case of its kind and could set a precedent for future parental disputes over the vaccine.

Her mother told The Daily Telegraph: "I would die a million deaths for my little girl, I love her dearly and don't want to see any harm come to her, but I sincerely believe having this vaccination is not in her best interests. – "I have researched the vaccination extensively, the decision I have made is an informed one. I do not want my daughter to have it.

"My daughter is an extremely healthy child so I don't believe swine flu poses that much of a threat to her. A girl in her class had it, but the symptoms were not too bad, she just complained of a sore throat and feeling out of sorts.

"If she gets swine flu then she will build immunity naturally, and I will nurse her night and day until she is better.

"I am concerned about the long term impact of the vaccination. We were all told in the 1970s that thalidomide was safe for pregnant women, and look what happened."

The couple, who both live on Jersey, split acrimoniously over two years ago after a relationship of more than a decade.

They have since been embroiled in a separate legal dispute over the terms of a pre-nuptial-style contract they signed when she left her job to raise their daughter.

They cannot be named for legal reasons.

The mother said: "My former partner is adamant that he wants her to have the swine flu vaccine.

"I received an email from him saying he really wanted her to have the vaccine and I wrote back explaining my reasons and telling him it wasn't a decision I had taken lightly.

"The next thing I know, I received a letter telling me to attend court on Monday. His letter notified me of his application for a specific issue order, which I am told means our daughter could be made a ward of court and the judge could decide that she must have the injection.

"He knows I can't afford lawyers to fight him."

NHS figures show that under 16s are the age group most likely to be admitted to hospital with swine flu, while 21 per cent of deaths in England are among under-14s.

The Government says that trials of the swine flu vaccine have proved it to be as safe as the normal seasonal flu vaccine.

However, a poll of doctors for Pulse Magazine found that 49 per cent would refuse to have it, while a similar survey for GP magazine found 29 per cent would opt out, with 71 per cent stating safety fears as their reason why.

Most of the children at the girl's school have had the inoculation over the past two weeks after consent forms were sent home to parents.

Her mother said: "The fear of god has been struck into parents and children over swine flu, especially on this island, and I think it is totally out of proportion.

"She is aware of what is happening and she is aware of all the risks but she still does not want it. She knows that if she gets swine flu she will feel unwell.
"What are they going to do to make her have this? Hold her down?"

A legal source confirmed that the application has been lodged with the court and there will be a preliminary hearing on Monday.

He said: "The parents have split and there has been a lot of acrimony but I am not going to comment on what is going on there.

"The father genuinely thinks it is in his daughter's best interests to receive the immunisation. He would take the view that he would rely on what the medical authorities advise, rather than information collected from the internet where there is a lot of misinformation to be found.

"The court will consider what is best for the welfare of the child, and that is its only consideration."

The swine flu vaccine is not offered in schools in England and Wales, although it was recently announced that children aged between 6 months and five years will be invited to have the inoculation at their GP surgery.

However, in Jersey, all children from nursery age to 18 years old have been urged to have either the Pandenrix or Celvapan vaccination at their schools, under the guidance of the Medical Officer of Health, Dr Rosemary Geller.

A spokesman for the States of Jersey Department of Health and Social Services said: "We urge parents to have their children vaccinated but it is certainly not compulsory, parents have to sign a consent form.

"I understand our approach is different to England but that is because we are a very small island with a population of just 100,000 people. We have got through our high risk groups very quickly and have moved on to inoculate children because data suggests they are more susceptible.

"For that reason we have urged parents to consent to the vaccination because our hospital only has a limited capacity for intensive care patients."

The Health Protection Agency estimates there have been 760,000 cases of swine flu in England since the pandemic began and 163 deaths.

There have been 607 confirmed cases of swine flu in Jersey, and no deaths.

THE IRISH TIMES

Kitty Holland

Swine flu injections in schools from Monday

The Irish Times. 28 November 2009
https://www.irishtimes.com/news/swine-flu-injections-in-schools-from-monday-1.779997

The Swine flu vaccination programme will begin in schools on Monday, the HSE has confirmed.

A spokeswoman said larger schools would be visited first by vaccination teams "to get higher numbers done in the first batches".

The HSE has written to the first schools being targeted and others will be written to in coming weeks. All school staff will also be offered the vaccination.

The move marks the extension of the programme from at-risk groups, women who are more than 14 weeks pregnant and up to six weeks after birth, people over 65 and children aged between six months and five years.

By the time this phase of the programme is completed, some time early next year, everyone under the age of 18 and over six months will have been offered the vaccination.

The letters to schools will outline arrangements and vaccination packs will be provided to be sent home to parents with a consent form. Children over 16 will be able to sign their own consent forms.

A HSE spokeswoman said it would not be possible for teams to go into every individual school and in some instances a number of schools may be invited to bring their pupils to another school on the day vaccinations are being administered there.

In other cases pupils and staff will be advised to attend a HSE vaccination clinic and appointments for these children should be made by their parents or guardians.

Minister for Education Batt O'Keeffe has urged schools to co-operate, acknowledging that it will mean some disruption to school timetables.

Medical advice is that children under 13 will require two doses of the vaccine and that those 13 and over may need a second dose.

"The HSE is, therefore, initially focusing on vaccinating all children and arrangements for how the second dose will be given, to those that require it, will be advised by the HSE at a later date."

Separately, a number of parents of under-fives who have received HSE letters inviting them to bring their children for vaccination, have complained of being unable to access HSE clinics in the Dublin area.

One father of two said yesterday that the clinic he had been advised to attend, Cabinteely Health Centre, was fully booked.

A HSE spokeswoman advised parents to bring children to the local HSE clinic with their letter, adding "they won't be turned away".

Mercola.com
Take Control of Your Health

Joseph Mercola

Swine Flu Alert - Shocking Vaccine Miscarriage Horror Stories

MercolaCom, 28 November 2009
http://articles.mercola.com/sites/articles/archive/2009/11/28/Shocking-Swine-Flu-Vaccine-Miscarriage-Stories.aspx
https://archive.org/details/mercola-swine-flu-miscarriage

U.S. health authorities have made pregnant women one of the highest priority groups for getting the H1N1 swine flu vaccine, but is it actually safe for pregnant women and their babies?

In fact, the package inserts for the swine flu vaccines actually say that the safety of these vaccines for pregnant women has not been established. And miscarriage reports from pregnant women who have taken the H1N1 swine flu vaccine are starting to pour in from all over the nation.

The link below contains stories that will shock and anger you. If you are a pregnant mother, please do not take the H1N1 swine flu vaccine. Instead, do everything that you can do to avoid public places and make sure to wash your hands more than you usually would. Research the many great natural ways there are for fighting the flu.

Dr. Mercola's Comments (Facebook)

As a pro-safety drug- and vaccine advocate, I believe it's imperative to be able to unequivocally prove that a drug or vaccine will cause no harm, AND be able to show that it offers measurable benefit, before releasing it to market. This is especially important when we're dealing with pregnant women and young children.

Neither is true for the flu vaccine during pregnancy, and even less so for the H1N1 vaccine when given to pregnant women. Flu vaccine manufacturers clearly indicate that safety and effectiveness of their flu vaccines have not been established for pregnant women and nursing mothers.

Ditto for their H1N1 vaccines.

De Telegraaf

Onderzoek overlijden kinderen na griepprik

De Telegraaf, 2 December 2009, 11:39
https://web.archive.org/web/20120521210254/http://www.telegraaf.nl/grieplijn/5470303/__Onderzoek_overlijden_kinderen__.html?p=11,1

Den Bosch – Twee kinderen zijn overleden vlak nadat ze de inenting tegen de Mexicaanse griep hadden gekregen. Het centrum voor bijwerkingen Lareb heeft dat gemeld. In beide gevallen wordt nader onderzoek verricht, liet het centrum woensdag weten.

Eén kind had een ernstige hartafwijking en overleed vijf dagen na vaccinatie. "Er is geen aanwijzing voor een relatie met het vaccineren", stelt het centrum, dat het geval toch nader onderzoekt. Het tweede kind kreeg na de griepprik koorts. "Behalve koorts had het kind geen andere verschijnselen die wijzen op een relatie met het toedienen van het griepvaccin, maar er is ook geen duidelijke andere oorzaak voor het overlijden gevonden", stelt Lareb

THE FLU CASE

Two Children Die in the Netherlands after Swine Flu shot

The Flu Case, 3 December 2009, 11:13
https://web.archive.org/web/20100102021450/http://theflucase.com/index.php?option=com_content&view=article&id=2166%3Atwo-children-die-in-the-netherlands-after-swine-flu-shot&catid=1%3Alatest-news&Itemid=64&lang=en

Two children in The Netherlands died after getting the swine flu shot according to the newspaper, De Telegraaf.

One of the children had a severe heart disease and died 5 days after getting the shot.

The second child developped a fever after being vaccinated. The child appears to have had no underlying condition or sickness that could be attributed as the cause of death.

The authorities are dying a link between the shot and the deaths.

Le Télégramme

Grippe A. Quatre fois la dose de vaccin pour cinq enfants à Brest

Le Tèlègramme, 2 décembre 2009 à 00h00
https://www.letelegramme.fr/finistere/spangrippe-aspan-quatre-fois-la-dose-de-vaccin-pour-cinq-enfants-a-brest-707719.php

À la suite de l'erreur d'une infirmière, cinq enfants ont reçu quatre fois la dose de vaccin prescrite, lundi matin, au centre de vaccination de Brest. Les cinq petits allaient bien, hier, mais des parents ont passé une nuit blanche.

«Méthode à revoir»

«Mon fils de 22 mois a été vacciné, lundi matin, au centre de Brest et j'ai eu, en fin d'après-midi, un coup de fil d'un médecin de la Ddass m'informant qu'il avait reçu quatre fois la dose. Le médecin m'a conseillé de surveiller si mon enfant faisait une réaction à ce surdosage et m'a dit que les urgences pédiatriques du CHU étaient informées. Avec mon mari, nous n'avons pas dormi de la nuit pour rester auprès de lui. Le lendemain, je n'ai pas voulu courir aux urgences pédiatriques parce que mon fils allait bien, mais j'ai appelé le15, qui n'était pas au courant de l'incident. Le médecin régulateur aété très efficace. Je ne remets pas en cause le bien fondé du vaccin, mais la méthodologie: si mon médecin généraliste avait pu faire cette vaccination, il n'y aurait pas eu ce problème», explique une maman brestoise.

1ml au lieu de 0,25ml

Le conditionnement multidoses des vaccins est à l'origine du problème. Les cinq enfants ont reçu un millilitre de vaccin Panenzasans adjuvant, au lieu des 0,25ml recommandés jusqu'à 3ans. Ensuite et jusqu'à 9 ans, la dose est de 0,5ml comme pour une femme enceinte. «Ce n'est pas un problème d'organisation. Il s'agit d'une erreur isolée de manipulation, l'infirmière, pourtant expérimentée, qui a préparé l'injection s'est trompé de dosage. Le risque est de faire une réaction un peu plus forte au vaccin, avec de la fièvre. Mais aucun effet indésirable n'a été enregistré chez les cinq enfants que l'on continue à surveiller régulièrement. Le centre national a été informé ainsi que les experts de l'Afssaps», déclarait, hier soir, un médecin de la Ddass.

ELLE

Grippe A: des enfants ont reçu 4 doses de vaccin au lieu d'1

Elle, 2 Decembre 2009
https://www.elle.fr/Societe/News/Grippe-A-des-enfants-ont-recu-4-doses-de-vaccin-au-lieu-d-1-1087787

Aujourd'hui, la Direction départementale des affaires sanitaires et sociales (Ddass) du Finistère a annoncé que cinq enfants, vaccinés lundi dans un centre de Brest, ont reçu par erreur, quatre doses chacun de vaccin au lieu d'une. Pour le moment, «aucun effet indésirable n'a été enregistré», mais «un suivi quotidien des enfants est assuré», a confié la Ddass. Par ailleurs, le centre de crise national et les experts de l'Agence Française de sécurité sanitaire des produits de santé ont été alertés. Le plus jeune des enfants est âgé de 22 mois. Comme les quatre autres, il a reçu une dose d'1 millilitre de vaccin au lieu des 0.25ml recommandé.

Interrogée par «Le Télégramme», la mère d'un des enfants a remis en cause «la méthodologie et non, le bien-fondé du vaccin». «Si mon médecin avait pu faire cette vaccination, il n'y aurait pas eu de problèmes», a-t-elle ajouté. K.M.

PARIS MATCH

Grippe: 5 enfants reçoivent un vaccin surdosé

Paris Match, 2 décembre 2009, 10:32
https://www.parismatch.com/Actu/Sante/Grippe-A-Vaccin-surdose-pour-5-enfants-167139

Cinq enfants ont reçu quatre fois la dose de vaccin prescrite, lundi matin au centre de vaccination de Brest après une erreur humaine, rapporte mercredi le *Télégramme*. Une infirmière leur a administré 1ml de Panenza au lieu des 0,25 recommandés pour les petits jusqu'à 3 ans.

"Ce n'est pas un problème d'organisation. Il s'agit d'une erreur isolée de manipulation. L'infirmière, pourtant expérimentée, qui a préparé l'injection, s'est trompée de dosage. Le risque est de faire une réaction un peu plus forte au vaccin, avec de la fièvre. Mais aucun effet indésirable n'a été enregistré chez les cinq enfants que l'on continue à surveiller régulièrement. Le centre national a été informé ainsi que les experts de l'Afssaps", a déclaré mardi soir, un médecin de la Ddass cité par le quotidien. Les cinq enfants vont bien.

Le Parisien

Grippe A: six enfants victimes d'une erreur de vaccination en Bretagne

Le Parisien, 2 décembre 2009 à 17h18
https://www.leparisien.fr/societe/sante/grippe-a-six-enfants-victimes-d-une-erreur-de-vaccination-en-bretagne-02-12-2009-730973.php

Six enfants ont été victimes d'erreurs de vaccination à Brest et Paimpol, a-t-on appris mercredi. Cinq d'entre eux, âgés de moins de trois ans, vaccinés lundi dans un centre de Brest, ont reçu par erreur quatre doses de vaccin chacun au lieu d'une contre la grippe H1N1. C'est ce qu'a indiqué mercredi la Direction départementale des affaires sanitaires et sociales (DDASS) du Finistère.

«Un suivi quotidien des enfants est assuré. A ce jour aucun effet indésirable n'a été enregistré», a expliqué la Ddass, qui évoque «une erreur isolée de manipulation» dans ce centre.

1 millilitre au lieu des 0,25 ml

Les cinq enfants, dont un âgé de 22 mois, ont reçu 1 millilitre de vaccin au lieu des 0,25 ml recommandé, poursuit la Ddass. Le centre de crise national a été prévenu, ainsi que les experts de l'Agence française de sécurité sanitaire des produits de santé. Il s'agit de flacons multidoses dans lequel on prélève une dose de 0,25 ml «Panenza non adjuvé», l'infirmière a prélevé 1 ml, il s'agit d'une faute isolée», a déclaré Dominique Le Goff, médecin inspecteur de santé publique de la Dass du Finistère. «L'infirmière ne se l'explique pas», a-t-elle ajouté.

«Après analyse avec l'équipe, nous avons conclu qu'il s'agit d'une erreur individuelle, nous n'avons pas été amenés à revoir l'organisation et la gestion de ce centre», a-t-elle aussi expliqué, en précisant que ce centre de vaccination «fonctionne bien». L'Afssaps s'est montrée «rassurante sur les risques». «Nous avons informé les familles pour une surveillance appropriée», a indiqué Anne Castot, chef du service de la gestion des risques des médicaments.

Le Monde

Vaccination contre la grippe H1N1:
quelques cas de surdose en Bretagne

Le Monde avec AFP, 3 Décembre 2009, à 08h06
https://www.lemonde.fr/epidemie-grippe-a/article/2009/12/03/vaccination-contre-la-grippe-h1n1-quelques-cas-de-surdose-en-bretagne_1275299_1225408.html

A Brest, cinq enfants de moins de 3 ans ont reçu 4 doses de vaccin chacun. A Paimpol, une fillette a reçu une dose "adulte". A Brest, aucun effet indésirable n'a été enregistré.

Cinq enfants de moins de 3 ans, vaccinés lundi dans un centre de Brest, ont reçu par erreur quatre doses de vaccin chacun contre la grippe H1N1, a indiqué mercredi la direction départementale des affaires sanitaires et sociales (Ddass) du Finistère. *"Un suivi quotidien des enfants est assuré. A ce jour aucun effet indésirable n'a été enregistré"*, a expliqué la Ddass, qui évoque *"une erreur isolée de manipulation"* dans ce centre.

Les cinq enfants, dont un âgé de 22 mois, ont reçu 1 millilitre de vaccin au lieu du 0,25 ml recommandé, poursuit la Ddass. Le centre de crise national a été prévenu, ainsi que les experts de l'Agence française de sécurité sanitaire des produits de santé (Afssaps). *"Il s'agit de flacons multidoses dans lequel on prélève une dose de 0,25 ml ("*Panenza non adjuvé*"), l'infirmière a prélevé 1 ml, il s'agit d'une faute isolée"*, a déclaré Dominique Le Goff, médecin inspecteur de santé publique de la Dass du Finistère. *"L'infirmière ne se l'explique pas"*, a-t-elle ajouté.

L'Afssaps s'est montrée *"rassurante sur les risques"*. *"Nous avons informé les familles pour une surveillance appropriée"*, a indiqué Anne Castot, chef du service de la gestion des risques des médicaments. *"Il nous semble que les risques d'une surdose sont essentiellement une hyperréaction locale, au point d'injection, voire un risque de fièvre ou un petit syndrome pseudo-grippal"*, a-t-elle indiqué. En outre, la responsable a relevé qu'à ce jour il n'y avait pas d'effet indésirable particulier qui ait été relevé. Or, d'après elle, s'il devait y avoir une réaction, *"ce serait à court terme"*.

Une des mères de famille, interrogée par le quotidien *Le Télégramme*, a dit ne pas remettre en cause *"le bien-fondé du vaccin, mais la méthodologie: si mon médecin généraliste avait pu faire cette vaccination, il n'y aurait pas eu ce problème"*. Par ailleurs à Paimpol, une fillette de 3 ans et demi a reçu lundi *"une dose adulte"* de vaccin au lieu d'une dose enfant, a indiqué la préfecture des Côtes-d'Armor. *"La petite fille a fait des poussées de fièvre en réaction, elle est surveillée par un pédiatre"*, a expliqué une porte-parole de la préfecture. *"Nous sommes en train d'analyser ce qui s'est passé"*, a-t-elle ajouté.

La France métropolitaine a enregistré près d'un million de nouveaux cas de grippe pandémique H1N1 la semaine dernière, selon les estimations du réseau des Grog (groupes régionaux d'observation de la grippe), diffusées mercredi. Près de 4 millions de personnes, précisément 3 824 000 personnes, ont déjà été infectées par le virus grippal pandémique H1N1 en France métropolitaine depuis le mois d'août, écrit-il. L'épidémie de grippe H1N1 2009 est *"toujours en hausse"*, note le réseau Grog, qui estime qu'il y a eu 993 000 cas de grippe en France métropolitaine la semaine dernière, contre 812 000 la semaine précédente. Cette *"activité épidémique en hausse"* est confirmée par les médecins du réseau Sentinelles-Inserm.

lepoint.fr

Grippe A: Cinq enfants reçoivent des surdoses de vaccin contre la grippe A

Le Point, Avec AFP, 3 décembre 2009, 07:18

La survaccination de cinq enfants de Brest n'aurait pas entraîné d'effets secondaires indésirables.

Cinq enfants vaccinés lundi dans un centre de Brest ont reçu par erreur quatre doses de vaccin chacun contre la grippe H1N1, a indiqué mercredi la Direction départementale des affaires sanitaires et sociales (DDASS) du Finistère dans un communiqué. "Un suivi quotidien des enfants est assuré. À ce jour, aucun effet indésirable n'a été enregistré", a expliqué la DDASS, qui évoque "une erreur isolée de manipulation" dans ce centre.

Les cinq enfants, dont un âgé de 22 mois, ont reçu 1 millilitre de vaccin au lieu des 0,25 ml recommandé, poursuit la DDASS. Le centre de crise national a été prévenu, ainsi que les experts de l'Agence française de sécurité sanitaire des produits de santé. Une des mères de famille, interrogée par le quotidien Le Télégramme, a dit ne pas remettre en cause "le bien-fondé du vaccin, mais la méthodologie: si mon médecin généraliste avait pu faire cette vaccination, il n'y aurait pas eu ce problème".

THE FLU CASE

Five children in France received adult doses of the swine flu jab

The Flu Case, 3 December 2009.
https://web.archive.org/web/20100102005705/http://theflucase.com/index.php?option=com_content&view=article&id=2167%3Afive-children-in-france-given-adult-swine-flu-shot-doses&catid=1%3Alatest-news&Itemid=64&lang=en

A child of 22 months was given four times the recommended dose at a vaccine center in Brest.

The authorities have called it an "isolated" error and say the children will suffer no side effects.

lepoint.fr

Seuls 10 % des collégiens et lycéens demandent à être vaccinés contre la grippe A

Le Point, 3 Decembre 2009, 14:38
https://web.archive.org/web/20100102013309/http://www.lepoint.fr/grippe-a-h1n1/2009-12-03/h1n1-seuls-10-des-collegiens-et-lyceens-demandent-a-etre-vaccines/2024/0/401117

Seuls quelque 10 % des élèves des collèges et lycées "demandent effectivement à être vaccinés" contre la grippe H1N1, une semaine après le lancement de la campagne de vaccination dans ces établissements, a indiqué jeudi le ministre de l'Éducation Luc Chatel. Mardi soir 1er décembre, une semaine après le début de la campagne, "nous étions à plus de 30.000 collégiens et lycéens vaccinés", a précisé le ministre lors d'un déplacement dans un lycée professionnel parisien accueillant des élèves sourds et malentendants.

"Dans les remontées de terrain que j'ai", a-t-il ajouté, "nous ne sommes qu'autour de 10 % des élèves dont les parents ont été sollicités qui demandent effectivement à être vaccinés". Face à ces chiffres, Luc Chatel a rappelé "l'importance pour les parents de solliciter la vaccination de leurs enfants". "Ce virus touche davantage les enfants, les personnes fragiles (...) La meilleure barrière, c'est la vaccination", a-t-il insisté.

Interrogé sur le cas d'une enseignante parisienne enceinte qui refuse de faire cours depuis plus d'une semaine en faisant valoir qu'elle risque d'attraper la grippe H1N1, Luc Chatel a indiqué que le ministère était "en train de regarder localement comment trouver une solution". "C'est une jeune femme vaccinée (contre la grippe H1N1, ndlr), mais qui se préoccupe de l'impact de la vaccination et de la propagation dans sa classe de la grippe A", a-t-il ajouté.

Le ministère de l'Éducation nationale avait souligné mardi qu'il s'agissait d'un cas particulier, et que la décision de l'enseignante était "illégale". Luc Chatel s'exprimait dans le cadre d'une visite du lycée professionnel François-Truffaut, qui accueille 13 sourds ou malentendants intégrés dans des classes classiques. Il a confirmé à cette occasion la création en 2010 d'un "capes en langue des signes" française (LSF), ouvert aux enseignants malentendants ou pas

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THE FLU CASE

90% of French parents refuse Swine Flu jab consent

The Flu Case, 8 December 2009, 15:18
https://web.archive.org/web/20100102013309/http://theflucase.com/index.php?option=com_content&view=article&id=2212%3A90-of-french-parents-refuse-swine-flu-jab-consent&catid=1%3Alatest-news&Itemid=64&lang=en

Only 10% of the pupils at schools and colleges in France are expected to get the swine flu jab on the basis of returned consent forms, according to Education Minister Luc Chatel.

Les Echos

Étienne Lefebvre

Grippe: collégiens et lycéens rechignent à se faire vacciner

Les Echos, 4 Décember 2009 à 01:01
https://www.lesechos.fr/2009/12/grippe-collegiens-et-lyceens-rechignent-a-se-faire-vacciner-469527

Seuls quelque 10 % des élèves des collèges et lycées *«demandent effectivement à être vaccinés»* contre la grippe A (H1N1), a indiqué hier le ministre de l'Education, Luc Chatel. Au 1er décembre, une semaine après le début de la campagne dans les établissements, *«nous étions à plus de 30.000 collégiens et lycéens vaccinés»,* a-t-il précisé. Face à ces chiffres décevants, Luc Chatel a rappelé *«l'importance pour les parents de solliciter la vaccination de leurs enfants».*

L'épidémie, elle, gagne du terrain, avec près de 1 million de personnes (993.000) ayant consulté pour des infections liées au virus la semaine dernière. En une semaine également, 24 nouveaux décès ont été enregistrés et 481 personnes ont été hospitalisées. *« Cette hausse semble ralentir un peu»,* a toutefois déclaré la ministre de la Santé, Roselyne Bachelot, hier. Le nombre d'établissements scolaires complètement fermés a d'ailleurs été ramené à 190 hier, contre 219 mercredi.

Recrutements express

Les 1.080 centres de vaccination sont désormais tous ouverts. 1,33 million de Français ont été vaccinés en dix-huit jours. L'objectif gouvernemental est flou : le Premier ministre, François Fillon, avait indiqué qu'il s'agissait de vacciner 12 millions de Français dans les semaines qui viennent, Roselyne Bachelot affirmant dans « Le Monde » viser 30 millions d'ici à février.

Une chose est sûre, les 94 millions de doses de vaccins achetées ne seront pas nécessaires (une dose suffit pour les plus de 10 ans). Pour pallier l'engorgement persistant dans certains centres de vaccination, en particulier dans les grandes agglomérations (Paris, Lyon, Toulouse), le secrétaire d'Etat à l'Emploi, Laurent Wauquiez, a annoncé hier le recrutement express en contrats aidés spécifiques de 5.000 personnes. Les contrats d'une durée de six mois seront subventionnés à 100 % par l'Etat, et ils seront proposés par les associations (dont la Croix-Rouge) et les collectivités locales, afin d'aider à l'accueil dans les centres.

« Réquisitions intolérables »

La tension entre le gouvernement et les médecins libéraux reste vive. Le syndicat des médecins libéraux (SML) a dénoncé hier certaines *«réquisitions intolérables »*de praticiens, en région parisienne, car ne *«respectant pas les plages de disponibilités indiquées par les médecins volontaires».* Roselyne Bachelot, de son côté, a déclaré qu'elle *« ne voyait pas d'argument qui nous ferait revenir en arrière»* sur le choix de ne pas autoriser la vaccination dans les cabinets médicaux. *«La vaccination coûterait beaucoup plus cher en cabinet »,* affirme-t-elle.

AFTONBLADET

Jill Sjölund, Johanna Klaasen

Fick vaccinet – barnet dog

Aftonbladet, 5 December 2009
https://web.archive.org/web/20111116202636/http://www.aftonbladet.se/nyheter/article6240532.ab

Zahra 28: Allt var bra innan jag fick sprutan

Zahra Abdelkader, 28, var i nionde månaden. På vårdcentralen uppmanades hon att ta influensavaccinet.

Två dagar senare hade fostret dött.

– När barnet kom ut var han vacker. Perfekt. Men han andades inte, säger hon.

Zahra och hennes man Reshid, som bor utanför Umeå, var lyckliga. De väntade sitt första barn – en son. Han skulle heta Mohammed.

– Jag längtade så mycket efter att få höra mitt barn skratta och gråta, säger hon.

Övertalades

Förlossningen var beräknad till 24 november. Inuti magen kände hon regelbundet de starka sparkarna. Den 19 november gick hon på sin sista kontroll på vårdcentralen.

– Då såg allt bra ut. Jag fick höra barnets hjärta slå.

Zahra, som tidigare hade tackat nej till att vaccineras mot svininfluensan, övertygades att ta sprutan. Efteråt blev hon tung i kroppen, armen värkte.

– Två dagar senare kände jag att något var fel i magen. Barnet rörde sig inte.

Andades inte

Då, tre dagar före planerad nedkomst, åkte hon in till sjukhuset för att göra ett ultraljud. Då såg läkarna att barnet inte levde längre. Zahra tvingades föda fram sin döda son.

– Jag bara grät och skrek. Han vägde 4,5 kilo och hade alla fingrar, alla tår, alla organ. Men han andades inte. Jag tror att det var vaccinets fel att mitt barn dog. Innan jag fick sprutan var allt bra.

I går begravdes lilla Mohammed. Men Zahra orkade inte vara med. Hon har knappt sovit en blund den senaste veckan.

– Jag vet inte hur jag ska kunna leva med det här. Men jag måste berätta för att andra kvinnor inte ska behöva utsättas för samma sak. Jag vill att de utreder det här och ser till att det inte händer igen.

Fostret har obducerats och nu väntar Zahra och Reshid på besked.

Flera fall

Samtidigt har Umeå universitetssjukhus anmält händelsen till Läkemedelsverket.

– Vi har anmält eftersom det skett i anslutning till vaccineringen och för att vi velat uppmärksamma Läkemedelsverket på det här. Vi har tagit prover på fostret, men det kommer ta ett tag innan vi får svar. När vi får reda på alla fakta kommer vi att sätta oss ner och gå igenom resultaten i detalj, säger Ulf Segerberg, chefläkare vid Västerbottens läns landsting.

Läkemedelsverkets tror inte att vaccinet orsakat fostrets död.

– Vi har tidigare utrett fyra fall med kvinnor som anmält missfall efter vaccinering. Vi har tittat grundligt på varje fall och dragit slutsatsen att det inte har några samband med vaccinet, säger Ingemar Persson, senior expert vid enheten för läkemedelssäkerhet.

Fick inget stöd

Zahra, som är från Eritrea, har anmält händelsen till Antidiskrimineringsbyrån eftersom hon kände sig nonchalerad när hon fött fram det döda fostret.

– Hon fick ingen som helst hjälp. Ingen kurator, ingen taxi hem, säger Jabar Amin, verksamhetschef på Antidiskrimineringsbyrån.

THE FLU CASE

Johan Niklasson

Abortion caused by "swine flu" vaccine in Sweden - again!

The Flu Case, 6 December 2009, 18:07

https://web.archive.org/web/20100102023634/http://theflucase.com/index.php?option=com_content&view=article&id=2194%3Aabortion-caused-by-qswine-fluq-vaccine-in-sweden-again&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A woman in Sweden was pregnant in the ninth month when she was talked into taking the "swine flu" vaccine by doctors. Two days later she gave birth to a perfect but lifeless son.

"- I was longing so much to hear my child's laughter and cry", Zahra Abdelkader said.

She had been to recent check ups and everything was normal and the child was perfectly healthy. Zahra, who earlier had decided not to take the vaccine, was talked into it by staff at the local hospital where she had her check ups made.

"-Before I got the shot, everything was fine with my child. I don't know how I will be able to live with this but I have to share my experience so that other women will not be exposed to the same thing. I believe it was the vaccine that killed my baby."

Ingemar Persson, senior expert at the Swedish Medical Products Agency commented the horrible death in a statement: "- we have examined four cases earlier of women that have reported abortions after vaccination. we have looked very carefully on each case and concluded that it has nothing to do with the vaccine."

Sweden is the country with the highest number of vaccinated people. The trust in authorities is strong and media has effectively blocked out any criticism against the mass vaccination in an extraordinary propaganda campaign spanning all major news papers and TV-stations. Sweden is traditionally one of the most vaccine friendly nations where almost every child gets vaccinated at birth. The debate about vaccines and their dangers is ignored and gets very little attention by media.

Swedes are also susceptible to tricks played against them like "offering" something for free or to scare tactics and fake shortages. All these factors together with the massive media propaganda campaign and cover up is the reason why so many Swedes get the poisonous injections.

AFTONBLADET

Lisa Röstlund

Svårt sjuk – trots vaccin

Aftonbladet, 11 December 2009
https://web.archive.org/web/20091215025408/http://www.aftonbladet.se/nyheter/svininfluensan/vaccinguiden/article6272787.ab

Douglas, 6, låg i respirator efter han fått svininfluensan

Douglas, 6, fick vaccinet. Tio dagar senare låg han i respirator. Svårt sjuk i svininfluensa.

Eftersom Douglas har astma och pälsdjursallergi var föräldrarna Marit Olofsson och Joakim Sandström noga med att han tidigt skulle få en spruta mot svininfluensan.

Den 29 oktober vaccinerades han.

På söndagskvällen tio dagar senare hemma i lägenheten i Östersund började han bli varm och hostig. Andningen blev allt tyngre. Familjen ringde sjukvårdsrådgivningen.

– De sa att ”det inte var något att oroa sig över”. När vi ringde vid tretiden igen sa de ”ge honom Alvedon”, berättar Joakim Sandström.

Hade lunginflammation

Men framåt morgonen hade sonen så svårt att andas att de åkte in till akuten på Östersunds sjukhus.

Där konstaterades lunginflammation.

Efter några timmar fick Douglas syrgas. Under natten förvärrades hans tillstånd.

– Han fick mer och mer svårt att andas. Han hade ångest och var väldigt rädd och orolig över att han inte fick luft, säger Joakim.

Douglas lades i respirator. Han fick Tamiflu och antibiotika, men inget hjälpte.

”Måste ge två sprutor”

Men efter två dygn vände det. På femte dagen kunde Douglas väckas upp.

I dag är han helt återställd.

– Läkarna säger att det vaccin han fick troligen hann ge effekt. Hade han inte fått det hade han nog blivit ännu sämre, säger Joakim Sandström.

Urban Tirén, verksamhetschef på Barnkliniken i Östersund:

– Erfarenheten talar för att man måste ge två sprutor till barn upp till och med tolv års ålder. Skyddet efter första vaccindosen byggs upp under flera veckor och blir ofta tillräckligt först efter den andra sprutan, säger han.

THE FLU CASE

Did Boy in Sweden Get Virulent Swine Flu From Vaccine?

The Flu Case, 14 December 2009, 13:36
https://web.archive.org/web/20100102034105/http://theflucase.com/index.php?option=com_content&view=article&id=2279%3Adid-boy-in-sweden-get-virulent-swine-flu-from-vaccine&catid=1%3Alatest-news&Itemid=64&lang=en

A boy in Sweden has had to be put onto a respirator suffering from severe lung damage associated with the virulent form of the swine flu six, according to the Swedish newspaper Aftonbladet.

The doctors are maintaining that the boy developed the lung damage six days after he got the jab in spite of the vaccine. But the timing raises the question of whether the vaccine did not cause the sickness.

REUTERS

Mort d'un enfant après une vaccination contre la grippe A

Reuters, 12 December 2009, 7:57 PM GMT+8
https://www.reuters.com/article/idUSPAE5BB02R/

Paris (Reuters) – Un enfant de neuf ans est mort mardi, quatre jours après avoir été vacciné contre la grippe A(H1N1), déclare samedi l'Agence française de sécurité sanitaire des produits de santé (Afssaps).

"Les éléments disponibles à ce jour ne permettent pas d'établir l'origine du décès", ni un lien éventuel avec la vaccination, écrit l'Afssaps dans un communiqué.

Une autopsie a été pratiquée jeudi à la demande du parquet du Puy-en-Velay (Haute-Loire), poursuit l'agence, ainsi que des analyses virologiques et bactériennes, dont les résultats ne sont pas encore disponibles.

L'enfant a été vacciné le 4 décembre avec le Panenza, vaccin sans adjuvant produit par Sanofi-Pasteur. La France a commandé 28 millions de doses au laboratoire.

Selon l'Afssaps, l'enfant a présenté "48 heures après la vaccination de la fièvre et des troubles digestifs importants". Il a été victime d'un "malaise sévère", mardi, et il est décédé deux heures après sa prise en charge par le Samu.

Au 11 décembre, l'épidémie de grippe A a causé 139 décès, selon le bulletin de l'Institut de veille sanitaire.

Près de quatre millions de personnes ont été infectées depuis début août et plus de 2,5 millions ont été vaccinées.

Selon la ministre de la Santé Roselyne Bachelot, l'épidémie est en phase de stabilisation mais la campagne de vaccination s'accélère dans tout le pays, où 834 centres sont ouverts ce samedi, soit 69 de plus que samedi dernier.

Dimanche, ce sont 229 centres de vaccination qui devraient accueillir le public sur tout le territoire, un nombre également en hausse, a annoncé le ministère de l'Intérieur.

leParisien.fr

Grippe A : enquête après le décès d'un enfant vacciné

le Parisien, 12 décembre 2009 à 07h00

https://www.leparisien.fr/societe/grippe-a-enquete-apres-le-deces-d-un-enfant-vaccine-12-12-2009-741894.php

Faut-il attribuer au vaccin contre la grippe A la mort d'un enfant de 9 ans, mardi en Haute-Loire ? C'est la question à laquelle devra répondre le parquet du Puy-en-Velay. La justice a indiqué hier avoir ouvert une enquête pour déterminer les raisons du décès de ce garçon à la santé fragile, qui avait été vacciné quelques jours auparavant contre le virus H1N1.

Le jour de sa vaccination, le 4 décembre, et le lendemain, l'enfant s'est senti fatigué, fiévreux et s'est plaint de maux de tête. De nouveau fébrile et victime de diarrhées le lundi 5 décembre, il a finalement été transféré à l'hôpital le mardi, où il est décédé à la suite d'un arrêt cardio-vasculaire. N'identifiant pas de cause évidente à ce décès, le médecin a prévenu les autorités hospitalières qui ont alerté la justice. L'enquête, ouverte mercredi, a été confiée à la police judiciaire afin d'établir les causes de la mort et un éventuel lien avec le vaccin. L'autopsie, qui s'est déroulée jeudi à Saint-Etienne (Loire), n'a pas permis d'établir ce lien ni de l'écarter. Des prélèvements ont été effectués et seront analysés dans les jours à venir. « Il semble y avoir eu de petites complications après le vaccin, mais aucune conclusion ne peut être tirée pour l'instant », a déclaré le procureur.

«Rien ne permet pour l'heure de faire un lien avec le vaccin »

«Cet enfant avait des antécédents infectieux importants et avait été hospitalisé plusieurs fois pour des pneumopathies, mais rien ne permet pour l'heure de faire un lien avec le vaccin », estime-t-on à l'Agence française de sécurité sanitaire des produits de santé (Afssaps). Depuis le début de la campagne de vaccination, 33 cas graves potentiellement imputables au vaccin et s'étant traduits par une hospitalisation ont été signalés à l'Afssaps: des cas de paralysies faciales, d'oedèmes, de convulsions, de fourmillements au niveau des membres.

Mi-novembre, une jeune femme sans antécédents avait perdu son foetus de 38 semaines deux jours après avoir été vaccinée. Après examen, la présence du virus H1N1 a été détectée dans les tissus du foetus. «La mère portait probablement déjà en elle le virus et son bébé est mort de la grippe, pas du vaccin», estime le professeur Jean-Philippe Derenne, chef de service pneumologie et réanimation à la Pitié-Salpêtrière (Paris XIII e). «Le vaccin n'est pas un produit infectieux, insiste de son côté Jean Marimbert, le directeur général de l'Afssaps. La souche virale utilisée a été tuée et ne peut donc pas contaminer. Elle ne sert qu'à provoquer des anticorps.»

«Un vaccin est un outil thérapeutique et tous les outils thérapeutiques peuvent présenter un risque, mais, à ma connaissance, il n'y a pas eu de décès rapporté à ce jour à la suite d'une vaccination contre le H1N1, ajoute Jean-Philippe Derenne. Quinze millions de personnes ont été vaccinées en Europe et cela a clairement permis d'éviter un grand nombre de décès dus à la grippe A.» Dans l'Hexagone, d'ici à dimanche, 3,5 millions de personnes au total auront été vaccinées. La France est actuellement le seul pays d'Europe où l'épidémie progresse.

French Prosecutors to Investigate death of boy after Swine Flu jab

The Flu Case, 14 December 2009.

https://web.archive.org/web/20100102031718/http://theflucase.com/index.php?option=com_content&view=article&id=2277%3Afrench-prosecutors-to-investigate-death-of-boy-after-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The prosecutor's office in Puy-en-Velay, Haute Loire, France, is to investigate the death of a 9-year-old boy four days after being given the swin flu jab, reports Le Parisien.

The boy died in hospital of a cardiac arrest just a few days after getting the jab.

According to media reports, the boy was given Panenza vaccine produced by Sanofi.

MailOnline

Children to get just half dose of swine flu vaccine

Daily Mail, 13th December 2009, 2:11 AM
http://www.dailymail.co.uk/news/article-1235444/Children-just-half-dose-swine-flu-vaccine.html

Children receiving the swine flu vaccination will now be given only half the original dosage in a single shot after fears it could cause a high fever.

The Government had previously recommended two separate 0.25ml doses of the Pandemrix vaccine, given three weeks apart.

But after warnings from the European medicines watchdog that the second dose could cause fevers of up to 38C (100F), the Government now recommends one 0.25ml dose for children under ten.

It is half the amount given to adults and older children but still enough to provide immunity.

Children with weakened immune systems will continue to get two doses of 0.25ml each.

The updated safety advice was disclosed days after the start of the second wave of the Government's swine flu vaccination programme.

It aims to inoculate three million children aged between six months and five years – the group deemed most at risk of needing hospital treatment.

Meanwhile, the medicines watchdog, the Medicines and Healthcare products Regulatory Agency (MHRA), reported four people had died after receiving the Pandemrix vaccine, although all had serious underlying health conditions and the deaths are not being linked to the jab.

One baby died in the womb three weeks after its mother was given the jab and five women miscarried, although the incidents are being described as 'coincidental'.

One person developed the paralysis condition Guillain-Barre Syndrome which was linked to a swine flu jab given in America in the Seventies.

The MHRA had received 1,506 reports of minor adverse reactions to Pandemrix such as swelling at the site of injection, nausea or 'flu-like' illness.

The Joint Committee on Vaccination and Immunisation, which recommended the dosage change, said that children could be given paracetamol if they developed a fever after vaccination. The Department of Health said that the vaccine remained safe.

AFTONBLADET

Fick hjärnblödning efter vaccineringen

Aftonbladet, 13 December 2009.
https://www.aftonbladet.se/nyheter/a/XwoyOo/fick-hjarnblodning-efter-vaccineringen

Anna, 37, var höggravid när hon vaccinerades mot svininfluensan.

Sex dagar senare fick hon en hjärnblödning.

– Det har varit totalkaos, säger hennes sambo.

Anna var gravid i vecka 33 när hon hämtades av ambulans i hemmet i Göteborg den 23 november. Då var hon vaken men inte kontaktbar.

– Hon var uppe och gick vid fyratiden på morgonen. Jag hörde hur hon ramlade omkull på vardagsrumsgolvet. Jag sprang dit och drog upp henne i soffan och försökte prata med henne, men hon bara kräktes, säger sambon.

Akut kejsarsnitt

På Sahlgrenska sjukhuset kunde läkarna konstatera att Anna drabbats av en massiv hjärnblödning. Och det var bråttom.

Barnet, en son, förlöstes med akut kejsarsnitt och Anna fördes till neurointensiven.

– Sen dess har det varit totalkaos. Man sover inte på nätterna, och så undrar man vad som hänt, säger sambon.

Kvar på Sahlgrenska

Sonen fördes till sjukhuset i Mölndal där han än i dag vårdas eftersom han föddes sju veckor tidigt.

Anna är kvar på Sahlgrenska. Hennes sambo har pendlat mellan hemmet och de båda sjukhusen i tre veckor.

– Man försöker hålla sig levande. Bryter jag ihop kan jag inte ta hand om vare sig min sambo eller mitt barn.

Tre–fyra dagar efter vaccineringen insjuknade Anna i influensaliknande symptom. Sedan kom hjärnblödningen – men läkarna kan inte förklara varför.

Ska utredas

– Hon hade en underbar graviditet. Innan det här hade hon mått illa en enda dag. Inget högt blodtryck, inga biverkningar, ingenting, säger sambon.

Professor Jan Liliemark vid Läkemedelsverket har inte hört talas om hjärnblödning som biverkning av vaccinet tidigare.

– Det är väldigt tråkigt att sånt här inträffar. Men det är för tidigt att säga om det har något samband med vaccinet eller inte. Vi får titta på rapporten och utreda det.

Fotnot: Anna heter egentligen något annat.

=> An English version on the next page

THE FLU CASE

Johannes Jakobsson

Pregnant woman gets brain damage from "swine flu" shot

The Flu Case, 13 December 2009

https://web.archive.org/web/20100102013113/http://theflucase.com/index.php?option=com_content&view=article&id=2255%3Apregnant-women-gets-brain-damage-from-qswine-fluq-shot&catid=1%3Alatest-news&Itemid=64&lang=en

A 37-year old woman in Gothenburg Sweden had a perfect pregnancy without any complications. Eight weeks before the expected birth, she had the poisonous Pandemrix "swine flu" shot and after a few days she fell ill with influenza like symptoms.

Her husband shares how he found her on the floor early one morning: "- She was up around four o'clock in the morning and I heard how she fell to the floor in the living room. I ran there and pulled her onto the sofa and tried to communicate with her but all she did was throwing up."

At the hospital, doctors found she suffered from massive haemorrhage to the brain and decided to immediately take the baby out.

For three weeks, her man has been living in total chaos, rushing between the two different hospitals - one where his son is treated for the early birth and the other where his woman is treated for the massive haemorrhage to her brain.

And again: "It is too early to say if this had anything to do with the vaccination. We will have to analyse the report and investigate." says professor Jan Liliemark at the Swedish Medical Products Agency.

The Atlanta Journal-Constitution

Shelia M. Poole, Craig Schneider

Ga. got 43,000 doses of recalled swine flu vaccine

The Atlanta Journal-Constitution, 15 December 2009, 7:05 p.m.
https://web.archive.org/web/20091220041038/http://www.ajc.com/health/ga-got-43-000-242141.html?cxntlid=daylf_artr

Georgia received more than 43,000 doses of pediatric swine flu vaccine that have been recalled because they have lost some of their potency, state health officials said Tuesday.

Federal health officials emphasized that the recall is not based on safety concerns, but rather the loss in potency of the pre-filled syringes for infants ages 6 to 35 months.

Some 800,000 doses of the vaccine produced by the pharmaceutical company Sanofi Pasteur have been recalled in the United States.
"There are no safety concerns with these lots," said the Centers for Disease Control and Prevention.

Joye Burton, a spokesman for the Georgia Department of Community Health, said 115 providers received 43,630 doses via direct shipment. Those providers are being contacted by phone.
Len Lavenda, a spokesman for Sanofi Pasteur, said the doses had lost about 12 percent of their potency. Children who received one of the recalled doses do not need to receive a substitute shot, officials said.

Children within that age group were already supposed to receive two shots. If both shots have already been given, the children should be adequately protected against the virus, officials said.

Beyond that, parents of children who received the recalled vaccine do not need to take any other medical action, health officials said.
"In reality, parents should continue doing what they planned to do," Lavenda said. "We think the vaccine is safe. ... There is nothing to be worried about."

Health officials in Fulton, Gwinnett and Clayton said they had not distributed any of the recalled doses at their county-operated health clinics. But officials said they could not speak for the doctors, drugstores and other private health providers in their counties.

At least one Georgia health district had received the recalled doses.
Dave Palmer, a spokesman for District 2 Public Health, which covers 13 counties in North Georgia, said that initial shipments went to private providers.

Those providers, he said, received more than they needed and gave the rest to public health departments.
"We've asked everyone to hold on to the vaccine and then return it when asked to do so," Palmer said.

Lavenda, the company spokesman, said the vaccine had gone through rigorous testing along the way for such things as safety and potency.

The vaccine lots passed all quality controls and met all specifications required by the government agencies at the time of shipping, said a statement by Sanofi Pasteur. The vaccine was first shipped on Sept. 29. Later testing showed a drop in potency.

On Dec. 7, Sanofi Pasteur notified federal health officials that the potency in one batch of pediatric syringes was found to have dropped below the specified limit, according to the CDC.

As a result of this finding, Sanofi Pasteur tested additional lots and found that three other batches measured below the limits.

Sanofi Pasteur is asking that all unused doses be returned.

Unlike the seasonal flu, swine flu has hit young people hard. Young people, their caregivers, people with other health issues and pregnant women are among the target groups urged by the CDC to get the vaccine as soon as it is available.

Dr. Margaret Lewin, a vaccine specialist and medical director for Cinergy Health, said vaccine recalls are rare.

"I really would not panic," she said. "They're not talking about things that affect the safety of the vaccine. They're talking about a slight decrease in potency. The fact that they found something on routine screening makes me very comfortable that they are really monitoring this closely. I'm actually reassured by it."

Q. Is the recalled swine flu vaccine safe?

A. Yes, federal health officials say. These recalled doses passed tests for safety but have lost a bit of their potency since leaving the manufacturer.

Q. What do I do now?

A. There is no need to readminister a dose to those who have received the vaccine. However, all children less than 10 years old should get two doses of swine flu vaccine approximately a month apart for the optimal immune response. Therefore, children less than 10 years old who have only received one dose of vaccine thus far should still receive a second dose.

Beyond that, parents of children who received vaccine from the recalled lots do not need to take any action.

Bloomberg

Tom Randall

Sanofi Recalls 800,000 Swine Flu Shots on Potency (Update1)

Bloomberg, 15 December 2009, 11:15 EST
https://web.archive.org/web/20111222015259/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=azlsIBRuqG0Q

Dec. 15 (Bloomberg) – Sanofi – Aventis SA recalled 800,000 doses of swine flu vaccine after testing showed the potency of the batches was too low, the U.S. Centers for Disease Control and Prevention said in a statement today.

Doctors who have unused shots from the batches should return them, the CDC said today. The shots remain safe, and people who have already been inoculated don't need to get revaccinated, according to the Atlanta-based agency.

The shots passed potency tests when they first shipped, and their potency dropped in subsequent tests by 10 to 12 percent, said Anne Schuchat, head of the National Center for Immunization and Respiratory Diseases at the CDC, in a telephone interview.

The recalled shots are preservative-free syringes of a low- dose version made for children ages 6 months through 25 months, she said. There are no remaining preservative-free shots available for children under 2 years old. The preservative, called thimerosal, has been shown repeatedly in studies to be safe, though some parents are wary of it, Schuchat said.

Sanofi said it began delivering swine flu vaccine in the U.S. in September, with the bulk of deliveries expected in the fourth quarter.

Sanofi's vaccine sales totaled 1.05 billion euros ($1.5 billion) in the third quarter, including 78 million euros from H1N1 influenza shots. In October, the Paris-based company forecast that sales of H1N1 vaccine would surge to about $500 million in the fourth quarter. The company plans a seminar Dec. 17 to brief investors and analysts on the vaccine business.

Swine flu infected 50 million people in the U.S. and killed an estimated 10,000 through Nov. 14 from the start of the pandemic in April, the CDC said on Dec. 10. Swine flu, known as H1N1, was first identified in April and swept the globe at an unprecedented rate before cases declined in the U.S. in the past few weeks. In a typical season, 36,000 people die of the flu.

abc NEWS

Mike Stobbe

Kids' Swine Flu Shots Recalled; Not Strong Enough:
800,000 doses of children's swine flu vaccine recalled; potency dipped below required levels

ABC News, 15 December 2009
https://web.archive.org/web/20091218052242/https://abcnews.go.com/Health/SwineFluNews/wireStory?id=9341242
https://www.timesunion.com/news/article/Thousands-of-kids-H1N1-shots-recalled-556339.php
https://abc7ny.com/archive/7172519/

Hundreds of thousands of swine flu shots for children have been recalled because tests indicate the vaccine doses lost some strength, government health officials said Tuesday.

The shots, made by Sanofi Pasteur, were distributed across the country last month and most have already been used, according to the Centers for Disease Control and Prevention. The 800,000 pre-filled syringes that were recalled are for young children, ages 6 months to nearly 3 years.

Dr. Anne Schuchat, a CDC flu expert, stressed that parents don't need to do anything or to worry if their child got one – or even two – of the recalled shots. The vaccine is safe and effective, she said.

The issue is the vaccine's strength. Tests done before the shots were shipped showed that the vaccines were strong enough. But tests done weeks later indicated the strength had fallen slightly below required levels.

Why the potency dropped isn't clear. "That's the $64,000 question," said Len Lavenda, a Sanofi Pasteur spokesman.

Young children are supposed to get two doses, spaced about a month apart. Health officials don't think children need to get vaccinated again, even if they got two doses from the recalled lots, said Schuchat.

Swine flu vaccine has been available since early October, and since then manufacturers have released about 95 million doses for distribution in the United States.

The recalled shots were made by Sanofi Pasteur, the vaccines division of France-based Sanofi-Aventis Group. The vaccine all tested fine when it was shipped out earlier this fall. But last week, testing of one lot showed that the potency had fallen about 12 percent below the government standard, Lavenda said.

The company found three other lots with diminished strength. It notified government health officials and did a voluntary recall, asking doctors to return any unused doses. The vaccine has been in high demand and the company doesn't expect to see much come back, Lavenda added.

Officials with the Food and Drug Administration, the CDC and the company all said they believe the strength of the recalled doses is still high enough to protect children against the virus. No potency problem has been detected in the same vaccine packaged in other types of syringes or vials, Lavenda said.

Experts have a theory that the problem is specific to the children's pre-filled syringes. For some reason, the antigen - the key vaccine ingredient - may be sticking to the walls of those syringes, said Dr. Jesse Goodman, the FDA's deputy commissioner for science and public health.

Another manufacturer, Novartis, in February recalled five lots of seasonal flu vaccine packed in pre-filled syringes under similar circumstances.

Sanofi Pasteur bills itself as the No. 1 manufacturer of flu vaccines in the world. It makes flu vaccine at sites in France and in Pennsylvania.

Swine flu was first identified in April. During the first seven months of the pandemic, it has sickened about 50 million Americans and killed about 10,000, according to CDC estimates.

CNBC

800,000 Doses of Swine Flu Vaccine Recalled

CNBC, 15 December 2009, 11:18 AM EST
https://www.cnbc.com/2009/12/15/800000-doses-of-swine-flu-vaccine-recalled.html

Health officials are recalling hundreds of thousands of doses of swine flu vaccine after tests indicated they may not be potent enough to protect against the virus.

The Centers for Disease Control and Prevention notified doctors about the recall Tuesday.

The recall involves about 800,000 doses made by Sanofi Pasteur. The doses are pre-filled syringes intended for young children, ages 6 months to almost three years.

Health officials recommend children those ages get two doses, spaced about a month apart.

Health officials say it’s not clear how many doses have already been given, but they don’t think children need to be re-vaccinated.

The lots passed potency tests when they were first shipped, but tests indicate the potency waned after.

Nearly 1 million H1N1 vaccines have been recalled

Russia Today, Dailymotion, 15 December 2009.
https://www.dailymotion.com/video/xun0h4



10,000 Americans have died from swine flu since April, but many experts say that this pandemic is not as deadly as the normal flu, so what's all the hype about? Swine flu vaccines are now being made available to most Americans, but many have chosen not to take it. The latest news that 800,000 vaccines were recalled hasn't helped ease Americans fears about the vaccine



Health & Human Services

Michigan Receives 17,200 Doses of Recalled H1N1 Vaccine

Michigan.Gov, 15 December 2009
https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2009/12/15/michigan-receives-17200-doses-of-recalled-h1n1-vaccine

Lansing – Sanofi-Aventis SA, the maker of the H1N1 vaccine, is recalling about 800,000 doses of the pediatric H1N1 vaccine because tests found the potency was too weak to effectively protect against the virus. Michigan has received about 17,200 doses of the vaccine, which is for children aged six months to three years old.

Health departments, clinics or private doctors' offices within the City of Detroit or within 38 Michigan counties received the recalled doses. The counties include: Allegan, Alpena, Bay, Berrien, Cass, Cheboygan, Crawford, Delta, Emmet, Grand Traverse, Genesee, Ingham, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Livingston, Mackinac, Macomb, Manistee, Mason, Mecosta, Menominee, Monroe, Newaygo, Oakland, Otsego, Saginaw, Schoolcraft, St. Clair, Van Buren, Washtenaw, Wayne and Wexford.

While the antigen content of these doses is now below the specification limit for the product, the Centers for Disease Control and Prevention and the Federal Drug Administration are in agreement that the small decrease in potency is unlikely to result in a clinically significant reduction in immune response among persons who have received the vaccine. For this reason, there is no need to revaccinate persons who have received vaccine from these lots.

Providers are being asked to return any vaccine that remains unused to the manufacturer from the specified lots. The CDC also notes the following:

- There are no safety concerns with these recalled lots of 2009 H1N1 vaccine. All doses successfully passed pre-release testing for purity, potency and safety.
- Only specified batches of the 2009 H1N1 pediatric vaccine for children 6 months to 3 years old in pre-filled syringes are affected.
- There is no need to re-administer a dose to those who received vaccine from these batches. The vaccine potency is only slightly below the "specified" range. The vaccine in these batches is still expected to be effective in stimulating a protective response despite this slight reduction in the concentration of antigen.
- All children less than 10 years old should get the recommended two doses of H1N1 vaccine approximately a month apart for the optimal immune response. Therefore, children less than 10 years old who have only received one dose of vaccine thus far should still receive a second dose of 2009 H1N1 vaccine.
- Parents of children who received vaccine from the recalled batch do not need to take any action, other than to complete the two-dose immunization series if not already completed.
- Children should receive both doses of 2009 H1N1 vaccine from the same type of vaccine (i.e., both doses as inactivated, injectable; or both doses as live, attenuated, nasal spray vaccine).
- All vaccines are routinely tested for purity, potency and safety prior to release. The four batches of vaccine met all required specifications at the time of release and shipment to distribution centers. The vaccine provided in multi-dose vials and the single-dose, 0.5 mL pre-filled syringes for persons 36 months and older continues to meet all specifications.

The Michigan Department of Community Health (MDCH) encourages residents to get the H1N1 vaccine as it is available to everyone in the state. In addition to being vaccinated, Michigan residents can help stop the spread of the virus by washing hands thoroughly and often; covering mouths when sneezing or coughing; and staying home from work or school if sick.

abc NEWS

Todd Neale, Dan Childs

Manufacturer Recalls 800,000 Doses of H1N1 Vaccine: Flu Experts Not Worried
A massive recall of H1N1 vaccine does not suggest a health threat, experts say

ABC News, 16 December 2009, 7:57 AM
https://abcnews.go.com/Health/SwineFluNews/sanofi-pasteur-recalls-800000-doses-h1n1-vaccine/story?id=9347146

Dec. 15, 2009. – No big deal. That's what infectious disease experts are saying about drugmaker Sanofi Pasteur's recall of about 800,000 pediatric doses of its vaccine against pandemic H1N1 influenza because of low potency. The recall was announced by the U.S. Centers for Disease Control and Prevention on Tuesday.

"It is a pain the neck, but not a major crisis," said Dr. William Schaffner, chair of Vanderbilt University School of Medicine's Department of Preventive Medicine in Nashville, Tenn. "This should not discourage people from being vaccinated."

But the recall is hardly a shot in the arm for a swine flu vaccination effort that has in recent months been plagued by delays and supply shortages.

"I suspect most of the consequences will be perceptual," said Stephen Morse, professor in the Department of Epidemiology at the Columbia University Mailman School of Public Health in New York."But it does add to the embarrassment in a program whose glitches have already been well publicized."

Despite the nature of the recall, children who were vaccinated with the weakened doses should not be revaccinated because the antigen content "is only slightly below the 'specified' range," according to the CDC. In other words, even the weakened level of the vaccine is still expected to be protective.

The recall does not affect any of the vaccine for adults or products from other manufacturers. And according to the CDC, "There are no safety concerns with these lots of H1N1 vaccine. All lots successfully passed pre-release testing for purity, potency, and safety." The strength of vaccines can sometimes decline with time, the agency said in a statement on its Web site.

The weakened potency of the vaccine doses was identified by Sanofi Pasteur during routine quality assurance testing, but the company has not yet determined the cause. Representatives from the company were not immediately available for comment.

Recall Does Not Mean H1N1 Vaccine Unsafe, Experts Say

Most immunization experts agreed that the recall should not be viewed as a black eye for the H1N1 vaccine.

"When there will be over 150 million doses available in the U.S. alone, we should be happy that testing is vigorous and found very little problem thus far," said Dr. Peter Katona, associate professor of Clinical Medicine at the David Geffen School of Medicine at UCLA. "The fact that revaccination isn't even recommended makes this even less of an issue."

Dr. John Treanor, chief of the Infectious Diseases Division of the Department of Medicine at the University of Rochester Medical Center in Rochester, N.Y., noted that the 10 percent drop in potency that has been reported would mean that instead of getting a dose of 15 micrograms from the H1N1 shot, a person would be getting a dose of 13.5 micrograms.

"In studies that we and others have done with seasonal vaccine in adults, there is no substantial difference in the immune response between a dose of 15 micrograms and one of 7.5 micrograms," he said. "So I can't imagine that the effect of a 10 percent decrease in potency of this vaccine would be even noticeable."

Los Angeles Times

Thomas H. Maugh II

800,000 doses of swine flu vaccine recalled

Los Angeles Times, 16 December 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-dec-16-la-sci-swine-flu-vaccine16-2009dec16-story.html

Vaccine manufacturer Sanofi-Aventis is recalling 800,000 doses of H1N1 vaccine meant for children younger than 3 because the influenza vaccine has lost potency since it was shipped from the factory.

"This is non-safety-related, but is part of a routine quality assurance program," Dr. Anne Schuchat, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases, said in a telephone interview Tuesday.

There are now 94.6 million doses of vaccine available, "so this is not as big a deal as it might have been earlier," she said.

She emphasized that "there are no safety concerns."

The doses in the recall are pre-filled syringes containing thimerosal-free vaccine made specifically for children ages 6 months to 35 months.

At the time of the vaccine's manufacture, testing showed that the doses contained the recommended 7.5 micrograms of antigen, the virus component that is used to stimulate immunity.

But later testing of one lot of the vaccine showed that some of the antigen had apparently degraded slightly, leaving the vaccine less potent than desired.

Follow-up tests identified three other lots with the problem, bringing the total to four lots comprising 800,000 doses. It is not highly unusual for stored vaccines to undergo some degradation, but it is not yet known why that happened in this case, Schuchat said. It doesn't appear to be a storage issue.

Sanofi is one of five vaccine manufacturers whose products are approved in the United States. All of them routinely check their products for potency at regular intervals; none of the others have reported problems.

Children who received the vaccine do not need to be re-immunized, Schuchat said, because they probably received a sufficient dose, "but we wanted to make sure that doses that weren't already given won't be."

She emphasized that children who have received only one dose of vaccine should get their scheduled second dose. Two doses are required to provoke full immunity in children younger than 10, as is the case with seasonal flu vaccine.

In adults and teens who have received flu vaccinations in the past, the body retains some residual immunity to flu viruses. But for young children who have never been vaccinated, the first dose provides only partial immunity and a second dose is required for full protection.

THE WALL STREET JOURNAL

Jennifer Corbett Dooren

Potency Issues Prompt Recall of Swine-Flu Vaccine

WSJ, 16 December 2009, 12:01 am ET
https://www.wsj.com/articles/SB126089525256092215

Sanofi Aventis SA is recalling about 800,000 doses of children's H1N1 vaccine after tests showed some batches didn't meet potency standards, the Centers for Disease Control and Prevention said Tuesday.

The CDC, in a posting on its Web site, said there were no safety concerns with the four recalled lots of swine-flu vaccine manufactured for use in infants and toddlers ages 6 months to 36 months. The vaccine was distributed throughout the U.S. The company is one of the major suppliers of infant and toddler H1N1 shots.

etc. => https://www.wsj.com/articles/SB126089525256092215

BioPharm INTERNATIONAL.COM

Chitra Sethi

Sanofi Recalls 800,000 Doses of H1N1 (Swine) Flu Vaccine for Children

BioPharm, 16 December 2009
https://www.biopharminternational.com/view/sanofi-recalls-800000-doses-h1n1-swine-flu-vaccine-children

Sanofi Pasteur, the vaccines division of France-based Sanofi-Aventis Group, is voluntarily recalling about 800,000 doses of H1N1 (swine) flu vaccine meant for children between the ages of 6 months and 35 months because quality assurance tests indicate the vaccine doses lost some potency.

After a routine stability testing, Sanofi learned that this vaccine's potency was 12% below the point where it should have been. Sanofi tested additional lots and found that three other lots that had been distributed also had an antigen content that, while properly filled at the time of manufacturing, was later measured to be below pre-specified limits.

This vaccine, which was manufactured in Sanofi's factory in Swiftwater, PA, was distributed throughout the US. Vaccine doses with the following lot numbers are included in the recall:
- 0.25 mL pre-filled syringes, 10-packs (NDC # 49281-650-25, sometimes coded as 49281-0650-25): UT023DA, UT028DA, UT028CB.
- 0.25 mL pre-filled syringes, 25-packs (NDC. 49281-650-70, sometimes coded as 49281-0650-70): UT030CA.

According to the CDC, there is no safety concern and even though the vaccine isn't quite as potent as it is supposed to be, children vaccinated from the lots already will not need to be re-vaccinated.

This fall, the FDA approved four H1N1 flu vaccines, manufactured by CSL Limited, MedImmune, Novartis Vaccines and Diagnostics Limited, and Sanofi Pasteur. In November, the FDA approved a fifth vaccine, manufactured by GlaxoSmithKline (GSK).

Last month, GSK put on hold one lot of its Arepanrix adjuvanted H1N1 flu vaccine in Canada, following reports of a higher than usual number of adverse events.

Kids' H1N1 shots recalled; not strong enough

ABC 7NY, 16 December 2009
https://abc7ny.com/archive/7172519/

Atlanta - The shots, made by Sanofi Pasteur, were distributed across the country last month and most have already been used, according to the Centers for Disease Control and Prevention. The 800,000 pre-filled syringes that were recalled are for young children, ages 6 months to nearly 3 years.

Dr. Anne Schuchat, a CDC flu expert, stressed that parents don't need to do anything or to worry if their child got one - or even two - of the recalled shots. The vaccine is safe and effective, she said.

The issue is the vaccine's strength. Tests done before the shots were shipped showed that the vaccines were strong enough. But tests done weeks later indicated the strength had fallen slightly below required levels.

Why the potency dropped isn't clear. "That's the $64,000 question," said Len Lavenda, a Sanofi Pasteur spokesman.

Young children are supposed to get two doses, spaced about a month apart. Health officials don't think children need to get vaccinated again, even if they got two doses from the recalled lots, said Schuchat.

Swine flu vaccine has been available since early October, and since then manufacturers have released about 95 million doses for distribution in the United States.

The recalled shots were made by Sanofi Pasteur, the vaccines division of France-based Sanofi-Aventis Group. The vaccine all tested fine when it was shipped out earlier this fall. But last week, testing of one lot showed that the potency had fallen about 12 percent below the government standard, Lavenda said.

The company found three other lots with diminished strength. It notified government health officials and did a voluntary recall, asking doctors to return any unused doses. The vaccine has been in high demand and the company doesn't expect to see much come back, Lavenda added.

Officials with the Food and Drug Administration, the CDC and the company all said they believe the strength of the recalled doses is still high enough to protect children against the virus. No potency problem has been detected in the same vaccine packaged in other types of syringes or vials, Lavenda said.

Experts have a theory that the problem is specific to the children's pre-filled syringes. For some reason, the antigen - the key vaccine ingredient - may be sticking to the walls of those syringes, said Dr. Jesse Goodman, the FDA's deputy commissioner for science and public health.

Another manufacturer, Novartis, in February recalled five lots of seasonal flu vaccine packed in pre-filled syringes under similar circumstances.

Sanofi Pasteur bills itself as the No. 1 manufacturer of flu vaccines in the world. It makes flu vaccine at sites in France and in Pennsylvania.

Swine flu was first identified in April. During the first seven months of the pandemic, it has sickened about 50 million Americans and killed about 10,000, according to CDC estimates.

THE DAILY GAZETTE
WHEN CREDIBILITY MATTERS

Justin Mason

Weak vaccine given locally

The Daily Gazette, 16 December 2009
https://www.dailygazette.com/towns/schenectady/weak-vaccine-given-locally/article_640316c8-9c3f-55db-90c7-4c1272055738.html

Swine flu vaccine given out to 73 children at Schenectady County health clinics last month may not be strong enough to ward off the H1N1 virus.

Spokesman Joe McQueen said Schenectady County received 500 doses of a vaccine that was among 800,000 ordered recalled by the federal Centers for Disease Control and Prevention. He said the shots were administered to children ages 6 months to nearly 3 years, but pose no danger to the youngsters.

"It's not a safety recall," he said Tuesday. "[The shot] is not as potent as it was meant to be."

Pre-filled syringes of the vaccine were produced by Sanofi Pasteur, the vaccines division of France-based Sanofi-Aventis Group, but tests later determined the potency of the vaccine had dropped below the manufacturer's specifications. Officials from the state Department of Health were notified about the recall Monday and have determined 251 providers around New York received the weak vaccine.

Dr. Anne Schuchat, a CDC flu expert, stressed that parents don't need to do anything or to worry if their child got one – or even two – shots of the recalled vaccine. It is safe and effective, she said.

The issue is the vaccine's strength. The vaccine all tested fine when it was shipped out earlier this fall. But last week, testing of one lot showed that the potency had fallen about 12 percent below the government standard.

The company found three other lots with diminished strength and did a voluntary recall, asking doctors to return any unused doses.

Why the potency dropped isn't clear. – "That's the $64,000 question," said Len Lavenda, a Sanofi Pasteur spokesman.

Young children are supposed to get two doses, spaced about a month apart. Health officials don't think children need to get vaccinated again, even if they got two doses from the recalled lots, said Schuchat.

Officials with the Food and Drug Administration, the CDC and the company all said they believe the strength of the recalled doses is still high enough to protect children against the virus. No potency problem has been detected in the same vaccine packaged in other types of syringes or vials, Lavenda said.

Experts have a theory that the problem is specific to the children's pre-filled syringes. For some reason, the antigen – the key vaccine ingredient – may be sticking to the walls of those syringes, said Dr. Jesse Goodman, the FDA's deputy commissioner for science and public health.

Another manufacturer, Novartis, in February recalled five lots of seasonal flu vaccine packed in pre-filled syringes under similar circumstances.

Sanofi Pasteur bills itself as the No. 1 manufacturer of flu vaccines in the world. It makes flu vaccine at sites in France and in Pennsylvania.

Swine flu was first identified in April. During the first seven months of the pandemic, it has sickened about 50 million Americans and killed about 10,000, according to CDC estimates.

McQueen said the children that received the shots are generally scheduled to receive another this month anyway. He said their families will be contacted and urged to get a booster shot.

Health department spokeswoman Claire Pospisil said the recalled vaccine is no cause for alarm. She said parents of children who received vaccine from the recalled lots do not need to take any action, other than to complete the two-dose immunization series.

WINSTON-SALEM JOURNAL

Richard Craver

N.C. is unaffected by recall of vaccine:
Flu clinic goes on

Winston-Salem Journal, 16 December 2009.
https://journalnow.com/flu-clinic-goes-on/article_56da118b-08bb-57c1-91ba-0c1c07dab221.html

A federal recall of 800,000 doses of the H1N1 vaccine – including nearly 18,000 in North Carolina – is expected to cause few problems locally, health officials said yesterday.

The doses were included in pre-filled syringes meant for children ages 6 months to 35 months. The U.S. Centers for Disease Control and Prevention said that the doses were made by Sanofi Pasteur and distributed mainly in November.

"There are no safety concerns with these lots of H1N1 vaccine," said Megan Davies, an epidemiologist with the N.C. Department of Health and Human Services.

"The concern is that the recalled vaccine may not be strong enough to provide full immunity. However, children in this age group should have adequate protection because we already recommend that they receive two doses of the vaccine."

Dr. Tim Monroe, the health director for Forsyth County, said that the department has not administered any of the affected doses. The department will have the second of two clinics in the Education Building at the Dixie Classic Fairgrounds today. Doses are being provided from 7 a.m. to 7 p.m. on a first-come, first-served basis.

THE FLU CASE

TV Attempt to Whitewash Sterilizing Effect of H1N1 Vaccines

The Flu Case, 17 December 2009, 00:14
https://web.archive.org/web/20100102031413/http://theflucase.com/index.php?option=com_content&view=article&id=2306%3Atv-attempt-to-whitewash-sterilizing-effect-of-h1n1-vaccines&catid=1%3Alatest-news&Itemid=64&lang=en

source article with video (deleted)
Krzysztof Tarnawski
http://www.kspr.com/news/local/79451647.html

H1N1 Vaccine and Pregnant Women: Misconceptions Cleared, KSPR News by Joanna Small. (comments in bold added to original text)

To vaccinate or not to vaccinate?

For years that question has sparked quite a debate, most recently among pregnant women when it comes to the H1N1 vaccine.
For years there were mass sterilization programs on unwitting women:
http://www.whale.to/m/sterile.html
http://www.youtube.com/watch?v=sNAQUOEvWBU

When it comes to H1N1 vaccines, main infertility agents are:
Polysorbate 80 (Tween 80) 5mg
http://www.ncbi.nlm.nih.gov/pubmed/8473002?dopt=Abstract

Squalene 10mg with glycoproteins
http://www.healthtruthrevealed.com/articles/10145527310/article

A first-time mom-to-be emailed KSPR, writing she was worried about getting immunized, and her doctor didn't have a recommendation either way. We took the mother's concerns to an expert.

Baby Ryder or Emilee is only fourteen weeks old, but he or she already has a place in the Owens' home. And soon-to-be mom Sammantha Owens wants to ensure her baby's home for the next 5-and-a-half months is just as safe as the nursery.
"Being pregnant and being a mom I'm always going to be paranoid and worried."

When Sammantha read this online:
"My daughter-in-law was ten weeks pregnant and had the H1N1 vaccine Friday; that night she miscarried."
And this:
"I am an emotional wreck. I feel like I had a healthy baby and caused this by getting the H1N1 vaccine."
She thought twice about putting something in her body that could hurt what's in her belly.

Sammantha is not alone in her hesitation; in fact, one OB-GYN tells us about 15% of her patients are concerned about the H1N1 vaccine's safety.

What Sammantha didn't hear was this:

"The truth is 25% to 40% of first trimester pregnancies are lost in nature."

2nd and 3rd trimester miscarriages after H1N1 vaccine as well, only a fraction reported online

http://miscarriage.about.com/b/2009/09/29/some-pregnant-women-fearful-of-h1n1-vaccine.htm

http://preventdisease.com/news/09/110709_H1N1_vaccine_miscarriage_reports.shtml

http://organichealthadviser.com/archives/shocking-h1n1-swine-flu-vaccine-miscarriage-stores-from-pregnant-women-tell-your-doctors-that-vaccines-and-pregnancy-do-not-mix

Dr. Patricia Dix says she recommends the H1N1 vaccine to every pregnant woman she treats.

"It's important they understand the decision not to vaccinate is a life-threatening one."

To explain why, the doctor cleared up some common misconceptions:

"How can they tell pregnant women they need to go get it if they haven't tested it on them?" Sammantha asks.

The tests are in progress on general population

http://www.washingtonpost.com/wp-dyn/content/article/2009/09/27/AR2009092702913_2.html

http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/H-832-en1.pdf

"We test very few things in pregnant women," Dr. Dix responds.

Therefore only these "few things" are allowed if proven safe.

"The H1N1 is so new to me it just worries me too much," Sammantha says.

"This vaccine is just like the other flu vaccine," Dr. Dix explains.

It's just a slightly different strain, and the flu vaccine is adjusted every year to include the previous year's most common , so it's always "new." "

Formulations differ significantly:

http://us.gsk.com/products/assets/us_fluarix.pdf

http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832en.pdf

Just like motherhood is to Sammantha, who only wants what's best for Ryder... or Emilee.

source article with video

http://www.kspr.com/news/local/79451647.html

Krzysztof Tarnawski

WXYZ DETROIT

Fighting Swine Flu with Pepperoni:
Get a Shot, Get a Pizza Party

WXYZ, 17 December 2009, 6:24
https://web.archive.org/web/20091221062628/http://www.wxyz.com/news/local/story/Fighting-Swine-Flu-With-Pepperoni/EhuwIPzsFEK-yh1OqX2eug.cspx?rss=785

(WXYZ) - The Detroit Health Department is fighting swine flu with pepperoni. When kids return to school after the holiday break, each class has the opportunity to get a free pizza party – if they sign up for the shots.

It's a simple fact – kids don't like vaccinations – even when they can get them in a spray.

Their parents, like Leslie Ethridge however, are often eager to get their kids protected, "Your children get 20 some odd inoculations, this is just another one, so if it's available you should get the shot."

But when Detroit schools – both public and private-- sent home permission slips for students to get H1N1 vaccine at school, the return rate was only about ten percent.

Dr. Walter Davis, Detroit Pandemic Flu Coordinator, told us, "talking to principals and some parents we find that a lot of them are never receiving consent forms."

The Detroit Health Department has already been working especially hard to get the vaccine into the community.

For instance, today parents attending the Christmas program at the Foreign Language Immersion School on Outer Drive had the chance to get shots for themselves and their children before or after the program.

Mom, Kimberley Wallace said, "This is the easiest for me. This way I don't have to take them to the doctor's office, take them out of school or anything so it works out real well."

But apparently not well enough. So Dr. Davis and his team came up with an innovative idea. They teamed up with Happy's Pizza. And each class in the city that has a permission slip return rate of 80-percent or more will get a pizza party for the entire class.

According to Neil Master, Director of Advertising for Happy's Pizza, "Kids love pizza and we love kids in Detroit and we take care of them whenever we can."

And while the kids may sign up for the pizza, the parents need to know it's important to sign the forms because flu season isn't over just because the number of cases have leveled off.

Dr. Davis told us, "With our flu season, the peak is usually in February and it goes into March. I can tell you we will get hit again. We're in December now. In January and February, the flu will increase tremendously."

Another mom, L'Tonya Felder got shots for her children, "I think it's extremely important. It's important that the Detroit community come together and realize this is important for our health for our protection and we're combating the h1n1 as well as the regular seasonal flu."

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Brandon Turbeville

Sanofi-Pasteur removes Thimerosal-Free Vaccine from Market

Infowars, 17 December 2009
https://web.archive.org/web/20100207224023/http://www.infowars.com/sanofi-pasteur-removes-thimerosal-free-vaccine-from-market/

On December 15, 2009 the CDC released a statement announcing the recall of 800,000 doses of H1N1 vaccine from the market. This was a story that should have received widespread coverage in the national media but, instead, largely died out at the local news level. Although some local stations made the recall their top story, many simply reported it as if it were no big deal and mentioned nothing else about it in subsequent broadcasts. Yet you would think that the recall of close to 1 million vaccines would spark the national interest, especially when the vaccines are for a "pandemic" that was initially supposed to kill hundreds of thousands of Americans and disrupt the entire society.

If one chooses to believe the hype about H1N1 then he/she should be quite worried about the reasons given for the recall – that it is not potent enough. The fact that the company who manufactures the vaccine is Sanofi-Pasteur is also significant because Sanofi-Pasteur made a similar mistake with the H5N1 vaccine in 2006. At the time, H5N1 was the virus that was supposed to kill us all. It seems that the lack of potency issue is a recurring theme with this particular company demonstrating, at best, a dangerous level of incompetence.

Since true independent science has never been able to find that vaccines are even effective, let alone safe, potency becomes a non-issue to those of us who do not take Big Pharma's word as truth. However, there are two peculiar questions regarding this recall that need to be asked.

First, although Sanofi-Pasteur and the CDC cite lack of potency as a reason for the recall, they seem to cast doubt upon their own claims. The "potency" of a vaccine is merely measured by the concentration of the antigen (the active ingredient), and the CDC admits in its' own statement that the potency of the vaccine is only "slightly below the specified range (CDC FAQ)." Yet they go on to say that "The vaccine in these lots is still expected to be effective in stimulating a protective response despite this slight reduction in the concentration of antigen (CDC FAQ)." If the media and government claim of vaccine shortage is true, it would seem illogical to recall such a large number of them if they were still effective.

Second, and perhaps most disturbing, is the fact that the vaccines being removed from the market are the preservative and thimerosal free versions. In article published by Bloomberg, Tom Randall writes, "The recalled shots are preservative-free syringes of a low-dose version made for children ages 6 months through 25 months, [Anne Shuchat, head of the National Center for Immunization and Respiratory Diseases at the CDC] said. There are no remaining preservative-free shots available for children under 2 years old (Randall)." According to Randall, Schuchat goes on to say that thimerosal has proven safe in different studies even though some parents are leery of it.

The idea that thimerosal, aluminum, monosodium glutamate, or any of other preservatives used in these vaccines is safe is absolutely ludicrous. The fact is, thimerosal is 49.6% mercury. The EPA itself declares .1 mcg of mercury to be toxic yet there is, on average, 25 mcg in a single flu shot. The science that Shuchat refers to is the new brand of welfare science that relies on research grants from Big Pharma, vaccine makers, and eugenics foundations. True independent science has shown just the opposite of her claims.

Regardless of the lack of coverage by the mainstream media (something informed individuals should be used to by now), this is information that needs to be distributed. This recall has effectively removed all preservative-free vaccines off the market for children under two. So, for those parents who at least know to ask for thimerosal-free vaccines, the option is no longer on the table. With only the thimerosal vaccine now available, one has to wonder if potency was ever an issue at all or if the recall was merely an attempt to leave the plebs with only one option. That is, if they are uninformed enough to be vaccinated to begin with.

References and Works Cited

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https://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm

Maugh, Thomas H. II. "Swine flu could kill hundreds of thousands of Americans in U.S. if vaccine fails, CDC says," LA Times July 25, 2009.

Saudi Gazette
LEADING THE WAY

Mohammed Saeed Al-Zahrani

Parents to snub tomorrow's national flu vaccination

Saudi Gazette, 20 December 2009
https://web.archive.org/web/20091220192833/http://www.saudigazette.com.sa/index.cfm?method=home.regcon&contentID=2009121857353

TAIF – Authorities are urging legal guardians to let their children be administered the swine flu vaccine following a nationwide Ministry of Health survey revealing that 65 percent of school pupils' parents do not intend to sign their approval.

A ministry source said on the eve of the launch of the national vaccination campaign that guardians' failure to enquire of the date for administering the vaccination or of the nature of the vaccination itself reflected a "complete rejection" of what is a voluntary immunization requiring parental approval.

"I hope guardians come to understand the importance of this vaccination which is safe and has no side effects as shown by World Health Organization reports," the ministry source said.

The ministry study was conducted with the help of regional education administrations, and the Ministry of Education urged parents on Thursday to approve vaccination for their children, citing the "threat of an expected third wave of the virus during this winter season." – Okaz/SG

ProgressiveConvergence.com
A new vision for America, a new vision for the World

Could the H1N1 Vaccine be Causing Miscarriages?

The Flu Case // Progressive Convergenc, 22 December 2009, 00:44
https://web.archive.org/web/20100102031346/http://theflucase.com/index.php?option=com_content&view=article&id=2372%3Acould-the-h1n1-vaccine-be-causing-miscarriages&catid=1%3Alatest-news&Itemid=64&lang=en

...

Miscarriage Cases:

1. **EBWashington:** I am so upset. I was so excited to be pregnant after trying for a year. As soon as I found out I was pregnant, I joined this birth club and I was due June 25th. We have two healthy boys with no history of miscarriage. Everything was going great. Last Monday, I got the H1N1 vaccine thimerosal reduced (mercury reduced for pregnant women). On Tuesday morning, I started cramping and on Wednesday I started bleeding heavily. My hcg was 50 on Wednesday and I was almost 6 weeks along so it was low. They still thought that I might be pregnant but on Friday my hcg was down to 22. I am an emotional wreck. I feel like I had a healthy baby and I caused this by getting the H1N1 vaccine. My doctors pushed it. I researched online and there have been many miscarriages after the H1N1 vaccine but they haven't been reported since it is hard to say what caused the miscarriages. I hope that I did not cause this. I wish everyone the best.

2. **Tayla08:** I don't have an answer for you, but a friend of a friend just had a miscarriage 2-3 days after getting the shot. She was 7weeks. She had no previous history of m/c... No one can answer if they're related...it hasn't been out long enough and there haven't been any studies done on pregnant women. I will tell you, that it has made up my mind on getting it...I won't and I'm not going to get it for my DD either. My daughter and I both had H1N1 last week, and although it truly sucks...I think I'll take my chances. One doctor will tell you to get it and the next will tell you not too...you have to do what's in your heart.

3. **90707:** My heart goes out to you as i recently miscarried as well and was due in June. I had a healthy heart beat at 6wks. then at 7.5 wks my son got the h1n1 mist vaccine which has live vaccine in it. the nurse said to be careful b/c it could technically spread if he rubbed his nose and touched a surface etc. the next night i miscarried and 5 days later was diagnosed with h1n1. I work from home, kids are home, hadn't been anywhere during that time. so the chances that it is all related are very high. The flu mist vaccine warns for immunocompromised patients (which includes prego) to stay away from recipients of the flu mist for 21 days.

5. **Jo:** I got the flu vaccine (regular not H1N1) at 8 weeks pregnant. Three days later I miscarried. I am not going to get the H1N1.

6. **Regrets:** I got both vaccines on Thursday. I was 9 weeks pregnant. I miscarried on Sunday. I was told by several doctors to get these vaccines. Now I wish I followed my gut feeling and not get them at ALL!

etc ...

=>
https://web.archive.org/web/20100102031346/http://theflucase.com/index.php?option=com_content&view=article&id=2372%3Acould-the-h1n1-vaccine-be-causing-miscarriages&catid=1%3Alatest-news&Itemid=64&lang=en

TAIPEI 台北時報 TIMES

Jimmy Chuang

Doctor to sue DOH over vaccinated son's death

Condolences CDC Director-General Steve Kuo said the DOH would not alter its H1N1 immunization plan, but officials were sorry they hadn't been able to help the boy .

Taipei Times, 23 December 2009.
https://www.taipeitimes.com/News/taiwan/archives/2009/12/23/2003461619

A physician whose seven-year-old son died 32 days after receiving an H1N1 flu vaccine said yesterday that he intends to sue the Department of Health (DOH).

Centers for Disease Control (CDC) Director-General Steve Kuo (郭旭崧) said yesterday that the CDC respects the Taichung County doctor's decision but the Department of Health had no plan to change the nationwide influenza H1NI immunization program.

"It is still safer for you to get the shot," Kuo said. "There is also no evidence at present to link the boy's death to the vaccine."

Kuo said the boy's father called the 1922 H1N1 vaccination consultation hotline on Dec. 2 after his son developed a high fever and a skin rash. The boy had received an H1N1 shot on Nov. 19.

Kuo said Deputy Department of Health Minister Chang Shan-chwen (張上淳) and CDC experts immediately held an emergency telephone conference with the child's father to offer help, but the boy died on Monday.

"We are all sorry we were unable to help," Kuo said.

After preliminary discussions, the experts concluded that the boy's death was unrelated to the vaccination, Kuo said, adding that an immune system problem was a possible cause of death.

"The boy's parents are welcome to request an investigation into the case to allow experts to make a more comprehensive, independent judgment," Kuo said.

An inoculation program for people considered at high risk of contracting swine flu began on Nov. 1 and the nationwide immunization program began on Dec. 12 at 2,584 clinics and hospitals and 354 DOH vaccination stations.

Problems and side effects that have been reported so far from the vaccine include deaths among elderly recipients and dizziness among students. These have dissuaded some from getting vaccinated.

Health officials said the reports of dizziness caused some parents, to withdraw their permission for their children to receive the shots.

"A total of 331 cases of side effects from the vaccines has been reported, but all the symptoms were temporary," Kuo said. "These cases will not affect our vaccination policy."

The total number of hospitalized H1N1 patients in Taiwan since the outbreak began reached 817 yesterday, Kuo said.

Initial trial use of A/H1N1 vaccine for children below 3 shows no severe adverse reactions: ministry.

News XinhuaNet, 25 December 2009, 19:58:44
https://web.archive.org/web/20151001000528/http://news.xinhuanet.com/english/2009-12/25/content_12704915.htm

Beijing, Dec. 25 (Xinhua) – China has begun clinical trial use of A/H1N1 flu vaccine designed for children between 6 to 35 months old, and "none of the volunteers has exhibited any signs of severe adverse reactions after receiving the first shot," the Ministry of Health said Friday.

The clinical trials began at the beginning of this month and were conducted in three bases in provincial-level areas including Guangxi, Jiangsu and Hunan, according to the ministry.

Three vaccine producers - Beijing-based Sinovac Biotech Company, Zhejiang Tianyuan Bio-Pharmaceutical Co. Ltd., and Shanghai Institute of Biological Products - were responsible for conducting the tests, it said.

Among 935 participants, 209 were children between 6 to 12 months old, 363 aged one, and 363 aged two. They would begin to receive another round of vaccination from Dec. 23, the ministry said in a report on its website.

The ministry and the State Food and Drug Administration approved the trials to better protect children aged below three, who have a high risk to infect the A/H1N1 strain, the report reads.

The Chinese mainland has reported 91 deaths from the A/H1N1 influenza in the week from Dec. 14 to 20, latest figures from the ministry showed.

As of Thursday, almost 43.33 million people nationwide had been inoculated against the A/H1N1 flu while more than 75.4 million doses of vaccines had been approved for use.

People's Daily Online

Singapore reports low demand of H1N1 vaccines for children

People's Daily Online // News XinhuaNet, 29 December 2009
https://web.archive.org/web/20140408061924/http://english.people.com.cn/90001/90782/90880/6854483.html
https://yoursdp.org/2009/12/29/singapore_reports_low_demand_of_h1n1_vaccines_for_children/v

Singapore’s polyclinics and private clinics are seeing a low demand for the H1N1 vaccines for children, with an average of only two requests per day, local media reported on Monday.

According to local TV broadcaster Channel NewsAsia, the nine polyclinics under the Singhealth Group have seen a total of 121 children below 10 years of age receive vaccinations for the H1N1 virus. And the Raffles Medical Group said its 42 clinics have seen a total of 20 patients per day coming in for H1N1 vaccinations with children making up less than 10 percent of that group.

The Singapore government has approved the use of H1N1 vaccines for young children after a H1N1-related death of a two-year-old child in November.

Local polyclinics said the low demand for the vaccines could be due to many families flying overseas for their vacations and they’re expecting more children to come forward for their vaccinations after the school term starts.

Singapore reported its first confirmed case of flu A/H1N1 on May 27. The flu has caused 19 deaths in the country.

TERRADAILY
NEWS ABOUT PLANET EARTH

China offers free swine flu jabs to children under 3

Terra Daily, 8 January 2010.
https://www.terradaily.com/reports/China_offers_free_swine_flu_jabs_to_children_under_3_999.html

Beijing – China has said it will offer free swine flu jabs to children aged six months to three years, as the government ramps up its vaccination programme ahead of the Lunar New Year holidays.

Children are among the most susceptible to the A(H1N1) influenza virus, the health ministry said in a statement posted on its website Thursday.

A vaccination designed for children had been tested in several regions, Xinhua news agency said, citing an earlier statement from the ministry.

China has so far vaccinated nearly 51.4 million people, the health ministry said – the largest campaign in the world, but still only a small proportion of the country's 1.3 billion people.

The government reported a total of 659 swine flu deaths by the end of 2009, with nearly all of them in the last two months of the year. The ministry has warned that the danger of mass outbreaks still exists in certain areas.

Ministry officials have warned of a "grim" winter flu outlook, and are urging caution ahead of the February Lunar New Year holidays, when hundreds of millions of people swamp roads and railways to visit loved ones.

Norwich Evening News

Dan Grimmer

Children under five will now be offered the swine flu vaccine, health bosses revealed today

Norwich Evening News, 11 January 2010
https://www.eveningnews24.co.uk/news/22391437.norfolk-under-5s-receive-swine-flu-jabs/

Children under five will now be offered the swine flu vaccine, health bosses revealed today.

NHS Norfolk has announced that an agreement has been made with local GPs for them to offer the jab to this next target group in the vaccination campaign.

The plans mean parents with children aged from six months to five years will soon be contacted by their GP practice to invite their child along to a vaccination session.

Children who are in this age group are the focus of phase two of the swine flu vaccination campaign, as national trends show they may be particularly vulnerable to the virus.

Dr Ian Hume, a GP and chairman of the Local Medical Committee, said: "I am very pleased to say that GPs will be offering children under five the vaccination against the swine flu vaccine. We know that children can be particularly vulnerable to the virus and this strain may be around for a number of years, so it is essential that parents take their child to receive the vaccination when they are invited."

The arrangement with local GPs comes after discussions between NHS Norfolk, the Local Medical Committee and the GPs themselves.

Following the agreement between these parties for GPs to provide the vaccinations to the children, practices will now be collating a list of patients who are in the relevant age group.

WebWire®

90% of American physicians believe Swine Flu jab should be given to pregnant woman, versus only 20% in China

WebWire – Sunday, 24 January 2010
https://web.archive.org/web/20100706123228/http://www.webwire.com/ViewPressRel.asp?aId=111491

London – Leading global market intelligence firm Synovate today released data from a study examining the physician's view of the recent Swine Flu pandemic. The survey, which interviewed physicians from the UK, France, Germany, Italy, Spain, USA, China, Taiwan and India about their views of the subject, revealed some interesting findings

Key highlights:

* 90% of doctors in the US feel that pregnant women should be given the vaccine compared to just 20% of doctors in China.
* 82% of UK doctors feel the media has over-dramatised the situation.
* 58% of European doctors have seen their workload increase as a result of swine flu compared to just 35% in the US.
* 76% of doctors in Taiwan have been vaccinated.

Vaccination: true believers or a safety net?

The subject of swine flu vaccination had the doctors divided. Just over half of those surveyed (51%) have themselves been vaccinated, the highest number of which was in Taiwan (76%) and the lowest in Spain (21%). Whilst 37% overall had not had the vaccine nor intended to have it within the next month, 24% of this group still agreed that those under 21 years of age should receive the vaccination and 32% also agreed that frontline staff should receive it.

Overall, just over half of the respondents agreed or strongly agreed that young people should be vaccinated. Opinion was much stronger in the US with 88% of doctors agreeing, compared to only 44% in Europe.

Commented Jackie Ilacqua, Head of Global Oncology at Synovate: "In the US we very much have a culture of prevention, so it is not surprising that vaccinations are so strongly encouraged. Perhaps more importantly, in this case, this high figure could be attributed to the many false negatives there have been to the H1N1 test and the resulting statistics on the number of patients affected actually being understated"

Fifty-seven percent of respondents agreed that "pregnant women should be vaccinated as soon as practical" Again, the US physicians felt most strongly with 90% of US doctors agreeing with this statement.

In stark contrast, only 20% of doctors in China agreed. Commented Robert Pollard, Director of Synovate Healthcare China: "Culturally, the Chinese are hesitant to use prophylaxis, especially so when their single child is involved. The low agreement with the statement is probably a result of doctors feeling the risks outweigh the possible benefits. We have seen in other studies in which we talk to frontline outpatient doctors in hospitals that very few of them ever consider having a flu shot even when provided free by their hospital"

Sixty-two percent of doctors surveyed agreed that the swine flu vaccine provides effective protection, while 27% were uncertain. The remaining 11% believe that it does NOT provide effective protection.

A job well done?

As with any issue that becomes a national and even international concern, government reaction is heavily scrutinised. Communication, support and infrastructure to deal with the crisis, as well as control and recovery are all components of an epidemic contingency plan which people expect their government to deliver on. The swine flu outbreak is no different. In this instance, when it came to government handling of the situation, opinion was pretty much split equally with 38% of doctors agreeing that their government had handled it well, 33% disagreeing and 28% neither agreeing nor disagreeing.

The Asian markets seemed to be the most satisfied with their governments' reaction: 54% agreed that it has been well handled. In Europe, it is a rather different story with only 26% agreeing.

There was also a clear contrast between the views of primary care providers and specialists - 40% of primary care providers indicated that they felt their government had not handled the swine flu outbreak well, compared with only 28% of specialists stating the same.

A well documented crisis or a media circus?

Sixty-one percent of all physicians surveyed felt or felt strongly that the media in their country has over-dramatised the swine flu outbreak. There were notable regional differences in opinion: 75% of respondents in the European markets agreed, 48% in Asia, and 46% in the US.

Commented a doctor in Germany: "In Germany, we now have 80 million experts with 80 million different opinions. This very important topic has become a victim of a lukewarm election campaign played out in the media"

Perhaps the most critical were the UK doctors with a huge proportion (82%) agreeing or strongly agreeing that the British media has over-dramatised the situation.

Commented Steve Lowery, Group Head Healthcare Custom research UK: "This is hardly surprising given the often sensationalist nature of the British tabloid press. When we consider the media hysteria in recent years about both SARS and Bird Flu, perhaps it is little wonder that this time doctors feel that the risks of swine flu have been exaggerated somewhat in some parts of the media"

In China however, there was a rather different story, with a mere 31% of doctors being unsupportive of the level of media publicity in their market. As with opinion on government handling, a significantly larger proportion of primary care physicians felt the media in their market had over-dramatised the situation (72%) than specialists (55%).

About the study

This survey was conducted from 20th November 2009 to 9th December 2009 with members of Synovate's proprietary physician panel, which operate in many major markets around the world, and overseen by Synovate Healthcare. The Synovate Healthcare online team offers specialist advice and data collection services, utilising cutting edge technology and providing unrivalled reach.

About Synovate

Synovate, the market research arm of Aegis Group plc, generates consumer insights that drive competitive marketing solutions. The network provides clients with cohesive global support and a comprehensive suite of research solutions. Synovate employs over 6,400 staff across 62 countries.

Bangkok Post

Miscarriage prompts halt to flu jabs
Ministry denies link, launches an inquiry

Bangkok Post, 29 January 2010, 12:00 AM
http://www.bangkokpost.com/news/local/31909/miscarriage-prompts-halt-to-flu-jabs (deleted)
https://vactruth.com/2010/01/31/miscarriage-prompts-halt-to-flu-jabs/

H1N1 flu vaccinations among pregnant women *have been suspended* after a woman who received a jab lost her baby to *miscarriage a day later*.

The Public Health Ministry yesterday *denied any link* between the vaccinations and the foetal death, but as a precaution suspended flu shots among pregnant women pending an investigation into the miscarriage in the southern province of Satun.

It said it would press ahead with a plan for an H1N1 vaccination campaign aimed at high risk groups despite concerns about possible side-effects.

"There's no substantiated report of H1N1 vaccine having a harmful effect on pregnant women," Public Health permanent secretary Paijit Warachit said yesterday. "The product is certified and safe for use."

Over 6,000 pregnant women have received the vaccination, imported from the French company Sanofi Pasteur, under a national campaign to tackle the mortality rate caused by type-A (H1N1) influenza among high-risk groups including pregnant women.

The 39-year-old *woman lost her baby during the 24th week of pregnancy* in Satun's Thung Wa district on Monday, only a day after she was given a flu shot.

An investigation into the miscarriage at Songkhlanagarind Hospital is under way and the results are expected within a week, Dr Paijit said.

A case of a 32-year-old woman *delivering a baby during her 33rd week of pregnancy* was not caused by vaccination or toxaemia in pregnancy.

Early delivery was essential in this case because the mother had taken a fall and suffered internal bleeding in the brain, he said.

Kamnuan Ungchusak, an epidemiological expert at the Disease Control Department, conceded the report might affect confidence in the vaccination scheme, particularly among pregnant women.

The antigen which is the active ingredient in the H1N1 vaccine could not pass from the mother to an unborn child.

However, the medical committee would discuss the case at its next meeting on Feb 9.

Thailand is conducting the first human trial of a locally made vaccine for type-A (H1N1) influenza.

A preliminary report had found the vaccine was safe and could provide immunity against the virus among volunteers.

The initial result of the first-phase trial was satisfying, said Vichai Chokewiwat, the Government Pharmaceutical Organisation board chairman.

Of 24 volunteers, only 13 had reported minor side-effects such as headaches, joint pain and a runny nose.

Researchers, however, would not rush to begin the vaccine trials with a larger group of 400 volunteers as more work was needed to improve the vaccine's stability. The second-phase of the trial was scheduled for April.

The first batch of locally produced vaccine would be ready to combat any influenza outbreak during the monsoon season if the trial went as planned.

Relevant.at
Best of Media



UNICEF-Impfaktion für 500.000 Kinder in Haiti
Relevant.at, APA/DPA, 1 February 2010
https://relevant.at/2010/02/01/uno-begann-haiti-grosse-lebensmittelverteilung/

– Port-au-Prince (APA/dpa)
Das UNO-Kinderhilfswerk Unicef startet am Dienstag eine Impfaktion in Haiti: Eine halbe Million Kinder sollen gegen Masern, Diphtherie und Tetanus immunisiert werden. Besondere Aufmerksamkeit gilt unter Zweijährigen, für die diese Krankheiten das größte Risiko darstellen. Durch schlechte hygienische Bedingungen sei es zu ersten Fällen von Durchfallerkrankungen und Tetanus gekommen.

Verbesserungen gab es laut Unicef bei der Verteilung von sauberem Trinkwasser seit dem Erdbeben am 12. Jänner: Die tägliche Versorgung wurde auf 2,3 Millionen Liter angehoben – genug für eine halbe Million Menschen. Unter anderem werden 60 Waisenhäuser mit Trinkwasser beliefert.

Unter großem Sicherheitsaufgebot hat am Sonntag bereits das Welternährungsprogramm (WFP) der Vereinten Nationen mit einer großangelegten Ausgabe von Lebensmitteln begonnen. Hilfsorganisationen verteilten 25-Kilo-Säcke mit Reis. UNO- und US-Soldaten sowie einheimische Sicherheitskräfte überwachten die Aktion.

Das WFP richtete 16 feste Verteilstellen in Port-au-Prince ein. In den kommenden beiden Wochen sollen auf diese Weise zwei Millionen Menschen mit Lebensmitteln versorgt werden. Die haitianische Regierung hat das Weiterverkaufen von Lebensmittelhilfe für illegal erklärt.

Schwer verletzte haitianische Erdbebenopfer können unterdessen wieder darauf hoffen, zur Behandlung in die USA geflogen zu werden. Ein Sprecher des Weißen Hauses teilte am Sonntag mit, die USA wollten die ausgesetzten Evakuationsflüge aus Port-au-Prince wieder aufnehmen.

Das österreichische Landwirtschaftsministerium wird im Februar eine Million Euro für Nahrungsmittel-Hilfe in Krisenregionen bereitstellen. Der Löwenanteil von einer halben Million Euro fließt über das UNO-Welternährungsprogramm an die Opfer des Erdbebens in Haiti. Mit dem Geld sollen Lebensmittel gekauft werden. Mit den übrigen Mitteln wird der notleidenden Bevölkerung in Nicaragua, Mosambik und Moldawien (Republik Moldau/Moldova) geholfen, sagte Umwelt- und Landwirtschaftsminister Berlakovich am Montag.

UNICEF to give 500,000 children in Haiti dangerous jabs from Tuesday

The Flu Case, 1 February 2010
https://web.archive.org/web/20100410202145/http://www.theflucase.com/index.php?option=com_content&view=article&id=2664%3Aunicef-to-give-500000-children-in-haiti-dangerous-jabs-from-tuesday&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The UN agency, Unicef, is starting a mass vaccination campaign in Haiti on Tuesday with the goal of giving 500,000 jabs against measles, diphtheria and tetanus, reports the Austrian Press Agency, APA.

Children under 2 years of age are to be the focus of the campaign.

A recent study by the John Hopkins University compared the life expectancy of children in Africa who participated in Unicef vaccination campaigns and children who did not participate and found that *children were much more likely to survive if they did not get Unicef vaccinations*.

Unicef has not indicated that it intends to revise its vaccination policy in the light of these findings.

The John Hopkins study will fuel fears that vaccinations are being given by the UN agency to children in Haiti in order to cause death and damage as part of a global depopulation campaign.

Organic Health
Organic Health Tips, Guides And Information

Is the H1N1 Swine Flu Vaccine Causing Miscarriages?

Organic Health, 18 January 2010 16:28

https://web.archive.org/web/20100413024019/http://organichealthadviser.com/archives/is-the-h1n1-swine-flu-vaccine-causing-miscarriages-9-new-stories-of-pain-and-loss-from-mothers-who-lost-their-babies-after-receiving-the-h1n1-vaccine/comment-page-1#comment-1568
https://web.archive.org/web/20100413024019/http://www.theflucase.com/index.php?option=com_content&view=article&id=2593%3Ais-the-h1n1-swine-flu-vaccine-causing-miscarriages&catid=1%3Alatest-news&Itemid=64&lang=en

9 New Stories of Pain and Loss from Pregnant Women who Lost their Babies after Receiving the H1N1 Vaccine

Is the H1N1 swine flu vaccine causing miscarriages? Is the vaccine safe for pregnant women to take? Those are questions that thousands upon thousands of pregnant women have wrestled with over the past couple of months as they have decided what to do about the swine flu. The WHO and U.S health authorities insisted that the H1N1 swine flu vaccine was perfectly safe for pregnant women and pushed them to the front of the line. So thousands of women did run out and get themselves injected with the vaccine. Now reports are pouring in from all over the United States of women who have lost their babies very quickly after receiving the H1N1 vaccine. Many of these women are overcome with pain and a feeling of loss and are looking for answers. They end up on sites like this one because the mainstream media won't touch this story with a ten foot pole (lest they offend the pharmaceutical giants and their millions of dollars in ad money). Fortunately there are alternatives to the mainstream media now. The following are stories from 9 of our readers who have lost their babies very soon after getting the H1N1 swine flu vaccine. We challenge anyone who still believes in the safety of this vaccine to read all of the following stories and then to explain to the rest of us why we should not be concerned.

The truth is that the H1N1 swine flu vaccine is NOT safe for pregnant women. The following are unedited personal testimonies left as comments by readers of this site.....

#1) Kelly:
If you haven't had a miscarriage, you shouldn't comment about someone that has. This is my second miscarriage. I know my first miscarriage had absolutely nothing to do with the H1N1 shot (because it was in 2003), however, this time I believe there definitely could be a connection. I had 3 healthy babies after my first miscarriage. When I went to have my H1N1 shot (which was HIGHLY recommended by the Health Office workers since I WAS pregnant and I higher risk of H1N1), I was around 5 weeks pregnant. When I went in for my next ob appointment, I had an ultrasound that showed I was only 5 week and 2 days, although by that point I was almost 9 weeks pregnant. I never had any symptoms. The baby just died. Instead of reading about how pregnant women shouldn't get the shot, the ONLY thing I read about pregnant women and the H1N1 shot is that they were top priority for the shot and should have it done as soon as possible. My doctor thought I may have just miscalculated and waited another few weeks to test levels (once a week) until we knew for sure what was going on. Three weeks later (should have been 12 weeks pregnant), I was told that the ultrasound was still showing 5 weeks and 2 days and that the baby was no longer living. I had to have a D&C. Not only was the physical pain traumatizing but the emotional pain was beyond bearable. Something needs to be done. PLEASE, take all of this into consideration before deciding

if you are going to get the shot. I wish I wouldn't have… There seems to be WAY too many stories for this to be a coincidence. If this is what our country is coming to, God, please help us all!

#2) Amy:
I got the H1N1 vacc. when I was 4 and a half weeks pregnant. I started bleeding 2 weeks later and went to the doctor and was told my pregnancy looked perfect for a 4 and a half week pregnancy! Sounds like to me that everything was perfect until I got the vacc. We were completely devastated and I wish I knew the risks before I got it, but the docs will tell you miscarriages happen every day, but that is not good enough for me.

#3) Canada Also:
We were in our 6 month of pregnancy, and we also got the vaccine, We also lost our baby, within 10 days of taking the vaccine. We also asked our Dr what could of caused this, they gave us many reasons, then we brought up H1N1 Vaccine, and before we could get the INE out in vaccine, they dismissed it as possible cause. I asked how could it be everything else, and this is not even considered and dismissed immediately, I think if they did a study and found out that it does cause miscarriages, they entire health system would be under scrutiny and law suits.

It was our second child of which we do not have history of miscarriages or any medical or health issues. Upon delivery the baby looked perfect and no umbilical chord around its neck.

#4) Kirylo:
Last month on Nov.16th I had my son premature at 22 weeks along in my pregnancy he lived 5 hrs and then died of heart failure. About a week prior I received the H1N1 Flu vaccine. I began cramping in my lower abdomen and bleeding heavily on Thursday night and after 75 hrs of labor trying to keep my son inside me as long as possible I delivered him on Monday morning. After reading many of these stories I am convinced that I would still be pregnant if I would have denied the vaccine!

#5) Lucy:
I should be 11 weeks and two days pregnant today. I had an appointment with my OB/GYN today and was told (from info of ultrasound) that my baby stopped growing on the exact day I had my H1N1 vaccine! This is a very sad day for my family and I. This would have been our first baby. I have submitted a report of my "adverse event" on the following site: ttps://vaers.hhs.gov/esub/index

To all those that have had problems with the vaccine I would suggest to report your event as well so the government can track this.

After researching the H1N1 vaccine (which I WISH I would have done before I took the vaccine), I cannot believe that all these officials and medical professional would think for a minute that injecting a drug that may contain mercury, formaldehyde, polysorbate 80 (associated with infertility), triton X100 (a strong detergent), phenoxyethanol (antifreeze) and many other toxic ingredients would be SAFE!

It seems as if there is a hidden agenda out there. Just think of the billions of dollars these pharmaceutical companies are making! Could THAT be the agenda??? I wonder…. HOW can the Pharmaceutical companies get away with giving vaccines that can cause death?! To anyone else that would be a crime!

I think we ALL need to join together and try to change the law so that we can protect this from happening to others. We should all push for legislature that will protect ourselves AND our unborn from this crime.

#6) Amanda:
I have a healthy 1yr old boy no complication or history of miscarriages. I got the H1N1 vaccine to protect me and the baby at 7weeks pregnant. I lost the baby a week and a half after

#7) Carolyn:

I was 4 1/2 weeks pregnant when I got the H1N1 shot. I started spotting 2 days later, then a 2 weeks later lost my baby. I have 2 kids, with no history of miscarriage. If I could take back getting it I would because I think it caused my miscarriage. My doctor does not believe it does.

#8) Mandy:

I was 5 weeks pregnant when my doctor suggested I get the H1N1 vaccine. I received the shot on a Thursday and was very sore and achy on Friday. I miscarried my baby on Sunday, just 3 days after receiving the shot. This was my first pregnancy and I thought I was doing the best thing for myself and my baby by getting the shot. I was encouraged to get the shot by my doctor and was not told that I should wait until I was further along. Also, I was not warned of any side affects accept for a sore arm where I got the shot. I was given the Novartis shot.

#9) Paula:

I was 14 weeks pregnant almost and took the H1N1 shot because my dr. said to and a few minutes afterwards I had severe headaches and shortness of breath, i called everywhere but no one would tell me nothing, then a couple of days after that i started spotting blood and had to be taken to the emergency room for a threatened miscarriage, then 4 days later i went to the OBGYN for an ultrasound my baby was fine until a couple of days later when i went back for an ultrasound and my baby had died it was a missed miscarriage I had to wait 2 days for them to do a dnc. I had my baby and placenta sent to the lab for testing ,the results came back my baby was healthy, my chromosomes were fine everything was fine, even the sex, she was a little baby girl! my baby girl! and i think we have all been misinformed by our doctors, and i think the H1N1 shot killed my baby! and i will fight to get the answers because i want justice for my baby!

U.S. health officials urge second dose of A/H1N1 vaccine for kids in spite of inadequate clinical safety data

Xinhua English News.CN, 6 February 2010, 13:25
https://web.archive.org/web/20100209104940/http://news.xinhuanet.com/english2010/health/2010-02/06/c_13165882.htm

Houston, Feb. 5 (Xinhua) – U.S. health officials have asked parents to get their children under 10 years of age fully vaccinated against the A/H1N1 flu virus as another wave of strike might be coming soon.

Hawaii state health department said on Tuesday that, in Hawaii and a number of other states, there are many children who have not received their second dose, and that there are still many children who have not been vaccinated against the A/H1N1 at all.

In Washington state, health officials say that only a quarter of vaccinated kids under age five have received the second dose. Studies on the A/H1N1 vaccine show that it takes three to four weeks after the second dose before kids under 10 are fully protected.

The second dose of A/H1N1 vaccine for the youngsters under 10, recommended by the Centers for Disease Control and Prevention (CDC), would achieve maximum protection against the new virus, said Hawaii State Epidemiologist Sarah Park.

Experts said parents are aware of the need to get kids vaccinated at the height of influenza breakouts but their attention drops when things normalized.

After nearly a year of news headlines, worry and confusion, the latest statistics released by the CDC find no states reporting widespread influenza activity and only six reporting regional activity.

To wake up the general public, health officials in Ohio warned parents that there is a possibility for a third wave of the A/H1N1 flu. "Don't let your guard down," said Dr. William Mercer, director of the Wheeling-Ohio County Health Department. "If we learned anything from 1957, there was another wave and that started in the middle of February."

The seasonal flu is also expected to peak soon, Mercer said, encouraging people to get both the A/H1N1 and seasonal flu vaccines.

Dr. Scott Brady, co-chair of Florida Hospital's A/H1N1 task force said:"The A/H1N1 is still out there, and is probably going to stick around for a while." He also called for attention to the regular seasonal flu, which generally peaks in the second or third week of February and kills 36,000 adults a year.

With the supplies of A/H1N1 flu vaccine reach to 147 million doses by the end of last week, local health officials are encouraging everyone to get vaccinated.

The A/H1N1 virus is predicted to be the dominant strain of flu that will circulate next year, said Dr. Yuan Po-Tu, medical director of walk-in clinics in Snohomish County, Washington. "So even if the flu doesn't come back this spring, by getting two doses, you're setting them (children) up for protecting them next fall," he added.

The CDC estimated in December that the A/H1N1 flu had killed 10,000 people in the United States, including 1,100 children and 7,500 younger adults, since the start of the pandemic in April.

infonews.co.nz

Katherine Smith // Clare Swinney

H1N1 Vaccine Unsafe for Pregnant Women and Children?

Info News (NZ), 7 February 2010, 11:33 PM
https://www.infonews.co.nz/news.cfm?id=47720

Dear Friends,

As you may know, the Ministry of Health is starting an A/H1N1 ("swine flu") influenza vaccination campaign in February. According to the Sunday Star Times, the targets of this campaign will be health professionals, pregnant women "and all *children aged from six months to five years enrolled* in GP practices in poorer areas or with high proportions of Maori or Pacific Islanders".

I am taking the time to write to you about this vaccination campaign because I have serious concerns about the safety of the A/H1N1 influenza vaccines, especially for pregnant women and children.

Are H1N1 influenza vaccines safe for pregnant women?

If you are pregnant, or planning to become pregnant, you should be aware that according to information provided to the Ministry of Health by Baxter about its A/H1N1 influenza vaccine ("Celvapan") "The safety of CELVAPAN in pregnancy and lactation has not been assessed in clinical trials."

=>https://web.archive.org/web/20100526012255/http://www.medsafe.govt.nz/profs/Datasheet/c/Celvapaninj.pdf

Women in North America who have been vaccinated against A/H1N1 influenza have reported *foetal death* and *miscarriages* following the shots.

=> https://web.archive.org/web/20091112143056/http://preventdisease.com/news/09/110709_H1N1_vaccine_miscarriage_reports.shtml

=> https://web.archive.org/web/20100413024019/http://www.theflucase.com/index.php?option=com_content&view=article&id=2593%3Ais-the-h1n1-swine-flu-vaccine-causing-miscarriages&catid=1%3Alatest-news&Itemid=64&lang=en

Are the A/H1N1 influenza vaccines safe for children?

Parents of young children who may be offered the A/H1N1 influenza vaccine should be aware that there is little information available about the safety of the A/H1N1 influenza vaccines for children.

The datasheet for Baxters A/H1N1 influenza vaccine ("Celvapan") states:

"From clinical studies limited safety data are available for Celvapan (H1N1) in healthy adult and elderly subjects and in children." (Page 1)

=>https://web.archive.org/web/20100526012255/http://www.medsafe.govt.nz/profs/Datasheet/c/Celvapaninj.pdf

What's more, the datasheet states that for children and adolescents "data are only available after the first dose at this time." (Page 8) (The date on the last page of the datasheet is 28/1/10)

=>https://web.archive.org/web/20100526012255/http://www.medsafe.govt.nz/profs/Datasheet/c/Celvapaninj.pdf

In fact, according to the Clinical Trials registry of the United States, Baxter is still recruiting participants aged "2 Months and older" into a study (NCT00950456) of their A/H1N1 influenza vaccine.

http://clinicaltrials.gov/ct2/show/NCT00950456?term=H1N1+influenza+vaccine+%2B+Baxter&rank=2
http://clinicaltrials.gov/ct2/show/NCT00976469?term=H1N1+influenza+vaccine+%2B+Baxter&rank=3

As you can see by clicking onto the link above for trial NCT0076469, most of the children in the study will receive two injections given three weeks apart, while a few will be given a third injection as a "booster". The children will be followed up for only one week after each injection to assess safety. Their immune response to the vaccine will also be studied. The estimated study completion date is May 2010.

If you click on the link below for trial NCT009080850 you will see another trial. Children in this study will be followed up for three weeks after each dose. It's a bit better than the trial discussed above, but certainly not long enough of a follow up period to see whether the vaccine causes any long term side effects. The estimated completion date for this trial is September 2010.

http://clinicaltrials.gov/ct2/show/NCT00980850?term=Baxter+%2B+H5N1+%2B+vaccine&rank=8

What's more, even though the registration of Baxter's A/H1N1 influenza vaccine was based on Baxter's A/H5N1 influenza vaccine (also called "Celvapan") it seems that the trials for this vaccine aren't yet complete either.

The trial NCT01052402 of the effects of the H5N1 influenza vaccine on infants, children and adolescents that you can view at the link below is still recruiting participants and won't be completed until August 2011!

http://clinicaltrials.gov/ct2/show/NCT01052402?term=Baxter+%2B+H5N1+%2B+vaccine&rank=9

In fact, as of this writing, Baxter hasn't even finished its Phase 3 trial of adults who have received the H5N1 influenza vaccine. The trials below won't be complete until February 2010 and November 2010 respectively. See:

http://www.clinicaltrials.gov/ct2/show/NCT00462215?term=Baxter+%2B+H5N1+%2B+Phase+III&rank=2
http://www.clinicaltrials.gov/ct2/show/NCT00711295?term=Baxter+%2B+H5N1+%2B+Phase+III&rank=1

What sorts of side effects can A/H1N1 influenza vaccines cause?

The potential side effects of Baxter's A/H1N1 influenza vaccine "Celvapan" may be read on the datasheet. Potential side effects of concern for Celvapan include sudden hearing loss, paresthesia, arthralgia (from H5N1 influenza vaccine trials) while post marketing surveillance of H1N1 influenza vaccine recipients included reports of convulsions, anaphylaxis and influenza-like illness, among other side effects, in vaccine vaccine recipients.

=>https://web.archive.org/web/20100526012255/http://www.medsafe.govt.nz/profs/Datasheet/c/Celvapaninj.pdf

NB: If you are unfamiliar with medical terms, a medical dictionary can be accessed online at: http://www.nlm.nih.gov/medlineplus/mplusdictionary.html (MedlinePlus Medical Dictionary is no longer available)

Special concerns about Baxter's A/H1N1 influenza vaccine "Celvapan". ***Could it cause cancer***?

Baxter's A/H1N1 influenza vaccine ("Celvapan") is produced in "Vero cells" which are derived from green monkey kidney tissue. => http://en.wikipedia.org/wiki/Vero_cell

Cell lines of this type have the potential to be contaminated with viruses such as Simian Virus 40 (SV40) a monkey virus of known oncogenic (tumour producing) potential. (For information about SV40 and cancer in humans please see: => https://www.sv40foundation.org/alexander/

The Minister of Health responded to a request made under the Official Information Act (OIA) by stating that the Vero cell line used by Baxter has been tested and found to be free from SV40. However, he refused to release the documents necessary to prove this assertion. (This refusal is currently the subject of a complaint to the Ombudsman.)

Moreover, the Vero cell line used to culture the A/H1N1 influenza viruses for Baxter's "Celvapan" vaccine, is a neoplastic cell line. The FDA is currently investigating whether residual DNA from neoplastic cells (like Vero cells) used in vaccine manufacture can cause cancer in vaccine recipients.

=> https://www.fda.gov/vaccines-blood-biologics/science-research-biologics/development-assays-defined-sensitivity-regulatory-management-novel-cell-substrates

The NZ Minister of Health is **aware of this risk.** However, he has no plans to cooperate "at this time" with the US FDA on research on this issue. According to the Minister, the Vero cells line used by Baxter in the production of "Celvapan" is one that minimises the possible cancer risk from the vaccine. However, he refused to release any of the documents to prove this assertion.

Moreover, he stated that the NZ Ministry of Health would not conduct independent testing of Baxter's A/H1N1 influenza vaccine prior to its use in New Zealand. Such testing could provide vaccine recipients with assurance that the vaccine is not contaminated with H5N1, SV40, any other adventitious microorganisms, oncogenic DNA fragments or any other inadvertent contaminants that

could pose a health risk. In other words, The Ministry of Health is relying solely on information supplied by Baxter – which has a massive financial interest in its products – attesting to the safety and efficacy of "Celvapan".

Does the company that the Ministry of Health chose as a supplier for A/H1N1 influenza vaccine for New Zealand (Baxter International) have a good safety record?

In 2008 Baxter produced and marketed contaminated Heparin which caused at least 4 deaths and made hundreds of other people ill.

http://www.medicalnewstoday.com/articles/99662.php (06.03.2008)

An investigation into this debacle found that Baxter was sourcing raw materials from an uncertified Chinese factory that had never been inspected by the Chinese drug regulators.

http://www.medicalnewstoday.com/articles/97598.php (16.03.2008)

In February 2009, Baxter distributed to sixteen labs in four different countries a bulk seasonal (H3N2) influenza vaccine product that was contaminated with live bird flu (H5N1) viruses. This could potentially have sparked a deadly H5N1 influenza pandemic, but fortunately staff in a Czech laboratory discovered the problem in time. (21.02.2009) =>

https://web.archive.org/web/20090302095805/http://www.torontosun.com/news/canada/2009/02/27/8560781.html

The Czech Republic subsequently refused to enter into a contract with Baxter for A/H1N1 influenza vaccine as Baxter refused to guarantee the vaccine's safety nor take responsibility for compensating recipients who might suffer side effects from the vaccine's use. (03.08.2009) =>

https://web.archive.org/web/20090822003914/http://www.ceskenoviny.cz/tema/zpravy/baxter-not-to-provide-anti-swine-flu-vaccine-to-czechs/391210

How well do influenza vaccines work to prevent illness?

Influenza vaccines have a long history of producing disappointing results in terms of preventing influenza or influenza like illness. A recent article published in the British Journal of Medicine stated that: "In children under 2 years inactivated vaccines had the same field efficacy as placebo,8 and in healthy people under 65 vaccination did not affect hospital stay, time off work, or death from influenza and its complications" - see Jefferson T. *Influenza vaccination: policy versus evidence*. BMJ. 2006 Oct 28;333(7574):912-5. doi: 10.1136/bmj.38995.531701.80.

The author also expressed surpise at the lack of safety studies: "A Cochrane Database Systematic Review found only one old trial with data from 35 participants aged 12-28 months.8 In the general population of elderly people, despite a dataset of several million observations, safety was only reported in five randomised controlled trials (2963 observations in total) on local and systemic adverse events seen within a week of giving parenteral inactivated vaccine."

He recommended that in light of the evidence poor effectiveness of inactivated influenza vaccine, poor methodology of some studies and the surprisingly small amount of information relating to vaccine safety, that a "a re-evaluation [of influenza vaccination programmes] should be urgently undertaken." see => https://www.bmj.com/content/333/7574/912.full

What lifestyle choices help reduce the incidence of influenza and its complications?

Good nutrition, getting enough sleep and keeping fit assist the immune system to function effectively. Avoiding alcohol – particularly heavy or binge drinking – is also important as consumption of large amounts of alcohol depresses your immune system.

Sufficient sun **exposure to the skin** – without wearing sunscreen – is necessary to synthesis sufficient vitamin D to keep your immune system functioning properly. (This is one of the reasons that flu is more prevalent in winter as the cold weather means people have to wear more clothing and can easily become **vitamin D** deficient.) If your lifestyle precludes sufficient time outdoors in the sun, it is a good idea to have a blood test to check your vitamin D status checked. (Estimates of how long it is necessary to spend outside in light clothing vary as it depends on the time of year, latitude and the colour of your skin, with people with dark skin requiring more sun exposure to synthesise vitamin D.) If necessary, to correct a deficiency, vitamin D3 supplements may be taken.

(These are available in both over the counter formulations and on prescription.) Prescription vitamin D tablets of high potency need to be kept out of reach of children since they are toxic if taken in excessive dosages, such as might be taken by a young child who mistakes them for lollies.

http://en.wikipedia.org/wiki/Vitamin_Dhttp://en.wikipedia.org/wiki/Vitamin_D_and_influenzahttp://www.usnews.com/health/family-health/articles/2008/06/23/time-in-the-sun-how-much-is-needed-for-vitamin-d.html

=> '*Wikipedia does not have an article with this exact name*'

If you do get the flu, it is important to ensure good hydration and to rest. **Vitamin C** taken in high dosages (the bowel tolerance method works well) from the very start of the symptoms will usually prevent the disease from becoming serious. There are a few people who have genetic conditions such as glucose-6-dehydrogenase deficiency who cannot tolerate high doses of vitamin C. (There are blood tests that can be used to determine whether or not this rare genetic deficiency is present.) In a very serious case of influenza intravenous vitamin C may be needed.

Herbal medicines can boost the immune system and help relieve symptoms. Some also have constituents that have direct antiviral activity.

NB: If you are pregnant or breastfeeding you should seek professional advice before taking high dosages of vitamin C or taking herbal medicines. You should also get professional advice if you have underlying health problems and/or are taking prescription drugs as some herbs and drugs can interact to cause adverse effects. Dr John McKenna's book "Natural Alternatives to Antibiotics" has useful information on the scientific basis of herbal medicine and is also a good guide to the wholistic treatment of infections. The link below gives traditional home remedies for cold and flu.

Holistic Remedies => https://www.holisticonline.com/Remedies/Flu/cold_herbal-remedies-for-cold.htm

As a general rule medications like aspirin or paracetamol should not be taken to reduce fever since reducing the fever can reduce the efficiency of the immune response to the virus. (Aspirin should never be given to children since there is a risk of Reyes syndrome which is potentially fatal.)

A recent review of the use of antipyretics (fever-lowering drugs) stated:

"**Antipyretics may be harmful**

Immunity: Too many parents and health workers think that infection is bad, infection causes fever, and that therefore fever is bad. In fact, fever is often a beneficial host response to infection, and moderate fever improves immunity.[11] Therefore, it may not be a good idea to give drugs that reduce temperature to patients with severe infection. I have recently reviewed 1 the results of 9 controlled trials in mammals of the effect of paracetamol or aspirin on mortality or virus excretion. Four trials found that aspirin increased mortality in bacterial or viral infection. Viral shedding was increased by paracetamol or aspirin in 3 studies, possibly increased in one, and not affected in two (one used only pharyngeal washings, and one had only 9 subjects in the aspirin and placebo groups). One study found that antibody production was impaired by both paracetamol and aspirin, but no effect on antibody production was detected in the study with only 9 subjects in the aspirin and placebo groups. This evidence suggests that aspirin and paracetamol increase mortality in severe infection, and that they may prolong the infection and reduce the antibody response in mild disease."

=> https://web.archive.org/web/20091216085511/http://www.australianprescriber.com/magazine/18/2/33/5

NB: It is important to realise the paracetamol can be fatal in overdose and to keep all products containing paracetamol (especially the attractively flavoured syrups) out of reach of children.

Homoeopathy can also be a very useful treatment for the flu. Records from the 1918 influenza pandemic shows that patients treated with homoeopathic medicine were much more likely to survive than those treated with conventional medicine. Homoeopathic medicines are safe to take while pregnant and breast feeding. =>

https://nesh.com/the-new-england-journal-of-homeopathy/vol-7-no-1-springsummer-1998/influenza-1918-homeopathy-to-the-rescue/

A new theory suggests that one of the reasons that the mortality rate was so high among conventionally treated patients during the 1918 influenza pandemic was due to doctors giving their patients *excessive doses of aspirin*. => https://pubmed.ncbi.nlm.nih.gov/19788357/

https://web.archive.org/web/20130825034311/http://cid.oxfordjournals.org/content/49/9/1405.full

FOCUS online

Profitgier auf Kosten der Kinder

Focus, 8 February 2010

http://www.focus.de/gesundheit/baby/news/impfstoff-engpass-profitgier-auf-kosten-der-kinder_aid_478176.html

Statt Kinderimpfstoffe zu produzieren, hat der einzige Hersteller auf Pandemrix gegen Schweinegrippe umgestellt. Mediziner warnen vor dramatischen Folgen des Impfstoffmangels.

Kinderimpfstoffe sind derzeit Mangelware

Als am Wochenende bekannt wurde, dass einige Mehrfachimpfungen für Kleinkinder zurzeit nicht zur Verfügung stehen, war die Empörung groß. Zurecht, denn der einzige Hersteller GlaxoSmithKline (GSK) hat offenbar die gesamte Vakzine-Produktion auf Pandemrix konzentriert, den Impfstoff gegen Schweinegrippe. Eltern befürchten, dass ihre Kinder nun lang auf eine schützende Impfung warten müssen und sehen die Gesundheit des Nachwuchses in Gefahr.

Der akute Lieferengpass könne gravierende, sogar tödliche Folgen haben, sagte Wolfram Hartmann, der Präsident des Berufsverbands der Kinder- und Jugendärzte (BVKJ). "Besonders gefährlich für Säuglinge sind HIB-Infektionen und Keuchhusten, die so schwere Komplikationen hervorrufen können, dass sie zum Tode führen."

Kein Nachschub für den Kinderarzt

Von den entscheidend wichtigen Sechsfach- und Vierfachimpfstoffen gäbe es in den Arztpraxen entweder nur noch kleine Restbestände oder gar nichts mehr. Der Sechsfachimpfstoff schützt gegen Diphtherie, Wundstarrkrampf, Kinderlähmung, Keuchhusten, HIB-Infektion und Hepatitis B – er wird ab der achten Lebenswoche verabreicht. Babys ab dem elften Monat erhalten eine Vierfachkombination gegen Mumps, Masern, Röteln und Windpocken.

"Keuchhusten kann für Säuglinge lebensgefährlich sein, und eine HIB-Infektion kann zu Kehlkopfentzündung oder Hirnhautentzündung führen, die beide den Tod bedeuten können", erklärte Hartmann. Er wies auch Informationen zurück, dass für jede der Erkrankungen auch eine Einzelimpfung existiere. "Es gibt keinen Einzelimpfstoff gegen Keuchhusten oder eine HIB-Infektion. Entsprechende Meldungen sind falsch." Gegen andere Krankheiten wie Mumps, Masern oder Röteln seien dagegen Einzelimpfstoffe erhältlich.

Schweinegrippeschutz auf Kosten der Kinder

Der Mediziner erhob gegenüber dem alleinigen Hersteller GSK schwere Vorwürfe wegen des Produktionsverhaltens. "Die haben die Produktion des Schweinegrippe-Impfstoffs Pandemrix angenommen, weil damit viel Geld zu verdienen war und haben die Bedürfnisse von Kindern ganz hinten an gestellt." Der Mediziner zeigte kein Verständnis dafür, eine klar kalkulierbare Impfstoffproduktion für Kleinkinder derart schleifen zu lassen. "Man weiß vorab genau, welche Menge nötig ist. Diese Mengen müssen über Lieferverträge gesichert sein. Die Impfstoffe sind mehrere Jahre haltbar und können auch mühelose eingelagert werden." Wolfram Hartmann sieht aber auch die Politik mit in der Verantwortung. Die Produktion der Impfstoff-Kombinationen einem einzigen Unternehmen in Monopolstellung zu überlassen, sei falsch.

GlaxoSmithKline habe Anfang Januar die Kinderärzte auf drohende Engpässe hingewiesen, Ende Januar war es dann schon so weit, kritisierte Wolfram Hartmann. Nun sitzen dem Verbandspräsidenten zufolge schon viele Arztpraxen auf dem Trockenen. Es sei unklar, wie lange es keine Impfstofflieferungen mehr geben werde. "Bis dahin sollten Ärzte, die noch Restmengen haben, auf Auffrischungen verzichten, um stattdessen noch Erstimpfungen für Säuglinge zu ermöglichen", empfiehlt der Mediziner.

Paul-Ehrlich-Institut rät zu Alternativimpfungen

Beschwichtigend äußerte sich dagegen das Paul-Ehrlich-Institut (PEI) in Langen unter Berufung auf Angaben des britischen Herstellers GlaxoSmithKline (GSK). Einige der nicht mehr lieferbaren Impfstoffe für Kinder dürften bereits in rund einer Woche wieder zur Verfügung stehen.

=>

THE FLU CASE

Controlled media tries to limit damage of swine flu vaccine scam

The Flu Case, 8 February 2010 15:20

https://web.archive.org/web/20100220013517/http://www.theflucase.com/index.php?option=com_content&view=article&id=2712%3Acontrolled-media-tries-to-limit-damage-of-swine-flu-vaccine-scam&catid=1%3Alatest-news&Itemid=64&lang=en

The swine flu vaccination scandal has led to growing scepticism among people in Europe towards all vaccinations, forcing Big Pharma and the controlled media to think of ever new strategies to limit the damage.

Germany's controlled media has recently been flooded with reports about how pharamceutical companies produced huge quantities of swine flu vaccines for profit -- leaving a dangerous lack of other vaccines for children. The implication is that these vaccines are safe and desirable.

A typical report is carried by Focus, one of the main drivers of the swine flu hysteria, and headlined: "Vaccine shortage: Profitgreed at the cost of children."

2 NYHETENE

Svineinfluensavaksine kan ha tatt livet av 14 fostre

TV 2 Nyheter, 17 February 2010 12:14

https://www.tv2.no/nyheter/innenriks/svineinfluensavaksine-kan-ha-tatt-livet-av-14-fostre/12612260/
https://web.archive.org/web/20100220103754/http://www.tv2nyhetene.no/innenriks/helse/svineinfluensavaksine-kan-ha-tatt-livet-av-14-fostre-3139153.html

14 aborter og dødsfødsler kan ha blitt forårsaket av svineinfluensavaksine.

Statens Legemiddelverk og Folkehelseinstituttet er bekymret over mulige bivirkninger av vaksinen for mor og barn.

Kan ha tatt liv

I høst satte norske helsemyndigheter i gang et stort eksperiment: gravide skulle være førsteprioritet i køen for svineinfluensa-vaksine.

70 prosent av de gravide vaksinerte seg. Nå viser det seg at vaksinen kan ha tatt liv.

21 dødfødsler og aborter

Norske leger har innrapportert 21 dødfødsler og spontanaborter som de frykter skyldes vaksinen. Over halvparten av dem var kommet halvveis i svangerskapet.

– Noen kan vi utelukke at har noe med vaksinen å gjøre, fordi forsteret har hatt andre alvorlige sykdommer som ikke kan ha sammenheng med vaksinen. Men i noen tilfeller har vi ikke nok opplysninger til å si det 100 prosent sikkert, sier avdelingsoverlege Steinar Madsen i Statens legemiddelverk til TV 2 Nyhetene.

– Fantes det noen kliniske studier om bivirkningene hos gravide?

– Nei, ikke på denne vaksinen, sier Madsen.

Vil undersøke

– Dette må vi finne ut av. Det er alvorlig hvis noen er usikre på om vaksineringen var årsaken til noe så alvorlig. Da er vi nødt til å komme til bunns i det, sier Bent Høie (H) som er leder i Stortingets helsekomite.

Statens Legemiddelverk og Folkehelseinstituttet vil sette i gang en studie som skal omfatte alle de gravide som ble vaksinert.

Vil ikke betale

Studien vil koste 20 millioner kroner, men det vil ikke Helsedepartementet betale, til tross for at de selv var med på beslutningen om å vaksinere gravide mot svineinfluensa.

– Dette enkeltstående prosjektet har ikke vi i dag penger til. Men vi får håpe at det er andre innen forskningsområdet i Norge som finner finansieringtil prosjektet, sier statssekretær Roger Ingebrigtsen (Ap) i Helse- og omsorgsdepartementet.

Bivirkninger

Legemiddelverket mener behovet for undersøkelser er stort. 14 dødfødsler og spontaborter må undersøkes for å avdekke om de er forårsaket av vaksinen.

Dessuten kan barna som ble vaksinert i mors mage fått bivirkninger av vaksinen, som lav fødselsvekt.

THE FLU CASE

Norwegian medicines agency to launch study on swine flu jab's impact on pregnant women

Swine flu vaccine may have taken the lives of 14 fetuses

The Flu Case // TV 2 Nyheter, 18 February 2010

https://web.archive.org/web/20100301035919/http://www.theflucase.com/index.php?option=com_content&view=article&id=2779%3Anorwegian-medicines-agency-to-launch-study-on-swine-flu-jabs-impact-on-pregnant-women-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

14 abortions and fatal birth may have been caused by the swine flu vaccine.

Norwegian Medicines Agency and of Public Health is concerned about the possible side effects of the vaccine for mother and child.

May have life

In autumn, the Norwegian health authorities started a great experiment: pregnant women should be first priority in the queue for the swine flu vaccine.

70 percent of pregnant women vaccinated themselves. Now it turns out that the vaccine may have cost lives.

Will examine: Medicines Agency believes the need for research is huge. Steinar Madsen is an expert the Norwegian Medicines Agency.

Norwegian doctors have reported 21 stillbirths and miscarriages as the fear caused by the vaccine. More than half of them had come halfway through the pregnancy.

"Some can we rule out that has something to do with the vaccine, because the patients have had other serious diseases that can not be related to the vaccine. But in some cases we have not NOK information to say it 100 percent safe, "said Steinar Madsen in the Norwegian Medicines Agency to TV 2 news.

"Were there any clinical studies about the side effects in pregnant?"

"No, not at this vaccine, "says Madsen.

Will examine

"We need to find out. It is serious if someone is unsure whether vaccination was the cause of something so serious. When are we going to have to get to the bottom of it, "says Bent Høie (H) who is head of Parliament's health committee.

Norwegian Medicines Agency and of Public Health will launch a study that will include all the pregnant women who were vaccinated.

Will not pay

The study will cost 20 million, but it will not pay the Ministry of Health, despite the fact that they took part in the decision to vaccinate pregnant women against swine flu.

"This single project does not have our present money. But we can only hope that there are others within the research area in Norway which help finance the project," says State Secretary Roger Ingebrigtsen (Ap) in Health and Care Services.

Side effects

Medicines Agency believes the need for research is huge. 14 stillbirths and spontaborter must be examined to determine whether they are caused by the vaccine.

Moreover, children who were vaccinated in the mother's womb had side effects of the vaccine, such as low birth weight.

THE FLU CASE

Rise in disabled children in Bosnia following use of Bill-Gates funded vaccines,
reports Jagoda Savic

The Flu Case, 23 February 2010, 17:53
https://web.archive.org/web/20100301040154/http://www.theflucase.com/index.php?option=com_content&view=article&id=2809%3Arise-in-disabled-children-in-bosnia-following-use-of-bill-gates-funded-vaccines-reports-jagoda-savic&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Association of Parents of Disabled Chidren from Bosnia and Herzegovina has filed criminal charges on January 18th, 2010, with a state prosecutor over the failure to investigate vaccine damage to children linked to vaccines financed by the GAVI. (the Global Alliance for Vaccines and Immunisation),

The charges maintain that state prosecutor Sead Kreštalica assisted members of the Federal Institute for Public Health in evading investigation for their role in the UNICEF's GAVI vaccination programme against hepatitis b, which is believed to be responsible for the increase in the number of disabled children in Bosnia and Herzegovina since 2002.

The GAVI office, located inside the World Health Organization, launched a vaccination campaign against liver infectious disease among children that was financed with a $1.5 million grant from the Bill & Melinda Gates Foundation made to more than 20 governments.

In 2002, the epidemiology office of the Bosnian Federal Institute for Public Health put forward plans to vaccinate all newborn healthy babies against hepatitis b in first 24 hours of life within the framework of the GAVI vaccination campaign.

In 2002, only nine other countries in the world vaccinated all newborn healthy children against hepatitis b in first 24 hours of life: Bulgaria, Estonia, Latvia, Litthuania, Poland, Portugal, Rumunia, Turkey and Spain.

The hepatitis b virus does not spread as an epidemic and the virus is transmissing by needles, sexual contacts and human liquids.

UNICEF advisor was Dr Popov from Bulgaria, who appeared to have no experience in epidemiology, according to the former chief federal epidemiologist Prof. Zlatko Puvačić (See „Express" on 19. 06. 2002).

The GAVI vaccines seem to be connected with enourmous increase of disabled children in Bosnia and Herzegovina from 2002.

Disabled children who underwent an laboratory analysis were found to have unusually high amounts of of mercury in their hair nails and urine.

In Bosnia, newborn babies have been vaccinated only with BCG vaccine in the past 50 years and there have been no visible health problems due to the BCG vaccine.

The addition of the vaccine against hepatitis b was added to BCG in first 24 hours of life has resulted in babies receicing vaccines with two doses of mercury in the vaccine's preservative, thiomersal. The increase in the mercury appears to have affected the capacity of babies to excrete mercury from their bodies and created basis for cumulative effect of mercury in their bodies.

Small babies have no capacity to produce a bile, which is main way of excretion of mercury from the body. Also, small babies have limited capacity to produce glutation , which is the main detoxicant of the brain.

There is a correlation between a timing of the vaccines given in later months of life and the quantity of mercury found in childrens' bodies and it shows cumulateve effect of mercury.

Children in Bosnia and Herzegovina have undergone a severe neurological deterioration. Some children lost the ability to walk, to sit down, to eat with a spoon, to talk: they have motoric and intellectual retardation and some of them have got encephalopathy, epilepsy and autism. The Association has 117 registered cases, but according to other organizations who are concerned with children with special needs, it seems that there are more than 1100 child victims of GAVI vaccines.

Parents presented 41 requests for laboratory analysis, neurological , toxicological and genetics expertise to the Cantonal prosecution in Sarajevo but the request went answer.

The vaccine used, euvax b, until 2002 has been licenced in 30 countries: 1994-Bangladesh, Filipini, 1995-Argentina, Guatemala, Korea, Myanmar,1996-Equador,1997-Urugvay,1998-Tailand, Armenia, Azerbejdžan, Georgia, Iraq, 1999-Costa Ricca, Jamaica, Trinidad and Tobago, Kirgistan, Uzbekistan, 2000-Chile, Dominikan Republic, Peru, Pakistan, Turkey, Mauritania, Togo, 2001-Aruba (Antili), Paragvay, Moldavia, Jordan and Gabon.

On 07. 08. 2001, Bosnia and Herzegovina became the first and, at that time, the only one country in Europe to licence this vaccine.

In 2002 the pharmaco- kinetic proprieties and duration of protective effect on healthy people of Euvax B were not known.

Parents in Bosna received no information on clinical studies on babies and no information in which countries, when and on which subjects, clinical tests has been conducted. Parents also received no information on the vaccine's pharmaceutical, chemical, biologicical, microbiological and virology or pharmaceutical toxicology.

Nevertheless, WHO in November 2000 declared this vaccine as accepetable for UN agencies. A producer of euvax b is LG from South Korea, better known as producer of TV and other electronic equipment. The distributer of euvax b is "Sanofi Aventis".

WHO temporarily suspended the use of specific lots of the Euvax B vaccine in 2007 following evidence that it was linked to the deaths of infants in Viet Nam.

Investigation of adverse events following Euvax B (hepatitis B) vaccination, May-July 2007
https://web.archive.org/web/20090726225235/http://www.who.int/immunization_safety/aefi/investigations_EuvaxB_synopsis/en/print.html

Synopsis and final outcome
From May to July 2007, WHO assisted the government of Viet Nam in the investigation of four serious adverse events (including three deaths) in infants following administration of Euvax B (hepatitis B) vaccine. As a precautionary measure pending investigation of the reported cases, the Department of Immunization, Vaccines and Biologicals (IVB) at WHO recommended on 15 May the temporary suspension of the distribution and use of specific lots of Euvax B vaccine and provided guidance for parallel actions to be taken at country level. Following investigation of the reported cases from Viet Nam and additional reports from other countries as well as vaccine quality testing and a review of the batch records and manufacturing and quality control process at the manufacturing site, no evidence of a quality problem with the vaccine was found. Consequently, on 7 July 2007, WHO removed its recommendation for temporary suspension of specific lots of Euvax B vaccine and recommended that all lots of Euvax B under temporary suspension be released for use. At no time during the investigation was Euvax B vaccine removed from the WHO list of prequalified vaccines.

Background
Euvax B vaccine
Euvax B is a recombinant DNA hepatitis B vaccine derived from hepatitis B surface antigen (HBsAg) produced by DNA recombinant technology in yeast cells (Saccharomyces cervisiae). HBsAg

is absorbed onto aluminium salts as an adjuvant and preserved with thiomersal. Other excipients are potassium phosphate monobasic, sodium phosphate dibasic and sodium chloride. The vaccine is manufactured by LG Life Sciences, based in the Republic of Korea. The vaccine was prequalified by WHO in November 1996. As at May 2007, approximately 254 million doses had been distributed through UN agencies.

WHO response and initial recommendations

Following the reports of serious adverse events (including three deaths) in Viet Nam, and initiation of an investigation, WHO recommended, on 15 May 2007, the temporary suspension of the distribution and use of specific lots of Euvax B vaccine. This action was taken as a precautionary measure pending the full investigation of the reported adverse events. WHO recommended that, until further notice, there be no further distribution or use of specific Euvax B vaccine lots produced from the same final bulk as lots that had been supplied through the UN system to Viet Nam and were under investigation.

The recommendation was limited to specific bulks and corresponding final lots (further updated on 25 May 2007):

Bulk UVN05012 and related lots UVX05027, UVX05028 and UVX05029
Bulk UVN06004 and related lots UVX06005, UVX06006 and UVX06007
Bulk UVN05014 and related lots UVX05030, UVX05031, UVX05032, UVX05033, UVX05034

At the time of suspension, there was no indication of a vaccine quality problem with specific lots of Euvax B, or with the vaccine in general.

WHO recommended that countries continue to provide hepatitis B vaccination, including the birth dose where applicable, using other lots of Euvax B not affected by the temporary suspension (and where already the case, other hepatitis B vaccines).

WHO and UNICEF urged countries not to suspend all use of Euvax B and/or use of other hepatitis B vaccines for the birth dose or other scheduled vaccination without careful risk-benefit considerations. These considerations included a careful analysis of any potential risks of concern in the specific country and a thorough assessment of the potential negative impact on hepatitis B vaccine supply and acceptance in both the short- and long-term. It was emphasized that the suspension of hepatitis B birth dose vaccination had major implications at it would mean that many infants would be at high risk for becoming hepatitis B carriers and at risk for premature death.

As a precautionary measure, the vaccine manufacturer, LG Life Sciences, and one of its international distributors, sanofi pasteur SA, also issued advice of a temporary suspension on the distribution and use of the same batches of the vaccine specified in the WHO recommendation.

Investigation of reported AEFI cases

Viet Nam

The three deaths and one other serious adverse event which followed vaccination of infants in April and May were investigated by the national authorities with support from WHO. A detailed expert review of the clinical data and assessment of probable causes was carried out at the request of WHO.

The death of one infant (in Ho Chi Minh City) was determined to be unrelated to the vaccine. This conclusion was based on autopsy findings of an acute myocardial infarction secondary to coronary artery thrombosis occurring in utero.

The clinical picture in the two other fatal cases (in Ha Tinh province) was consistent with acute shock with several possible aetiologies. Among the possible aetiologies, endotoxic or anaphylactoid shock were considered to be the most likely. (Anaphylaxis - or anaphylactic shock - a different clinical condition from anaphylactoid shock, is exceedingly rare in neonates and was not considered a likely aetiology in these cases). However, no evidence was found to support or rule out programmatic

error (such as contamination of the vaccine, or inadvertent administration of a wrong drug) that would explain these two possible aetiologies.

In the fourth case (in Thanh Hoa province), the cause of the AEFI was found to be most likely a pneumonia or sepsis/bacteraemia, with no definite conclusion to rule out or confirm a relationship to the administration of the vaccine.

Thus, one case was confirmed as a coincidental AEFI, while for the remaining three the information available did not confirm or rule out a possible link with the vaccine or vaccination.

Other countries

All reports of serious AEFI of which WHO was made aware were followed up and a vaccine quality problem ruled out. Investigation of three serious AEFI cases which followed concurrent administration of Euvax B and other vaccines did not provide evidence of a link between the AEFIs and Euvax B vaccine.

Vaccine quality review and testing

Samples of the suspended vaccine lots, collected from the manufacturer and from Viet Nam, were tested for bacterial endotoxins, abnormal toxicity and pyrogen by a WHO-contracted laboratory. Final test results showed that the lots complied with the quality specifications as recommended by WHO, the European Pharmacopeia and the Korean Pharmacopeia.

In conjunction with the Korea Food and Drug Administration (KFDA), a WHO team conducted a site visit to LG Life Sciences at the end of May to review the batch records and manufacturing and quality control process of the vaccine. The report of this visit, and a subsequent review of this report by an ad hoc expert committee convened by WHO, provided consistent conclusions that there were no problems with regard to the quality, safety or potency of the Euvax B vaccine.

The KFDA also tested samples of the vaccine lots (from the suspended bulk batches) distributed and used in the immunization programme in the Republic of Korea. Results showed compliance with WHO quality standards.

Conclusions and final recommendations

The clinical, epidemiological and multiple vaccine quality investigations provided no evidence of a quality problem with specific lots of Euvax B, or with the vaccine in general. Specifically, vaccine quality testing by the independent WHO-contracted laboratory showed the tested lots to be compliant with the quality specifications as recommended by WHO, the European Pharmacopeia and the Korean Pharmacopeia.

On the basis of the above findings, WHO removed, on 7 July 2007, its recommendation for the temporary suspension of specific lots of Euvax B vaccine. Further, WHO recommended that all lots of Euvax B under temporary suspension be released for use. National regulatory authorities and immunization programme managers were advised to take appropriate care, prior to releasing affected vaccine lots for use, to ensure that the relevant lots had been stored under recommended conditions while on hold.

At no time during the investigation was Euvax B vaccine removed from the WHO list of prequalified vaccines. In this investigation, the possibility of a link with the vaccine or vaccination could not be confirmed or ruled out in three of the four serious AEFI cases. As a result of background mortality due to other causes, deaths among neonates and infants reported following vaccination may be coincidental, in other words having only a temporal association with the vaccine(s) administered. Hence careful investigation of serious adverse events is critical.

Hepatitis B vaccination

Hepatitis B vaccine is highly effective in preventing hepatitis B virus infection. Failure to vaccinate infants increases the risk of chronic infection, that can lead in later life to liver disease (including cancer) and early death. WHO and UNICEF recommend that all infants in all countries receive hepatitis B vaccine, with the first dose provided at birth in areas where mother-to-child hepatitis B virus transmission is significant.

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US groups lays groundwork to sue over Swine Flu jab Miscarriages

Progressive Convergence, 9 March 2010, 14:24
https://web.archive.org/web/20100327201512/http://www.progressiveconvergence.com/H1N1-RELATED%20miscarriages.htm
https://web.archive.org/web/20100525025702/http://www.theflucase.com/index.php?option=com_content&view=article&id=2959%3Acdc-starts-evaluation-of-swine-flu-vaccine-experiment&catid=1%3Alatest-news&Itemid=64&lang=en

Eileen Dannemann, Director, National Coalition of Organized Women, is preparing the documentation *to sue over miscrarriages caused by the swine flu vaccine*.

"We have documented so far 200 miscarriage cases after the administration of the H1N1 vaccine," she writes.

"We already have 10 signed affidavits and notations on the amount of thimerosal to body weight of the fetus.

Although the CDC has reduced or removed thimerosal in the children's vaccine program, the flu shot, seasonal and H1N1 has high levels of thimerosal in the multidose and trace in the single dose.

If the question is whether the drug could have been betterâ€¦.it could have NOT contained Thimerosal. See our documentation:
http://www.progressiveconvergence.com/H1N1-RELATED%20miscarriages.htm
Eileen Dannemann
Director, National Coalition of Organized Women
ncowmail@gmail.com
http://www.ProgressiveConvergence.com
917 804-0786

THE FLU CASE

$70 dollar bribe to get US girls to take dangerous Gardasil jab

The Flu Case, 16 March 2010, 10:22

https://web.archive.org/web/20100325183341/http://www.theflucase.com/index.php?option=com_content&view=article&id=3026%3A70-dollar-bribe-to-get-us-girls-to-take-dangerous-gardasil-jb&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Crooked campaign hits mall-loving teens

Forget shady strangers and bags of candy... the biggest threat to our daughters and granddaughters comes from health officials armed with mall gift certificates.

In one of the most irresponsible government programs I've ever heard of, clinics in Birmingham, England, are bribing teenage girls to get vaccinated.

Believe it or not, they're offering girls up to $70 in "Love2Shop" mall vouchers in exchange for getting one of the most dangerous vaccines ever approved: Gardasil.

They call this an incentive; I call it physical assault on a minor. They want a pat on the back; I want them pat down and tossed in jail.

And if, as a parent, you don't like it... tough. In Jolly Old England, your daughter doesn't need your permission to get vaccinated... so you'll only find out when she comes home showing off her new earrings... or when you get a call from the emergency room after she suffers one of this dangerous drug's many side effects.

I've been crusading against Gardasil from Day One. The media calls it a "cervical cancer vaccine," but don't be fooled by this fancy nickname. This vaccine doesn't protect against cervical cancer - it protects against certain forms of HPV, an STD that can cause cervical cancer.

It's far from 100 percent effective, and it's even farther from 100 percent safe. But do you expect these teenage girls to know that? Do you think they're going to go home and do the research before accepting their shopping bribe?

Sadly, most of them have no clue that Gardasil has been linked to dozens of deaths and thousands of reactions ranging from anaphylactic shock and grand mal seizures to coma and paralysis. Some girls have come down with the incurable nerve disorder Guillian-Barre Syndrome after getting vaccinated, as I've warned before.

And according to a stomach-turning report I found in the Daily Mail, officials in Britain are already talking about expanding the Birmingham mall scheme nationwide.

If you think this won't happen here, you're only partly right. Health officials might not be bribing girls at shopping malls, but the approach they're taking could be far more devastating.

Big Pharma is hard at work pressuring local officials across the country into making HPV vaccines a requirement for school.

The worst part is that all of this hoopla is over something that's completely preventable. Vaccine or no vaccine, the only surefire 100 percent effective means of preventing HPV infection is abstinence. You can't spread a sexually transmitted virus without sex. It's as simple as that.

The Korea Herald

Lee Ji-yoon

Boy paralyzed after flu shot

The Korea Herald, 30 March 2010, 12:52
https://www.koreaherald.com/view.php?ud=20091124000032

The case of a 16-year-old boy who showed signs of paralysis after recieving the H1N1 flu vaccine has prompted an investigation, health officials said yesterday.

According to the National Disaster Prevention and Countermeasures Headquarters, the teenage boy started displaying dizziness right after the injection on Nov. 16 and was moved to a hospital two days later as his arms and legs became paralyzed.

Health officials said that further tests should be conducted to confirm the exact cause of his paralysis, adding that his condition has improved.

The symptom, called the Guillain-Barre syndrome, is usually triggered by acute infection. But it is also known as a very rare side-effect of regular influenza vaccines, with an incidence of about one in 1 million.

According to the World Health Organization, only 10 GBS cases have been reported worldwide among nearly 65 million people in 40 countries confirmed to have been inoculated with the flu vaccine.

The majority of patients regain full functional capacity with prompt treatment. However, experts say, death may occur if severe pulmonary complications and autonomic nervous system problems are present.

As of Saturday, some 2.75 million people, including 2.46 million students, have been vaccinated here against the flu virus, health officials said. The nation`s second round of vaccinations are expected to inoculate about 7.5 million children and teenagers with a one-shot flu vaccine by early next month.

Richard Knox

Measles Resurgence Tied to Parents' Vaccine Fears

NPR, 5 April 2010.
https://web.archive.org/web/20100422212108/http://www.npr.org/templates/story/story.php?storyId=125570056

A generation ago, up to 4 million U.S. children got measles every year. Hundreds died, and thousands were left with permanent brain damage. Thanks to vaccination, those days are over, at least in this hemisphere. But health officials worry about the growing number of children who are vulnerable when somebody brings measles from another part of the world.

It happens regularly. Vancouver is trying to contain a measles outbreak sparked when foreign travelers visited for the Olympics, carrying two different measles viruses from Asia.

The first recognized infections – in two Canadians and a visiting American – occurred around the Olympic closing ceremonies. "Downtown Vancouver was shoulder-to-shoulder on many days of that period," notes Dr. Monika Naus of the British Columbia Centre for Disease Control.

So far, measles has spread to 16 people in Vancouver, Naus says. Half of them are in one large unvaccinated household. The parents reject vaccination.

"It's not a religious issue," Naus says. "A friend of the family who had anti-vaccination sentiments was influential in convincing them not to get vaccinated."

Many parents who refuse to get their children vaccinated worry that vaccines – and the one for measles, mumps and rubella in particular — cause autism. It's a belief that persists despite years of studies and expert panels that find no scientific link.

Health officials say there are growing pockets of vaccine refusers in communities across the land. The numbers are not great. But these pockets of "intentionally unvaccinated" children give the virus more opportunities to spread when it does arrive.

And even if the number of measles cases in each outbreak is kept small, the arrival of measles disrupts lives and forces public health officials into high gear to contain the damage.

Ask Karen Waters-Montijo, chief of immunization at the San Diego County health agency. She and her colleagues, including officials at the U.S. Centers for Disease Control and Prevention in Atlanta, write about the impact of a 2008 measles outbreak in the April issue of the journal *Pediatrics*.

Waters remembers the February day when a public health nurse called to report a confirmed case of measles: a 7-year-old boy who had picked up the virus during a family trip to Switzerland.

As unlikely as it seems, Switzerland is one of those European countries where measles vaccination rates have fallen considerably below 95 percent – the level public health officials say is necessary to prevent measles from circulating in the community.

When Waters heard about the case, she says, "I just about fell off my chair. The child had two siblings, attended public school. The family wasn't vaccinated. And in fact, there were a lot of unvaccinated children at the school, as well."

They were "intentionally unvaccinated," meaning their parents had filed Personal Beliefs Exemption forms to opt out of the vaccinations that are required for schoolchildren. Parents of almost 10 percent of the students at Patient Zero's school had signed PBE forms.

That may not sound like much. But no virus is more contagious than measles. "If a measles-infected person walks into a room with 10 uninfected people," says Dr. David Sugerman of the CDC, "nine of them will get infected."

Moreover, anyone who goes into that room within the next two hours after the infected person has left is likely to get measles, too.

So Waters and her colleagues were alarmed when they learned that it had taken a week before the measles infection of Patient Zero was diagnosed. In the meantime, he had exposed many people in doctors offices and clinic waiting rooms, as well as in school. He had also infected his siblings, and they had exposed many others.

"It was slow to be recognized, and there's a good reason for that," Waters says. "We hardly ever see any measles cases. Most doctors have never seen a case." Once the first patient was diagnosed, moreover, health authorities were slow to be notified.

Once they found out, health authorities kicked into gear, tracing everybody who came into contact with the first cases – and everybody who was in contact with them. That net captured people who got exposed (and, in some instances, infected) at supermarkets, circus performances, fairgrounds and a Hawaii-bound airplane.

It added up to 839 people. Of those, 73 were unvaccinated children – 25 whose parents chose not to get them vaccinated, and 48 children under 12 months who were too young to be vaccinated.

To limit the spread of the virus, San Diego County officials asked parents of those 73 children to keep them at home. Many of them were pretty unhappy about that.

"Imagine, you start off on a normal day," Waters says, "and you're getting ready to drop your child off at their child care place, and you're greeted by a public health nurse who says your child has been exposed to measles, and we'd like you to go home and be there for the next three weeks while we monitor you for symptoms."

Parents of exposed children who believed in vaccination were incredulous and angry, she says: "They said, 'What do you mean, people don't get vaccinated? Why is this happening?' "

In the end, the San Diego outbreak was confined to a dozen children. No big deal, you might think – except that it upended a lot of lives, and the county spent $10,000 for each of those cases in order to keep the virus from spreading more widely. That, and the fact that more than 95 percent of the general population was immune, kept the outbreak far more limited than the previous San Diego measles outbreak in 1991, when there were 1,000 cases and three deaths.

Afterward, Waters and her colleagues looked into who the vaccine refusers were and what their attitudes toward vaccination were.

They're college educated, higher-income and believers in the power of a "natural" lifestyle – things like organic food and prolonged breast-feeding – to keep their children's immunity strong enough to ward off vaccine-preventable diseases.

And they just don't believe it when government officials like Karen Waters say vaccines don't cause autism.

"It is wrapped up in their attitudes about government," Waters says. "I don't think they think I'm the enemy. I think they think I'm well-intended but misinformed."

Many communities have pockets of vaccine refusers. So the United States and other countries with growing numbers of "intentionally unvaccinated" people are likely to see more outbreaks.

There's bound to be occasional importation of measles from countries with circulating virus. These aren't only developing nations; they include Ireland, Germany, Israel, Japan and the United Kingdom, where measles had been eliminated until large numbers of parents started opting out of vaccination programs.

CDC officials are watching the Vancouver outbreak closely, as neighboring Washington state has sizable populations of vaccine refusers.

"If measles crossed the border into those populations, there's a potential for a sizable outbreak," says Dr. Jane Seward of the CDC.

Back in San Diego, Karen Waters is still trying to persuade skeptical parents to get their children vaccinated. She says refusers are not bad guys in this drama.

"You know, these are very nice people," she says. "They care a lot about children, as I do. We all want safe vaccines. We all want healthy children, and we all want answers about autism. It's unfortunate there's a group of people who are off on this track, that believe vaccines are at the root of this problem."

So far Waters hasn't changed many minds. She knows of a thousand families who have refused to get their kindergartners vaccinated. That's 100 more since that last San Diego measles outbreak.

BREITBART

China faces new health scare over 'bad vaccines'

Breitbart, 7 April 2010, 9:36 am US/Eastern

https://web.archive.org/web/20100410090509/http://www.breitbart.com/article.php?id=CNG.1b07d1be69ebdf895fab113ba26ecde7.321&show_article=1

(AFP) Four years ago, Qiang Qiang was a healthy boy. Now, he is epileptic and has trouble keeping up at school – problems that emerged after a vaccination against Japanese encephalitis.

The seven-year-old is one of dozens of youngsters in the northern Chinese province of Shanxi whose parents believe their children may have suffered serious side effects from vaccines in the country's latest public health scare. "His teacher at school tells us he is dumb, that he has short memory and cannot follow classes," his father Gao Changhong told AFP. "We have spent nearly 60,000 yuan ($8,800) to try to cure him, and we really hope the government will take this situation seriously."

A Chinese state media report last month said four children had died and more than 70 others in Shanxi fell ill after they received shots against illnesses such as hepatitis B and rabies between 2006 and 2008.

The China Economic Times report blamed vaccines that had been exposed to excessive heat and should have been destroyed. The report quoted Chen Tao'an, a whistleblower at Shanxi's Centre for Disease Control (CDC) where the vaccines were being handled, as a key source.

China's health ministry initially investigated reports of bad vaccines in Shanxi in 2008 and found no problems. But a probe of the latest allegations indicated issues with "management" of the vaccines, though the shots themselves were not faulty when first produced, the health ministry said Tuesday. It however insisted that the vaccines were not responsible for the four deaths.

According to the World Health Organisation, vaccines that are exposed to high temperatures can lose their effectiveness and trigger reactions.

Shanxi's CDC admitted in a press briefing in March that its former director had been dismissed following irregularities in his ties with the vaccine firm at the heart of the scandal. But it has insisted its shots were safe. The allegations have triggered yet another health scare in a nation regularly plagued by food and medicine-related product safety concerns.

In the past few weeks alone, authorities have ordered inspections of cooking oil nationwide after reports said up to one-tenth of China's supplies contained cancer-causing agents. Peddlers in the central province of Hunan have also reportedly been found soaking dry soybeans in green dye and selling them as fresh green beans.

And according to state media, a drug firm in the eastern province of Jiangsu has been accused of using an additive in a rabies vaccine that allowed it to meet inspection standards at a lower cost but compromised its potency. The State Food and Drug Administration has admitted that "inferior materials" were used in producing the rabies vaccines. It said the firm had been ordered to halt production and some employees were suspected of criminal activity.

The parents of the children in the Shanxi case are convinced their children were harmed by faulty shots. Wang Mingliang lost his baby son after he received a vaccine against hepatitis B. Xiao'er soon began suffering from spasms and breathing difficulties – he died months later.

"We spent more than seven months trying to get him well, from Western medicine to traditional Chinese medicine, and none of it worked," he told AFP. "None of the hospitals we went to managed to find a cause for his illness, and that's when we started suspecting the vaccine."

China has launched a high-profile product-safety blitz in recent years after a string of scares.

But scandals have continued, including revelations that the industrial chemical melamine was added to milk supplies in 2008. At least six babies died and 300,000 were sickened as a result, according to the government. => the same text

INDEPENDENT

China vaccine scare revives product safety fears

Independent, 10 April 2010, 00:00 BST
https://www.independent.co.uk/life-style/health-and-families/china-vaccine-scare-revives-product-safety-fears-5533770.html

Four years ago, Qiang Qiang was a healthy boy. Now, he is epileptic and has trouble keeping up at school - problems that emerged after a vaccination against Japanese encephalitis.

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The Sydney Morning Herald

Fevers in 60 children linked to flu vaccine

The Sydney Morning Herald, 23 April 2010, 4:42PM
https://www.smh.com.au/national/fevers-in-60-children-linked-to-flu-vaccine-20100423-tinv.html

More than 60 West Australian children may have had adverse reactions to the flu vaccine, the state's health department says.

West Australian Health Minister Kim Hames announced yesterday that vaccinations for children under the age of five would be halted after a number of reactions to the three-strain vaccine, which includes swine flu.

Australia's chief medical officer Jim Bishop today said health professionals nationwide should immediately stop immunising children under five with the vaccine, as a precaution.

West Australian Health Department chief health officer Tarun Weeramanthri said a higher-than-expected number of reactions to the vaccine, which is offered free by the state government to children under five, had been reported.

The Princess Margaret children's hospital (PMH) had reported 44 children under 10 had presented with febrile convulsions, of which 23 related to the paediatric flu vaccine.

Of the 23 children, 12 were admitted to hospital.

One child is in a critical condition following their reaction to the vaccine.

Dr Weeramanthri said he had few details on the child's condition but that they were "seriously ill".

The average age of children who had reactions to the vaccine was about two years, but children aged between five and 10 also experienced fevers and convulsions.

Dr Weeramanthri said another 40 children under 10 had been taken to other hospitals in the state with febrile convulsions, and work was being done to assess if there was a link to the vaccine.

"Advice from West Australian clinicians has said that there is a consistent clinical picture that they're seeing, with fever and vomiting around six hours and certainly within 12 hours of vaccination," he said.

The West Australian health department is working with other states and territories to compile data, but there have been no reports of a spike in reactions to the vaccine in other states.

"It's important to get an estimate of both how many have been vaccinated and how many children have potentially had reactions," Dr Weeramanthri said.

The department and the Therapeutic Goods Administration had honed in on what they thought the cause of the increased reactions was, Dr Weeramanthri said.

"The Therapeutic Goods Administration is working with the manufacturers on two lines of inquiry," he said.

"One is the data from around the country about where we're getting any signals of increased reactions and which batches went where.

"The second is to actually directly test the batches held by the various manufacturers for any impurities."

There had been no reports of an increased reaction rate to the single pandemic swine flu strain vaccine.

"So whether this is an issue about the combination of antigens … in this vaccine, which has three parts compared to a single vaccine, is something that TGA is looking at," Dr Weeramanthri said.

"That's the first time that particular antigen has been included, but one must remember that the strains of flu change regularly and so there are regular changes in the formulation of the flu vaccine."

The West Australian Health Department had responded appropriately to the reaction and in a timely fashion, Dr Weeramanthri said.

"As soon as we got information from clinicians, particularly at PMH this week that they were concerned they were seeing something more than what they normally see, and people have to understand there is a normal incidence of febrile reactions after vaccination in children.

"Once we got that information we acted as promptly as we could."

National Centre for Immunisation Research and Surveillance clinical research head Professor Robert Booy said the experience was that children around Australia had demonstrated a good tolerance for the vaccine.

Dr Weeramanthri said he was hopeful a safe vaccination program could be provided once the safety of the vaccine could be ensured.

Case in South Australia

One young child has suffered a convulsive reaction to the seasonal flu vaccine in South Australia, health officials say.

But chief medical officer Paddy Phillips said it was still to be determined if one or more components of the vaccine were the cause of the South Australian case and the spike in cases reported in Western Australia.

There's no evidence at all that there's any particular linkage, at this stage, to any of the components because we don't even know if it's absolutely linked to the vaccine," Professor Phillips said.

"Clearly there's a suspicion and that's why we're playing it safe and suspending the vaccine for five and unders."

AAP

THE FLU CASE

Children sick after three-strain flu vaccine:
Western Australia suspends free jab programme

The Flu Case, 23 April 2010, 12:00

https://web.archive.org/web/20100517152525/http://www.theflucase.com/index.php?option=com_content&view=article&id=3350%3Achildren-sick-after-three-strain-flu-vaccine-western-australia-suspends-free-jab-programme&catid=1%3Alatest-news&Itemid=64&lang=en



Professor claims flu vaccine trials should have been an early warning

AM, Australian Broadcasting Corporation, 28 April 2010, 6:29 am
https://www.abc.net.au/listen/programs/am/professor-claims-flu-vaccine-trials-should-have/414128
https://www.abc.net.au/listen/programs/am/professor-claims-flu-vaccine-trials-should-have/414128?utm_content=link&utm_medium=content_shared

TONY EASTLEY: A leading professor and physician in infectious diseases says early clinical trials revealed there were potential problems with Australia's flu vaccine.

All seasonal flu vaccinations were recently suspended after almost 300 children who had flu shots suffered side effects.

Professor of Infectious Diseases at the Australian National University Peter Collignon, says clinical trials uncovered issues with the flu vaccine.

But Australia's chief medical officer Professor Jim Bishop disagrees. He says the clinical trials Peter Collignon refers to are unrelated.

Liv Casben reports:

LIV CASBEN: Last week the seasonal flu vaccination programme was suspended for children under five, because of health concerns. But Professor Peter Collignon from the Australian National University says - well before that - there were signs something was wrong.

PETER COLLIGNON: The early warning signs were in the original studies by the vaccine manufacturer, CSL, in children, that was published in January in a journal called JAMA and this looked at about 370 children who were vaccinated last October with the swine flu vaccine.

And what was surprising is particularly young children under the age of three. About 35 per cent of those developed a fever when they were given the lower dose of the vaccine.

LIV CASBEN: Why did the Government insist on rolling out the vaccination programme then if clinical trials showed there were problems?

PETER COLLIGNON: Well I'm not sure how this, you know, whether this was all appreciated, I guess our regulator would know that - the TGA (Therapeutic Goods Administration).

LIV CASBEN: Around 50 children in Western Australia have suffered side effects after being vaccinated against the seasonal flu. With almost 300 suspected cases across Australia. Professor Collignon says part of the problem lies with an inadequate monitoring system.

PETER COLLIGNON: The trouble is we go from having fairly intensive clinical studies by companies such as CSL and then there's no further evaluation other than a voluntary reporting of the most severe affects.

LIV CASBEN: He says there needs to be much better surveillance.

PETER COLLIGNON: Well, I think the surveillance system for this particular thing was less than adequate. I mean, at least we do know that we've had a lot of adverse reactions around Australia and particularly the information that has come from Western Australia.

But, one of the real problems is we've rolled out this vaccine without even really knowing how many doses of the vaccine have been given let alone how many side affects people have had; and I do think that we needed to do a better job than what is being done with this vaccine so that we make sure we keep the confidence in the general public.

LIV CASBEN: Australia's chief medical officer Professor Jim Bishop says the investigation into the vaccine in question - is still underway.

JIM BISHOP: We're not convinced that the seasonal flu vaccine is responsible for the cases that have been quoted yet.

LIV CASBEN: He says the clinical trials Professor Collignon is referring to are completely unrelated.

JIM BISHOP: That was a trial of the swine flu vaccine. The swine flu vaccine has now been used in millions of children. We haven't seen high fever rates.

LIV CASBEN: Professor Bishop says Australia's surveillance system is highly effective and that the cases in Western Australia prove that.

TONY EASTLEY: Liv Casben reporting.


Australian Broadcasting Corporation
https://www.abc.net.au › listen › programs › professor-...
Professor claims flu vaccine trials should have been an ...
27 Apr 2010 — **All** seasonal **flu** vaccinations were recently suspended after **almost 300 children** who had **flu** shots **suffered side** effects. Professor of ...

THE FLU CASE

Flu trials where almost all 300 children suffered side effects should have been warning,
says Australian professor
=> Deleted:

https://web.archive.org/web/20100530111515/http://theflucase.com/index.php?option=com_content&view=article&id=3449%3Aflu-trials-where-almost-all-300-children-suffered-side-effects-should-have-been-warning-says-australian-professor&catid=1%3Alatest-news&Itemid=64&lang=en

NATURAL NEWS
Defending Health, Life and Liberty

Mike Adams

Influenza vaccine sends children into convulsions

Natural News, 12 May 2010
http://www.naturalnews.com/028773_vaccines_convulsions.html

Influenza vaccines have sent 57 children into life-threatening convulsions, reports The Age out of Australia. These influenza vaccines were being give to children under five to "protect" them from seasonal flu, but after receiving the shots, these children started going into convulsions.

An investigation has revealed that there is no quality control problem with any particular batch of influenza vaccines. They all pass quality control, in other words, so the convulsions are being caused by what is intentionally put into the vaccines, not by some mistaken chemical contaminant.

This, of course, baffles conventional doctors who have all been told that vaccines are perfectly safe and could never harm anyone. So rather than pausing to consider what might be contained in the vaccines that's causing children to go into convulsions, they charge ahead with the recommendation that even more people should get vaccines.

Alan Hampson, chairman of Australia's Influenza Specialist Group, "...advised young, healthy people anxious to get the flu vaccine to consider having the swine flu vaccine" reports The Age. There is no amount of real-world evidence, you see, that can break the mythological stranglehold that vaccines have over the minds of mainstream physicians. Even if children start dropping to the floor and convulsing right in front of them, they will continue to push vaccines on even more children.

The illusion of vaccine efficacy

Vaccines are based on a scientific-sounding mythology that is widely believed by gullible physicians and scientists who simply believe what they are told rather than what's real.

This mythology is based on the belief that injecting foreign matter into the human body will cause the immune system to adapt to the weakened foreign matter by creating antibodies that fight off future infections. This explanation, however, is pure mythology. In reality, an immune system can only invoke an adaptive response when it is properly nourished with vitamin D. And if the patient has enough vitamin D, they need no vaccine because vitamin D protects them from seasonal influenza in the first place.

Thus, vaccines only "work" in those people who don't need them. People who have the least protection against influenza due to their vitamin D deficiency also have the weakest immune response to vaccines. The vaccines, in other words, just don't work on them.

Children with particularly weak neurology are highly susceptible to neurological damage from vaccines. This damage may take the form of a coma, convulsions, autism or being partially paralyzed. Some children given vaccines soon find themselves in wheelchairs, unable to walk even though previous to the vaccine they were star athletes.

PLOS ONE

Nohynek H, Jokinen J, Partinen M, Vaarala O, Kirjavainen T, Sundman J, et al.

AS03 adjuvanted AH1N1 vaccine associated with an abrupt increase in the incidence of childhood narcolepsy in Finland

PLoS One, 28 March 2012; 7:e33536
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0033536

Abstract

Background
Narcolepsy is a chronic sleep disorder with strong genetic predisposition causing excessive daytime sleepiness and cataplexy. A sudden increase in childhood narcolepsy was observed in Finland soon after pandemic influenza epidemic and vaccination with ASO3-adjuvanted Pandemrix. No increase was observed in other age groups.

Methods
Retrospective cohort study. From January 1, 2009 to December 31, 2010 we retrospectively followed the cohort of all children living in Finland and born from January 1991 through December 2005. Vaccination data of the whole population was obtained from primary health care databases. All new cases with assigned ICD-10 code of narcolepsy were identified and the medical records reviewed by two experts to classify the diagnosis of narcolepsy according to the Brighton collaboration criteria. Onset of narcolepsy was defined as the first documented contact to health care because of excessive daytime sleepiness. The primary follow-up period was restricted to August 15, 2010, the day before media attention on post-vaccination narcolepsy started.

Findings
Vaccination coverage in the cohort was 75%. Of the 67 confirmed cases of narcolepsy, 46 vaccinated and 7 unvaccinated were included in the primary analysis. The incidence of narcolepsy was 9.0 in the vaccinated as compared to 0.7/100,000 person years in the unvaccinated individuals, the rate ratio being 12.7 (95% confidence interval 6.1–30.8). The vaccine-attributable risk of developing narcolepsy was 1∶16,000 vaccinated 4 to 19-year-olds (95% confidence interval 1∶13,000–1∶21,000).

Conclusions
Pandemrix vaccine contributed to the onset of narcolepsy among those 4 to 19 years old during the pandemic influenza in 2009–2010 in Finland. Further studies are needed to determine whether this observation exists in other populations and to elucidate potential underlying immunological mechanism. The role of the adjuvant in particular warrants further research before drawing conclusions about the use of adjuvanted pandemic vaccines in the future.

European Centre for Disease Prevention and Control
An agency of the European Union

European Centre for Disease Prevention and Control
Narcolepsy in association with pandemic influenza vaccination
A multi-country European epidemiological investigation.

Stockholm: ECDC; 20 September 2012.
https://www.ecdc.europa.eu/en/publications-data/narcolepsy-association-pandemic-influenza-vaccination-multi-country-european

This report summarises the results from two epidemiological studies conducted by the Vaccine Adverse Event Surveillance and Communication (VAESCO) Consortium undertaken in eight European Union (EU)/European Economic Area (EEA) countries in order to investigate a possible association between an unexpected increase in narcolepsy cases following the use of influenza A(H1N1)pdm09 vaccines.

Narcolepsy is an underdiagnosed disease of widely unknown etiology. The VAESCO studies on narcolepsy include Sweden and Finland, which originally reported the safety signal (the signalling countries).

Apart from Sweden and Finland, the studies include the following six EU/EEA Member States: Denmark, Italy, France, the Netherlands, Norway and the United Kingdom (UK). These six countries are hereafter referred to as non-signalling countries when they are being referred to collectively.

Executive summary

ECDC technical report "Narcolepsy in association with pandemic influenza vaccination – a multi-country European epidemiological investigation" summarises results from two studies undertaken by ECDC and the Vaccine Adverse Event Surveillance and Communication (VAESCO) Consortium. It covers a study on narcolepsy background incidence rates and a case–control study to determine risk factors. Both studies concern the association between narcolepsy and specific influenza A(H1N1)pdm09 vaccines while at the same time considering other likely causes. These studies include Denmark, Finland, France, Italy, the Netherlands, Norway, Sweden and the United Kingdom.

A summary of the report is available as a separate document.

The case–control study confirms an association between vaccination with Pandemrix® and an increased risk of narcolepsy in children and adolescents (5 to 19 years of age) in Sweden and Finland that originally reported on this issue (signalling countries). No such association was found in adults in these two countries.

According to the strictest primary analysis, the kind of assessment designed to avoid most biases like media and diagnostic awareness biases, no significant risk was found in children and adolescents in other countries included in the study – Denmark, Italy, France, the Netherlands, Norway and the United Kingdom (non-signalling countries).

However, sensitivity analyses that assess the robustness of the results from the primary analysis, have highlighted the importance of several time-related factors that affect the strength of association between influenza pandemic vaccines and narcolepsy. An example of a time-related factor shown to influence results is the length of the chosen study period, that is, the inclusion of cases occurring before and after the period of media attention would give a different outcome.

One such sensitivity analysis was based on the date of onset of excessive day-time sleepiness before media attention. This identified an increased risk for narcolepsy for children and adolescents following influenza A(H1N1)pdm 09 vaccination in both signalling and non-signalling countries.

A similar sensitivity analysis also addressed date of onset of excessive daytime sleepiness and showed an association in adults in non-signalling countries before awareness increased.

To further inform the regulatory actions and the public, the report recommends increasing the statistical power by ensuring completeness of the case–control study through an exhaustive case inclusion in all age groups in the primary study period before increased awareness.

VAESCO is a European research network funded by ECDC and coordinated for ECDC by the Brighton Collaboration. It includes researchers from public health institutes, regulatory agencies and universities. The long term aim of the work is to create an independent infrastructure and epidemiological resource in support of vaccine safety monitoring and investigation in Europe.

REUTERS

Kate Kelland

Insight: Evidence grows for narcolepsy link to GSK swine flu shot

Reuters, 22 January 2013, 3:05 PM
https://www.reuters.com/article/us-narcolepsy-vaccine-pandemrix-idUSBRE90L07H20130122

Stockholm (Reuters) - Emelie Olsson is plagued by hallucinations and nightmares. When she wakes up, she's often paralyzed, unable to breathe properly or call for help. During the day she can barely stay awake, and often misses school or having fun with friends. She is only 14, but at times she has wondered if her life is worth living.

Emelie is one of around 800 children in Sweden and elsewhere in Europe who developed narcolepsy, an incurable sleep disorder, after being immunized with the Pandemrix H1N1 swine flu vaccine made by British drugmaker GlaxoSmithKline in 2009.

Finland, Norway, Ireland and France have seen spikes in narcolepsy cases, too, and people familiar with the results of a soon-to-be-published study in Britain have told Reuters it will show a similar pattern in children there.

Their fate, coping with an illness that all but destroys normal life, is developing into what the health official who coordinated Sweden's vaccination campaign calls a "medical tragedy" that will demand rising scientific and medical attention.

Europe's drugs regulator has ruled Pandemrix should no longer be used in people aged under 20. The chief medical officer at GSK's vaccines division, Norman Begg, says his firm views the issue extremely seriously and is "absolutely committed to getting to the bottom of this", but adds there is not yet enough data or evidence to suggest a causal link.

Others - including Emmanuel Mignot, one of the world's leading experts on narcolepsy, who is being funded by GSK to investigate further – agree more research is needed but say the evidence is already clearly pointing in one direction.

"There's no doubt in my mind whatsoever that Pandemrix increased the occurrence of narcolepsy onset in children in some countries – and probably in most countries," says Mignot, a specialist in the sleep disorder at Stanford University in the United States.

30 Million Received Pandemrix

In total, the GSK shot was given to more than 30 million people in 47 countries during the 2009-2010 H1N1 swine flu pandemic. Because it contains an adjuvant, or booster, it was not used in the United States because drug regulators there are wary of adjuvanted vaccines.

GSK says 795 people across Europe have reported developing narcolepsy since the vaccine's use began in 2009.

Questions about how the narcolepsy cases are linked to Pandemrix, what the triggers and biological mechanisms might have been, and whether there might be a genetic susceptibility are currently the subject of deep scientific investigation.

But experts on all sides are wary. Rare adverse reactions can swiftly develop into "vaccine scares" that spiral out of proportion and cast what one of Europe's top flu experts calls a "long shadow" over public confidence in vaccines that control potential killers like measles and polio.

"No-one wants to be the next Wakefield," said Mignot, referring to the now discredited British doctor Andrew Wakefield who sparked a decades-long backlash against the measles, mumps and rubella (MMR) shot with false claims of links to autism.

With the narcolepsy studies, there is no suggestion that the findings are the work of one rogue doctor.

Independent teams of scientists have published peer-reviewed studies from Sweden, Finland and Ireland showing the risk of developing narcolepsy after the 2009-2010 immunization campaign was between seven and 13 times higher for children who had Pandemrix than for their unvaccinated peers.

"We really do want to get to the bottom of this. It's not in anyone's interests if there is a safety issue that needs to be addressed," said GSK's Begg.

Life Changed

Emelie's parents, Charles and Marie Olsson, say she was a top student who loved playing the piano, taking tennis lessons, creating art and having fun with friends. But her life started to change in early 2010, a few months after she had Pandemrix. In the spring of 2010, they noticed she was often tired, needing to sleep when she came home from school.

But it wasn't until May, when she began collapsing at school, that it became clear something serious was happening.

As well as the life-limiting bouts of daytime sleepiness, narcolepsy brings nightmares, hallucinations, sleep paralysis and episodes of cataplexy - when strong emotions trigger a sudden and dramatic loss of muscle strength.

In Emelie's case, having fun is the emotional trigger. "I can't laugh or joke about with my friends any more, because when I do I get cataplexies and collapse," she said in an interview at her home in the Swedish capital.

Narcolepsy is estimated to affect between 200 and 500 people per million and is a lifelong condition. It has no known cure and scientists don't really know what causes it. But they do know patients have a deficit of a brain neurotransmitter called orexin, also known as hypocretin, which regulates wakefulness.

Research has found that some people are born with a variant in a gene known as HLA that means they have low hypocretin, making them more susceptible to narcolepsy. Around 25 percent of Europeans are thought to have this genetic vulnerability.

When results of Emelie's hypocretin test came back in November last year, it showed she had 15 percent of the normal amount, typical of heavy narcolepsy with cataplexy.

The seriousness of her strange new illness has forced her to contemplate life far more than many other young teens: "In the beginning I didn't really want to live any more, but now I have learned to handle things better," she said.

Triggers?

Scientists investigating these cases are looking in detail at Pandemrix's adjuvant, called AS03, for clues.

Some suggest AS03, or maybe its boosting effect, or even the H1N1 flu itself, may have triggered the onset of narcolepsy in those who have the susceptible HLA gene variant.

Angus Nicoll, a flu expert at the European Centre for Disease Prevention and Control (ECDC), says genes may well play a part, but don't tell the whole story.

"Yes, there's a genetic predisposition to this condition, but that alone cannot explain these cases," he said. "There was also something to do with receiving this specific vaccination. Whether it was the vaccine plus the genetic disposition alone or a third factor as well - like another infection - we simply do not know yet."

GSK is funding a study in Canada, where its adjuvanted vaccine Arepanrix, similar to Pandemrix, was used during the 2009-2010 pandemic. The study won't be completed until 2014, and some experts fear it may not shed much light since the vaccines were similar but not precisely the same.

It all leaves this investigation with far more questions than answers, and a lot more research ahead.

Was It Worth It?

In his glass-topped office building overlooking the Maria Magdalena church in Stockholm, Goran Stiernstedt, a doctor turned public health official, has spent many difficult hours going over what happened in his country during the swine flu pandemic, wondering if things should have been different.

"The big question is was it worth it? And retrospectively I have to say it was not," he told Reuters in an interview.

Being a wealthy country, Sweden was at the front of the queue for pandemic vaccines. It got Pandemrix from GSK almost as soon as it was available, and a nationwide campaign got uptake of the vaccine to 59 percent, meaning around 5 million people got the shot.

Stiernstedt, director for health and social care at the Swedish Association of Local Authorities and Regions, helped coordinate the vaccination campaign across Sweden's 21 regions.

The World Health Organisation (WHO) says the 2009-2010 pandemic killed 18,500 people, although a study last year said that total might be up to 15 times higher.

While estimates vary, Stiernstedt says Sweden's mass vaccination saved between 30 and 60 people from swine flu death. Yet since the pandemic ended, more than 200 cases of narcolepsy have been reported in Sweden.

With hindsight, this risk-benefit balance is unacceptable. "This is a medical tragedy," he said. "Hundreds of young people have had their lives almost destroyed."

Pandemics Are Emergencies

Yet the problem with risk-benefit analyses is that they often look radically different when the world is facing a pandemic with the potential to wipe out millions than they do when it has emerged relatively unscathed from one, like H1N1, which turned out to be much milder than first feared.

David Salisbury, the British government's director of immunization, says "therein lies the risk, and the difficulty, of working in public health" when a viral emergency hits.

"In the event of a severe pandemic, the risk of death is far higher than the risk of narcolepsy," he told Reuters. "If we spent longer developing and testing the vaccine on very large numbers of people and waited to see whether any of them developed narcolepsy, much of the population might be dead."

Pandemrix was authorized by European drug regulators using a so-called "mock-up procedure" that allows a vaccine to be authorized ahead of a possible pandemic using another flu strain. In Pandemrix's case, the substitute was H5N1 bird flu.

When the WHO declared a pandemic, GSK replaced the mock-up's strain with the pandemic-causing H1N1 strain to form Pandemrix.

GSK says the final H1N1 version was tested in trials involving around 3,600 patients, including children, adolescents, adults and the elderly, before it was rolled out.

The ECDC's Nicoll says early warning systems that give a more accurate analysis of a flu strain's threat are the best way to minimize risks of this kind of tragedy happening in future.

Salisbury agrees, and says progress towards a universal flu vaccine - one that wouldn't need last-minute changes made when a new strain emerged - would cuts risks further.

"Ideally, we would have a better vaccine that would work against all strains of influenza and we wouldn't need to worry about this ever again," he said. "But that's a long way off."

With scientists facing years of investigation and research, Emelie just wants to make the best of her life.

She reluctantly accepts that to do so, she needs a cocktail of drugs to try to control the narcolepsy symptoms. The stimulant Ritalin and the sleeping pill Sobril are prescribed for Emelie's daytime sleepiness and night terrors. Then there's Prozac to try to stabilize her and limit her cataplexies.

"That's one of the things that makes me feel most uncomfortable," she explains. "Before I got this condition I didn't take any pills, and now I have to take lots - maybe for the rest of my life. It's not good to take so many medicines, especially when you know they have side effects."

thebmj

Elizabeth Miller, Nick Andrews, Lesley Stellitano, Julia Stowe,
Anne Marie Winstone, John Shneerson, Christopher Verity

Risk of narcolepsy in children and young people receiving AS03 adjuvanted pandemic A/H1N1 2009 influenza vaccine: retrospective analysis

BMJ, 26 February 2013; 346:f794. doi: 10.1136/bmj.f794
https://pubmed.ncbi.nlm.nih.gov/23444425/

Abstract

Objective To evaluate the risk of narcolepsy in children and adolescents in England targeted for vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine (Pandemrix) from October 2009.

Design Retrospective analysis. Clinical information and results of sleep tests were extracted from hospital notes between August 2011 and February 2012 and reviewed by an expert panel to confirm the diagnosis. Vaccination and clinical histories were obtained from general practitioners.

Setting Sleep centres and paediatric neurology centres in England.

Participants Children and young people aged 4-18 with onset of narcolepsy from January 2008.

Main outcome measures The odds of vaccination in those with narcolepsy compared with the age matched English population after adjustment for clinical conditions that were indications for vaccination. The incidence of narcolepsy within six months of vaccination compared with the incidence outside this period measured with the self controlled cases series method.

Results Case notes for 245 children and young people were reviewed; 75 had narcolepsy (56 with cataplexy) and onset after 1 January 2008. Eleven had been vaccinated before onset; seven within six months. In those with a diagnosis by July 2011 the odds ratio was 14.4 (95% confidence interval 4.3 to 48.5) for vaccination at any time before onset and 16.2 (3.1 to 84.5) for vaccination within six months before onset. The relative incidence from the self controlled cases series analysis in those with a diagnosis by July 2011 with onset from October 2008 to December 2010 was 9.9 (2.1 to 47.9). The attributable risk was estimated as between 1 in 57 500 and 1 in 52 000 doses.

Conclusion The increased risk of narcolepsy after vaccination with ASO3 adjuvanted pandemic A/H1N1 2009 vaccine indicates a causal association, consistent with findings from Finland. Because of variable delay in diagnosis, however, the risk might be overestimated by more rapid referral of vaccinated children.

The Guardian

Ian Sample

Swine flu vaccine can trigger narcolepsy, UK government concedes

The Guardian, 19 September 2013, 19.32 BST
http://www.theguardian.com/society/2013/sep/19/swine-flu-vaccine-narcolepsy-uk

Review of fresh evidence finds jab given to 6 million people in Britain can occasionally cause sleep disorder.

The government is to reverse its stance on the safety of a swine flu vaccine given to 6 million people in Britain and accept that on rare occasions the jab can trigger the devastating sleep disorder narcolepsy.

The Department for Work and Pensions (DWP) has contacted people turned down for compensation last year to explain that, after a review of fresh evidence, it now accepts the vaccine can cause the condition. The move leaves the government open to compensation claims from around 100 people in Britain, and substantial legal fees if a group action drawn up by solicitors is successful.

Peter Todd, who is preparing the case at the London firm Hodge, Jones and Allen, said that damages could reach £1m for each person.

The Pandemrix vaccine, made by GlaxoSmithKline, was given to high-risk groups, including children and those with asthma, diabetes and heart disease at the height of the 2009-10 swine flu pandemic. Across Europe, around 31 million people received the jab. The vaccine was made specifically to tackle pandemics and is very different to the normal seasonal flu vaccine which has not been linked to narcolepsy.

The condition is a rare but serious neurological disorder that affects about 31,000 people in Britain. The condition can cause massive sleep disruption. The worst hit are often young people who face enormous learning difficulties at school and university. The disorder can destroy self-esteem, and bullying is common. Adults can lose their jobs, their driving licences, and can have difficulties with relationships. Some narcoleptics have another condition called cataplexy, a total loss of muscle control.

The government U-turn follows a major study of four- to 18-year-olds by the Health Protection Agency which found that around one in every 55,000 jabs was associated with narcolepsy. A spokesman for GSK said it had details of around 900 people from 14 countries who had narcolepsy and were vaccinated.

The welfare minister, Iain Duncan Smith, will announce the reversal in October, according to a letter seen by the Guardian. "It has been accepted that, on the balance of probability, vaccination has contributed to … disablement," the letter says.

The DWP denies that any disability caused by Pandemrix is severe enough to qualify for statutory compensation, a £120,000 tax-free lump sum, but invites people to respond within three weeks.

Todd argues that "in nearly all cases" people who developed narcolepsy from the jab would qualify for compensation. The group action will be brought against GSK, but Todd said the drug company had an indemnity clause in its contract to provide the vaccine which means government will ultimately foot the bill. "Some of these multiparty actions cost endless millions. You can imagine the number of experts involved. We fill up the court when we turn up with these cases," he said.

The decision was welcomed by Matt O'Neill of Narcolepsy UK. "There are a lot of parents who have been waiting for the right decision on this," he said. "The problem is that compensation is based on proving that you're eligible, and that could be very hard for children to articulate."

In a statement, GSK said: "Patient safety is our number one priority and we are actively researching how narcolepsy is triggered and how this vaccine might have interacted with other risk factors in affected individuals. We hope these ongoing research efforts will enable us to provide more answers.

"Narcolepsy is a complex disease and its causes are not yet fully understood but it is generally considered to be associated with genetic and environmental factors, including infections. We remain committed to pursuing additional research to understand the association between Pandemrix and narcolepsy and continue to support the research of others who are investigating reported cases."

A Department of Health spokesperson said: "Pandemrix was developed specifically for use in a flu pandemic when the number of lives lost and serious cases could have been enormous.

"The decision to recommend that children got this vaccine during the flu pandemic was based on evidence available at the time, along with the advice from the European Medicines Agency which approved its use.

"We keep all emerging evidence under review and that's why use of Pandemrix in those less than 20 years old was stopped in the UK in 2011."

W5

Sleeping Sickness

CTV W5, Saturday, 2 November 2013
https://www.facebook.com/CTVW5/videos/10151976802181054/?idorvanity=208910408581

This week on W5 a medical mystery: why are children around the world being diagnosed with narcolepsy? It's an incurable disease. What did the swine flu pandemic of 2009 have to do with it?
SLEEPING SICKNESS - W5 this Saturday 7 pm on CTV

Facebook
https://m.facebook.com › story

UK Government accepts that Swine... - Kids with Narcolepsy

UK Government accepts that Swine Flu Vaccine causes Narcolepsy in children (Sept 16, 2013) http://www.hja.net/legal-news/hja-news/swine-flu-vaccine.aspx.

X
https://twitter.com › VaccineJustice › status

Government accepts swine flu vaccine caused narcolepsy in ...

Government accepts swine flu vaccine caused narcolepsy in children http://hja.net/legal-news/hja-news/swine-flu-vaccine.aspx... 10:02 AM · Sep 18, 2013.

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Government accepts swine flu vaccine caused narcolepsy in children http://hja.net/legal-news/hja-news/swine-flu-vaccine.aspx... ... Another new vaccine for British ...

The Guardian

Ian Sample

Narcolepsy cases linked to flu vaccine subject to new compensation dispute

The uardian, 25 September 2015, 07.00
https://www.theguardian.com/society/2015/sep/25/narcolepsy-cases-linked-to-flu-vaccine-subject-to-new-compensation-dispute

Lawyers dispute claims over Pandemrix swine flu vaccine which was withdrawn after doctors noticed rise in narcolepsy cases

Government lawyers are seeking to block compensation payments to people who developed the devastating sleep disorder, narcolepsy, as a result of a faulty swine flu vaccine.

The Pandemrix vaccine made by GlaxoSmithKline (GSK) was given to 6 million people in Britain and millions more across Europe during the 2009-10 swine flu pandemic, but was withdrawn when doctors noticed a rise in narcolepsy cases among those who received the jab.

In June, a 12-year-old boy was awarded £120,000 by a court that ruled he had been left severely disabled by narcolepsy caused by Pandemrix. The win ended a three-year battle with the government that argued his illness was not serious enough to warrant compensation.

Narcolepsy is a permanent condition that can cause people to fall asleep dozens of times a day, even when they are in mid-conversation. Some suffer from night terrors and a problem with muscular control called cataplexy that can lead them to collapse on the spot.

The boy, who remains anonymous, has become disruptive at school because he is so tired and finds it almost impossible to socialise. He needs to take several naps in the school day and cannot shower unattended or take a bus alone. He may never be able to drive as an adult.

The government has paid out to the boy's family, but has nonetheless asked the court of appeal for permission to challenge the decision. A successful appeal would effectively deny compensation to 100 more families awaiting damages and could rule out any prospect of damages for other children who are injured by different vaccines in the future.

"It is causing tremendous delay in getting compensation to those in dire need of help and who are entirely innocent and blameless people," said Peter Todd, the solicitor for the family of the 12-year-old boy and a partner with the London firm Hodge Jones and Allen. "They were responsible enough to get vaccinated and unfortunately have suffered a severe brain injury due to a defect with the vaccine, which was not detected as it was not tested at all on children before it was given out."

The government argues that vaccine damages should be decided on the immediate, rather than the future, impact of the vaccine-related injury. In this case, that would mean comparing the life of a 12-year-old boy with narcolepsy with a healthy boy the same age. Any effect on his future sex life, his ability to drive, his ability to work or go to university would be completely disregarded.

"That is a radical interpretation of the law. It is very hard to show that you are disabled enough [to qualify for compensation] if the vast majority of your disability had to be ignored," said Todd. "If their interpretation was accepted by the court of appeal, it would virtually abolish the prospects of anybody ever getting any vaccine injury compensation in the UK, because vaccines are mainly given to children and usually very young children."

Injuries caused by vaccines are very rare. In Britain, only about 1000 awards for vaccine-related injuries have been handed out since 1979. Only in very rare cases did children develop narcolepsy from Pandemrix, which is a very different formulation to the seasonal flu vaccine. A major study by the Health Protection Agency in 2013 found that one in every 55,000 swine flu jabs triggered the sleep disorder. To qualify for the Department of Work and Pension's vaccine damage payment scheme, a person has to be at least 60% disabled, the equivalent to the loss of one hand.

The government has long argued that those who developed narcolepsy from Pandemrix vaccination are not seriously enough disabled to qualify for damages. Last year, a 23-year-old nursery assistant who became narcoleptic after the jab took her own life. She left a note telling her family that living with the sleep disorder made her life unbearable.

In July, scientists at Novartis Vaccines reported progress in understanding how Pandemrix causes narcolepsy in a small percentage of people. Writing in the journal Science Translational Medicine, they described how in affected people, the jab destroyed the bulk of 70,000 neurons in the brain that produce a "wakefulness" hormone, hypocretin.

A government spokesperson said: "We are asking the court of appeal for permission to appeal against a decision made by the upper tribunal on the vaccine damage payments scheme. It would not be appropriate to comment further until the conclusion of this process."

A separate claim against GSK for full compensatory damages is being discussed with the Department of Health, as the pharmaceutical company had an indemnity in their contract to provide Pandemrix to the government.

The Guardian

Ian Sample

Ministers lose fight to stop payouts over swine flu jab narcolepsy cases

The Guardian, 9 February 2017, 10.56 GMT
https://www.theguardian.com/science/2017/feb/09/ministers-lose-fight-to-stop-payouts-in-swine-flu-jab-narcolepsy-cases

Dozens of children who developed sleep disorder after getting vaccine could get compensation after high court ruling.

Dozens of British children who developed narcolepsy as a result of a swine flu vaccine could be compensated after the high court rejected a government appeal to withhold payments.

Six million people in Britain, and more across Europe, were given the Pandemrix vaccine made by GlaxoSmithKline during the 2009-10 swine flu pandemic, but the jab was withdrawn after doctors noticed a sharp rise in narcolepsy among those who received it.

The sleep disorder is permanent and can cause people to fall asleep dozens of times a day. Some narcoleptics have night terrors and a muscular condition called cataplexy that can lead them to collapse on the spot.

In 2015, a 12-year-old boy, known as John for the proceedings, was awarded £120,000 by a court that ruled he had been left severely disabled by narcolepsy caused by the vaccine. He was seven when he had the jab and developed symptoms within months.

Because of his tiredness, John became disruptive at school and found it almost impossible to make friends. He takes several naps a day, cannot shower or take a bus on his own, and may never be allowed to drive a car.

Despite paying out, the Department for Work and Pensions argued John's disability was not serious enough to warrant compensation and said the court was wrong to take into account how the illness would affect him in the future. But the high court on Thursday rejected the government's appeal that only the boy's disability at the time should have been considered.

The ruling paves the way for more than 60 other people to claim compensation.

"This important decision brings clarity to anyone who brings claims under the Vaccine Damage Payment Act in future," said Peter Todd, the family's solicitor at Hodge Jones & Allen. "It will in particular bring welcome relief to those who developed narcolepsy as a result of taking the swine flu vaccination and who have been awaiting payment from the DWP scheme but also has implications for anyone affected by other vaccines covered by the scheme."

The judgment means the DWP has to take into account the impact disability has on a person's entire life, and not just the impact it has on the individual at the time their claim is made.

"Sadly, those who developed narcolepsy as a result of the swine flu vaccination have had their lives changed forever. The condition will affect many aspects of their lives including working, driving, personal and family relationships – the very things most of us take for granted," Todd said.

In 2014, a 23-year-old nursery assistant who developed narcolepsy after receiving the swine flu vaccine took her own life, telling her family that living with the sleep disorder had become unbearable. In a note written on the day she died, Katie Clack, urged her family to pursue her legal case, saying she had been left with "no quality of life". Her sister, Emma Sutton, told the Guardian at the time: "We feel she was let down by the defective vaccine, which caused her narcolepsy, and by the insufficient intervention and support, which ultimately led to this tragedy."

The Pandemrix compensation case was the first that the court of appeal considered under the UK statutory compensation scheme, which was set up in 1979 for rare occasions when vaccines cause severe damage. The decision to consider the impact of the disability over the person's entire life is now binding on all future cases brought under the act.

Todd said there are about 100 people in the UK with narcolepsy caused by Pandemrix. A further 100 applications a year are made for compensation under the scheme due to harm caused by other vaccines. "Today's judgment brings a welcome relief to the many people affected by the DWP's continued refusal of applications for compensation," Todd said. He is acting for 88 claimants, mostly children, who developed narcolepsy as a result of the swine flu vaccine, and in a civil case against GSK, which manufactured the vaccine.

A DWP spokesperson said: "We are aware of the judgment of the court and are carefully studying the court's reasons."

RTÉ

Vivienne Traynor

Settlement reached in swine flu vaccine case

RTE, 19 November 2019, 21:14
https://www.rte.ie/news/courts/2019/1119/1092827-aoife-bennett/

A High Court action for damages by a student who claimed she developed the sleep disorder narcolepsy after receiving the swine flu vaccine has been settled.

Details of the settlement in the case of Aoife Bennett from Naas, Co Kildare, have not been made public.

However, she is to receive compensation and the High Court was told all her costs are to be paid by the Minister for Health and the Health Service Executive.

Mr Justice Michael McGrath said he was delighted the case had gone to mediation and praised all sides for their handling of the case.

The case began on 8 October and was expected to last ten weeks and cost millions of euro.

It was seen as a test case for up to 100 more and the court had been asked to determine if any or all of the defendants, including the vaccine maker and the State, were liable for damages.

The defendants in the case were GlaxoSmithKline Biologicals, the Health Service Executive, the Minister for Health and the Health Products Regulatory Authority, formerly the Irish Medicines Board.

All claims made in the case were denied and the settlement was made without admission of liability.

No orders were made against the HPRA or GSK.

Ms Bennett was 16 when she was given the Pandemrix vaccine at school as part of a vaccination programme administered by the HSE.

The court heard she was later diagnosed with an incurable, life-changing sleep disorder narcolepsy, excessive daytime sleepiness and episodes of sudden weakness known as cataplexy.

At the opening of the case, lawyers for Ms Bennett said it was not an anti-vaccine case, but was about a once off badly managed vaccine, which had not been properly tested on teenagers.

Senior Counsel Dermot Gleeson said the rare autoimmune disease can be caused when those with a certain genetic variant receive a new adjuvant or booster contained in a vaccine.

Because narcolepsy was an auto immune disease, the vaccine affected children and teenagers in a different way because their immune systems were not fully developed, he said.

Mr Gleeson said the narcoleptic effect of the vaccine was located in about 1,000 children across Europe and a public inquiry set up in Ireland concluded that there was a 12 to 14 fold increase in the chance of becoming narcoleptic in those with a certain gene variant who were given the vaccine.

He said there were 75 to 100 children identified with the condition in Ireland, 350 in Sweden, up to 200 in Finland, 100 in France and in the UK and a handful in Denmark and the Netherlands.

It was claimed during the case adverse reactions from Pandemrix were ten times greater than seen with another swine flu vaccine administered in Canada.

All claims were denied and the defendants argued the Pandemrix vaccine was properly authorised by the European Commission for use in all EU member states and was required to address the swine flu pandemic.

Lawyers for the vaccine maker GSK said no causal link had been established between the Pandemrix swine flu vaccine and the sleep disorder narcolepsy despite ten years of research.

Afterwards, Ms Bennett's mother Mary thanked her daughter for having the courage to take the case.

She described it as a "landmark" case and said it was extremely difficult for a 26-year-old "to take on the might of the State and a large multinational company GSK" while also coping with her illness.

She added: "Today, Aoife has succeeded in recovering compensation and her case has been vindicated.

"However, no money will ever compensate Aoife for a lifetime of living with the incurable disability of narcolepsy and cataplexy."

She said she hoped the settlement would pave the way for the 100 other people to receive proper compensation.

"Hopefully, this can be achieved without the need to go through a protracted trial like Aoife has," she said.

She also criticised what she described as "the adversarial approach" taken by the defendants in the case, adding: "I hope will not be replicated for other families. Aoife had no State legal aid, whilst the defendants had access to unlimited taxpayers' monies."

During the case, the Bennetts had claimed the State was aware of the safety concerns and the lack of proper testing of this particular vaccine and that a new adjuvant (booster) had been used in the vaccine and that they had failed to properly inform them and the public about these concerns.

These claims had been denied.

Ms Bennett also said the State authorities continue to deny that they owe her and the public any duty of care with regard to administering vaccines.

They continue to deny that the vaccine caused narcolepsy.

She said evidence during the case showed that GSK had been settling similar claims in the UK for the past three years, adding: "This begs the question why Ireland didn't follow a similar approach which would have been less onerous on the victims and the families."

She called for a review of HSE/Department of Health communication policies with the public to ensure all relevant information is given to the patient, so they can give proper "informed consent".

She said: "It is a national scandal that millions of taxpayers' money has been wasted in defending my case and other similar cases against children and young people who do not have any right to legal aid.

"In this regard I would to express my thanks to my legal team for their help and support throughout the years and all the experts who gave evidence to support my case."

Narcolepsy group expresses disappointment with State for fighting case

The narcolepsy group SOUND (Sufferers Of Unique Narcolepsy Disorder) has expressed disappointment with the State for 'fighting the case' with Ms Bennett.

In a statement released after today's settlement, Sound Secretary Tadgh Kennedy said: "We thank Aoife and the Bennett family for taking the first landmark case.

"However, we are disappointed that the State saw fit to fight the case in court.

"Approximately 100 other children and young adults must now await the outcome of their own legal cases, which the State insists must be taken on an individual basis.

"The State should ensure that this is not a long, drawn-out legal process, causing further hardship.

"From the start, the State's response to what transpired has been painfully slow, and this remains a difficult and protracted process for the families involved.

"Sound wants the State to fulfill the duty of care it is morally bound to provide to children and young adults who now have to move through life with narcolepsy.

"The cost to the State of this action alone can be measured in millions," said Mr Kennedy.

RTÉ

Swine flu vaccine induced narcolepsy made Bennett feel 'like a sloth'

RTE, 20 November 2019, 15:33
https://www.rte.ie/news/health/2019/1120/1094043-swine-flu-narcolepsy/

A student, who claimed she developed the sleep disorder narcolepsy after receiving the swine flu vaccine a decade ago, has described how she was "like a sloth" when the effects of the disease first hit.

Aoife Bennett from Naas, Co Kildare settled her action at the High Court yesterday.

Speaking on RTÉ's Today with Seán O'Rourke, Ms Bennett said she was satisfied with the outcome yesterday, but looking back she did not know how she and her family coped with the long drawn out days at the High Court. => https://www.rte.ie/news/courts/2019/1119/1092827-aoife-bennett/

She said was not expecting the adversarial nature of the cross-examination and said it was "very tough to watch" her parents when they were being cross-examined.

Ms Bennett said she hoped that other families who had cases pending would not have to go through the same thing.

The 26-year-old said her family was "seven years in legal proceedings and had never wanted to take that route".

She added that she was shocked that the Minister for Health and the Department of Health had allowed it to go on for so long.

Ms Bennett said she imagined that it was very disappointing for the other families that there was no admission of liability in her case and said that her family was disappointed with that too.

She said her family was not anti vaccine because, if they were, she would not have got the vaccine in the first place.

Ms Bennett said she was very active and athletic, and school was no bother until she got the vaccine, when "things changed very drastically".
Ms Bennett said it took about two weeks before the side-effects began after she received the vaccine on 10 December 2009.

She told the programme that the first day that she noticed a change was when she was shopping in Dublin with a friend on 23 December.

She said she could not get from Busarus to Abbey Street because she was completely disorientated and it took her an extra two to three hours to get home.

That Christmas, she said, she had to force herself to come downstairs for Christmas dinner and spent the rest of the day in bed.

She said her mum read an article in March 2011 about another girl who had suffered narcolepsy after receiving the swine flu vaccine. The symptoms fit, she said, so she went to get tests.

Ms Bennett also suffers from cataplexy, a medical condition in which strong emotion or laughter causes a person to suffer sudden physical collapse though remaining conscious.

Before she received medication for this, she said, she could literally collapse to the floor.

She said she used to run a lot and play volleyball and although she tried to continue, it was impossible before she was diagnosed.

Ms Bennett said when she was first prescribed medication to help keep her awake, it worked wonders but she later realised she did not have the alertness to sit in a classroom and take things in.

She added that it had been a bit of trial and error with medication and over time she has had to increase dosages.

Ms Bennett, who has a primary degree in English and Irish, and a Masters in primary school teaching, said it was unlikely that she would ever be able to work full time.

The busier she was, she said, the harder it was to cope.

She said that one of the nighttime medications she takes means she cannot take any alcohol, so she has to pick and choose three or four nights out a year that she can enjoy.

Ms Bennett said that she did not really socialise at night, adding two nights out in a row in the space of a month or less would have a huge impact on her.

As far as she knows, there is no cure for the diseases.

The Guardian

Rory Carroll

Swine flu vaccine case settled but hopes for legal precedent dashed

The Guardian, 20 November 2019, 13.35 GMT
https://www.theguardian.com/world/2019/nov/20/swine-flu-vaccine-case-settled-but-hopes-for-legal-precedent-dashed

Woman says she developed narcolepsy after receiving Pandemrix vaccine at school.

The Irish government has settled a legal case with a woman who said she developed narcolepsy because of a swine flu vaccine.

The health minister and the health service executive agreed to compensate and pay the full legal costs of Aoife Bennett, 27, who received the Pandemrix vaccine in school in 2009 as part of a state campaign against swine flu.

The settlement, reached via mediation on Tuesday, ended what promised to be a protracted case at the high court in Dublin.

Details of the compensation were not disclosed and the state admitted no liability, which will come as a blow to dozens of other people with narcolepsy considering similar cases and hoping for a legal precedent.

In 2017, the UK high court rejected a British government appeal to withhold payments to dozens of British children who developed the sleeping disorder after swine flu vaccines.
https://www.theguardian.com/science/2017/feb/09/ministers-lose-fight-to-stop-payouts-in-swine-flu-jab-narcolepsy-cases

Six million people in Britain, and more across Europe, were given the Pandemrix vaccine made by GlaxoSmithKline during the 2009-10 swine flu pandemic, but the jab was withdrawn after doctors noticed a sharp rise in narcolepsy among those receiving it.

Bennett told RTE on Wednesday that she was active and athletic until being vaccinated in December 2009. About two weeks later the side-effects began, she said.
=> https://www.rte.ie/news/health/2019/1120/1094043-swine-flu-narcolepsy/
“Things changed very drastically.” She felt “like a sloth” and became fatigued, disoriented and prone to collapse.

She expressed dismay that it took seven years of legal proceedings to obtain compensation.

The defendants in the case were GlaxoSmithKline Biologicals, the health service executive, the minister for health and the health products regulatory authority, formerly the Irish medicines board.

All claims made in the case were denied. No orders were made against the pharmaceutical giant nor the regulatory authority.

Molecular Therapy
Nucleic Acids

Jeng-Chang Chen, Mei-Hua Hsu, Rei-Lin Kuo, Li-Ting Wang, Ming-Ling Kuo,
Li-Yun Tseng, Hsueh-Ling Chang, Cheng-Hsun Chiu, et al.

mRNA-1273 is Placenta-permeable and Immunogenic in the Fetus

College of Medicine, Chang Gung University, Taoyuan 333, Taiwan
Molecular Therapy: Nucleic Acid, 2025; https://doi.org/10.1016/j.omtn.2025.102489
https://www.sciencedirect.com/science/article/pii/S2162253125000435?utm_source=substack&utm_medium=email

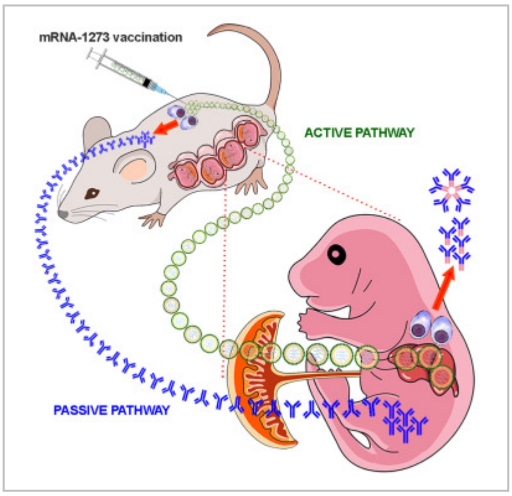
Abstract

COVID-19 mRNA vaccines are generally recognized as safe for gestational administration. However, their transplacental pharmacokinetics remains obscure.

In this study, mRNA-1273 intramuscularly given to pregnant mice rapidly circulated in maternal blood and crossed the placenta within one hour to spread in fetal circulation. Although spike mRNA in fetal circulation faded away within 4-6 hours, it could accumulate in fetal tissues, mainly the liver and get translated into spike protein.

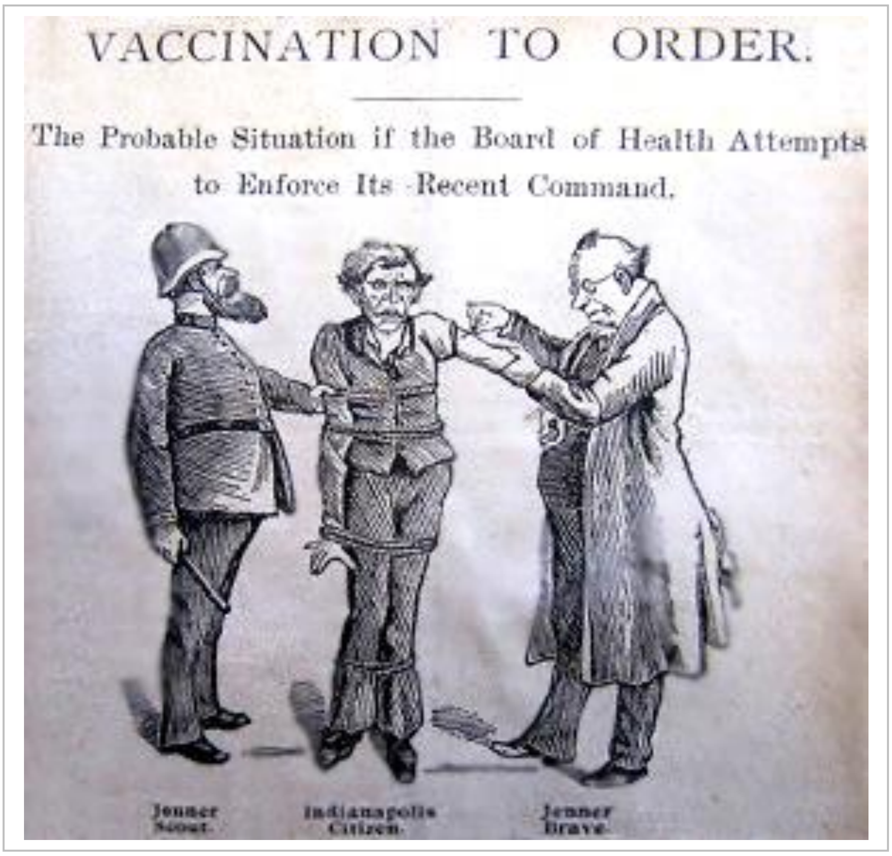
Transplacental mRNA-1273 proved immunogenic in the fetuses, as postnatally equipped with anti-spike IgM, paternal allotypic anti-spike IgG2a and heightened anti-spike cellular immunity. Gestationally administered, mRNA-1273 had a dose-dependent effect on its transplacental transfer and immunogenicity in the fetuses, with higher mRNA-1273 doses leading to increased transplacental mRNA-1273 passage and greater serum titers of endogenous anti-spike IgM/IgG generated by the fetuses.

Thus, gestationally maternal mRNA-1273 vaccination might endow the newborns with not only passive but also active anti-spike immunity. Our results pose new insights into transplacental capacity of mRNA vaccines and their immunogenic potential in the fetuses, advancing our knowledge of mRNA medicine to protect the unborns against pathogens in perinatal life and broaden our horizons of prenatal mRNA molecular therapy.



Chapter 11

Vaccine Hesitancy and Opposition to Vaccination by General Public who Fought against Crime



Anti-vaccination cartoon in 1890s

From the *Scrapbook of Anti-Vaccinations Clippings*

GlobalResearch
Centre for Research on Globalization

Lori Price

Big Pharma: Baxter Files Swine Flu Vaccine Patent a Year Ahead of Outbreak

Global Research, July 18, 2009
https://www.globalresearch.ca/big-pharma-baxter-files-swine-flu-vaccine-patent-a-year-ahead-of-outbreak/14430

Barack Opharma issues the ultimate bad news during his weekly Friday night bad news dump: Legal immunity set for swine flu vaccine makers 17 Jul 2009 The last time the government embarked on a major vaccine campaign against a new swine flu, thousands filed claims contending they suffered side effects [paralysis, death] from the shots. This time, the government has already taken steps to head that off. Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius, government health officials said Friday. The document signed by Sebelius last month grants immunity to those making a swine flu vaccine, under the provisions of a 2006 law for public health emergencies.

Baxter Files Swine Flu Vaccine Patent a Year Ahead of Outbreak –US20090060950A1 to Baxter International filed 28th August 2008 By Lara 10 Jul 2009 Baxter Vaccine Patent Application US 2009/0060950 A1 –'In particular preferred embodiments the composition or vaccine comprises more than one antigen…..such as influenza A and influenza B in particular selected from of one or more of the human H1N1, H2N2, H3N2, H5N1, H7N7, H1N2, H9N2, H7N2, H7N3, H10N7 subtypes, of the pig flu H1N1, H1N2, H3N1 and H3N2 subtypes, of the dog or horse flu H7N7, H3N8 subtypes or of the avian H5N1, H7N2, H1N7, H7N3, H13N6, H5N9, H11N6, H3N8, H9N2, H5N2, H4N8, H10N7, H2N2, H8N4, H14N5, H6N5, H12N5 subtypes.'

Baxter can take no more H1N1 flu vaccine orders 16 Jul 2009 While at least 50 governments have placed orders or are negotiating with drug companies for supplies of flu vaccine against the [their] fast spreading H1N1 strain, the lone U.S.-based maker has already taken on as much as it can handle. Baxter International Inc said on Thursday it has taken orders from five countries, including Britain, Ireland and New Zealand, for a total of 80 million doses of H1N1 vaccine and will not take any more.

'Clearly we believe this demand has the potential to translate into a significant opportunity.' Baxter 2Q Profit Up 7.9%; Full-Year Guidance Raised 16 Jul 2009 Baxter International Inc. posted a stronger-than-expected 7.9% rise in second-quarter profit with help from improved margins and product sales that continued to avoid any hits from the economic downturn. The medical-products maker boosted its 2009 earnings guidance while saying the increase doesn't reflect at this point any contribution from making a vaccine for the H1N1 flu strain. Baxter reported a second-quarter profit of $587 million, or 96 cents a share, up from $544 million, or 85 cents a share, a year earlier.

Baxter working on vaccine to stop swine flu, though admitted sending live pandemic flu viruses to subcontractor By Lori Price 26 Apr 2009 The OMFG moment of the century: Illinois-based Baxter working on vaccine to 'stop' swine flu outbreak in Mexico 25 Apr 2009 Specialty drug maker Baxter International Inc. will work with the World Health Organization to develop a vaccine

that could stem [foment] an outbreak of a deadly swine flu strain in Mexico. Baxter spokesman Christopher Bona said Saturday that the Deerfield, Ill.-based company has asked the WHO for a sample of the flu strain. He says Baxter has patented technology that allows the company to develop vaccines in half the time it usually takes — about 13 weeks instead of 26.

Baxter admits sending live avian flu viruses to subcontractor – Baxter admits contaminated seasonal flu product contained live bird flu virus 27 Feb 2009 The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses. And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

https://www.legitgov.org/baxter_sends_live_avian_flu_viruses_270209.html

Human trial of swine flu vaccine 'soon' 15 Jul 2009 The federal government has defended its policy of not following the United Kingdom's lead and rushing out a swine flu vaccine. Biopharmaceutical company CSL will start clinical vaccine trials on 240 healthy adults in Adelaide next week. The vaccine is due to be rolled out in October.

https://www.smh.com.au/national/human-trial-of-swine-flu-vaccine-soon-20090715-dl7c.html

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Washington DC

Deborah Dupre

Part 1
The H1N1 swine flu experimental vaccination, martial law and eugenics story

Examiner, 2 August 2009, 09:06, PM
https://web.archive.org/web/20100418175845/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d2-Part-1--The-global-economic-crisis-H1N1-experimental-vaccination-martial-law-and-eugenics-story

Introduction

The World Health Organization (WHO) level 6 pandemic alert and the U.S. national emergency measures, supposedly to contain the H1N1 swine flu "pandemic," are raising a classic civil rights issue:

Now that the U.S. military is deployed in the U.S. and the Pentagon is planning to deploy more troops to assist with a national flu vaccination program, to what extent can an American's liberty be curtailed to advance the common good?

Many other questions are being asked about these issues, perhaps not enough considering the conflicting reports from officials.

On April 26 2009, NY TImes reported that American federal health officials declared a public health emergency. Among other activities, a U.S. emergency declaration "lets the government… give some previously unapproved tests and drugs to children" according to the April 27, 2009 NY Times article. John Brennan, Assistant to the President for Homeland Security and Counterterrorism stated in a press briefing on April 26:

"Secretary Napolitano and the Department of Homeland Security have the overall lead for coordinating the federal response to an influence epidemic in the United States. The department is closely coordinating with Health and Human Services and CDC to monitor the situation." (Press Briefing on Swine Influenza with Department of Homeland Security, Centers for Disease Control and Prevention, and White House, April 26, 2009)

On June 11, the WHO raised the level of influenza pandemic alert to Phase 6 Pandemic Alert, indicating the start of an actual pandemic and reflecting spread of the H1N1 virus, not its severity. (R40560 The 2009 Influenza Pandemic: Selected Legal Issues Congressional Research Reports, June 15 2009) => https://crsreports.congress.gov/product/pdf/R/R40588; https://archive.org/details/r-40588

According to WHO, a pandemic is a worldwide epidemic that has to meet three conditions:

1. The microbe infects and causes serious illness in humans.
2. Humans do not have immunity against the virus.
3. The virus spreads easily from person-to-person and survives within humans. (World Health Organization. WHO global influenza preparedness plan. The role of WHO and recommendations for national measures before and during pandemics - March 2005)

One conflict presented in the June 11 2009 Congressional Research Reports stated, "The majority of patients that have had A H1N1 swine flu have experienced mild symptoms and made a rapid and full recovery."

Furthermore, as author **F. William Engdahl** notes, no "government or private agency in the world has yet to scientifically isolate, to photograph with means of electron microscopy and to list the chemical characteristics of the 'novel H1N1 Influenza A virus' as it is now officially called."

The Obama administration released stockpiles of Tamiflu and Congress was soon to approve $7.65 billion for the non-proven pandemic influenza. After pressured, (a spokesperson at an April 26 press conference asking twice before obtaining his answer), it was admitted that President Obama admitted had not used Tamiflu that he had been recommending to others.

Testing patients to see if they had of H1N1 was halted, so reports publicly being made about the extent of H1N1 are inaccurate. H1N1 symptoms are same or similar to any other flu. Nevertheless, a National Emergency is in force and raising public concern about the vaccine being fast-tracked and the military deployed on U.S. soil.

Giving children a fast-tracked experimental vaccination in schools is justifiably concerning. People living in oppressed (developing and least developing) countries given the fast-tracked, experimental vaccination is equally concerning.

Dr Keiji Fukuda, the WHO Assistant Director-General for Health Security and Environment, warned about potential dangers of the experimental H1N1 swine flu vaccine saying, "There are certain areas where you simply do not try to make any economies. One of the things which cannot be compromised is the safety of vaccines." (AP/CBS News, *WHO Flu Chief: No Compromise On Vaccine Safety UN Health Agency's Flu Chief: Safety Of Swine Flu Vaccine 'cannot Be Compromised',* July 24 2009) => https://www.cbsnews.com/news/who-swine-flu-could-infect-2-billion/

Who's in charge?

Reasonable grounds exist to believe that H1N1 vaccines might be mandatory in some states of the U.S. The primary authority for quarantine and isolation in the U.S. resides at the state level. States may be allowed to choose to either enforced mandatory vaccination or to allow "self-shielding and quarantine." (Congressional Research Reports, June 15, 2009) => https://web.archive.org/web/20101222101431/http://opencrs.com/document/R40560/2009-06-15/

Over one million Americans have sent emails demanding right to self-shield to Natural Freedoms Foundation (www.globalhealthfreedom.com) according to the organization's July 28, 2009 press release, but Congress has not passed a bill to this effect.

The U.S. Emergency Medical Powers Acts and Federal legislation, including Patriot Acts I and II plus, BARDA and others provide for mandatory vaccination or drugging with no exemptions (religious or otherwise). (*this document was not found*)

U.S. federal government has jurisdiction over interstate and border quarantine. Military enforcement of border entry and closing can occur according to Congressional Research Reports.

On June 17, 2009, Co-founder and President of the National Vaccine Information Center (NVIC), Barbara Loe Fisher called on Americans to become educated and act in responsible ways to defend their rights. (*this document was not found*)

NVIC is also calling on the Obama administration to answer a series of questions, including about the right for parents to say "No." (video)

=> **Don't Inject Me - Vmix** [ft. Barbara Loe Fisher & Ron Paul]
https://www.dailymotion.com/video/xacxki

The Natural Solutions Foundation July 28 press release states: "Americans, in record numbers, reject the notion that an untested, uninsurable, unsafe vaccine should be injected into their bodies and those of their children in a rush to "prevent" an inconsequential disease.

They understand that if the Swine Flu did mutate as threatened by WHO and CDC into a deadlier form, the Swine Flu vaccine in production now would be powerless to prevent it since once a virus undergoes significant mutation, any vaccine prepared for the previous version is totally ineffective against the new version."

World leading economist, Prof. Michel **Chossudovsky** maintains that the H1N1 epidemiological data is a "fabricated, falsified and manipulated" and political ploy to "create a crisis where there is no crisis." According to Chossudovsky, the WHO level six pandemic is diverting public attention from a social crisis "largely the consequence of a deep-seated global economic depression" and ushers Martial Law into the U.S. (Chossudovsky, Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program, July 26 2009)

=> https://web.archive.org/web/20091108225252/http://globalresearch.ca/index.php?context=va&aid=14543

"The flu pandemic is used to foreclose organized resistance against the government's economic policies in support of the financial elites. It provides both a pretext and a justification to adopt emergency procedures.

Under the existing legislation in the US, Martial Law, implying the suspension of constitutional government, could be invoked in the case of "A Catastrophic Emergency" including a the H1N1 swine flu pandemic." (Chossudovsky, July 26 2009)

Two points that independent researchers agree related to H1N1 are: the "pandemic" will be highly profitable for corporations and will position the Pentagon for military control at a time of unprecedented, global economic collapse.

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Washington DC

Deborah Dupre

Part 2: **H1N1 flu and the experimental vaccine secrets, lies, labs and profits**. – 5 August 2009
https://web.archive.org/web/20100420013911/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d5-Part-2-H1N1-flu-and-the-experimental-vaccine-secrets-lies-labs-and-profits

Part 3: **H1N1 vaccine for profit and U.S. martial law factor**. – 7 August 2009
https://web.archive.org/web/20100104101656/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m8d7-Part-3-H1N1-vaccine-for-profit-genocide-and-the-US-martial-law-factor#comments

Part 4: **Warning in the eye of the H1N1 false flag storm**. – 14 August 2009.
https://web.archive.org/web/20100418034041/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d14-Warning-in-the-eye-of-the-false-flag-storm-H1N1-political-objective

Alan Cassels, Arthur Schafer

What do we know about the vaccines' safety? Not enough

The Globe and Mail, 5 August 2009
https://www.theglobeandmail.com/opinion/what-do-we-know-about-the-vaccines-safety-not-enough/article4281224/
https://whoflu666canada.wordpress.com/category/uncategorized/

Who should be at the top of the list to receive the H1N1 vaccine or antiviral drugs if, as feared, they are in short supply? Bio-ethicists debate the niceties of how society should ration scarce medical resources, while public-health officials spend their days debating who should be first in line – pregnant women, health-care personnel or perhaps government leaders and corporate CEOs?

The majority of Canadians, listening to this rationing debate, would be forgiven for assuming that the H1N1 vaccine, when it becomes available in the autumn, will be a life saver. The unfortunate reality, however, is that we don't know and, indeed, can't know if that is the case.

Like most governments around the world, eager to appear to be "doing something," the government of Canada has promised to stockpile enough of the vaccine so that most Canadians will be protected.

But, speaking of stockpiles, Canada already owns one of the world's largest supplies of antiviral drugs, mostly Tamiflu and Relenza, two drugs designed to reduce the severity and length of the flu. And yet the scientific evidence testing the preventive benefits of either Tamiflu or its near cousin, Relenza, shows that both are pathetically weak. People who take either of these "prophylactically," i.e. before they become sick, hoping to prevent the flu, will get about as much effect as if they'd taken a placebo. That's not a very impressive result. Equally unimpressive: When the drugs are given within 48 hours to someone who already has flu symptoms, with the goal of ameliorating the severity of the disease, it makes only a slight difference. The "lucky ones" who take Tamiflu may reduce the average length of a five-day flu by about half a day. Not worth getting out of bed for, you might think. So perhaps it doesn't matter all that much who is at the top of the list to receive the drugs and who is at the bottom.

Consider also that a recent international study reveals that about 50 per cent of children who have taken Tamiflu experienced side effects. Most have been minor (gut problems, diarrhea) but some have been more serious, including neuropsychiatric problems. Why are public-health officials glossing over the fact there is a great deal of uncertainty and doubt surrounding the effectiveness, safety and side effects of flu drugs?

The same could be said for the H1N1 vaccine, currently in production and ramped up for Canada's fall flu season. What do we know about its effectiveness or its safety? The answer is, not enough. If one takes past flu campaigns as any indication, it is likely the effectiveness of the vaccine is going to be exaggerated, while the potential harms will either be ignored, understated or simply unknown. In that scenario, the rush to vaccinate yourself and your children might not turn out to be such a grand idea.

Public-health officials around the world seem to be suggesting there is a possibility this flu pandemic could get much worse, that is, become more lethal. If that were to happen, it seems

"obvious" that wise people should seek to have a preventive flu shot or access to a pill. Many people will say to themselves: Why not get the shot, just to be sure?

Part of the answer to that question is that until a million people roll up their sleeves to get the vaccine, no one can be sure how safe it will be. This is also a decisive answer to those who favour making vaccination mandatory.

Some public-health officials have described flu vaccines as "highly effective," but the internationally recognized Cochrane Collaboration (which accepts no money from the pharmaceutical industry) did a systematic review of all high-quality randomized trials (25 in all) studying influenza vaccination. They concluded that "the evidence does not support universal immunization of healthy adults." Period.

So how does this information help us to think clearly about the current flu pandemic in which we're mired?

Well, it seems that despite its spread, this flu virus is a bit of a dud for the fear-mongers. If, as seems not unlikely, the H1N1 virus mutates, our government will have purchased enormous quantities of a flu vaccine around which we will have virtually no safety or effectiveness data, and an already existing and very costly stockpile of probably useless drugs.

In short, a big bust all around.

Governments and public-health officials are sensitive to the exhortation: Don't just stand there, do something. But it's sometimes wise to reverse that dictum: Don't just do something, stand there (and think a bit about what might actually produce more good than harm).

Alan Cassels is a drug policy researcher at the University of Victoria. Arthur Schafer is director of the Centre for Professional and Applied Ethics at the University of Manitoba.

Who should be at the top of the list to receive the H1N1 vaccine or antiviral drugs if, as feared, they are in short supply? Bio-ethicists debate the niceties of how society should ration scarce medical resources, while public-health officials spend their days debating who should be first in line - pregnant women, health-care personnel or perhaps government leaders and corporate CEOs?

. . . . . .

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Part 2

H1N1 flu and the experimental vaccine secrets, lies, labs and profits

Examiner, 5 August 2009, 03:22, PM
https://web.archive.org/web/20100420013911/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d5-Part-2-H1N1-flu-and-the-experimental-vaccine-secrets-lies-labs-and-profits

In 2004, BBC UK reported that scientists showed that tiny changes to modern flu viruses could render them as deadly as the 1918 Spanish Pandemic that killed untold millions of people and infected half the world's population at the time. [*Killer flu recreated in the lab*. – BBC, 7 October 2004], http://news.bbc.co.uk/2/hi/health/3719990.stm

Today's H1N1 "Swine Flu" is a "split-influenza" virus, Bird-flu, Pig-flu and multiple strains of human flu (H3N2) from three Continents. Scientists genetically engineered H1NI according to experts such as science journalist Jane Burgermeister and investigative journalist, Wayne Madsen. While H1N1 constitutes a bio-weapon, independent scientists and investigative journalists are revealing evidence that the H1N1 vaccine is also a bioweapon, one with potential to cause greater harm than the H1N1 swine flu.

Similar to the 1918 Spanish Flu Pandemic, today's H1N1 swine flu's target is 20-45 year olds, "not the very young or very old," says Madsen. => https://web.archive.org/web/20210211233632/http:/www.youtube.com/watch?v=RnSX_jS0STA&eurl=http%3A%2F%2Fwww%2Einfowars%2Ecom%2Fflu%2Dpandemic%2Dmass%2Dgraves%2Dand%2Dmartial%2Dlaw%2F&feature=player_embedded

After a great race, the 1918 Pandemic virus strain was isolated from a body buried in permafrost, copied, stored by molecular pathologists, reassembled and distributed to agencies and pharmaceutical companies around the world.

On April 22, 2009, CNN reported the disappearance of vials of "a potentially dangerous virus" from Fort Detrick, home of the Army's top biological research facility.
See => http://edition.cnn.com/2009/US/04/22/missing.virus.sample/index.html

"Every major media outlet has reported the fact that US/UK bioterrorists have been manipulating the avian flu virus in university and Army labs," writes Lori Price of Citizens for Legitimate Government.
See => https://web.archive.org/web/20090429084931/http:/www.legitgov.org/flu_kills_torture_memos_260409.html

Drug companies involved

Over three years ago, Novartis applied for a patent that, in February 19, 2009, to which the U.S. Patent Office granted and issued US 20090047353A1 for a "Split Influenza Vaccine with Adjuvants."

A year before any reported "alleged H1N1" case, Baxter applied for an H1N1 vaccine, Baxter Vaccine Patent Application US 2009/0060950A1. (See William Engdahl, *Now legal immunity for swine flu vaccine makers*, Global Research, July 2009).

Two Baxter AG facilities then sent 72 kilos of live pandemic flu virus to 16 laboratories in 4 countries resulting in death and sickness, according to Burgermeister. Baxter, with GlaxoSmithKline, Novartis, Sanofi-Aventis and AstraZeneca, was then rewarded with procurement contracts with some 50 governments. The WHO refuses to release Minutes of a key meeting of an advisory vaccine group "packed with the executives" of Big Pharma. => https://www.reuters.com/article/idUSSYD537212

Novartis, headquartered in Basel, Switzerland with over $53 Billion USD revenue generated in 2008, is the world's largest, multi-national pharmaceutical company. It began as a component of the infamous I.G. Farben, responsible for the rise of Adolph Hitler and the German/Austrian Third Reich.

Pregnant women are among the first to trial the vaccine

The Baxter Vaccine application states, "Suitable adjuvants can be selected from mineral gels, aluminium hydroxide, surface active substances, lysolecithin, pluronic polyols, polyanions or oil emulsions such as water in oil or oil in water, or a combination thereof. Of course the selection of the adjuvant depends on the intended use, e.g. toxicity may depend on the destined subject organism and can vary from no toxicity to high toxicity." (William Engdahl, July 2009).

Numerous health and science reports convey that H1N1 vaccine will contain mercury. See: Luis R. Miranda. H1N1 Flu Vaccine Contains Mercury, Adjuvants, Squalene. – Associateds ... 1 August 2009 =>https://web.archive.org/web/20100225155848/http://www.associatedcontent.com/article/2008884/h1n1_flu_vaccine_will_contain_mercury.html?cat=5

Mercury in its most common form, Thimerosal, is in most vaccines available to the public, usually as a preservative. It is mercury, Thimerosal that Robert F. Kennedy Jr. has investigated and warns the public to avoid. Thimerosal has been removed from childhood vaccines because of fear it causes autism, yet it is being used in some batches of the H1N1 vaccine.

Authorities say on mainstream TV, CBS with Katie Couric, that mercury is no problem. On July 30, Secretary of Health and Human Services Kathleen Sebelius said on the program, "study after study, scientist after scientist, has determined that there really is no safety risk with thimerosol."
=> Web Exclusive: Sebelius on Vaccine Fears. – CBS News, 30 July 2009
https://web.archive.org/web/20100104120146/http://www.cbsnews.com/stories/2009/07/30/eveningnews/main5199450.shtml

In the book, *More Than Genes*, Dan Agin adds to scientific evidence that fetal environment is as crucial as genetic hard-wiring or even later environment in determining intelligence and behavior. Despite this evidence, pregnant women will be included in H1N1 flu vaccine trials (U.S. News & World Report, Pregnant Women Will Be Included in H1N1 Flu Vaccine Trials, 30 Jul 2009)

The panel of experts convened by the Centers for Disease Control and Prevention recommended on July 29 that the new vaccine be provided first to pregnant women and adults with compromised immune systems, who face a greater risk of complications. => *Pregnant Women Will Be Included in H1N1 Flu Vaccine Trials*. – U.S. News, 30 July 2009. => http://health.usnews.com/blogs/on-women/2009/07/30/pregnant-women-will-be-included-in-h1n1-flu-vaccine-trials.html

Dr. Rima Laibow, MD., Natural Solutions Foundation Medical Director, concurs with many ethical scientists in that vaccines are not in best interest of the public: "[V]accines are explicitly acknowledged not to protect against diseases they supposedly are designed to prevent (read the Package Inserts for vaccines, available on line and in your doctors' offices if you doubt that) and often" cause them. Yet they continue in use because they're so "immensely, enormously and hideously profitable," and Big Pharma has enough clout to proliferate products that "in a rational society (would) be banned forever."

Obedience to destructive authority

After an intensive marketing campaign, 46 million Americans obediently took the 1976 flu shot resulting in 4,000 Americans claiming 3.5 billion dollars in damages from the government amounting, 2/3s for neurological damage and 300 deaths allegedly triggered by the flu shot. (CBS, 60 Minutes, 1979)

Stanley Milgram's original 1960's obedience experiments showed that 65% of participants asked to deliver electrical shocks to a "learner" who gave an incorrect answer, were willing to deliver the maximum level of shocks despite the learner seeming seriously distress or even unconscious. Regardless of expected pain or suffering resulting form the orders, when an authority gave the orders, 65% of individuals did as told.

A similar study showed an even higher level of obedience to destructive authority than Milgram's. This study, in the Netherlands, researched employees obeying orders to use psychological-administrative violence resulting in definite harm.

Subjects were ordered to disturb an make nervous job applicants so that the applicant remained unemployed. Over 90% of the subjects obeyed these destructive orders to be violent. (Wim H. J. Meeus, Quinten A. W. Raaijmakers, *Administrative Obedience: Carrying Out Orders to use Psychological-Administrative Violence,* Faculty of Social Sciences, University of Utrecht, Heidelberglaan 2, 3584 CS Utrecht, The Netherlands)

Drug-related violence against self and others, such as offspring, through a vaccine is an issue that warrants family and community learning meetings. Despite people working for the greater good advising the public to not take the vaccine, the former "Just Say No" drug campaign proved to be an expensive failure.

Gathering with family, neighbors and community to learn from each other and plan is one of the most effective ways to manage this latest manufactured crisis.

Part 1: **The H1N1 swine flu experimental vaccination, martial law and eugenics story**. – 2 August 2009; https://web.archive.org/web/20100418175845/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d2-Part-1--The-global-economic-crisis-H1N1-experimental-vaccination-martial-law-and-eugenics-story

Part 3: **H1N1 vaccine for profit and U.S. martial law factor**. – 7 August 2009 https://web.archive.org/web/20100104101656/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m8d7-Part-3-H1N1-vaccine-for-profit-genocide-and-the-US-martial-law-factor#comments

Part 4: **Warning in the eye of the H1N1 false flag storm**. – 14 August 2009. https://web.archive.org/web/20100418034041/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d14-Warning-in-the-eye-of-the-false-flag-storm-H1N1-political-objective

DAILY EXPRESS
CRUSADING FOR A FAIRER BRITAIN

Martyn Brown

Fears as pupils get Swine Flu jab

Daily Express, 7 August 2009
https://web.archive.org/web/20090814131926/http://www.express.co.uk/posts/view/119175/Fears-as-pupils-get-swine-flu-jab

Parents' fears were growing last night over plans to use Britain's 8.5million schoolchildren as guinea pigs for swine flu vaccinations.

The Government has drawn up drastic plans to immunise every schoolchild in the UK.

In the biggest mass vaccination since the 1964 operation against smallpox, school nurses, health visitors and GPs would deliver the injections to five to 16-year-olds at all 33,700 schools.

The programme could start at the beginning of the new school term in a major effort to minimise the harm caused by a second wave of the pandemic this autumn.

But there are serious concerns as little or no data exists on the safety or effectiveness of flu vaccines on young children.

However, the Department of Health stressed that no decision had been made on delivering the vaccination programme.

Jackie Fletcher, who runs Jabs, a support group for parents whose children have been affected by vaccines, said the Government could end up with unnecessary deaths on their hands if proper tests are not carried out.

She said: "We have got major concerns about the safety of these vaccines.

"No children or anyone else for that matter should be used as guinea pigs for something like this. There are too many unknowns.

"With millions of people vaccinated the chances of serious side effects, possibly fatal, are very real indeed."

She pointed to America in 1976 when the government vaccinated 45 million people for a swine flu outbreak that never materialised.

A total of 500 people developed a rare neurological condition called Guillain-Barre syndrome and 25 died.

Ms Fletcher said: "We simply cannot run that risk in Britain. Any vaccinations in September or October are too early. This is a knee-jerk reaction by the Government."

Peter Smith, professor of tropical epidemiology at the London School of Hygiene and Tropical Medicine, said: "What happened in America has never really been understood.

"It's not really been observed with subsequent influenza vaccines," said Professor Smith, who is chairman of the global advisory committee on vaccine safety at the World Health Organisation.

Parents would need to give permission for a child to be vaccinated. But there are questions over whether there will be enough health professionals to carry out the vaccinations – there are just 1,447 nurses covering 25,000 schools in England.

Government figures showed the number being diagnosed dropped from 110,000 to 30,000 over the past seven days. But there have been nine new deaths related to the virus in the last week, and 36 people have now died.

Chief medical officer Sir Liam Donaldson has predicted a "second wave" when schools reopen.

Meanwhile, the country's first swine flu vaccine trial is being held at Leicester Royal Infirmary.

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Part 3
H1N1 vaccine for profit and U.S. martial law factor

Examiner, 7 August 2009, 5:28 PM
https://web.archive.org/web/20100104101656/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m8d7-Part-3-H1N1-vaccine-for-profit-genocide-and-the-US-martial-law-factor#comments

On June 10 2009, Austrian science investigative journalist, Jane Bergermeister filed bioterrorism criminal charges against the WHO, United Nations, high-ranking US officials, and business executives. Officials allegedly conspired to create a pandemic, deliberately releasing it to trigger mass compulsory injections with intent of genocide and profit.

Cost of the 2009 H1N1 vaccine is almost $10.00 USD per person, less in oppressed (Developing and Least Developed) countries (Business Week, July 2009), a multi-billion dollar, biotech and pharmaceutical operation bonanza.

We are seeing a crime committed against civilians and soldiers by high members of government, a tiny group of people undermining safety and security of their own people, acting on behalf of an international cartel, according to Burgermeister.

H1N1 swine flu strain is a US classified bioweapon according to Bergermeister's criminal complaint evidence filed with the Federal Bureau of Investigations. *Bioterrorism evidence* – read here => https://dokumen.tips/documents/evidence-of-the-use-of-pandemic-flu-to-depopulate-usa.html?page=1

Baxter, Novartis, Glaxo-Smith Kline, and Sanofi Pasteur executives have seats on the advisory group that on July 13th, recommended mandatory H1N1 vaccination of everyone in all 194 countries that belong to the WHO according to Burgermeister.

Bergermeister's criminal allegations are consistent with Washington's imperialism agenda, extending frontiers of the American Empire to facilitate complete U.S. corporate control, while installing within America, the institutions of the Homeland Security State.

U.S. planned military dictatorship

With little fanfare or public response, G.W. Bush diminished Posse Comitatus, making martial law, military patrol in the U.S., legal.

On October 1, 2008, with minimal mainstream media coverage, three to four thousand soldiers of the First Brigade of the Third Infantry Division quietly deployed in the U.S. Their stated mission: crowd control that they practiced in Iraq, subduing "unruly individuals," and management of a national emergency.

In April 2009, the US Departments of Health and Homeland Security predictably declared a national public health emergency based on the swine flu outbreak. In mid-June, 2009, WHO declared a "Level 6" pandemic.

The U.S. Emergency Medical Powers Acts and Federal legislation, including Patriot Acts I, II and III, BARDA and others, provide for mandatory vaccination or drugging with no exemptions (religious or otherwise). (See Michel Chossudovsky, Global Research)

At the state level, those who refuse the vaccine are subject to immediate incarceration and quarantine of indefinite length, classified as felons "Vaccine Resisters," equated to a new form of "terrorism," at the State level. At the Federal level, those who refuse will be subject to immediate incarceration and quarantine. FEMA camps are established across the U.S.

At the time of this writing, the H1N1 vaccination is not mandatory according to the Health and Human Services Secretary, Kathleen Sebellius CBS interview with Katie Couric on July 30. The abovementioned legislation exists, however, for the possibility of mandatory vaccination. =>

Web Exclusive: Sebelius on Vaccine Fears. – CBS News, 30 July 2009
https://web.archive.org/web/20100104120146/http://www.cbsnews.com/stories/2009/07/30/eveningnews/main5199450.shtml

The sole measure that would help ensure that Americans have another choice besides vaccination or incarceration is self-shielding. Congress has not yet to passed this legislation, as highlighted in Part 1 of this series. => https://web.archive.org/web/20100418175845/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d2-Part-1--The-global-economic-crisis-H1N1-experimental-vaccination-martial-law-and-eugenics-story

Furthermore, G.W. Bush *changed the Constitution* to suspend habeas corpus that since 1807, prevented citizens from seizure by the state and held without trial. President Obama did not restore this Constitutional right. Now, "Vaccine Resisters" can be identified as "insurgents" or "terrorists" and with army force, be seized, imprisoned and held indefinitely with no recourse, just as Americans justified doing to foreigners.

President Obama is considering taking the police state further in signaling he is about to begin 'preventive detention,' empowering him to hold forever an unspecified number of prisoners without charges or trial. [I]ndefinite preventive detention is, of course, the foundation of a police state," writes Naomi Wolf in *The Bush in Obama* published in Sunday Times. (Naomi Wolf, *The Bush in Obama*, Sunday Rimes, August 2, 2009) => https://www.sundaytimes.lk/090802/International/int01.html

"Obama's Justice Department has invoked Bush's argument that the State Secrets Act bars evidence about torture from being disclosed, which means that anyone who was tortured can never appear in court. Moreover, Obama has …done nothing to roll back the Patriot Act." (Wolf, Naomi)

Overriding the President and Commander in Chief and without consulting the US Congress on the issue, the Pentagon is planning how many more troops to deploy in the U.S. for mass vaccination, according to Chossudovsky.

If this happened in a developing nation, many people would justifiably call it a military coup.

According Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate: "USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands"(emphasis added)

See Gail Braymen, *USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop*, USNORTHCOM, April 14, 2008, Also see *USNORTHCOM. Pandemic Influenza Chain Training* (pdf) (Chossudovsky, 2009)

https://web.archive.org/web/20100213103744/http://www.northcom.mil/Avian%20Flu/index.html
https://web.archive.org/web/20100106084531/http://www.northcom.mil/news/2008/041408.html &
https://web.archive.org/web/20100213103708/http://www.northcom.mil/Avian%20Flu/docs/Pandemic_Influenza_Training_Brief.pdf

Perhaps a predicted success of the orchestrated attempt to spread fear and chaos into the population, so that people are vaccinated, requires military control. Martial law might be instated when the manufactured, worst economic crisis in history plummets further, as ethical economists are predicting an inevitable reality. Whichever prompts the more overt martial law, the troops are on U.S. soil and the military is ruling.

Part 1: https://web.archive.org/web/20100418175845/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d2-Part-1--The-global-economic-crisis-H1N1-experimental-vaccination-martial-law-and-eugenics-story

Part 2: https://web.archive.org/web/20100420013911/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d5-Part-2-H1N1-flu-and-the-experimental-vaccine-secrets-lies-labs-and-profits

Part 4: https://web.archive.org/web/20100418034041/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d14-Warning-in-the-eye-of-the-false-flag-storm-H1N1-political-objective

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Part 4
Warning in the eye of the H1N1 false flag storm

Examiner, 14 August 2009
https://web.archive.org/web/20100418034041/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d14-Warning-in-the-eye-of-the-false-flag-storm-H1N1-political-objective

Today's bio-engineered H1N1 pandemic - experimental vaccine crisis lies deep in military, political and industrial interests. [Arthur Cristian, author of *Medical Mafia*, *Love For Life*]
=> https://web.archive.org/web/20090625001303/http:/www.loveforlife.com.au/node/6636

The pandemic objective is "to undermine all forms of opposition and social resistance," writes Chossudovsky. [Michel Chossudovsky, *Martial Law and The Militarization of Public Health*, Center for Global Research, July 26, 2009]
=> https://web.archive.org/web/20100508231338/http://globalresearch.ca/index.php?context=va&aid=14543

In plain view is the applied standard psyop: 'Create the problem. Cause the crisis. Intervene to complete the agenda,' an agenda that includes high profits and forced depopulation.

Manufactured crises psyop in a programmed nation

Chossudovsky explains that the global economic crisis is based on the fake "global war on terrorism," central to misleading public understanding that the Middle East War is actually a battle to control extensive oil and natural gas reserves.

Josh Tickell's multi-award winning movie, *Fuel,* due for wide release this fall, documents this aim of the so-called war on terror, through footage of congressional sessions, investigations and spokespersons such as *Scott Ritter*, former US weapons inspector.

People who continue to support the bogus "war on terror" and accept political lies are programmed by what Chossudovsky explains, their "inner consciousness" warning them "terrorists are threatening their livelihood." Such was the purpose of the 9/11 shock and awe.

It is in this collective psyche framework of induced fear and revenge that support for killing people for their oil and minerals exists, and that manufactured 'natural disasters', 'pandemics', 'environmental catastrophes' have a useful political role.

These crises, developed, tested and refined over decades to appear natural, distract from the real, inevitable, economic crisis, plus they distort real causes and agenda according to Chossudovsky.

The laboratory manufactured H1N1 and "pandemic" justify the global public health emergency on humanitarian grounds, with predictable repercussions to the unsuspecting public.

WHO predicts one-third of the world's population could be infected with H1N1, a prediction Chossudovsky and others with no vested interest show is miscalculated, but serves the power elite agenda of controlling humanity and "erasing" people through their fear and lack of accurate information.

The computer driven Phoenix Program in Vietnam that aimed at "erasing" targeted individuals and groups and "pacifying" the rest, resulted in mass murders of over 20,000 civilians and rampant torture. Adviser to General Petraeus called for a "global Phoenix Program." (Tom Hayden*, Reviving Vietnam War Tactics, The Nation,* March 13 2009) ref: Kilcullen D. Countering Global Insurgency. – J Strategic Studies, 2005, 28(4): 597-617.
https://web.archive.org/web/20080317002630/http:/www.thenation.com/doc/20080331/hayden

Too great a leap? Dr. Tue Ott PhD, ND recently stated, "Specific programs are designed to kill large amounts of people for specific political purposes worldwide, and it is does this in every single case by first introducing a vaccine to unsuspecting population centers." Ott presents what he calls "life-saving truth" in a 2-hour video, *Bird Flu Hoax*. =>
https://web.archive.org/web/20120124122230/http://www.youtube.com/watch?v=wW11wZOmdSA&feature=related

Eugenics

A 1974 memo (now declassified), *National Security Study Memorandum NSSM 200 Implications of Worldwide Population Growth For U.S. Security and Overseas Interests,* known as the *Scowcroft Document* (authored by Brent Scowcroft of the Council on Foreign Relations who became National Security Advisor) or NSSM 200, states U.S. government plans to depopulate the world to maximize profits. [*NSSM 200 The Kissinger Report*]

This document became the official guide for U.S. foreign policy on November 26, 1975. (Stephen Mumford, *National Security Study Memorandum 200: World Population Growth And U.S. Security*, The Center for Research on Population and Security (CRPS), *Insight into Solving the Problem of over-population – the overwhelming Issue of Our Time…Vital to the Security of Communities and Nations*) => https://web.archive.org/web/20090820223056/http://www.population-security.org/mumf-93-01.htm

Due to the "bold nature of the suggested initiatives," *NSSM 200* authors recommended keeping the report secret "to provide time to educate the American public as to the necessity of these initiatives." (Emphasis added) The document was kept from the public for fourteen years for the "education strategy" to be implemented.

NSSM 200, with input from department heads of the CIA, Defense, Agriculture and International Development, is a blueprint for U.S. foreign policy: reducing worldwide population with "concentration on key countries." The document's stated twofold reason to reduce world population is:

"The United States has become increasingly dependent on mineral imports from developing countries" and " endemic famine, food riots, and breakdown of social order... are scarcely inducive to systematic exploration for mineral deposits or the long-term investments necessary for their exploration."

One can surmise that "breakdown of social order" stated in the document refers to predictable populations revolting against their living conditions.

NSSM 200, evidences Dr. Henry Kissinger proposing, '[D]epopulation should be the highest priority of U.S. foreign policy towards the Third World.' Leuren Moret writes about Kissinger's input:

"He quoted reasons of national security, and because (t)he U.S. economy will require large and increasing amounts of minerals from abroad, especially from less-developed countries... Wherever a lessening of population can increase the prospects for such stability, population policy becomes relevant to resources, supplies and to the economic interests of U.S." (Leuren Moret, *From Hiroshima to Iraq, 61 years of uranium wars A suicidal, genocidal, omnicidal course, Global Research,* 2007)
=> https://web.archive.org/web/20100414035526/http://www.globalresearch.ca/index.php?context=va&aid=5949

***NSSM 200* clearly reveals** attempts to hide U.S. motives involving oppressed nations, and even recommends a strategy to manage this:

"It is vital that the effort to develop and strengthen a commitment on the part of the LDC [Least Developed Nation] leaders not be seen by them as an industrialized country policy to keep their strength down or to reserve resources for use by the `rich' countries… Development of such a perception could create a serious backlash adverse to the cause of population stability..." (page 114).

"The US can help to minimize charges of an imperialist motivation behind its support of population activities by repeatedly asserting that such support derives from a concern with: (a) the right of the individual to determine freely and responsibly their number and spacing of children ... and (b) the fundamental social and economic development of poor countries...." (page 115).

One of the document's stated conclusions is that "*mandatory population control measures*" may be "appropriate."

WHO spokesman Dick Thompson told The Associated Press, "Severity [of H1N1] is going to be different in different countries. And within a country, it will be different in different populations." (Scripps Newspaper Group, Online The E.W. Scripps Co.)

https://web.archive.org/web/20100131155631/http://m.reporternews.com/news/2009/May/18/nations-urge-who-to-change-pandemic-definition/

Dr. Mercola explains that "squalene," an adjuvent that causes the immune system to overreact, is dangerous to human health when injected [as opposed to taken in orally]. (*Squalene,The Swine Flu Vaccines Dirty Little Secret Exposed*) Gulf War syndrome is related to squalene in army vaccines. Novartis and GlaxoSmithKline, are using squalene as an adjuvant in their H1N vaccines says Mercola.

Will people in oppressed countries and communities, with less access to internet and vaccine danger information, have an educated choice about being vaccinated? Will they see the industrialized country policy to keep their strength down and to reserve their resources by and for the `rich' countries? How about Earth's oldest living culture, the Australian Aborigines?

Indigenous Australians (and pregnant women) are likely priorities for vaccination according to Queensland, Australia chief health officer, Dr Jeannette Young. (Steve Gray, *Swine flu vaccine priorities being set,* WAToday.com, August 3, 2009) =>

https://web.archive.org/web/20090922094230/http://www.watoday.com.au/breaking-news-national/swine-flu-vaccine-priorities-being-set-20090804-e7fn.html

Young's statement followed the July 29 U.S. Center for Disease Control and Prevention (CDC) announcement that, "Pregnant women, health care workers, and children who are aged 6 months and older should be the first to receive this fall's H1N1 swine flu vaccine." =>

https://web.archive.org/web/20121216160500/http://www.modernmedicine.com/modernmedicine/Nursing/Pregnant-Women-Children-Among-H1N1-Vaccine-Priorit/ArticleNewsFeed/Article/detail/615086

For years, Robert F. Kennedy Jr. has researched and warned Americans about vaccine dangers and cover-ups:

"The story of how government health agencies colluded with Big Pharma to hide the risks of thimerosal from the public is a chilling case study of institutional arrogance, power and greed. I was drawn into the controversy only reluctantly. As an attorney and environmentalist who has spent years working on issues of mercury toxicity, I frequently met mothers of autistic children who were absolutely convinced that their kids had been injured by vaccines. ... 'The elementary grades are overwhelmed with children who have symptoms of neurological or immune-system damage,' Patti White, a school nurse, told the House Government Reform Committee in 1999. 'Vaccines are supposed to be making us healthier; however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children.' (Robert F. Kennedy Jr, *Vaccinations: Deadly Immunity*, June 2005.)

Robert Kennedy on the Vaccine Autism Coverup = > https://www.youtube.com/watch?v=zrIM2hwrLoc

Vaccinating pregnant women globally is as odd as targeting Aborigines when the official story is that H1N1 mostly impacts 20-40 year olds plus any drug intake during pregnancy can have severe, lifelong adverse foetus impact, often not observable for years.

Some U.S. congresspersons concur with Chossudovsky's political analysis related to H1N1. Ron Paul warns the public about the vaccine and related propaganda.

Civilian Inmate Labor Program

Geopolitical events related to this H1N1 bio-engineered disease, the new great depression, and martial law, planned for decades are now steadfastly unfolding and will impact the reader's life, regardless of where home is, according to Chossudovsky.

In a congressional address in December 2008, Ron Paul (R-Texas) warned about abolishing the Insurrection Act of 1807 and Posse Comitatis of 1877 with this, stating that the very title of "Enforcement of the Laws to Restore Pubic Order Act" is "hardly a title that suggests the authors cared about the nature of a Constitutional Republic."

The US president can declare Martial Law for natural disasters, public health reasons, other attacks or "vague reasons" called "other conditions" without Congressional or governor approval and send state guard troops to other states, yet Americans continue to quote protection from martial law under the Insurrection Act and Posse Comitatis, crystallizing the lack of understanding these parts of the U.S. Constitution have been voided under former administrations.

As Ron Paul stated, "The stage is set for our country to be in remnant status... to evolve into a military dictatorship" in which few are aware of seriousness of this and "few seem to care."
https://www.youtube.com/watch?v=BnPV2xea2ro&list=PLC85B443202A518A5
https://www.youtube.com/playlist?app=desktop&list=PLC85B443202A518A5

On August 11, Georgia Congressman Paul Broun warned town hall event attendees that the Obama administration has been planning to use a pandemic or natural disaster to implement martial law in the U.S. (Paul Watson, *Congressman Obama Could Use Pandemic To Declare Martial Law*, August 11, 2009) =>
https://web.archive.org/web/20100111144106/http://justgetthere.us/blog/archives/Congressman-Obama-Could-Use-Pandemic-To-Declare-Martial-Law.html

US Army "Civilian Inmate Labor Program" are "for establishing and managing civilian inmate labor programs on Army installations (Army Regulation 210-35 Summary, Jan. 2005, p.3) where citizen detainees will be "assisted to return to productive life." After these camps have been empty for years, National Guard is now advertising for Americans to run "Enemy Prisoner of War/Civilian Internee (EPW/CI) camp" in the U.S.

Who's doing what and who cares?

Congress had done nothing to revise the Defense Authorization Act and the Enforcement of the Laws to Restore Pubic Order Act that allow martial law.

Vermont Gov. Jim Douglas (R), chairman of the National Governors Association, and Vice Chairman Gov. Joe Manchin (D) of West sent a letter to the Pentagon last week, condemning the DoD plans to usurp domestic control of National Guard and deploy federal forces in the event of a natural disaster or terrorist attack according to Stephen Webster. (Reid Wilson, *Governors oppose DoD emergency powers*, *The Hill*, August 10, 2009)
https://web.archive.org/web/20090812065154/http:/thehill.com/leading-the-news/governors-oppose-dod-emergency-powers-2009-08-10.html

Top corporate leaders of many companies and industries, will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts, to learn about forced quarantines, mass vaccinations, and how to "control and diffuse social unrest and public disorder." (Kurt Nimmo, *Preparing for Martial Law: International Swine Flu Conference to Be Held in Washington*, Global Research, August 8, 2009.)
https://web.archive.org/web/20090810020453/http:/www.globalresearch.ca/index.php?context=va&aid=14705

Neighbors in communities across the nation, have been secretly training since 1996 at local InfraGard meetings, turning in names to the FBI and planning widespread crisis response, including how to shoot to kill if need be, **when** martial law is declared. (Matthew Rothschild, *The FBI Deputizes Business, The Progressive*, March 2008)
https://web.archive.org/web/20080214145659/http:/www.progressive.org/mag_rothschild0308

Militia members throughout the country equate the vaccine to assault with a deadly weapon and are on alert, organizing to resist military forced vaccinations.

Sheriff Mack, author of "No Sheriff Left Behind" who honors on his website front page Maricopa County Sheriff Arpaio, is attempting to organize Sheriff resistance to federal orders that violate the (now all but defunct) Constitution.

Clergy trained in "Clergy Response Teams" to support the military dictatorship are ready to step in line with military dictatorship in the name of religion.

Mainstream media personnel continue to disparage facts about the dangerous H1N1 vaccine, as they did with Robert F. Kennedy Jr.'s mercury research, and in so doing, are participating in a Phoenix Program-type pacification program.

Hopefuls believe that many hundreds of thousands of messages demanding right to Self-Shield, instead of vaccination or internment to decision makers on State and Federal levels could prevent this researched, developed and refined plan.

Barbara Lowe Fisher and her NVIC team have coordinated "*Show Us the Science* & *Give Us a Choice*" international conference with presenter Gary Null, a host of other presenters and participants from Canada, Netherlands, Israel, Philippines, Pakistan, New Guinea, United Kingdom, Italy, Japan, Rwanda, Cameroon, Afghanistan and many more concerned about vaccine safety and right to vaccine choices. They will meet with Congress persons on Capitol Hill and say that Washington, DC is the place to be October 1- 5, 2009.

https://web.archive.org/web/20100305123629/http://www.nvic.org/Events/Vaccine-Conference-2009/Overview.aspx



Citizenry community learning and responsible action to prevent fascists' ultimate weapon of mass destruction and control is acute (in industrialized countries and those more oppressed "Developing" and "Least Developed") in best interest of self, families, fellow Americans, and neighbours overseas.

To instead view the masses participating in daily lives as usual, in the eye of the false flag storm, leads to justifiable questioning whether the ultimate powers' new global Phoenix program, including a national high-tech, wide scale pacification component, is in effect.

Many people, just as the Scowcroft Document strategy aimed, are stepping in line with its depopulation propaganda, some even commenting that Earth needs a pandemic since too many people inhabit it. ... The public is "educated."

Part 1: **The H1N1 swine flu experimental vaccination, martial law and eugenics story**. – 2 August 2009; https://web.archive.org/web/20100418175845/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d2-Part-1--The-global-economic-crisis-H1N1-experimental-vaccination-martial-law-and-eugenics-story

Part 2: **H1N1 flu and the experimental vaccine secrets, lies, labs and profits**. – 5 August 2009 https://web.archive.org/web/20100420013911/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d5-Part-2-H1N1-flu-and-the-experimental-vaccine-secrets-lies-labs-and-profits

Part 3: **H1N1 vaccine for profit and U.S. martial law factor**. – 7 August 2009 https://web.archive.org/web/20100104101656/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m8d7-Part-3-H1N1-vaccine-for-profit-genocide-and-the-US-martial-law-factor#comments

Part 4: **Warning in the eye of the H1N1 false flag storm**. – 14 August 2009. https://web.archive.org/web/20100418034041/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d14-Warning-in-the-eye-of-the-false-flag-storm-H1N1-political-objective

THE FLU CASE

Rebecca Em Campbell

Complaint to stop enforced vaccinations

The Flu Case, 16 August 2009

https://web.archive.org/web/20090919032722/http://www.theflucase.com/index.php?option=com_content&view=article&id=352%3Acomplaint-to-stop-enforced-vaccinations-in-washington-state&catid=1%3Alatest-news&lang=en

Rebecca Campbell in seattle has prepared this Complaint below and is ready to file in the Washington State Superior Court on Monday. She aims to get a court ruling that requires the Washington State government to refrain from ever implementing any forced mass "swine flu" vaccination programme if and when ordered by the Federal Government.

The Superior State Court can rule on a state's rights issue. The issue at stake here is whether the governor of Washington State can be forced to obey an unlawful order from the Federal Government? If the Governor of Washington State obeys an unlawful order from the feds, is there relief from the state courts?

In The Superior Court щf King County, Washington Case No. ________________

Rebecca Em Campbell-Unrepresented Plaintiff 107 Pine St., No. 332 Seattle, WA 98101-1550 (206) 926-3962 (206) 926-3962 rebeccaphb@yahoo.com

vs.

Christine Gregoire-Governor, Washington State PO Box 40002 Olympia, WA 98504-0002 (360) 902-4111 (360) 902-4111

Rob McKenna-Attorney General, Washington State 1125 Washington Street SE PO Box 40100 Olympia, WA 98504-0100 (360) 753-6200 (360) 753-6200

Mary Selecky-Secretary Washington State Health Department 101 Israel Road SE Tumwater, Washington 98501 (360) 236-4030 (360) 236-4030

Susan Dreyfus-Secretary Washington State Department of Social & Health Services PO Box 45130 Olympia, WA 98504-5130 (800) 737-0617 (800) 737-0617

Complaint petitioning the court to declare all possibly imminent federal executive orders/international treaties null and void unless conformant with the washington state declaration of rights

1. Rebecca Em Campbell is a Washingtonian with unalienable rights granted by the Creator. She comes before the court unrepresented. She has never knowingly, willingly and/or intentionally waived or assigned any of her unalienable rights. Any presumptions to the contrary are hereby rebutted.

...

Александра Кучук

Почему бесполезна вакцина от свиного гриппа?
Похоже, мы будем бессильны перед вирусом.

Комсомольская Правда, 18 августа 2009, 20:50
WWW.KP.RU: https://www.kp.ru/daily/24344/534563/

В России вот-вот начнутся испытания вакцины от H1N1 на добровольцах. Но это не значит, что грипп будет побежден.

Достаточно развеять некоторые мифы о прививках.

МИФ 1. Если привился – не заболеешь. Это не так. Заболеть можно. Прививают людей для того, чтобы избежать осложнений. А на счет свиного гриппа медики прогнозируют: прививка может быть бесполезна. Хуже того, она может оказаться опасной.

- Вообще вакцина против гриппа – это очень плохо для организма, - говорит специалист компании «Фармэксперт» Давид Мелик-Гусейнов. – Один сезон ты прожил на вакцине, второй… В итоге иммунитет все меньше и меньше способен отвечать на атаку вирусов. И если ты не привьешься или будут серьезные изменения в структуре вируса (например, на смену обычному сезонному гриппу придет свиной), заболеть можно очень серьезно. С осложнениями.

МИФ 2. Прививка дает стабильный иммунитет.

Против гриппа вообще не может быть стабильного иммунитета! Если его «искусственно» прививают , за три - четыре месяца он все равно пропадает. То есть за сезон можно переболеть одним и тем же гриппом несколько раз.

Сам грипп постоянно мутирует. Каждые 2-3 месяца. Вакцину делают на основе «старого» штамма. И бог его знает, во что превратиться H1N1 к этой зиме…

МИФ 3. Вакцина будет бесплатная

Будет. Но не для всех. В кулуарах ходят слухи – правительство выделит на резервную вакцину от свиного гриппа 4 миллиарда (!!!) рублей. Нехилая денюжка. Но даже ее на всех не хватит.

Бесплатно прививать станут обычный контингент: врачей, милиционеров, водителей общественного транспорта, школьников, детсадовцев, пенсионеров.

Желающие из взрослого работающего населения будут прививаться за свой счет.

Хорошая вакцина от обычного гриппа стоит 500 рублей. Уж на "свином" – то дельцы обязательно начнут спекулировать! И на других противогриппозных средствах. Как пить дать. А мы – начнем покупать. Куда денешься… А вы что по этому поводу думаете?

ABC News

Dina Rosendorff

Swine flu vaccine strategy 'risky'
The Australasian Society for Infectious Diseases says
there is no need for urgent mass vaccination

ABC News, 20 August 2009, 9:00 pm AEST
https://web.archive.org/web/20100131054502/http://www.abc.net.au/news/stories/2009/08/20/2662321.htm

The country's top infectious diseases body has written to the Government to warn the swine flu vaccine is being distributed too hastily, with too many risks for the public.

The Australasian Society for Infectious Diseases says the multi-dose vials which the vaccine will be distributed in have been shown to transmit infection, spread HIV and hepatitis, and even cause death.

Federal Health Minister Nicola Roxon says the Government expects to receive 2 million doses by the end of next week, and a widespread immunisation program could start by mid-September.

But the infectious diseases doctors say the swine flu threat has now passed and there is no need for urgent mass vaccination.

"To rush to a massive vaccination using multi-dose vials that have been associated with problems in the past, seems too hasty and perhaps not measured enough for our society," said Dr Tom Gottlieb, the president of the Australasian Society for Infectious Diseases.

The doctors are worried about the method that will be used to deliver the swine flu vaccine when the national immunisation program starts in the next few weeks.

The plan is to use multi-dose vials of the vaccine, which means a health worker will use needles to take more than one dose out of each vial.

"There have been episodes of bacterial contamination of vaccines, where there has been perhaps a bacterial organism growing in the vaccine, and when the patient's been injected they may have become infected with a bacteria," Dr Gottlieb said.

"Now that's largely been addressed with preservatives that are used in vaccines, but nonetheless there are potentials for viruses from one patient to be transmitted if vaccination is not done correctly.

"And in most circumstances it would be done correctly, but when things are rolled out hastily and multi-dose vials are used that potential exists.

"And there are certainly examples of spread of infection between patients with HIV, hepatitis B, hepatitis C and so on, and that's our concern."

The group of infectious diseases doctors is so concerned that they have written to Australia's chief medical officer Jim Bishop, urging him to reconsider the vaccination strategy.

In the letter the doctors point out that many international agencies, including The World Health Organisation, prefer the use of single-dose vials.

But the drug company making the vaccine, CSL, says it would take too long to make enough single-dose vials.

"It would delay the role out of the vaccine by a long time," said Dr Rachel David, a spokeswoman for CSL.

"The other reason is that with pre-filled syringes you need to order a lot of syringes to roll out the vaccine for 21 million doses as the Government has ordered.

"So I think on balance the decision to use multi-dose vials is completely justified.

"Although it will work out being cheaper to use multi-dose vials, it's not being done this way to save money. It's been done this way to vaccinate a large number of people quickly, which is our best chance of stopping the flu epidemic."

'Urgency no longer there'

But Dr Gottlieb says there is no real need to rush.

He says there have been fewer deaths linked to swine flu than initially feared, and the epidemic has now subsided.

"In our society, all the members are strong advocates of vaccinations, so in no way do we want to undermine vaccination as a very effective strategy," he said.

"But in this particular influenza season we have to determine which are the risk groups that need vaccination, and the probable urgency is no longer there as it was perhaps a few months ago.

"And we would caution for a more measured approach and for single dose vaccines to be used preferably to multi-dose vials."

But that argument has done nothing to change the mind of Professor Bishop.

He is yet to sign off on the swine flu vaccine rollout, but he has indicated that when he does multi-dose vials will be used.

In a statement, Professor Bishop told ABC Radio's PM program that health workers will be trained to maximise infection control and minimise wastage.

The first jabs will go to pregnant women, health workers and people with underlying medical conditions.

=> almost simila article

examiner.com
INSIDER SOURCE FOR EVERYTHING LOCAL
Washington DC

Deborah Dupre

No H1N1 'urgency' exists and vaccine strategy 'risky' doctors say
This article about the News from Australia mentioned above

Examiner, 20 August 2009, 11:07, AM
https://web.archive.org/web/20100421130340/http://www.examiner.com/x-10438-Peace-Studies-Examiner~y2009m8d20-No-H1N1-urgency-exists-and-vaccine-strategy-risky

LE FIGARO

Yves Miserey

Avez-vous l'intention de vous faire vacciner contre la grippe A?

Le Figaro, 4 September 2009, 21:49
https://web.archive.org/web/20090906112900/http://www.lefigaro.fr/sante/2009/09/04/01004-20090904QCMWWW00500-avez-vous-lintention-de-vous-faire-vacciner-contre-la-grippe-a-.php

Le vote est clos. Vous êtes 12050 à y avoir participé.

THE FLU CASE

69 % of French say "Non" to the "swine flu" injection

The Flu Case, 9 September 2009
https://web.archive.org/web/20090917145338/http://www.theflucase.com/index.php?option=com_content&view=article&id=528%3A69-of-french-say-qnonq-to-the-qswine-fluq-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

69% of the French have said they will not take the "swine flu" vaccine, according to a poll published in the French mainstream newspaper, Le Figaro.

http://www.lefigaro.fr/sante/2009/09/04/01004-20090904QCMWWW00500-avez-vous-lintention-de-vous-faire-vacciner-contre-la-grippe-a-.php

A total of 12,050 people voted in the poll which closed on Sunday.

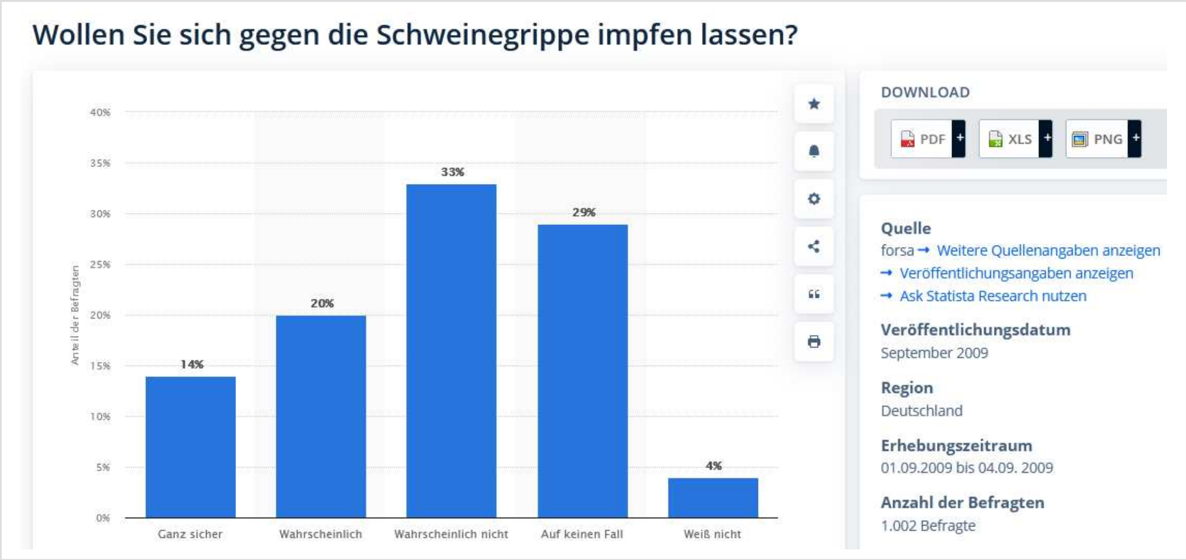
Less than one third , 31 %, said they would take the vaccine while more than two thirds, 68.94 %, said they would not take it

"No," reads one of the comments posted underneath the poll,"because the only time I was vaccinated against the flu, I caught it. Since then I have never repeated it and I've never had the flu."

statista

Wollen Sie sich gegen die Schweinegrippe impfen lassen?

Germany: Statista Research Department, 7 Septembre 2009
https://de.statista.com/statistik/daten/studie/37116/umfrage/impfung-gegen-die-schweinegrippe/



SIKA INFLUENSSA

Nur wenige Baden-Württemberger wollen Schweinegrippe-Impfung
[Only a few people in Baden-Württemberg want a Swine Flu vaccination]

Sika Influenssa, 7 September, 14:38 Uhr
https://web.archive.org/web/20090930073843/http://sikainfluenssa.biz/275/gallup-saksan-osavaltion-asukkaista-72-eivat-halua-sikainfluenssarokotetta

Stuttgart (ddp-bwb). Die Mehrheit der Baden-Württemberger lehnt eine Impfung gegen die sogenannte Schweinegrippe ab. Das geht aus einer Umfrage hervor, deren Ergebnisse die Deutsche Angestellten-Krankenkasse (DAK) am Montag in Stuttgart veröffentlichte. Befragt wurden im DAK-Auftrag vom Forsa-Institut bundesweit 1001 Erwachsene, darunter 130 im Land. 72 Prozent der Baden-Württemberger gaben an, dass sie sich «auf keinen Fall» oder «wahrscheinlich nicht» impfen lassen. Diesen Artikel weiter lesen

Nur neun Prozent der Befragten im Land wollen «ganz sicher» im Herbst an der geplanten Impfaktion teilnehmen. Auch in Bayern ist die Abneigung gegen die Impfung den Angaben zufolge hoch. Dagegen sagen in Berlin und den ostdeutschen Bundesländern laut Studie nur 44 Prozent Nein zu einer Impfung. 23 Prozent der dort Befragten antworteten, sich auf jeden Fall impfen lassen zu wollen.

Die Gefahr, an der Schweinegrippe zu erkranken, wird in Baden-Württemberg als gering eingeschätzt. Nur drei Prozent sehen eine «große Gefahr», 83 Prozent bewerteten das Risiko als «sehr niedrig» oder «eher niedrig».

Only a few people in Baden-Württemberg want a Swine Flu vaccination

3 % see big danger in the "swine flu"

Only 3 per cent of the people living in Baden Wurttemberg in Germany believe there is a big danger of becoming ill from the "swine flu", according to a poll published on Monday.

72 % said they will not take the "swine flu" jab.

A STRANGER IN GERMANY

Germans shun H1N1 vaccine

A Portrait of Germany, 9 September 2009, 3:06 pm
https://web.archive.org/web/20091023080553/http://aportraitofgermany.wordpress.com/2009/09/09/germans-shun-h1n1-vaccine/

The German government has ordered 18 million more vaccinations against swine flu. But two-thirds of Germans say they don't want to be immunized.

In the latest step to fight an anticipated breakout of the H1N1 swine flu virus, Germany's 16 state health ministers have announced they plan to order another 18 million vaccination units. That's enough to immunize nine million more people and ensures there is enough stock should demand surge later in the year.

The health ministers have already ordered 50 million swine flu vaccinations for 25 million people, as each person requires two doses of the vaccine. That means there will be enough vaccine to cover 40 percent of the German population.

The latest order is subject to funding being available. The thorny question of who will bear the cost of this – the federal government, the health insurers, the state health departments or local authorities – is being discussed at a special working group meeting in Berlin on Wednesday.

A new study conducted by the Forsa Institute for DAK, one of Germany's largest health insurers, revealed that a surprising number of Germans do not plan to get immunized.

In the study of 1,001 people aged between 18 and 60 years, 62 percent said they would "definitely not," or "almost definitely not" let themselves be vaccinated this autumn when the first swine flu vaccines become available.

Eighty-two percent of Germans said that swine flu poses a "fairly low" or "very low" danger.

Bavarians, in Germany's south, in particular rejected vaccination. Only nine percent said they would "definitely" go to their doctor to be immunized compared to 14 percent of Germans on average. It's a different picture in eastern Germany, where almost a quarter of those who took part in the study said they were "definitely" going to get immunized.

Fondation pour la Liberté de Choix en Santé

Conférence pour la Liberté de Choix en Santé

Tele-Sante, 10 September 2009, 07:34
https://web.archive.org/web/20090801101545/http://www.tele-sante.com/



video 1: https://www.dailymotion.com/video/xaksrk
video 2: https://www.youtube.com/watch?v=O9KioaE1AWg

videos: => https://www.google.com/search?client=firefox-b-d&sca_esv=578407962&tbm=vid&sxsrf=AM9HkKnDZ_wek-7d1wa8xuwo3j4M6XZh8A:1698824761899&q=%22Conf%C3%A9rence+pour+la+Libert%C3%A9+de+Choix+en+Sant%C3%A9%22&sa=X&ved=2ahUKEwiht9-zp6KCAxXRS2wGHUfgCFcQ8ccDegQIChAH&biw=1252&bih=572&dpr=1.09

Conférence pour la Liberté de Choix en Santé
12 septembre 2009
Palais des Congrès
201, Viger
Montréal, Québec
9h00 - 17h30

Admission 35$ (Taxes incluses)
Traduction simultanée: 10$ sur place pour les écouteurs
L'évènement sera également présenté sur Internet en direct et en différé pour celles et ceux qui ne pourront y assister sur place. Les participants qui seront présents dans la salle pourront également revisionner l'évènement avec un code d'accès.

Horaire et sujets:
9h00 - 9h45
Me Shawn Buckley
Menace du projet de Loi C-6 - Retour sur le C-51
Threat of Bill C-6 - Return to C-51

9h45 - 10h30
Dr Shiv Chopra
Santé Canada corrompu jusqu'à la moëlle
Health Canada corrupt to the core

10h30 - 10h45
Pause

10h45 - 11h30
Trueman Tuck
Codex Alimentarius - OMS, FDA et Santé Canada contre les alternatives
Codex Alimentarius - WHO, FDA and Health Canada against alternatives

11h30 - 12h00
Roland Lauzon, ND
Fondation pour la reconnaissance des thérapies naturelles et alternatives
Foundation for the Recognition of Natural and Alternative Therapies

12h00 - 13h15
Diner

13h15 - 14h00
Jean-Jacques Crèvecoeur
Chasse aux sorcières contre la médecine alternative et manipulation des médias
Witch hunt against alternative medicine and media manipulation

14h00 - 14h30
Me Jean Dury
Souveraineté individuelle et Liberté de Choix en Santé
Individual Sovereignty and Freedom of Choice in Health

14h30 - 15h00
Daniel Pagé
Santé Canada et la suppression des appareils thérapeutiques alternatifs les plus efficaces (Rife, pulseurs magnétiques, ozonateurs, chambre hyperbare, etc)
Health Canada and the removal of the most effective alternative therapeutic devices (Rife, magnetic pulsers, ozonators, hyperbaric chamber, etc.)

15h00 - 15h15
Pause

15h15 - 16h00
Propagande vaccinale et canular de la grippe porcine; Ghis, auteur de la "Mafia Médicale"
Vaccine propaganda and the swine flu hoax; Ghis, author of "Medical Mafia"

16h00 - 16h30
Dr Andrew Moulden
Les vaccins causent des accidents microvasculaires, des dommages neurologiques et de nombreuses maladies // Vaccines cause microvascular accidents, neurological damage and many diseases

16h30 - 17h15
Carol Vachon
OGM, pesticides, et immunité naturelle
GMOs, pesticides, and natural immunity

17h15 - 17h30
Tirage et conclusion - Pour la présentation des conférenciers, cliquer ici >>
https://web.archive.org/web/20090802165338/http://www.tele-sante.com/conference_12sept09_presentation_conferenciers.html

Mise à jour 28 juillet:
Un réseau de points de vente sera annoncé le 15 août. Il sera également possible dès le 3 août de faire l'achat de billets en ligne à partir de cette page en utilsant PayPal ou une carte de crédit .

Pour être informé sur l'achat de billets en ligne ou pour connaître la liste des points de vente, vous pouvez vous inscrire en envoyant un courriel à info@tele-sante.com ou appeler le (418) 380-6022

THE FLU CASE

Vital vaccination conference for Canada on September 12th

The Flu Case, 10 September 2009
https://web.archive.org/web/20090917020120/http://www.theflucase.com/index.php?option=com_content&view=article&id=548%3Avital-vaccination-conference-for-canada-on-september-12th&catid=1%3Alatest-news&Itemid=64&lang=en

A vital conference on mass vaccinations and martial law in Canada is coming up on September 12th.

You are invited to participate in this national event which brings together some of the leading health freedom advocates in Canada.

The goals of this conference are:

(1) to mobilize consumers, producers and distributors of natural health products and healthy or organic food, as well as the users and practitioners of "alternative and complimentary" therapies;

(2) to inform the population about the laws that some politicians, unelected bureaucrats and powerful lobbies are trying to pass without our knowledge and which constitute serious attacks against the Canadian Charter of Rights and Freedoms and the Canadian Constitution (such as Bill C-6 submitted by Health Canada in January 2009 which passed through 3rd reading in Parliament on June 12…); and

(3) to expose the "swine flu" pandemic scam created artificially by military and pharmaceutical organizations which control the World Health Organization (W.H.O) and whose grossly exaggerated propaganda aims at imposing mandatory vaccination in early autumn.

It is essential to intervene immediately and stop these anti-democratic initiatives and to uphold the respect of our rights and our freedom to choose how to feed and treat our body.

The "Foundation for Freedom of Choice in Health" which will be officially launched at this occasion will offer a legal and political structure to its members ensuring the protection of fundamental and inalienable human rights. We are counting on your participation, since everyone is concerned.

Thank you from the team!

F. William Engdahl

Nano Particles used in Untested H1N1 Swine Flu Vaccines
Part III: ‘It’s the vaccines, Stupid!

Global Research, 13 September 2009
https://web.archive.org/web/20100103021737/http://www.globalresearch.ca/index.php?aid=15092&context=va

Vaccines which have been approved by the responsible government authorities for vaccination against the alleged H1N1 Influenza A Swine Flu have been found to contain nano particles. Vaccine makers have been experimenting with nanoparticles as a way to "turbo charge” vaccines for several years. Now it has come out that the vaccines approved for use in Germany and other European countries contain nanoparticles in a form that reportedly attacks healthy cells and can be deadly.

In 2007 researchers at the Ecole Polytechnique Fédérale de Lausanne (EPFL) announced in an article in the journal, *Nature Biotechnology*, that they had developed a "nanoparticle that can deliver vaccines more effectively, with fewer side effects, and at a fraction of the cost of current vaccine technologies.” The article went on to describe the effects of their breakthrough: "At a mere 25 nanometers, these particles are so tiny that once injected, they flow through the skin’s extracellular matrix, making a beeline to the lymph nodes. Within minutes, they’ve reached a concentration of DCs thousands of times greater than in the skin. The immune response can then be extremely strong and effective.” [1]

There is only one small problem with vaccines containing nanoparticles – they can be deadly and at the least cause severe irreparable health damage.

Nanoparticles, promoted in the mass media as the new wonder revolution of science, are particles that have been produced vastly smaller than deadly asbestos particles which caused severe lung damage and death before being outlawed. Particles at a nano size, (nm = 0,000000001 Meter) fuse together with the membranes of our body cell membranes and, according to recent studies in China and Japan, continuously destroy cells once introduced into the body. Once they interact with the body’s cellular structure, they cannot be removed. Modern medicine euphemistically terms the phenomenon, a continuing infectious reaction.

Since the asbestos scandal, it has been established that particles in size a millionth of a meter, because of their enormous attractive force, penetrate all cells, destroying all those they come into contact with. Nanoparticles are far smaller than asbestos fibers.

Beijing Tests confirm deadly effects on humans

The fact that WHO, the European Medicines Evaluation Agency, the German Robert Koch Institute and other health bodies today would permit the population to be injected with largely untested novel vaccines containing nanoparticles says more about the powerful pharma lobby in Euiropean politics than it does about the sanity or moral integrity of the civil servants responsible for health of the general public.

The September 2009 issue of the respected *European Respiratory Journal*, made public on 19 August, and available since 21 August online, contains a peer-reviewed article with the title, "*Exposure to nanoparticles is related to pleural effusion, pulmonary fibrosis and granuloma*.”

The article describes tests carried out in 2008 at the elite Beijing Chaoyang Hospital on seven young women. All seven, ages 18-47 had been exposed to nanoparticles for 5–13 months in their common workplace. All were admitted to the hospital with shortness of breath and pleural effusions, or excessive fluids surrounding the lungs, inhibiting breathing. None of the seven had ever smoked and none were in any special risk group. Doctors carefully tested for every possibility and confirmed that the lung problems had a common origin – regular inhalation of nanoparticles in their factory. They had been exposed to Polyacrylat nanoparticles.

The tests confirmed the nanoparticles had set off a "super-meltdown" reaction in the patients. Despite all heroic efforts of doctors, two of the seven died from the lung complications.[2]

In their report, the scientists concluded something so alarming it is necessary to quote at length:
"Immunological tests, examinations of bacteriology, virology and tumour markers, bronchoscopy, internal thoracoscopy and video-assisted thoracic surgery were performed. Surveys of the workplace, clinical observations and examinations of the patients were conducted. Polyacrylate, consisting of nanoparticles, was confirmed in the workplace. Pathological examinations of patients' lung tissue displayed nonspecific pulmonary inflammation, pulmonary fibrosis and foreign-body granulomas of pleura. Using transmission electron microscopy, nanoparticles were observed to lodge in the cytoplasm and caryoplasm of pulmonary epithelial and mesothelial cells, but are also located in the chest fluid. These cases arouse concern that long-term exposure to some nanoparticles without protective measures may be related to serious damage to human lungs".[3]

To date Animal studies and in vitro experiments show that nanoparticles can result in lung damage and other toxicity in animals, but no reports on the clinical toxicity in humans due to nanoparticles prior to the Beijing study had been made.

The Beijing Chaoyang Hospital study has now conclusively confirmed that nanoparticles cause lung damage and other toxicity in humans as well. At this point in time, when two of the approved vaccines planned to be mass distributed in Germany and elsewhere contain nanoparticles, failure of the relevant responsible public health and epidemiology officials to order an immediate emergency freeze on distribution of any vaccine containing nanoparticles can only be considered tantamount to criminal negligence. Hopefully the responsible authorities will react in time to avert a possible human health catastrophe orders of magnitude worse than the worst case of Swine Flu reported to date.

Notes:

1 EPFL, *Bioengineering researchers from the EPFL in Lausanne, Switzerland, have developed and patented a nanoparticle that can deliver vaccines more effectively, with fewer side effects, and at a fraction of the cost of current vaccine technologies,* accessed in www.azonano.com/nanotechnology%20news.asp?catid=13.
2 Song Y, Li X, Du X, *Exposure to nanoparticles is related to pleural effusion, pulmonary fibrosis and granuloma* , European Respiratory Journal, 9/2009, 34(3): 559-567.
3 Ibid.

Sikainfluenssarokote ei innosta piikitettäväksi
[The swine flu vaccine doesn't inspire people to be tickled]

MTV3, 18 September 2009, 13:35
https://web.archive.org/web/20090923015418/http://www.mtv3.fi/uutiset/kotimaa.shtml/arkistot/kotimaa/2009/09/956990

Sikainfluenssarokote ei näytä vetoavan suomalaisiin. MTV:n nettikyselyn mukaan yli 61 prosenttia vastanneista ei halua ottaa rokotetta. Moni vastaajista on sitä mieltä, että sikainfluenssa ei poikkea muista flunssista.

- Se on flunssa toisten joukossa, mediassa luodaan turhaa dramatiikkaa asian ympärille, kirjoittaa nimimerkki *Flunssa tai ei*.

- En usko, että pienestä lenssusta on minulle mitään haittaa vaikka sen saisinkin. Jos minulla olisi lapsia niin niille varmaan hankkisin, sanoo *Miu*.

- En halua rokotetta siksi, että olen sairastanut mm. honkongilaisen 70-luvun vaihteessa ja selvisin siitäkin hengissä. Näitä infulenssoja on ollut maailman halki ja tulee olemaan. Lääkefirmat rahastaa ja osakkeen omistajat rikastuu, kirjoittaa *Fripe*.

Useat eivät myöskään usko rokotteen tehoon, tai sen sivuvaikutukset huolettavat.

- En oikein luota nopeasti kehitettyyn rokotteeseen. Sikainfluenssaa pidän lähes tavallisen flunssan veroisena tautina. Tällä hetkellä, kirjoittaa *L.T*.

- En luota rokotteiden, varsinkaan näin uusien, turvallisuuteen. Rokotteissa on paljon myrkyllisiä aineita, joten miksi niitä pitää tunkea ihmiskehoon, pohtii nimimerkki *Ei täyttä suojaa*.

- Ei ole vielä kunnon tutkimuksia. Olkoon ensimmäinen rokotettavien aalto koekaniineina. Itse en halua, liian isot riskit, toteaa *PH*.

Yli 1400 vastaajasta reilut 38 prosenttia on valmis ottamaan rokotteen. Monella perusteluna on riskiryhmään kuuluminen.

- Tottakai, koska kuulun saada, riskiryhmän takia ja muutoinkin sen haluaisin, kirjoittaa nimimerkki *Jep,jep*.

- Kuulun ikäryhmään yli 65 vuotiaat ja olen viime vuosina ottanut säännöllisesti rokotukset. Epäilen oman vastustuskykyni heikenneen sen johdosta. Inhottavaa olla sairas, toteaa *Ikäihminen*.

- Olen ns. riskiryhmää, diabetes, sydäntauti ym. Sairaus merkitsisi minulle kovempaa taudinkuvaa, kuin täysin terveelle, kertoo *Johanna*.

Moni rokotteen ottavista ajattelee myös kanssaihmisiä.

- Kyllä ihan sen takia, että en halua sairastua ja tartuttaa pieniä lapsenlapsiani joita usein hoitelen, sanoo *Santtu*.

- Ei tautien sairastaminen ole mikään itsetarkoitus. Vaikka tauti olisi vaaraton saattaa saada jälkitaudin joka on huomattavasti pahempi ja lisäksi voi toimia välikappaleena tartuttaen taudin riskiryhmään kuuluvalle joka saattaa menehtyä siihen. Siis koittakaa nyt ääliöt tajuta, että ette ole maailmassa yksin, jyrähtää *Make 56*.

Natural News.com
Natural Health, Natural Living, Natural News

Mike Adams

Ten Swine Flu Lies Told by the Mainstream Media

Natural News, 18 September 2009
https://web.archive.org/web/20101005022331/http://www.naturalnews.com/027055_swine_flu_vaccines_swine_flu_vaccine.html

The mainstream media is engaged in what we Americans call "bald faced lies" about swine flu. It seems to be true with this issue more than any other, and it became apparent to me recently when a colleague of mine – a nationally-syndicated newspaper columnist – told me their column on natural defenses for swine flu was rejected by newspapers all across the country. Many newspapers refused to run the column and, instead, ran an ad for "free vaccine clinics" in the same space.

The media, it seems, is so deeply in bed with the culture of vaccinations that they will do almost anything to keep the public misinformed. And that includes lying about swine flu vaccines.

There are ten key lies that continue to be told by the mainstream media (MSM) about swine flu and swine flu vaccines.

Lie #1 - There are no adjuvants used in the vaccines

I was recently being interviewed by a major U.S. news network when the reporter interviewing me came up with this humdinger: There are *no adjuvants* being used in the swine flu vaccines, he said!

I assured him that adjuvants were, indeed, a crucial part of the vaccine recipe, and they were being widely used by drug companies to "stretch" the vaccine supply. It's no secret. But he insisted he had been directly told by a drug company rep that no adjuvants were being used at all. And he believed them! So everything being published by this large news network about swine flu vaccines now assumes there are no adjuvants in the vaccines at all.

Lie #2 - The swine flu is more dangerous than seasonal flu

This lie is finally starting to unravel. I admit that in the early days of this pandemic, even I was concerned this could be a global killer. But after observing the very mild impact the virus was having on people in the real world, it became obvious that this was a mild flu, no more dangerous than a seasonal flu.

The MSM, however, continues to promote H1N1 swine flu as being super dangerous, driving fear into the minds of people and encouraging them to rush out and get a vaccine shot for a flu that's really no more likely to kill them than the regular winter sniffles. Sure, the virus could still mutate into something far worse, but if it does that, the current vaccine could be rendered obsolete anyway!

Lie #3 - Vaccines protect you from swine flu

This is the biggest lie of all, and the media pushes it hard. Getting a vaccine, they insist, will protect you from the swine flu. But it's just flat-out false. Even if the vaccine produces antibodies, that's not the same thing as real-world immunity from a live virus, especially if the virus mutates (as they often do).

As I pointed out in a recent article, statistically speaking the average American is *40 times more likely to be struck by lightning* than to have their life saved by a swine flu vaccine.
https://web.archive.org/web/20100926165527/http://www.naturalnews.com/026955_swine_flu_vaccines_flu_vaccines.html

Lie #4 - Vaccines are safe

And how would any journalists actually know this? None of the vaccines have been subjected to real-world testing for any meaningful duration. The "safety" of these vaccines is nothing more than wishful thinking.

The MSM also doesn't want you to know what's in the vaccines. Some vaccines are made from viral fragments grown in diseased African monkeys. If that sounds incredible, read the true story here:
https://web.archive.org/web/20090807020451/http://www.naturalnews.com/026779_swine_flu_patents_vaccines.html

=> etc...

ΘΡΑΚΗ
Ο τόπος σου, η εφημερίδα σου

Κινήσεις κατά του εμβολίου

ΘΡΑΚΗ / THRACE / ФРАКИЯ, 19 September 2009 / 19 Σεπτεμβρίου 2009
http://thrakinews.blogspot.com/2009_09_13_archive.html
http://thrakinews.blogspot.com/2009/09/blog-post_754.html

ΟΡΓΙΑΣΤΙΚΟ ΚΑΙ ΑΝΗΣΥΧΗΤΙΚΟ ΠΑΡΑΣΚΗΝΙΟ ΠΙΣΩ ΑΠΟ ΤΗ ΓΡΙΠΗ H1N1

-Αρνούνται να εμβολιαστούν πολίτες που αμφισβητούν τη χρησιμότητα
- Ξεκίνησε δικαστικός αγώνας με αγωγές

«Είμαστε απλοί Έλληνες πολίτες που δεν ανήκουμε σε καμία παράταξη ή οργανισμό. Δεν αποσκοπούμε σε κανένα όφελος, κοινωνικό, οικονομικό ή άλλο. Το μόνο που επιζητούμε είναι η κινητοποίηση της ελληνικής κοινωνίας απέναντι σε ένα κρίσιμο θέμα για την υγεία του ελληνικού πληθυσμού - και όχι μόνο: Αρνούμαστε να εμβολιαστούμε για τον ιό H1N1».

Αυτά διαβάζει κάποιος στην κίνηση των αρνούμενων να εμβολιαστούν (υπάρχει ήδη παγκόσμιο κίνημα), η οποία ήδη στη χώρα μας αριθμεί 4.064 μέλη μέσω του facebook μόνο. (www.facebook.com/home.php?#/group.php?gid=109274477004 - *deleted*).

Μεγάλη και διαρκώς ογκούμενη φιλολογία αναπτύσσεται γύρω από το «ζήτημα της χρονιάς» όπως χαρακτηρίζεται η γρίπη H1N1. Με άξονα όσα λέγονται και γράφονται για το «γεγονός της χρονιάς», καθώς και μια ενδιαφέρουσα έρευνα της Θεσσαλονικιάς Βίκυς Χρυσού που δημοσιεύεται στο περιοδικό «Άβατον», η «Θ» ανοίγει τον φάκελο του ζητήματος.

Οι κύριες αντιδράσεις εστιάζουν στην πραγματική έκταση του θέματος και στη χρηστικότητα του εμβολίου, κάνοντας λόγο για μια ακολουθούμενη «καλοστημένη ροή "πληροφοριών" που σπέρνει σταγόνα-σταγόνα το φόβο μετάδοσης της ασθένειας και στρώνει το δρόμο αποδοχής των "προληπτικών" εμβολιασμών των πληθυσμών, με στόχο τη χειραγώγηση αλλά και το κέρδος για τα φαρμακευτικά καρτέλ». Μέσα απ' όλα αυτά, μαθαίνουμε ότι ο επί κυβέρνησης Bush υπουργός άμυνας των ΗΠΑ, Donald Rumsfeld, ως βασικός μέτοχος της εταιρείες βιοτεχνολογίας Gilead, κατέχει τα εμπορικά δικαιώματα του αμφιλεγόμενου και επικίνδυνου –όπως αποδείχτηκε αργότερα – εμβολίου «Tamiflu-Roche».

Το εμβόλιο αυτό μονοπώλησε την αγορά κατά τη «γρίπη των πτηνών» και απέφερε δισεκατομμύρια δολάρια στους γνωστούς κι άγνωστους μετόχους της εταιρείας που το παρήγαγε. Ήδη το «Tamiflu» έχει απαγορευτεί για τα παιδιά στην Ιαπωνία, αφού προκάλεσε δεκατέσσερις θανάτους και ανήκεστες βλάβες σ' αυτά.

Παράλληλα, αναπτύσσεται όλο και περισσότερο η φιλολογία περί τεχνητού δημιουργήματος που ξέφυγε από κάποιο εργαστήριο βιοτεχνολογίας, όπως είχε γίνει και στη δεκαετία του '80 με τον ιό του AIDS. Επιστήμονες τονίζουν ότι σε καμία περίπτωση δεν θα μπορούσε να προκύψει με φυσικές διεργασίες μετάλλαξη του ιού, που να περιέχει γονίδια χοίρων, πτηνών και ανθρώπων ταυτόχρονα, σε μια χώρα όπως το Μεξικό, όπου αυτά τα είδη δε ζουν μαζί και δεν υπάρχουν εκτεταμένες εγκαταστάσεις ορνιθοτροφείων.

Τον περασμένο Φεβρουάριο πέρασε σχεδόν απαρατήρητη η είδηση ενός ατυχήματος με τρένο στην Αυστρία, το οποίο μετέφερε δοχείο με δείγμα επικίνδυνων ιών H1N1, για λογαριασμό της φαρμακευτικής εταιρείας «Baxter». Αποστολέας του υλικού ήταν ο Παγκόσμιος Οργανισμός

Υγείας που διατηρεί «τράπεζα ιών», ενώ η «Baxter» έχει πατέντα του ιού από πέρυσι!... Στην υπόθεση ενεπλάκησαν τα ονόματα των «Novartis», «Glaxo» και «Sanofi», εταιριών που σύμφωνα με δήλωση του ελληνικού υπουργείου Υγείας θα προμηθεύσουν την Ελλάδα με εμβόλια. Σύμφωνα με ιατρικά δεδομένα, οι πολίτες που θα εμβολιάζονται θα αποτελούν φορείς και ισχυρούς μεταδότες του ιού στις κοινότητές τους, μετατρέποντας ακόμη και τις σχετικά ακίνδυνες μορφές φθινοπωρινής γρίπης, σε γρίπη βαριάς μορφής. Με το μαζικό εμβολιασμό και έχοντας ο ιός τέτοια μεταδοτικότητα, αναμένεται μια πραγματική πανδημία ανάλογη με εκείνη της «ισπανικής γρίπης» του 1918, που κόστισε τη ζωή σε είκοσι εκατομμύρια ανθρώπους σε Ευρώπη και Αμερική. Αξίζει να σημειωθεί πως η Ελλάδα δεν θρήνησε θύματα τότε επειδή ακριβώς δεν είχε εμβολιαστεί ο πληθυσμός, γεγονός που τονίζεται έντονα στο εξωτερικό.

ΟΙ ΜΕΘΟΔΕΥΣΕΙΣ ΚΑΙ ΟΙ ΔΗΛΩΣΕΙΣ ΜΟΥΤΣΟΠΟΥΛΟΥ

Σήμερα η χώρα μας ως μέλος του ΟΗΕ και του ΠΟΥ, δηλώνει έτοιμη ν' ακολουθήσει τη γραμμή των μαζικών εμβολιασμών. Μπορεί οι εν λόγω σχηματισμοί να θεωρούνται ιδρύματα στην υπηρεσία της ανθρωπότητας, όμως εκατοντάδες ανεξάρτητες έρευνες έχουν εντοπίσει μυριάδες ατοπήματα, εμπλοκές τους σε σκάνδαλα και απάνθρωπες πρακτικές. Μεταξύ άλλων, και η ανοχή τους απέναντι στις συγκαλυμμένες δοκιμές φαρμάκων και εμβολίων σε παιδιά της Αφρικής. Ας μην ξεχνάμε τον Fritz ter Meer που καταδικάστηκε στη Νυρεμβέργη για διενέργεια πειραμάτων σε κρατούμενους στο Auschwitz. Μόλις αποφυλακίστηκε μετά από μόλις επτά χρόνια (1956), έγινε πρόεδρος της «Bayer»!... Και ας μην ξεχνάμε ότι οι έρευνες -που πληρώνονται από το δημόσιο, δηλαδή από τους πολίτες- γίνονται αντικείμενα σφετερισμού από τις φαρμακοβιομηχανίες που απολαμβάνουν σημαντικές φοροαπαλλαγές, με κορωνίδα στο ζήτημα τις ΗΠΑ.

Οι «υπόγειες» νομοθετικές ρυθμίσεις που προηγήθηκαν στις ΗΠΑ δεν επιτρέπουν στους πολίτες να αρνηθούν τον εμβολιασμό τους. Τυχόν άρνηση ισοδυναμεί με ποινικό αδίκημα και τιμωρείται με βίαιη απομάκρυνση και εγκλεισμό στα ειδικά στρατόπεδα συγκέντρωσης της FEMA! Λίγο πριν τα Χριστούγεννα, όταν ακόμη δε γινόταν καν λόγος για γρίπη, ο George Bush είχε περάσει νομοσχέδιο που δίνει ασυλία στις φαρμακευτικές εταιρείες και τις απαλλάσσει από κάθε ευθύνη για την ασφάλεια ή τις παρενέργειες των σκευασμάτων που θα χορηγούν σε καιρό «ειδικής ανάγκης σε θέματα υγείας». Προφανώς, οι νομοθετικές ρυθμίσεις της υπερδύναμης «δείχνουν» την κατεύθυνση που πρέπει να ακολουθήσουν και οι κυβερνήσεις των άλλων χωρών, όπως έγινε για παράδειγμα με την ασφάλεια των αεροδρομίων μετά την 11η Σεπτεμβρίου.

Σε όλο τον κόσμο σήμερα, πλήθος άρθρων συνδέει τη νέα γρίπη και τα εμβόλια με τον όρο «βιολογικά όπλα». Ας μην ξεχνάμε ότι η επιστημονική αλαζονεία δεν έχει πάψει να στοιχειώνει τη ζωή, καθώς σπαταλά δισεκατομμύρια για φονικές εφευρέσεις και όχι κινούμενη πάντα με γνώμονα το κοινωνικό όφελος… Ένας από τους λίγους γιατρούς που εκφράζουν ανοιχτά την αντίθεσή τους στο στημένο σκηνικό τρόμου της νέας γρίπης, είναι ο ανοσολόγος-παθολόγος και καθηγητής της Ιατρικής Σχολής του Πανεπιστημίου Αθηνών κ. Χαράλαμπος Μουτσόπουλος. Σε συνέντευξή του στο «Βήμα» (26.7.2009) τονίζει πολλά και ενδιαφέροντα όπως «δεν υπάρχει επιστημονικό ή επιδημιολογικό δεδομένο που να στηρίζει αυτή τη μεγάλη ανησυχία για τη νέα γρίπη», «στη δημιουργία σεναρίων σημαντικό ρόλο παίζουν η φαρμακευτική βιομηχανία, η εξεύρεση πόρων για μελέτες και έρευνες, τα παιχνίδια εξουσίας και η αύξηση της επιστημονικής φήμης ερευνητών που ασχολούνται με τους ιούς της γρίπης» και «είναι ένας ακόμη τρόπος να τρομοκρατήσουμε τους συμπατριώτες μας, να τους απομακρύνουμε από τα υπαρκτά προβλήματα της χώρας και να επιδεινώσουμε την ήδη κακή πορεία της οικονομίας μας».

ΣΗΜΕΙΑ ΑΞΙΑ ΠΡΟΣΟΧΗΣ

Κρατούμε τη δήλωση «το μόνο ασφαλές εμβόλιο είναι αυτό που δεν χρησιμοποιείται ποτέ» του James Shannon, τέως διευθυντή του αμερικανικού εθνικού συμβουλίου υγείας και καταγράφουμε μερικά ενδιαφέροντα σημεία επί του θέματος:

-Τα εμβόλια είναι αναποτελεσματικά, κάτι που παραδέχεται τηλεφωνικά ακόμη και ο παρασκευαστής (http://www.youtube.com/watch?v=az5aAwr4ugE).

-Δεν υπάρχει οργανισμός που να ελέγχει τι περιέχεται στα εμβόλια.

-Από τους 145 πρώτους θανάτους οι 128 καταγράφηκαν στο Μεξικό όπου είχε προηγηθεί δωρεάν εμβολιασμός του πληθυσμού.

-Το πολυδιαφημιζόμενο Tamiflu έχει από το 2007 απαγορευτεί στην Ιαπωνία για παιδιά γιατί προκάλεσε (14) θανάτους και ανήκεστες βλάβες ενώ η προβλεπόμενη από την εταιρία επωφελής δράση του είναι συντόμευση μόνον της ανάρρωσης κατά μία ή μιάμιση ημέρα εδώ.

-Αποτελεσματική για την αντιμετώπιση της γρίπης είναι η επαρκής ποσότητα βιταμίνης D η οποία ενεργοποιείται με έκθεση στον ήλιο (η έξαρση το χειμώνα οφείλεται στην έλλειψη της βιταμίνης αυτής λόγω ανεπαρκούς έκθεσης στον ήλιο).

Τέλος, παραθέτουμε έναν ενδεικτικό πίνακα σύγκρισης κόστους συστατικών και τελικής τιμής φαρμάκων ευρείας κυκλοφορίας (σε δολάρια):

-Xanax 1 mg. Τιμή (100 tablets): 136,79. Κόστος συστατικών: 0,024. Ποσοστό υπερτίμησης 569.958%.
-Prozac 20 mg Τιμή (100 tablets): 247,47. Κόστος συστατικών: 0,11. Ποσοστό υπερτίμησης: 224.973%.
-Norvasec 10 mg. Τιμή (100 tablets): 188,29 Κόστος συστατικών: 0,14. Ποσοστό υπερτίμησης: 134,493%.
-Tenormin 50 mg. Τιμή (100 tablets): 104,47. Κόστος συστατικών: 0,13. Ποσοστό υπερτίμησης: 80.362%.

ΓΙΓΑΝΤΩΝΕΤΑΙ Η ΑΝΤΙΣΤΑΣΗ ΤΩΝ ΠΟΛΙΤΩΝ

Απέναντι σ' αυτή τη ζοφερή κατάσταση, αναπτύσσονται σήμερα συνεχώς δίκτυα αντίστασης πολιτών που εξελίσσονται σε μια παγκόσμια ανεξάρτητη φωνή ενημέρωσης, παρακινώντας τους πολίτες να αρνηθούν τον εμβολιασμό τους. Αγωγές ασκήθηκαν ήδη ατομικά ή μαζικά στη Γαλλία και στις ΗΠΑ, ενώ νέες αγωγές προστίθενται ενάντια στην αυστριακή υπουργό Υγείας, σε άτομα και φορείς για τη δράση τους στο ζήτημα της γρίπης και τις διασυνδέσεις τους με την «Baxter».

Οι «Glaxo» και «Novartis» αναζητούν εθελοντές –και μικρά παιδιά– για τις δοκιμές των σκευασμάτων τους, που σύμφωνα με δήλωση του ιολόγου Alexander Kekuli του Halle – Wittenberg University, μπορούν να αποβούν ιδιαίτερα επικίνδυνες στα παιδιά. Η Νέα Ζηλανδία δήλωσε πως θα αρνηθεί να γίνουν δοκιμές στη χώρα της, ενώ η Τσεχία –όπου έχουν ήδη συλληφθεί γιατροί και νοσοκόμες που προκάλεσαν το θάνατο αστέγων, στους οποίους δοκιμάστηκαν τα εν λόγω εμβόλια– αρνείται να εμβολιάσει έστω κι ένα άτομο στη χώρα! Κάτι που δηλώνεται και από την Πολωνία, για την οποία γράφεται ότι έχει «παραγκωνίσει» επί του θέματος τον αμερικανό πρέσβη, αρνούμενη να δώσει στον ΠΟΥ τον έλεγχο επί της πανδημίας στη χώρα. Ο δε υπουργός Υγείας της Νέας Ζηλανδίας, δήλωσε πως δεν πρόκειται να γίνουν εκεί δοκιμές σε ανθρώπους και δεν θα χρησιμοποιηθούν οποιαδήποτε αδοκίμαστα εμβόλια σε κανέναν πολίτη της χώρας.

Και έπεται μακρά συνέχεια…

=>

THE FLU CASE

Facebook Group in Greece refusing to take the Swine Flu jab growing

The Flu Case, 24 November 2009, 20:48

https://web.archive.org/web/20100102050857/http://theflucase.com/index.php?option=com_content&view=article&id=2050%3Afacebook-group-in-greece-refusing-to-take-the-swine-flu-jab-growing&catid=1%3Alatest-news&Itemid=64&lang=en

ΑΡΝΟΥΜΑΣΤΕ ΤΟΝ ΕΜΒΟΛΙΑΣΜΟ ΓΙΑ ΤΟΝ ΙΟ H1N1 ΚΑΙ ΤΗ ΓΡΙΠΗ ΤΩΝ ΧΟΙΡΩΝ (we refuse to take the vac against H1N1 virus and swine flu) – *deleted*

This is a Greek site in facebook against H1N1 vaccinations
http://www.facebook.com/group.php?gid=109274477004 (*deleted*)
More than 8000 members!" writes Vicky Chrysou.

PreventDISEASE.com
Aiming Towards Better Health

Vaccines are one Big Experiment causing Hundreds of Diseases in the Modern World

Prevent Disease, 21 September 2009
https://web.archive.org/web/20100101232103/http://preventdisease.com/news/09/092109_vaccines_responsible_for_all_diseases.shtml

How is it that the mainstream media and international governments continue to ignore decades of evidence on the deadly effects of vaccines? It seems almost inconceivable that the issue is still under debate. This perpetual fraud of disease prevention is causing hundreds of diseases which further pharmaceutical agendas. It is time to face the facts, stand up for humanity and boycott all vaccines worldwide today!

How much longer will people shrug off serious warnings from vaccine researchers, neuroscientists and medical specialists around the world? It is now proven that we are all being harmed by vaccination programs. The entire vaccine industry, as it turns out, has been one big experiment. There is NOT ONE long-term scientific study to validate the safety or effectiveness of vaccines in humans. There are absolutely NO "within subject design studies" that justify the immunization positions of national and international public health agencies.

It seems that this is not a concern for the medical community. They simply carry on with their poisonous injections without any regard for human health, especially children. For an industry that prides itself on scientific observations, their ignorance is not only irresponsible, it's criminal.

Science is only a man made truth-seeking tool. It is fallible. It is a statistical, probabilistic mathematical model. It has limitations. Wielded for profit - truth can become lost.

Scientific methods, design, and analyses can just as soon hide the truth as they can discover truth, or create 'truth" de-novo.

Science cannot replace the tools of common sense and observation we all have. You do not need statistical probabilistic mathematical models, wielded by experts, to deny what you can see with your very own eyes. We can observe scientific conclusions, but we must realize that empirical observations can effectively expose the reality of vaccines.

The truth is frightening, disheartening, alarming, and now self-evident.

ALL vaccines are causing immediate and delayed, acute and chronic, increasing and decreasing, impairments to blood flow, throughout the brain and body. This IS causing us all to become chronically ill, sick, and brain damaged along a continuum of other symptoms, some of which are clinically silent until death. Vaccines are causing ischemic "strokes". Since the damages are microscopic, we cannot see them as they occur. However, we can now see the neurological aftermath of these damages - within hours and days of **vaccination** - all vaccinations.

There is a direct and statistical correlation between the diseases that affect a given population (in developed nations) and the frequency of vaccines administered. That being said, there is an excellent probability that hundreds of diseases in the modern world are simply a by-product of the harmful effects of vaccines.

=> to read the entire article – open the link
https://web.archive.org/web/20100101232103/http://preventdisease.com/news/09/092109_vaccines_responsible_for_all_diseases.shtml

SIKA INFLUENSSA

Journal télévisé RTBF de mardi 22 septembre

Sika Influenca, 22 September 2009
https://web.archive.org/web/20090930043055/http://sikainfluenssa.biz/442/belgia-poikkeustilassa-heinakuuhun-asti-sikainfluenssan-takia

Introduction par le journaliste François de Brigode: «Le gouvernement fédéral a demandé des pouvoirs spéciaux dans le cadre de la pandémie grippe A, des «supers pouvoirs » en quelque sorte, qui permettront au gouvernement d'agir vite sans passer par le contrôle du parlement. La commission Santé Publique à la chambre a voté ces pouvoirs spéciaux».

Journaliste Baudouin Remy: «Avec 6.000 cas chez nous on est loin du plan scénario catastrophe de la grippe A / H1N1. Et pourtant le gouvernement obtiendra des pouvoirs spéciaux. N'est-ce pas disproportionné?».

Onkelinx: «Disons que c'est un mal nécessaire. Je n'aime pas du tout mais c'est indispensable. Je le dis et je le répète: on ne fait rien! On se donne la possibilité de faire».

Journaliste: «Bref on se prépare… mais à quoi?».

Onkelinx: «Nous devons gérer éventuellement une épidémie fulgurante en Belgique en ne sachant pas, en plus, si le virus va muter ou pas. Certains disent que «non» et d'autres «peut-être bien».

Journaliste: «Les pouvoirs spéciaux permettront de réquisitionner des professionnels pour la vaccination et d'organiser la distribution des médicaments, bref de réagir vite si le virus mute. Et le vaccin, justement, près de 13 millions de doses ont déjà été commandés».

Jean-Jacques Flahaut (MR): «Vaccin: pas encore obligatoire à ce stade, la ministre vient de le dire, il y a 30 secondes au sein de la commission, mais évidemment ça sera en fonction de l'évolution des choses cela pourrait aller vers… heu… heu… une incitation plus forte».

Catherine Fonck: «On ne peut jamais déterminer à 100% qu'il n'y aura pas d'effets secondaires de complications dû au vaccin. Et donc je crois vraiment qu'il faut une information éclairée, complète sur les risques».

Journaliste: «Certains mettent la dangerosité et l'efficacité de ce vaccin en cause».

SIKA INFLUENSSA

Belgians protest "dictatorship” established under Pandemic pretext

Sika Influenca, 22 September 2009
https://web.archive.org/web/20090930043055/http://sikainfluenssa.biz/442/belgia-poikkeustilassa-heinakuuhun-asti-sikainfluenssan-takia

The Belgian newspaper "Le Soir” has attacked the decision by the Belgian government to give sweeping "special powers” to a crisis committee established to oversee the "pandemic emergency” for six months or until July 2010 at the latest.

The special powers allow a small group of ministers and the King of Belgium to bypass parliament and enact any law that they consider "necessary” to deal with the pandemic **emergency**, such as compelling nurses and police to carry out forced vaccinations.

A comment from Le Soir newspaper appeared today, 24 September 2009, on page 3 under the pen name of Ricardo Gutièrrez, saying that the Belgian people were far more concerned by the arsenal of "special powers” that the federal government was deploying than by the "pandemic” itself.

It is stated that French health professionals last Wednesday demanded "scientific proof” that the "swine flu” vaccine is necessary and not dangerous, especially to pregnant women and young children.

Georges-Henri Beauthier, a lawyer acting on behalf of concerned citizen groups, is preparing to send a nine page letter to all the members of the federal parliament informing them of the risks associated with the vaccine, especially with adjuvants.

Beauthier said that politicians were reacting to a very "theoretical” risk by passing measures detrimental to civic rights.

In another interview in Le Soir, the lawyers Ines Wouters, an expert in human rights, and Philippe Vanlangendonck, an expert in medical law, said there is no justification for the suspension of Parliament in Belgium under the pretext of a pandemic emergency.

"We can see no reason in the actual circumstances today to turn Belgium virtually into a kind of dictatorship,” Wouters said.

Vanlangendonck said that there was no reason to transfer powers from parliament to an executive when all institutions were functioning, and when parliament had just been recalled, medical professionals were working efficiently and the economy had not been noticeably affected by the pandemic.

Wouters said that the government was trying to give a legal basis to illegal decisions to distribute anti viral medicines in April that have not been properly licensed.

In a hard hitting interview on Belgian TV on Tuesday with the the Belgian Health Minister Laurette Onkelinx, a Belgian reporter called the decision by the public health committee to give "super powers” to an executive and suspend parliament to deal with a pandemic was "disproportionate” in view of the fact that there were only 6,000 cases of mild swine flu in the country so far and no sign of a catasrophe.

Onkelinx replied that it was a "necessary evil.”

"I don’t like [imposing mlitary rule] at all,” she said. "But it’s indispensable.”

She also said people who claimed the "swine flu” vaccine was dangerous were "crazy” , arguing it would only be given if approved by the European Medicines Agency – but as the agency itself states in its own documents, the safety of the vaccine will not be proven before it is given to people in the biggest "experiment” in history.

Mike Adams

Swine flu vaccine recipients could be tracked with RFID bracelets using Big Brother medical technology

Natural News, 24 September 2009
https://www.naturalnews.com/027093_vaccine_rfid_flu.html

Here's the scene from some dark, present-day action movie: David Balfour breathed hard. He could hear the thumping of heavy boots outside his door, down the hall, mixed with the muffled grunts of military men. He had known they would come. It was obvious from the moment he refused the VaxTrax bracelet at the county clinic. They said it would keep him safe because they could pinpoint his location if he ever suffered a heart attack or an accident. As a bonus, his entire medical history was also imprinted in the RFID chip, so even if he was found unconscious, they could determine his medical status and start treatment right away.

But he had refused on the spot. David didn't want to be tracked. So he walked away from the clinic, without the vaccine and without the bracelet.

That was stupid, he now realized. They had apparently tracked him anyway... somehow... and now they were at his door, and their fists pounded loudly.

"Boston Police! Open up!"

He glanced at the window behind him. Too late to plan an escape route. Maybe he should have thought of that earlier, but no, fleeing out the window was the stuff of Hollywood fiction, not here-and-now reality in Boston, Massachusetts.

"Mr. Balfour!" the police shouted. "You have ten seconds to open this door, or we are coming in."

They weren't bluffing. Pretending he wasn't home clearly wouldn't work. Maybe he could talk his way out of it. "I've broken no law!" he screamed back at the door.

"Mr. Balfour," came the voice in authoritative tones, "You have refused to wear the VaxTrax bracelet as mandated by the National Pandemic Protection Act, and as we cannot determine your vaccination status, you are considered a danger to the people of this city."

"You have five seconds."

There was no way to fight this, he realized. So David stood, reached out to the door and began to slide the locking mechanism open...

BAM! The door burst open, striking David across the chest and forehead, flinging him backwards, stumbling, then collapsing with a gasp onto the living room floor. A mass of armored military men swarmed into the room, grabbed his wrists and forced his hands behind his back to be painfully handcuffed. He tried to scream but discovered himself too disoriented to find his voice. All he could do was hurt.

The scramble was over in seconds. He found himself face down, nose buried into the patterns of his living room rug, half conscious, with a hard knee pressed sharply into his kidney. There was a pause.

Then he heard footsteps... not those of military boots, but the soft shuffling of worn walking shoes. This was someone different, someone more... civilian.

"I'm doctor Argosy," a voice hummed above and behind him. "Mr. Balfour, you are now going to receive an FDA-approved H1N1 vaccination and be fitted with a VaxTrax bracelet. Please remain calm."

So this is what it has come to, he thought. Face down on the floor of his own home, a squad of vaccine enforcers standing on his back, a pair of handcuffs, a shattered front door, a probable black eye and a doctor, hidden from view, about to inject him with something he knew couldn't possibly be safe.

The vaccine shot itself was painless and quick. Maybe it was the adrenaline, he thought, that masked the pain. He felt the cold plastic of a tracking bracelet being zipped around his wrist, then the handcuffs slid away and the pressure in his back released. "There, Mr. Balfour. You're all set," said the voice of the doctor. "Have a nice day."

Before leaving, one of the police officers leaned close to him, almost whispering in his ear, "And don't try to take off your VaxTrax, or we'll know, and we'll have to come back here."

They marched out almost as quickly as they had entered, stomping down the hall for a few moments, and then the sounds paused. A pounding on another door broke the silence. David heard them shouting through the door of his neighbor's apartment. "Mrs. Henderson, open up. This is the Boston Police!"...

This may not be fiction for very long

The above fictional account may not remain fiction for long. Late last year, the city of Boston began fitting vaccine recipients with RFID tracking bracelets, allowing health authorities to visually track the vaccine status of city residents on a large digital map. This map shows the location and status of anyone wearing an RFID tracking bracelet, thereby revealing areas of the city where vaccination rates are low, too.

By identifying these "low vaccination" areas, city officials could roll in with mobile vaccination units and law enforcement personnel, then march door to door, vaccinating and tagging residents either voluntarily or at gunpoint, depending on the circumstances. It's all perfectly legal, by the way, under Massachusetts laws that are being put in place right now to handle the expected swine flu pandemic.

This RFID vaccine tracking technology isn't fiction. It exists right now and was reported by the *Boston Globe* which revealed that vaccine-tracking bracelet trials were in place nearly a year ago.

https://web.archive.org/web/20090803091728/http://www.boston.com/news/local/massachusetts/articles/2008/11/21/boston_launches_flu_shot_tracking/

"Several hundred people are expected to queue up for immunizations at the headquarters of the Boston Public Health Commission," the Boston Globe reports. "Each of them will get a bracelet printed with a unique identifier code. Information about the vaccine's recipients, and the shot, will be entered into handheld devices similar to those used by delivery truck drivers."

This effort, says the Boston Globe, is "aimed at eventually creating a citywide registry of everyone who has had a flu vaccination. The resulting vaccination map would allow swift intervention in neighborhoods left vulnerable to the fast-moving respiratory illness."

This is an open admission that the kind of scenario depicted in the fictional snapshot at the top of this article could potentially become reality. "Swift intervention" means "rapid-fire vaccinations." And people who resist those vaccines aren't going to have much of an opportunity to say no.

The worse the pandemic gets, the more aggressive these actions will become.

If people start dying from the pandemic in larger numbers, the "vaccine squads" are likely to be out in full force, injecting victims at road checkpoints and possibly even in their own homes via door-to-door sweeps. People who refuse to be vaccinated can be legally arrested and detailed by authorities, and to use the exact terms that are about to be passed into law in Mass., they can be "involuntarily transported" to a quarantine camp. Almost sounds like fun, huh? A free ride, free food, free showers... oh yeah, and a free vaccine shot, too, courtesy of the state.

To repeat, this part isn't fiction: It's written right into proposed laws that are very likely to be passed and aggressively enforced if a runaway pandemic scenario unfolds. You can read about some of these proposed laws right here: https://web.archive.org/web/20090830062013/https://www.naturalnews.com/026934_health_public_health_quarantine.html

Your papers, please

Beyond the RFID tracking technology, there's another disturbing development you need to be aware of: Law enforcement all over the country are now reportedly being briefed about the possibility of "vaccine checkpoints." These could be set up on key roads and highways, and people passing through those checkpoints will have to prove they have been vaccinated or they may face being arrested and "involuntarily transported" to a quarantine camp.

Of course, it might not take much documentation to get past the checkpoints. There's no formalized vaccine ID card that exists yet, so a letter from your doctor (or some reasonably believable rendition of such) will likely be sufficient, unless they actually mandate vaccine tracking bracelets for *everyone* (but even that would take years to implement simply due to the manufacturing and distribution logistics).

I'm also not too sure that the masses of American sheeple will be willing to wear RFID bracelets that report their real-time positions to the U.S. government. It's just a little too close to being barcoded like a Jewish prisoner in a Nazi concentration camp. People generally don't like that.

Then again, as the Boston Globe reported in 2008, hundreds of Bostonians actually lined up and *volunteered* to wear these bracelets, even knowing they would be tracked in real time by their own government. This is disturbing evidence that lots of people just can't wait to be medically enslaved by the state. Some will actually raise their hands and line up for the opportunity!

On the other end of the spectrum, there are a whole lot of people who will refuse to be medically enslaved by the state. Known as "refuseniks," these are the people like you and me who choose not to be injected with some hastily-approved chemical cocktail that's never been long-term tested on anyone. Let the volunteers be the guinea pigs, if they're really that anxious to get injected. The rest of us will take care of our own immune systems through more natural methods, thank you very much.

Action items: What to do

Here's the word for those who wish to avoid problems at vaccine checkpoints: **Acquire some "proof" of vaccination as soon as possible** after the vaccinations begin. And keep it with you at all times.

I'm not actually suggesting you get vaccinated just to get the paperwork, by the way. In fact, there's a chance you're already immune to H1N1. You may already have antibodies for the virus, meaning you've been "naturally vaccinated" even without a shot.

https://web.archive.org/web/20090922191917/https://www.naturalnews.com/027037_swine_flu_H1N1_vaccines.html

Your healthy immune system, you see, will create its own built-in vaccine upon exposure to the pandemic virus, and within a few days after being exposed, you will generate your own H1N1 antibodies, just like all the other people who were vaccinated. Except *your* antibodies will be even stronger than theirs, because you were exposed to a live virus, while they were only exposed to a weakened one (via the vaccine). So in effect, you will be far better vaccinated against H1N1 than the people who got the vaccine shots!

Even without the vaccine, H1N1 swine flu is no more fatal than a regular seasonal flu, and why should anybody have to prove they've been vaccinated against a flu that's so mild it only kills roughly 1 out of 100,000 people who get infected?

Do you realize that if *a pharmaceutical being tested in clinical trials killed the same percentage of people as the swine flu virus, it would be declared astonishingly SAFE by the FDA*? The swine flu, as currently circulating, isn't dangerous. It's the vaccines that pose the greater risk to your health, in my view. Only time will tell how many people the vaccines end up killing, of course.

Are nasal vaccines safer?

Should you, for some reason, wish to actually get a vaccine in order to acquire vaccine documentation, I recommend nasal vaccines over injected vaccines. They're inherently safer, in my view, because the nose is one of the natural pathways through which viruses enter your body anyway (as opposed to a hole in your arm). Nasal vaccines don't contain thimerosal, either.

The FluMist nasal vaccine, just so you know, contains "Live Attenuated Influenza Vaccine," meaning it is made out of live viruses. https://web.archive.org/web/20091017010927/https://www.cdc.gov/FLU/about/qa/nasalspray.htm

But your uncle Charlie probably also contains live influenza, so this isn't anything to be too worried about. If you plan to get lots of rest, have strong immune system support, get lots of vitamin D and spend a few days recuperating with little or no stress, your chances of being harmed by the nasal vaccine are virtually nil, unless you're obese and suffer from a preexisting respiratory condition or immune system problem, in which case you shouldn't be receiving a nasal vaccine in the first place.

If you actually do get a vaccine, hold on to the paperwork. That's what will get you through the vaccine checkpoints, if they are indeed put into play. In reality, there are likely to be hundreds of different documents showing "proof" of vaccination, so anything that looks even remotely convincing will probably get you through. What the checkpoint police will really be looking for are people who are completely clueless and haven't gone through the trouble to come up with any paperwork at all. Those are the ones likely to be injected or detained.

Dealing with a mandatory RFID bracelet

So what happens if everybody is required to wear RFID bracelets that track their whereabouts and vaccination status?

I think this is highly unlikely in the short term, as there probably aren't enough bracelets to go around (unless huge truckloads of bracelets have been secretly manufactured and stored somewhere, which seems really unlikely). But I wouldn't put it past these people in the medium term: This is the perfect way to enslave the population under some medical pretext. Some percentage of the population will even line up and volunteer to be outfitted with such devices.

If such bracelets do get forced upon the population, within a few days you'll start to see websites appearing on the 'net with instructions for hacking or disabling your bracelet. Since those websites don't exist yet, I can't point you to them, but it's a fairly easy Google search on the term "disable RFID." That search will pull up sites like this one: http://blog.makezine.com/archive/2008/04/how_to_disable_rfid_tags.html

=> The easiest way to kill an RFID, and be sure that it is dead, is to throw it in the microwave fo*r 5 seconds. Doing this will literally melt the chip and antenna making it impossible for the chip to ever be read again. Unfortunately this method has a certain fire risk associated with it. Killing an RFID chip this way will also leave visible evidence that it has been tampered with, making it an unsuitable method for killing the RFID tag in passports. Doing this to a credit card will probably also screw with the magnetic strip on the back making it un-swipeable.*

And that website advises the following:

"The last (and most covert) method for destroying a RFID tag is to hit it with a hammer. Just pick up any ordinary hammer and give the chip a few swift hard whacks. This will destroy the chip, and leave no evidence that the tag has been tampered with. This method is suitable for destroying the tags in passports, because there will be no proof that you intentionally destroyed the chip."

Obviously, don't hit the bracelet with a hammer if you are still wearing it, or the RFID chip won't be the only thing you'll disable. Anyone who fails this intelligence test should probably just put the bracelet back on and hopelessly do what they're told.

Don't worry about being caught with a "failed" chip. Chip failures will be common, so the authorities will be used to the idea that a lot of bracelets just don't work correctly. If they ask why yours isn't working, just shrug and say, "Dunno. I thought it was working fine. Maybe it got bumped or something..."

Don't freak out over this

So is this RFID tracking bracelet a sign of things to come? Possibly. They're clearly experimenting with the technology not only to see how well the tech works, but more importantly to get some answers on the psychology: Will people accept tracking bracelets? Will they feel protected, or enslaved? Will they try to remove or disable the bracelets?

For now, I'm not aware of any serious talk of tracking bracelets being made mandatory, nor is there even any real chatter about making swine flu vaccinations mandatory for the public at large (although certain professionals such as day care workers and hospital staffers are being told to get vaccinated or lose their jobs...). But all this could change almost overnight. One mutation of H1N1 could rewrite the entire play book on this by increasing the fatality rate of the infection. From there, it would be a simple matter for vaccination mandates to be swiftly put into place, and mandatory tracking bracelets could soon follow.

Let's hope that scenario doesn't unfold. I know there are many good law enforcement professionals out there who would never go along with such a Nazi-inspired medical enslavement scheme, but sadly there are more than enough who will be willing to follow orders and carry through with whatever they're told to do. Let us hope our law enforcement community is never forced to make that decision.

If things get worse, however, be prepared to produce your vaccination documentation ("papers, please") at roadblocks and checkpoints. And make sure you dutifully wear your vaccination RFID tracking bracelet, too, even if you've hammered the RFID chip into scrap.

HS.fi

Päivän kysymys - Question of the day

Aiotko ottaa sikainfluenssarokotteen?
Are you planning to get the swine flu vaccine?

Helsingin Sanomat, 29 September 2009; 04:11
https://web.archive.org/web/20090929095753/http://www.hs.fi/paivankysymys/1135249588464

Ensimmäisiä rokoteannoksia odotetaan Suomeen lokakuun puolivälissä.
The first vaccine doses are expected in Finland in mid-October.


Päivän kysymys

Aiotko ottaa sikainfluenssarokotteen?

Ensimmäisiä rokoteannoksia odotetaan Suomeen lokakuun puolivälissä.

Lue lisää: **Helsingin Sanomat** 27.9.2009 04:11

Yes – 25 % **No – 75 %**

Kyllä 25% **Ei 75%**

Ilta-Sanomat, 30 September 2009; 08:29
https://web.archive.org/web/20091022012144/http://www.iltasanomat.fi/otakantaa/tulos.asp?gID=52598

Ilta-Sanomat

Ota kantaa!

Aiotko ottaa sikainfluenssarokotteen?

Tilanne tällä hetkellä:

- Ei 75%
- Kyllä 25%

Äänestys avattu: 30.9.2009 klo 08:29
Ääniä tähän mennessä: 16 142

Evening News

Take a stand!

Are you planning to get the swine flu vaccine?

The situation right now:

No 75 %

Yes 25 %

Voting opened: 30.9.2009 at 08:29
Votes so far: 16,142

REUTERS

David Morgan

Majority of U.S. parents wary of H1N1 vaccine: poll

Reuters, 30 September // 1 October 2009, 6:48 am.
https://www.reuters.com/article/us-flu-vaccines-poll-idUSTRE58T7NZ20090930

Washington (Reuters) – Nearly two-thirds of U.S. parents say they will hold off having their children vaccinated against the H1N1 swine flu or will not get them immunized at all, according to a survey released on Wednesday.

The findings, published by Consumer Reports, underscore one of the main challenges facing the Obama administration as it readies a massive swine flu vaccination roll-out – how to persuade the most vulnerable people to protect themselves against the new virus.

H1N1, which emerged last March and became a pandemic in June, puts children and young people at greater risk than the elderly for severe illness and death. Pregnant women and people with underlying medical problems such as lung disease or diabetes are at higher risk.

Consumer Reports, a magazine published by the nonprofit advocacy group Consumers Union, surveyed 1,502 adults by telephone from September 2-7. It found that 50 percent of parents are delaying the vaccination decision, mainly because they were wary about whether the new H1N1 vaccine has been tested enough. The same concerns were shared by 14 percent of parents who have ruled out vaccination altogether.

About 35 percent of adults surveyed said they would definitely have their children vaccinated, significantly higher than the 22 percent of 5- to 18-year-olds who are immunized in a typical year, according to federal statistics. The survey also found 43 percent of parents were not too worried about their children contracting H1N1, while about the same number worried about other parents overreacting.

The poll has a 3 percentage point margin of error and was taken before the U.S. Food and Drug Administration approved new vaccines for the H1N1 virus.

Immunization Campaign

Preliminary test results have since shown children respond to the new vaccine just as they do to seasonal flu vaccines, with those over age 10 needing a single dose but children under 9 needing two.

Consumer Reports said it recommends that people within high risk groups consider immunization when the vaccine starts to become available next month.

The U.S. government has ordered vaccine from MedImmune, a unit of AstraZeneca, Sanofi-Aventis, Australia's CSL, GlaxoSmithKline and Novartis. U.S. health officials, who say immunization provides the best protection against flu infection, warn that low vaccine demand could now have dire consequences.

The elderly are a prime target for seasonal flu strains that kill about 36,000 people during mild outbreaks. But officials warn that many of those deaths this season could be children aged 18 and under.

The Obama administration plans to begin distributing vaccine doses next week as part of an immunization campaign that should ramp up to over 250 million doses by the end of the year.

H1N1, currently the dominant flu strain, has infected millions of people in the United States, and in late summer, intensified strongly in the U.S. Southeast where the school year tends to begin early.

EurekAlert! AAAS

Harvard T.H. Chan School of Public Health

Survey finds just 40 percent of adults 'absolutely certain' they will get H1N1 vaccine

EurekAlert, 2 October 2009
https://www.eurekalert.org/news-releases/900760
https://scienceblog.com/25814/survey-finds-just-40-percent-of-adults-absolutely-certain-they-will-get-h1n1-vaccine/

Major reasons people saying 'no' or 'maybe' to vaccine include belief they are at low risk of illness and concerns about vaccine safety

Boston, MA – In a new survey, Harvard School of Public Health (HSPH) researchers found that just 40% of adults are "absolutely certain" they will get the H1N1 vaccine for themselves, and 51% of parents are "absolutely certain" that they will get the vaccine for their children. The survey examined the reasoning among those who said they would not get the vaccine or might not. This is the latest in a series of surveys of public views concerning the H1N1 flu outbreak undertaken by the Harvard Opinion Research Program at HSPH. The polling was done September 14-20, 2009.

Public mixed on getting vaccine, but interest may jump if outbreak is severe

About six in ten adults are not "absolutely certain" they will get the H1N1 vaccine for themselves, including 41% who say they will not get it, 6% who say they don't know if they will get it, and 11% who say they are planning to get it but may change their mind. About four in ten parents (44%) are not "absolutely certain" that they will get the vaccine for their children, including 21% who will not get it, 7% who don't know, and 16% who say they are planning to get it but may change their mind.

If there were people in their community who were sick or dying from H1N1, roughly six in ten adults (59%) who say they do not think they'll get the vaccine would change their mind and get it for themselves. About the same percentage of parents (60%) who say they do not think they'll get the vaccine for their children would change their minds if H1N1 was causing sickness or death in their community.

"These findings suggest that public health officials need to be prepared for a surge in demand for the H1N1 vaccine if the H1N1 flu becomes more severe," said Robert J. Blendon, Professor of Health Policy and Political Analysis at HSPH.

Major Reasons for Not Getting Vaccine or Being Unsure

Those who were not "absolutely certain" they will get the H1N1 vaccine cited the following as the top "major" reasons for their thinking: (1) they are concerned about getting side effects from the vaccine (30%); (2) they don't think they are at risk of getting a serious case of the illness (28%); and (3) they think they could get medication to treat H1N1 if they do get sick (26%). The top "major" reasons cited by parents who are not "absolutely sure" they will get the vaccine are that (1) they are concerned about side effects of the vaccine (38%); (2) they are concerned that their children could get other illnesses from the vaccine (33%); and (3) they do not trust public health officials to provide correct information about the safety of the vaccine (31%).

"There's still a lot of uncertainty about what people will ultimately do in terms of getting the vaccine. If public health officials want to encourage a larger number of people to get vaccinated this fall, they will need to address the public's concerns in the coming weeks," said Blendon.

Safety Concerns

At this point in time, only about a third (33%) of the public sees the H1N1 vaccine as very safe "generally for most people to take." By comparison, the figure is 57% for the seasonal flu vaccine. A smaller fraction of the public thinks the H1N1 vaccine is very safe for particular groups to take, including children ages 6 months to 2 years (18%) and pregnant women (13%). The Centers for Disease Control is encouraging these groups, among others, to get the vaccine as early as possible.

Concerns About Outbreak on the Rise

Public concern about a fall or winter outbreak of H1N1 has risen since June. Roughly three-quarters of the public (76%) believe there will be widespread cases of H1N1 this fall or winter with people getting very sick, which is an increase from June when only 59% felt the same way. More people are also now concerned that they or someone in their immediate family will get sick from H1N1 during the next 12 months (52% in later September, as compared to 38% in June). Roughly two-thirds of people (64%) think that public health officials' concerns about a possible outbreak have been justified, while one third (31%) think that they have been overblown.

This poll is part of a series of polls about the way that Americans and their institutions are responding to the H1N1 flu outbreak. The first three focus on the American public, and the fourth focuses on views of businesses across the United States.

Methodology

This poll is part of an on-going series of surveys focused on the public and biological security by the Harvard Opinion Research Program (HORP) at Harvard School of Public Health. The study was designed and analyzed by researchers at the Harvard School of Public Health (HSPH). The project director is Robert J. Blendon of the Harvard School of Public Health. The research team also includes Gillian K. SteelFisher, John M. Benson, and Kathleen J. Weldon of the Harvard School of Public Health, and Melissa J. Herrmann of SSRS/ICR. Fieldwork was conducted via telephone (including both landline and cell phone) for HORP by SSRS/ICR of Media (PA) September 14-20, 2009.

The survey was conducted with a representative national sample of 1,042 adults age 18 and over, including oversamples of non-Hispanic African Americans and Hispanics. Altogether, 144 non-Hispanic African Americans and 126 Hispanics were interviewed. In the overall results, these groups were weighted to their actual proportion of the total adult population.

The margin of error for the total sample is plus or minus 3.7 percentage points. Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent Census data available from the Current Population Survey for gender, age, race, education, region, and number of adults in the household. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

Funding

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ALEX JONES' INFOWARS.NET

Steve Watson

Harvard Survey: Only one third of Americans believe swine flu vaccine is safe
Worries about vaccine's side effects outweigh worries about swine flu

Infowars, 2 October 2009
https://web.archive.org/web/20100105094352/http://www.infowars.net/articles/october2009/021009poll.htm

A survey conducted by Harvard University has found that only *one third of adults trust the safety* of the imminently available H1N1 vaccine.

Just 40% of respondents said they would take the swine flu shot in the poll carried out by Harvard Opinion Research Program at Harvard School of Public Health.

The study, funded under a cooperative agreement with the Centers for Disease Control and Prevention, also found that respondents were worried about side effects or not concerned about catching the flu at all.

44% of respondents who were parents said they were unsure over getting their children vaccinated against H1N1, with 21% of those parents saying they absolutely will not allow their kids to be vaccinated.

Parents said that they were concerned about their children getting other illnesses from the vaccine and that they do not trust public health officials to tell them about vaccine safety.

The results show a great public distrust in the vaccine with just one third (33%) of the public viewing the H1N1 vaccine as very safe "generally for most people to take". Even less (18%) believe it is safe for children aged 6 months to 2 years, and only 13% feel it is safe for pregnant women.

Almost one third (31%) of respondents think that public health officials' concerns over H1N1 flu have been overblown.

Of the 40% of adults who said they would not take the shot, the majority said they may reconsider if people begin dying from the virus en mass.

The survey was conducted with a broad representative national sample of 1042 adults aged 18 and over.

The survey dovetails with a similar poll from *Consumer Reports*, one of the top-ten-circulation magazines in the country, that found almost two thirds of Americans would either refuse the vaccine outright or wait for more information before considering vaccinating their children.

As we have previously reported, both the GlaxoSmithKilne and the Novartis H1N1 vaccines contain both the novel adjuvant squalene, which has been linked to Gulf War Syndrome, and thimerosal, the mercury based preservative that some scientists have testified can cause brain disorders.

The vaccines have been rushed through safety procedures while the government has provided pharmaceutical companies with blanket immunity from lawsuits arriving out of the vaccine causing deaths and injuries.

In related news, more hospitals are demanding that workers be mandated to take the H1N1 shot, while Sacramento International Airport is to offer vaccinations in its terminals in a precedent setting move that critics have described as concerning.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

Harvard Survey:
Only one third of Americans believe Swine Flu vaccine is safe
Worries about vaccine's side effects outweigh worries about swine flu

Infowars, 2 October 2009.
https://web.archive.org/web/20091204131611/http://www.infowars.net/articles/october2009/021009poll.htm

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INSIDER SOURCE FOR EVERYTHING LOCAL
Washington DC

Arkansas DHS vaccinates 36 children with swine flu vaccine against parents objections

Examiner, 3 October 2009, 10:06 AM

https://web.archive.org/web/20100410113450/http://www.examiner.com/x-14537-Albany-CPS-and-Family-Court-Examiner~y2009m10d3-Arkansas-DHS-vaccinates-36-children-with-swine-flu-vaccine-against-parents-objections

In a radio interview with Greg Szymanski on September 30, Cheryl Barnes founder of CPS Legal Watch, revealed that the State of Arkansas has given 36 children the swine flu vaccine against their parents' wishes. The 36 children were taken into custody last fall by the Department of Human Services because the state said they were in jeopardy due to their parents' involvement with the Tony Alamo Ministries Church.

The State of Arkansas does require that children get immunized if they are attending school. However, Arkansas does allow for religious and medical exemptions. The parents of the 36 children did not want their children vaccinated because it is against their religious beliefs.

According to Barnes, all 36 children have received at least one of the three series of H1N1 flu shots and some have received all three.

The swine flu vaccine has come under fire from a number of people from a variety of backgrounds and beliefs who have alleged that it is not safe. Health care workers in New York State have been ordered by the New York State Department of Health to get immunized against the swine flu. Some health care workers have been fired for refusing to get immunized and health care workers have held protests in Albany.

Barnes also stated that the 36 children in Arkansas have been vaccinated against other illnesses against their parents' religious beliefs, including the vaccination of all of the girls with Gardasil.

Attorneys for CPS Legal Watch filed a motion to stop the vaccinations of these children, but the judge sat on it for six weeks, after which in many cases it was moot, because the children had already been vaccinated and because Judge Griffin of Miller County had terminated the parental rights of some of the parents.

Even though all states allow for medical exemptions for vaccinations and all but two states allow for religious exemptions, parents have been charged with medical neglect for not immunizing their children according to www.mothering.com/cps.

Just 40% of U.S. adults "absolutely certain" they will get A/H1N1 vaccine: survey

News XinhuaNet, 3 October 2009, 13:10

https://web.archive.org/web/20091006082400/http://news.xinhuanet.com/english/2009-10/03/content_12176509.htm

Washington, Oct. 2 (Xinhua) – Only 40 percent of U.S. adults are "absolutely certain" they will get the A/H1N1 vaccine for themselves, and 51 percent of parents are "absolutely certain" that they will get the vaccine for their children, a study of Harvard School of Public Health (HSPH) researchers showed on Friday.

The Harvard researchers polled 1,042 U.S. adults for what they said was a representative sample of national opinion on Sept. 14-20.

According to the survey released Friday, however, if there were people in their community who were sick or dying from A/H1N1 virus, about 60 percent of the people who used to say that they didn't think they would get the vaccine would change their mind and get it for themselves and their children.

"These findings suggest that public health officials need to be prepared for a surge in demand for the A/H1N1 vaccine if the A/H1N1 flu becomes more severe," said Robert J. Blendon, Professor of Health Policy and Political Analysis at HSPH.

Those who are not "absolutely certain" they will get the vaccine cited the following as the top "major" reasons for their thinking: (1) they are concerned about getting side effects from the vaccine (30 percent); (2) they don't think they are at risk of getting a serious case of the illness (28 percent); and (3) they think they could get medication to treat A/H1N1 if they do get sick (26 percent).

The top "major" reasons cited by parents who are not "absolutely sure" they will get the vaccine are that (1) they are concerned about side effects of the vaccine (38 percent); (2) they are concerned that their children could get other illnesses from the vaccine (33 percent); and (3) they do not trust public health officials to provide correct information about the safety of the vaccine (31 percent).

"There's still a lot of uncertainty about what people will ultimately do in terms of getting the vaccine. If public health officials want to encourage a larger number of people to get vaccinated this fall, they will need to address the public's concerns in the coming weeks," said Blendon, who led the survey.

PreventDISEASE.com
Aiming Towards Better Health

Phil Segrave

Are populations being primed for nano-microchips inside vaccines?

Prevent Disease, 5 October 2009
https://web.archive.org/web/20100102030426/http://preventdisease.com/news/09/100509_injectable_nano_microchips.shtml

It's almost surreal, like something out of a sci-fi flick, but nano-microchips invisible to the naked eye are a reality that are already being hosted in wide-range of applications. The question is, how long will it take governments and big pharma to immerse nano-microchips inside of vaccines to tag and surveil global populations?

Nanotechnology deals with structures smaller than one micrometer (less than 1/30th the width of a human hair), and involves developing materials or devices within that size. To put the size of a nanometer in perspective, it is 100,000 times smaller than the width of a human hair.

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Scientists working at Queen Mary, University of London, have developed micrometer-sized capsules to *safely deliver drugs inside living cells*. These "micro shuttles" could hypothetically be loaded with a specific microchip controlling the dose of medication to be opened remotely, releasing their contents. Besides monitoring the dosage, the same microchip could be used to surveil the patient in conjunction with various tracking systems.

Scientists in the United Kingdom have recently reported advances towards overcoming key challenges in nanotechnology. They demonstrated how *nanoparticles could move quickly in a desired direction without help from outside forces*. Their achievement has broad implications, the scientists say, raising the possibility of coaxing cells to move and grow in specific directions.

Doug Dorst, a microbiologist and vaccine critic in South Wales, says these advances have an immense appeal to vaccine makers. "Biotech companies and their researchers have quickly moved most funding initiatives towards nanotechnology to increase the potency of their vaccines," he said. If microorganisms inside of vaccines can be coaxed into targeting or invading specific cells, they could achieve their goal at an accelerated rate over conventional vaccines. "Depending on which side of the vaccine debate you're on, whether pro or con, nanobots inside vaccine preparations could advance their effectiveness exponentially by either dramatically improving or destroying immunity depending on their design," he added.

...

The *worry for Dorst* is that one day vaccines "will do what they've always been intended for...*control of the global populace*."

Nanoemulsion platforms are already capable of developing vaccines from very diverse materials. Mixtures of soybean oil, alcohol, water and detergents can be emulsified into ultra-small particles smaller than 400 nanometers wide (about 1/200th the width of a human hair). These could *be combined with any number of nano-microchips* with all or part of disease-causing microbes to trigger the body's immune system.

In 2007 researchers at the Ecole Polytechnique Fédérale de Lausanne (EPFL) announced in an article in the journal, Nature Biotechnology, that they had developed a "*nanoparticle that can*

deliver vaccines more effectively, with fewer side effects, and at a fraction of the cost of current vaccine technologies." The article went on to describe the effects of their breakthrough: "At a mere 25 nanometers, these particles are so tiny that once injected, they flow through the skin's extracellular matrix, making a beeline to the lymph nodes. Within minutes, they've reached a concentration of DCs thousands of times greater than in the skin."

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The human body is very resistant to nanoparticles that attempt to invade human cells. Scientists are intensely *investigating methods to disrupt human enzymes that may degrade nanoparticles*. Experts at the University of Liverpool found a way around this obstacle that could mean more efficient, topical drugs in the future, which could act a whole lot faster than the ones currently in use.

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In December 2000, Former Chief Medical Officer of Finland, Rauni-Leena Luukanen-Kilde, MD stated that *it is technically possible for every newborn to be injected with a microchip*, which could then function to identify the person for the rest of his or her life. Such plans are secretly being discussed in the U.S. without any public airing of the privacy issues involved.

Today's microchips operate by means of low-frequency radio waves that target them. With the help of satellites, the implanted person can be tracked anywhere on the globe. Such a technique was among a number tested in the Iraq war, according to Dr. Carl Sanders, who invented the intelligence-manned interface (IMI) biotic, which is injected into people. (Earlier during the Vietnam War, soldiers were injected with the *Rambo chip*, designed to increase adrenaline flow into the bloodstream). The 20-billion-bit/second supercomputers at the U.S. National Security Agency (NSA) could now "see and hear" *what soldiers experience in the battlefield* with a remote monitoring system (RMS).

...

Every thought, reaction, hearing, and visual observation causes a certain neurological potential, spikes, and patterns in the brain and its electromagnetic fields, which *can now be decoded* into thoughts, pictures, and voices. Electromagnetic stimulation can therefore change a person's brainwaves and affect muscular activity, causing painful muscular cramps experienced as torture.

The NSA's electronic surveillance system can *simultaneously follow and handle millions of people*. Each of us has a unique bioelectrical resonance frequency in the brain, just as we have unique fingerprints. With electromagnetic frequency (EMF) brain stimulation fully coded, pulsating electromagnetic signals can be sent to the brain, causing the desired voice and visual effects to be experienced by the target. This is a form of electronic warfare. U.S. astronauts were implanted before they were sent into space so *their thoughts could be followed and all their emotions could be registered 24 hours a day*.

The mass media has not reported that an implanted person's *privacy vanishes for the rest of his or her life*. S/he *can be manipulated in many ways*. *Using different frequencies*, the secret controller of this equipment can even change a person's emotional life. S/he can be made aggressive or lethargic. Sexuality can be artificially influenced. Thought signals and subconscious thinking can be read, dreams affected and even induced, all without the knowledge or consent of the implanted person.

This *secret technology has been used by military forces in certain NATO countries* since the 1980s without civilian and academic populations having heard anything about it. Thus, little information about such invasive mind-control systems is available in professional and academic journals.

The NSA's Signals Intelligence group *can remotely monitor information from human brains* by decoding the evoked potentials (3.50HZ, 5 milliwatt) emitted by the brain. Prisoner experimentees in both Gothenburg, Sweden and Vienna, Austria have been found to have evident brain lesions. Diminished blood circulation and lack of oxygen in the right temporal frontal lobes result where brain implants are usually operative. A Finnish experimentee experienced brain atrophy and intermittent attacks of unconsciousness due to lack of oxygen.

Targeting people's brain functions with electromagnetic fields and beams (from helicopters and airplanes, satellites, from parked vans, neighboring houses, telephone poles, electrical appliances,

mobile phones, TV, radio, etc.) is part of the radiation problem that should be addressed by democratically elected governments. However, there is currently no interest by any national government to seriously address this issue.

The timeline for integrating nano-microchips inside of vaccines is speculative. It could be just a few years, months or perhaps it is here and we already unaware of their integration within pharmaceuticals. Regardless, due to the many military and political advantages, their implementation is inevitable.

However fraudulent, it was an imperative for world powers and pharmaceutical cartels to promote the effectiveness of vaccinations and enact national pandemic preparedness policies which mandate vaccinations.

In 2005 the World Health Organization (WHO) *developed international health regulations* that would bind all 194 member countries to pandemic emergency guidelines which could enforce such a mandate. Without these procedures of public health (and propagandized vaccine campaigns) in place, there would be little or no voluntary cooperation from the public to roll up their sleeves and accept the inoculations. Public participation is an essential tool that will soon *allow big pharma to inject the most effective surveillence tool* ever designed into billions of people.

Although nanotechnology manufacturing is currently available on a global scale, before biotech companies are able to initiate mass production and testing of nano-microchips inside of vaccines, *they will likely sell the idea to the public*. Through various "*health enhancement scenarios*" they will encourage participation and publicly announce regulatory approval from the same policies and regulatory agencies they helped create.

By mid-summer of 2009, the WHO and the Center of Disease Control (CDC) *effectively hyped a false flu pandemic and convinced the world to submit to H1N1 vaccines*. Additional doses of propaganda and possibly a biological event, may equally convince populations to knowingly accept microchips inside of vaccines under the guise of a "greater good" for humanity.

When our brain functions are already connected to supercomputers by means of radio implants and microchips, *it will be too late for protest*. This threat can be defeated only by educating the public, using available literature on biotelemetry, nanorobotics and information exchanged at international congresses.

The time to act is now!

The obvious danger with nano vaccine technology is greedy scientists controlled by tyrannical governments can use it for sterlization, surveillance and genocide.

SFGATE

Erin Allday

Swine flu draws a shrug, field poll shows

SF Gate, 6 October 2009
https://www.sfgate.com/health/article/swine-flu-draws-a-shrug-field-poll-finds-3215546.php

Half of Californians are not particularly worried about the swine flu, and most people trust that the state has the resources to keep them healthy if an influenza outbreak occurs, according to a recent Field Poll survey released Monday.

Despite repeated messages from federal and state officials that the swine flu - a form of influenza Type A, subtype H1N1 - could be a serious public health threat, 49 percent of survey respondents said they were not very concerned about the virus or not concerned at all.

Bay Area respondents were especially worry-free - 54 percent said they were not very concerned about the flu or not concerned at all.

"I think it's just a big, old massive media hype and it's kind of ridiculous," said Alicia Terra of San Jose, who participated in the survey.

The survey results are important to public health officials who are in the middle of planning large-scale immunization campaigns to stop spread of the swine flu. If people aren't concerned about the flu, they aren't as likely to get the vaccine, federal public health officials have said.

There were some marked differences in opinion in the state based on race and gender. Latino respondents were particularly worried about the swine flu - 62 percent said they were somewhat or very concerned. Among women, 57 percent were somewhat or very concerned compared with 46 percent of men who felt the same way.

Despite the overall relative lack of concern, 72 percent of survey respondents said they'd be somewhat or very likely to get the vaccine if doctors or public health officials recommended it.

Respondents didn't appear to be worried that recent budget cutbacks - especially to public health - have affected the state's ability to respond to a flu outbreak if it occurs. More than two-thirds of those polled said they were somewhat or very confident that the state could respond effectively.

"I honestly believe that our health care professionals are well informed and understand what needs to be done," said Theresa Bennett-Wilkes of Oakland, who took the survey.

The Field Poll surveyed 957 registered voters in California between Sept. 18 and Oct. 4. All participants were asked about their level of concern about the swine flu, but only about half were asked follow-up questions on the state's level of preparedness and whether or not they would be vaccinated.

There was a 3.3 to 4.5 percent margin of error depending on the question asked.

WHALE

THEY FEAR THOSE WITH KNOWLEDGE AND CONTROL THOSE WITHOUT IT

Richard Gale & Gary Null

The Centers for Disease Control:
The Best Vaccination PR Firm Taxes Can Buy

Progressive Radio Network, 7 October 2009.
http://www.whale.to/vaccine/nullcdc.html

One hard lesson we should have learned after Wall Street's collapse and the government's handling of the bailout is that there is no reason, whatsoever, for us to sacrifice our good faith and trust in former bankers who now run the Treasury and Federal Reserve. And now as the flu season gets ready to kick off amidst much fanfare and predictions of doom due to a new H1N1 influenza virus, there is emerging sufficient information to raise very serious doubts whether our nation's health authorities are truly serving the public health instead of commercial interests.

If the flu season goes according to schedule, the vaccine industrial complex will be poised to join Wall Street for record year rip-off profits. We will also likely witness huge Pharma executive bonuses and perhaps gold-plated toilets. Even if the CDC statisticians' crystal ball used to forecast rampant swine flu infections turns into a complete bust – which would only be one more added to many other failed flu predictions back to 1976 – it will nevertheless be a very profitable failure as was the economic collapse for the banking cartel. The vaccine industry has now received orders in the range of 3 billion doses during the course of the coming flu season. The World Health Organization would like to vaccinate two thirds (4 billion) of the global community, and the US alone is spending $2 billion to stockpile the nation with upwards to 250 million doses.

In the US, such profits could never be accomplished without a dynamic, marketing initiative to convince Americans that vaccines will keep them protected and alive. And what better public relations machine for the vaccine complex, and all its supporters in health insurance and professional medical institutions, than our very own Centers for Disease Control and the Department of Health and Human Services. Even better, our tax dollars are there to pay for it all. We pay for the comfort in knowing that the CDC's disinformation campaign will continue to scare us over the major networks and the *New York Times*. We can also assure vaccine makers that once and for all they are protected from liability in the event of serious flu vaccine injuries.

Nevertheless, the government has a lot of vaccine vials to distribute, therefore, the CDC needs to sustain the fiction of numerous elderly dying in nursing homes, unvaccinated pregnant moms and children facing life threatening complications, and scores of sick and dead burnt into our national subconscious. It is all part of the CDC's script to get citizens rushing to their doctors and Wal-Marts to be vaccinated.

Peter Doshi, while at Harvard in the mid-2000s, published a devastating study in the *British Medical Journal* that systematically unveils the flawed predictive science used to publicize our health agencies' influenza statistics and mortality rates. His analysis shook up enough health authorities to warrant twelve scientists from the CDC and National Institutes of Health to unsuccessfully take him on. Now at MIT, Doshi continues his analysis of a century's worth of influenza mortality data and government manipulation of influenza data, such as the annual figure of 36,000 influenza deaths we hear and read repeatedly.[1] Although this magical number was for all practical purposes alchemically conjured up via mathematical modeling back in 2003, it continues to be the most holy number in the CDC's PR vocabulary every flu season. Doshi draws the conclusion, published in the *American Journal of Public Health,* that commercial interests are playing the role of science in both industry and government.[2]

Deconstruction of the CDC's cherry-picked science and a growing anti-vaccination community are just some of the obstacles health authorities face. Therefore, no public relations strategy can have a solid multimedia punch on American citizens without opinion leaders serving as the gnomes for the vaccine complex and our heavily invested government health agencies, which are about to be buried in millions of purchased vaccine vials eager for distribution. This effort requires shock troopers, such as the pro-vaccine prophet Dr. Paul Offit, the creator of the rotavirus vaccine and a staunch critic against any scientist who discovers an association between vaccines and severe neurological disorders. Dr. Offit is on record for an audacious comment that children can tolerate 100,000 vaccinations (yes, you read that number correctly).[3]

However, during this particular flu season, government health officials' may have a more difficult time convincing Americans to be vaccinated for swine flu if recent polls are reliable indicators. The latest Consumers Union poll released on September 30 shows almost two-thirds of parents will withhold vaccinating their children; fifty percent of respondents' rationale is that the vaccine has not been tested thoroughly for safety.[4] A poll of pregnant mothers conducted by the internet parent support group Mumsnet.com indicates women are turning more suspicious about the flu vaccine's true efficacy and safety. The survey of 1500 respondents found only 6 percent of pregnant women "definitely" taking the shot, while 48 percent said they "definitely" wouldn't. A parallel poll revealed only 5 percent would definitely vaccinate their children.[5] A more recent *San Francisco Chronicle* survey finds 54 percent saying the H1N1 flu is nothing to be worried about.[6]

A separate study conducted by Harvard's School of Public Health showed that among the 41 percent who would not get the shot, 44 percent of parents are uncertain they would allow their children to receive it. Aside from many who expressed a fear of the vaccine's side effects, the poll found 31 percent expressing a distrust in our public health officials providing accurate information on vaccine safety.[7] Therefore, expect an aggressive government public relations campaign during the coming weeks and even months, while our tax dollars are spent on 250 million shots that independent epidemiological evidence is showing may be ineffective at best, and dangerous at worst.

European polls indicate that our neighbors on the other side of the great pond are less nervous about the H1N1 strain's severity and far more suspicious towards health officials' rationale for hyping dire warnings of swine flu's dangers. In France, *Le Figaro* conducted a poll of 12,050 people showing 69 percent will refuse the vaccination. In a separate French survey, one third of 4,752 doctors, nurses and healthcare workers surveyed would not be inoculated.[8] Twenty-nine percent of Germans surveyed said they would refuse it "under any circumstance" and an additional 33 percent would likely refuse it. In the region of Bavaria and Baden Wurttemburg, only 10 percent of those polled said they would submit their arms to injection. In the UK, a couple polls reported in the *Daily Mail* last August, showed half of family physicians and a third of UK nurses do not want the swine flu vaccination. Seventy-one percent do not believe the vaccine has been tested enough for safety and the swine flu is much milder than health authorities are saying.

During the course of the CDC's media war to push forward the vaccine industry's greed for profit, science and reflective caution are being sacrificed. An important peer-reviewed study appearing in the June 2009 issue of *Toxicological and Environmental Chemistry* shows a causal relationship between the amounts of ethylmercury (thimerosal) found in inoculations for infants, when administered to monkeys, and cellular toxicity resulting in mitochondrial dysfunction, impaired oxidative reduction activity and degeneration and death in neuronal and fetal cells.[9] These are all indicative signs found in some ASD. But health officials prefer to ignore such results. For the future health of American children, the study's findings arrive at a bad time when a recent Harvard study now reports autistic spectrum disorders (ASD) has risen to 1 in 91 people compared to the earlier 1 in 150 estimate. But since the study was sponsored by the CDC, the press release makes no indication that just maybe the over-vaccination of children with dozens of injections by the age of 5 years might be a causal factor behind this national epidemic of ASD and other neurological disorders.

During the course of interviewing many parents of autistic children for our documentaries *Vaccine Nation* and *Autism: Made in the USA*, the personal stories we filmed repeatedly were that of a once perfectly healthy and joyful child who, shortly after a vaccination or a series of injections, simply

vanished from normality. However, national health policy today seems to have almost legislated by divine decree that there is no relationship between vaccine ingredients and autism. Besides, further independent research and first-hand personal stories would only interfere with the propaganda machine and the CDC's "Seven Step Recipe for Generating Interest In, and Demand for, Flu Vaccination."

Peter Doshi first brought public attention to the CDC's PR influenza strategy known as the Seven Step Recipe. Glen Nowak, now the Director of the CDC's Media Relations, outlined a concise public relations template while serving as the communications spokesperson for the National Immunization Program. Speaking at the 2004 National Influenza Vaccine Summit, he presented the CDC's seven steps. After a careful review of Nowak's Powerpoint presentation we discover a very detailed and concerted PR and multimedia campaign that includes the following (quotes are from CDC's materials):

- To encourage the belief that influenza infection can "occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)." In other words, promote flu vaccination to those who don't really need it.
- In order to "foster the demand for flu vaccinations" the CDC should target "medical experts and public health authorities publicly (e.g., via media) [to] state concern and alarm (and predict dire outcomes) – and urge influenza vaccination."
- By focusing on the message of dire health threats and human casualties upon those who don't really need to be vaccinated, the CDC will reach its milestone of "framing of the flu season in terms that motivate behavior (e.g., as "very severe," "more severe than last or past years," "deadly")."
- Throughout the flu season, the campaign would continue issuing reports "from health officials and media" to emphasize that "influenza is causing severe illness and/or affecting lots of people – helping foster the perception that many people are susceptible to a bad case of influenza."
- Of course, no marketing strategy is thorough without images. Ergo another ingredient in the recipe is to use "visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)."

The CDC's "key points" indicate we are now in that critical timeframe for the CDC to distribute materials to "a variety of partners." This includes aggressively disseminating all medical reports, studies and PR spins to the soporific media and corporate-funded medical associations to support the government's mass vaccination efforts. Come November, we will begin to see reports on "pediatric deaths" due to influenza – although Dr. Martin Meltzer, a CDC expert in health economics, has stated "almost nobody dies of the flu" and "deaths [are] associated with flu, but not necessarily caused by flu."[10] Apparently, the folks over in the various CDC departments and our different federal health agencies don't communicate with each other very well.

So why should our tax dollars go towards fabricating and/or ignoring science in order to vaccinate Americans? Nowak publicly stated the CDC's reasons on National Public Radio, "… the manufacturers were telling us that they weren't receiving a lot of orders for vaccine for use in November or even December … It really did look like we [CDC] needed to do something to encourage people to get a flu shot.[11]

At this moment, we are witnessing a steady flow press releases and articles in the media to convert Americans to the wisdom of national health vaccination policy. The National Institute of Allergy and Infectious Diseases (NIAID) has issued preliminary positive results from an uncompleted clinical trial testing the H1N1 vaccine on children and young people between 6 months and 17 years of age. The fact that the entire study only enrolled 70 individuals covering this age range should alone raise red flags about any reliable conclusions after the study is completed. Moreover, the study is specifically designed for measuring the necessary immune response to protect youth from the swine flu. It is not a safety study. We usually expect that sound scientific ethics demand clinical trials to be reported after a final analysis of research data, however, the CDC's Seven Step Recipe is not concerned with scientific facts, or rigorous research protocol. It is simply part of the PR game plan to get people vaccinated and to do it fast.

Donald McNeil, a shill for the vaccine complex writing for the *New York Times* has printed two recent articles aligned with CDC propaganda. He quotes Dr. Jay Butler, chief of the swine flu vaccine task force at the CDC in order to relieve fears about flu vaccine adverse effects, especially to pregnant women. Dr. Butler said, "There are about 2,400 miscarriages a day in the US. You'll see things that would have happened anyway. But the vaccine doesn't cause miscarriages. It also doesn't cause auto accidents, but they happen."[12] I hope that is reassuring to all those expectant mothers across the country, especially since none of the approved H1N1 vaccines have undergone rigorous clinical safety trials on pregnant women or the potential adverse effects of mercury-laced vaccines and other ingredients, such as spermacide, detergent and cosmetics, on the developing fetus. Germany on the other hand announced it is now taking preventative measures. Agreeing that the verdict on ethylmercury and squalene safety for children is unsettled, Germany is requiring the vaccine industry to return to their plants and provide adjuvant- and mercury preservative-free vaccine lots.

McNeil's more recent article in October 7th's *New York Times* should be read alongside the Seven Step Recipe for a clear visual unfolding of the CDC's PR strategy in action. McNeil downplays the growing medical realization that the swine flu is in all likelihood much milder than seasonal flu in order to convince us to roll up our sleeves. Following the CDC script, we see the picture of little 3 year old Clayton being vaccinated, while McNeill compares the swine flu death of an 18 year old Tibetan woman in China with a story of joyful young Brandon and his 9 year old sister gleefully surrendering their nostrils for a blast of live-attenuated H1N1 virus.[13]

While finalizing this article, Peter Doshi replied to an email and drew attention to an event in his *Harper*'s article that should force us to pause before rolling up our sleeves. Briefly, the 2004 flu season was a debacle for the vaccine complex and federal health officials after 50 million doses of flu vaccine promised by Chiron Corporation were made unavailable, therefore, putting the health industry into a panic. In order to lessen the frenzy previously stirred by its public fear tactics, the CDC downgraded the flu's urgency to "an annoying illness", and "stressed the protective benefits of regular hand washing."[14]

Now that is a national policy I can support. I would much prefer the CDC funding Americans' soap bills to ward off an uncertain swine flu pandemic rather than using taxes for unsubstantiated threats from the CDC's national vaccine marketing campaign.

Richard Gale is the Executive Producer of the Progressive Radio Network and a former Senior Research Analyst in the genomic industry. **Dr. Gary Null** is the host of the nation's longest running public radio program on nutrition and natural health and a multi-award-winning director of progressive documentary films, including *Vaccine Nation* and *Autism: Made in the USA*.

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CBS NEWS

AP Poll: Only Half of People Want Swine Flu Shots

CBS News, 7 October 2009, 4:11 PM EDT / AP
https://www.cbsnews.com/news/ap-poll-only-half-of-people-want-swine-flu-shots/

The people who most want the swine flu vaccine are older people, who will be last in line, says a new Associated Press-GfK poll.

The survey raises questions about government efforts to stem illnesses already spreading widely across the country.

Vaccine started trickling out this week, but only 52 percent of Americans say they're likely to line up for it, said the poll released Wednesday.

This brand-new flu, what scientists call the 2009 H1N1 strain, is mostly a younger person's infection. Children, young adults and pregnant women are supposed to be first in line for vaccinations.

Yet 62 percent of people 65 and older say they'll likely seek a swine flu shot, even though that older generation appears to have some resistance to the new strain and thus is supposed to wait to be vaccinated until those with a higher risk go first. In contrast, 45 percent of people ages 18 to 29 want to be vaccinated.

And while nearly six in 10 parents are likely to give permission for their children to get swine flu vaccine at school, just 37 percent said they're very likely to. Pollsters have long found that people exaggerate their intent to take recommended health steps, suggesting that how many kids take advantage of the convenience of in-school inoculations may fall somewhere in the middle.

On the other hand, interest in the regular winter flu vaccine is rising: 57 percent of adults want that inoculation, a 9-point increase since the first AP poll on the subject in July.

Concern about swine flu is what's driving the decision to get that vaccine. The AP-GfK poll found 59 percent of people fear getting the new flu strain, and people who are concerned that they or a loved one will get sick are twice as likely to want vaccine.

About 72 percent are concerned about potential vaccine side effects, although half of those people say they're still likely to be inoculated.

The survey of 1,003 adults with cell and landline telephones was conducted from Oct. 1-5. It had a margin of sampling error of plus or minus 3.1 percentage points.

LA VANGUARDIA

Una monja médica hace campaña por internet en contra de que la vacuna contra la gripe A sea obligatoria

La Vanguardia, 7 de octubre de 2009
https://www.lavanguardia.com/vida/20091007/53800182804/una-monja-medica-hace-campana-por-internet-en-contra-de-que-la-vacuna-contra-la-gripe-a-sea-obligato.html

Teresa Forcades, una benedictina doctora en medecina, llama al boicot a la vacunación por considerarlo una imposición innecesaria y que favorece a la industria farmacéutica.

Barcelona.f (EFE).- Teresa Forcades, una monja benedictina doctora en medicina, ha iniciado un movimiento ciudadano en Internet para impedir que la vacuna contra la gripe AH1N1 sea obligatoria debido a la declaración de pandemia por parte de la OMS, y en contra la gestión de la enfermedad.

En un vídeo que ha colgado en la red, la monja hace un llamamiento para activar con carácter urgente los mecanismos legales de participación ciudadana para que no se pueda forzar a nadie en España a ser vacunado, y para que los que lo hagan no se queden sin el derecho a exigir responsabilidades si causa efectos secundarios.

El vídeo explica que desde el año 2005 la Organización Mundial de la Salud (OMS) puede dar órdenes a los gobiernos sobre vacunas en casos de pandemia, y que si esto ocurre el estado tiene la obligación de hacer cumplir la ley imponiendo multa o prisión (en Massachussetts -EEUU- la multa propuesta para este caso podría llegar a los 1.000 dólares por día que pasa sin que te vacunes).

Forcades recuerda que "la gripe nueva" no es nueva porque sea del tipo A, ni tampoco por ser del subtipo H1N1, porque la epidemia de gripe de 1918 fue del tipo A/H1N1 y porque desde 1977 los virus A/H1N1 forman parte de la temporada de gripe de cada año, y puntualiza que lo único que es nuevo es la cepa S-OIV.

Añade que desde que empezó en abril de 2009 y hasta el 15 de septiembre de 2009 han muerto de esta gripe 137 personas en Europa y 3.559 en todo el mundo, cuando debido a la gripe estacional lo hacen entre 40.000 y 220.000 personas, lo que supone que la tasa de mortalidad y de complicaciones es inferior a la de cada año.

La religiosa denuncia además irregularidades en la elaboración de la vacuna y explica cómo en enero del 2009 la filial austríaca de la farmacéutica Baxter distribuyó a 16 laboratorios de Austria, Alemania, la República Checa y Eslovenia 72 kilos de material para hacer miles de vacunas contra la gripe estacional, que resultó contener virus vivos de la gripe aviar (virus A/H5N1) con virus vivos de la gripe de cada año (virus A/H3N2).

El descubrimiento se hizo cuando un técnico de laboratorio de la empresa BioTest de la República Checa probó por su cuenta las vacunas en hurones, animales que se usan para estudiar las vacunas de la gripe, y comprobar que todos ellos murieron.

Explica que si esta contaminación no se hubiese descubierto a tiempo, la pandemia que sin base real están anunciando las autoridades de la OMS y los países "sería una espantosa realidad", porque sería letal combinar un virus con un 60% de mortalidad pero poco contagioso como el aviar, con otro con baja mortalidad pero gran capacidad de contagio, como el de la gripe estacional.

También cuenta cómo sólo 12 días después de aparecer los primeros casos, la OMS declaró que el nivel de alerta por peligro de pandemia estaba en fase 5 y ordenó a los gobiernos que activasen planes de emergencia, y un mes después declaró que ya había una pandemia, cuando la nueva gripe es más benigna que la estacional.

La médico relata que esta declaración de pandemia (fase 6) fue posible porque en mayo la OMS cambió la definición de pandemia. Antes para poder hacerlo era necesario que muriese a causa de un agente infeccioso una proporción significativa de la población, un requerimiento que fue eliminado de la definición.

Sobre la vacuna, la religiosa alerta de que la mayoría de los laboratorios diseñan vacunas en dos dosis, que deben sumarse a la vacuna de gripe estacional, algo que nunca se ha hecho y que multiplica por tres los posibles efectos secundarios.

También revela que los laboratorios que hacen vacunas usan coadyuvantes muy potentes para estimular el sistema inmunitario, y que la que está fabricando Glaxo-Smith-Kline contiene uno llamado AS03, que multiplica por diez la respuesta inmunitaria, que podría provocar enfermedades auto inmunitarias graves al cabo de un tiempo.

Además hace público que las farmacéuticas que fabrican la vacuna están exigiendo a los estados que firmen acuerdos de inmunidad para que en caso de que las vacunas tengan más efectos secundarios de los previstos, los políticos y la industria quede exenta de toda responsabilidad. Teresa Forcada es autora de "Los crímenes de las grandes compañías farmacéuticas", en donde explica cómo el poder político y económico que han adquirido les sirve para garantiza unos enormes beneficios económicos, aún a costa de la salud de la población.

Iglesia Descalza
a voice from the margins of the Catholic Church



Iglesia Descalza

A nun speaks out on the H1N1 Pandemic

Gaspar Hernández

(translation by Rebel Girl)
El Periódico de Catalunya, 7 October 2009
https://web.archive.org/web/20091021032743/http://iglesiadescalza.blogspot.com/2009/10/nun-speaks-out-on-h1n1-pandemic.html

What's a nun doing talking on the Internet about the dangers of the Influenza A vaccine?
Our rule prescribes five hours of prayer and six of work. Ora et labora.
...

I devote part of the working hours to medical research. I'm a doctor of medicine and in 2006 I published the study Crimes and Abuses of the Pharmaceutical Industry.
=> See: https://archive.org/details/forcades-crimes-abuses

When did you decide you had to speak out on influenza A?
In May this year I was asked to give a speech on the papillomavirus vaccine and I was very struck by the lack of scientific basis for the official recommendations. After a few days I spoke on TV-3 about this vaccine and since then I have been receiving requests to comment on the influenza A vaccine.

Doesn't the World Health Organization deserve to be trusted?
I don't understand the motives that have led WHO to act in the absurd way it is acting.

Absurd?
Yes. Last May, WHO changed the official definition of a pandemic -- it changed from a logical definition (a pandemic is an infection of global proportions and with a high mortality) to an illogical definition (a pandemic is an infection of global proportions).

What are the consequences of this change?
Under the new definition of "pandemic", the annual [seasonal] flu more than meets the requirements to be one. Are we going to declare a world health alert every fall? Besides absurdity from the scientific standpoint, this has serious financial and policy consequences.

You don't trust the vaccine. Why?
Unlike the annual seasonal flu vaccine, the influenza vaccine contains such powerful adjuvant substances that they can get the normal immune response to multiply by a factor of 10. In addition, two doses are recommended, to be received after the injection for seasonal influenza, which also contains adjuvants, although less potent. Never before have these substances been injected three times in a row in the general population, starting with children, the chronically ill and pregnant women.

What effects can result?
The artificial stimulation of the immune system can cause autoimmune diseases.

?

The same prospect of two of the influenza vaccines that have already been approved in Europe (Pandemrix and Focetra) indicates that it is expected that for every million people vaccinated, 99 will experience an autoimmune disease known as Guillain-Barré progressive paralysis.

If that happens, the drug companies would receive demands...

But in the U.S. a decree has already been approved exempting politicians and drug companies from liability.

Are you suggesting that the drug companies have acted irresponsibly?

What they have done is work for their interests.

Can someone be obliged to get vaccinated?

In 2007, WHO adopted a regulation establishing an exception. In all cases except one, the WHO makes recommendations, and only in one case may it give orders that override the sovereignty of member countries.

In the case of a pandemic.

Exactly. In 2007, WHO adopted a regulation that in case of a pandemic, WHO can legally bind member countries to vaccinate all or part of their population. The governments of these countries would be obliged then to impose fines or other penalties for individuals who refuse to be vaccinated.

Do you believe in world conspiracies?

I think there are interests at stake are not the good of the population. How can we justify the money invested in the purchase of vaccines if influenza A is milder than the annual seasonal flu? Spending so much money on vaccines and other preventive measures without sufficient scientific basis is an outrage and we should ask for accountability.

What do your fellow nuns say about the video and your statements?

An almost 90 year old sister raised the objection that the subject of influenza A is very serious and that I couldn't speak out against the vaccine without having well-founded arguments.

And?

After reading my report, she approached me after vespers and simply said to me: "Understood."

Aren't you afraid?

Sometimes.

Do you pray a lot?

As much as I can.

Thursday, October 8, 2009

A nun speaks out on the H1N1 Pandemic

Iglesia Descalza Blogspot

https://web.archive.org/web/20091021032743/http://iglesiadescalza.blogspot.com/2009/10/nun-speaks-out-on-h1n1-pandemic.html

Sr. Teresa Forcades i Vila has taken off her theologian's hat and gone back to her doctor in public health role to address the influenza A (H1N1) pandemic in a new video (see below) that calls for a calm approach to the disease and emphasizes the right of citizens to refuse to be vaccinated against it.

Sr. Theresa also has a new blog space on catalunyareligió.cat in which she is sharing her writings on the flu and other issues.

THE CANADIAN PRESS

Helen Branswell

Canadians don't see H1N1 as a personal risk, only one-third plan to take shot

The Canadian Press, 8 October 2009
https://www.winnipegfreepress.com/arts-and-life/life/home-family/2009/10/08/canadians-don_t-see-h1n1-as-a-personal-risk_-only-one-third-plan-to-take-shot

Toronto - Canadians don't seem to see the H1N1 virus as a personal threat, and few currently plan to get vaccinated against the virus, a new poll indicates.

The Canadian Press Harris-Decima poll suggests interest in the swine flu vaccine has declined in Canada, with only a third of people now saying they will get the shot, compared to 45 per cent in late August.

"I think that that's a significant decline. And it indicates ... either a higher level of confusion over what the right approach is, or a lower sense of risk," Doug Anderson, senior vice-president at Harris-Decima, said last week.

Ironically the poll findings come at a time when the federal government is under intense pressure to fast-track approval of the H1N1 vaccine so that immunization efforts can begin sooner than the projected early November launch. Canada has purchased 50.4 million doses of the pandemic vaccine.

"They're certainly disappointing and maybe a bit dismaying," Dr. Perry Kendall, British Columbia's chief medical officer of health, said of the findings.

Kendall said a national public awareness campaign will be launched to try to improve understanding of the benefits of the vaccine and to persuade people the product is safe, effective and in their best interest to take.

"At the end of the day I rather suspect that it will depend on people's perceptions of risk," he said of the likely uptake.

The poll, conducted from Oct. 1 to 5, suggests at this point people don't believe this virus will have much impact on their lives. Only 11 per cent of people described themselves as very concerned about H1N1, and 25 per cent said they were somewhat concerned. Nearly two-thirds of people said they either were not very concerned or weren't concerned at all about H1N1

Three-quarters of Canadians surveyed felt they would be exposed to seasonal flu this winter, but only 45 per cent felt they would be exposed to the pandemic virus.

Only five per cent of respondents felt they were very likely to contract swine flu, and 72 per cent felt they were not that likely or not likely at all to get infected with the new virus. In contrast, 18 per cent felt they were very likely to get sick with seasonal flu.

The apparent belief that seasonal flu poses a greater risk at this point than the pandemic virus flies in the face of the virological reports of what flu viruses are circulating in the world at this point.

While they haven't disappeared altogether - and while no one can predict what the winter will bring - there has been limited seasonal flu activity globally since the emergence of the new virus earlier this year.

"I think it speaks to the fact that although the media have been accused of hyping this (H1N1), clearly the message that seems to have gotten through is people ... don't see it as a threat," said Dr. Michael Gardam, director of infectious diseases prevention and control at the Ontario Agency for Health Protection and Promotion.

"It would be far easier to go down this road if it was a more virulent virus. And I'm not wishing that it's a more virulent virus. That's one of the reasons why it's got us in this weird sort of pickle."

The poll suggests half of people don't plan to get any flu shot at all this year. Of the 50 per cent who do, 27 per cent said they would get both seasonal and pandemic flu shots. In total, 33 per cent indicated they would get an H1N1 shot and 36 per cent said they'd get a seasonal flu shot.

Those numbers actually align pretty closely with the percentage of the population that rolls up its sleeve for flu shots in regular years - further proof, Gardam said, that suggests people don't see the pandemic virus as a greater-than-normal threat at this point.

"They look at it as sort of same-old same-old. And the majority of people don't get vaccinated for seasonal flu, so why would they change now?"

Dr. Kumanan Wilson, a public health researcher at the Ottawa Hospital Research Institute, said the findings illustrate that the public is confused about the various viruses and the two vaccines.

"This isn't easy to understand," he admitted.

"There's a lot of confusion about how worried they should be about both the seasonal flu and H1N1. And I think the message from this is that these are the questions that public health officials need to answer."

Relaxation Santé [MC]

Jane Burgermeister

Génocide de la vaccination

Relaxation Santé, 8 octobre 2009
http://relaxation-sante.com/info_sante.html

Jane Burgermeister a récemment déposé une plainte contre l'OMS (Organisation Mondiale de la Santé), l'ONU, Barack Obama (Président des Etat-Unis), David de Rothschild (banquier), David Rockefeller (banquier), George Soros (banquier), Werner Faymann (Chancelier d'Autriche) 1, entre autres, les accusant de vouloir commettre un génocide de masse.

Cette plainte fait suite à une autre procédure judiciaire que la journaliste avait intentée en avril 2009 contre les sociétés pharmaceutiques Baxter et Avir Green Hills Technology, qu'elle juge responsable d'avoir produit un vaccin contre la grippe aviaire, pour délibérément provoquer une pandémie et s'enrichir par la même occasion.

Jane Burgermeister présente les preuves d'actes de bioterrorisme dans lesquels ces personnes et organismes précités sont impliqués. Elle les accuse de faire partie d'un syndicat international d'entreprises criminelles qui a mis au point, fabriqué, stocké et utilisé des armes biologiques en vue d'éliminer la population des États-Unis et celle d'autres pays 2, à des fins de gains politiques et financiers.

Utilisant la «grippe porcine» comme prétexte, elle les accuse d'avoir planifié le meurtre de masse de la population américaine par le biais de la vaccination forcée. Elle a les preuves que ces vaccins seront volontairement contaminés pour provoquer à dessein des maladies mortelles.

Ces exactions s'inscrivent en violation directe de la Loi antiterroriste concernant l'emploi d'armes biotechnologiques. Elles constituent des actes de terrorisme et de haute trahison.

Jane Burgermeister. Vaccination genocide

Austrian investigative journalist Jane Burgermeister has filed criminal charges against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials, charging them with bioterrorism and attempts to commit genocide.

In April, she filed charges against Baxter AG and Avir Green Hills Biotechnology of Austria for producing and releasing live bird flu virus', alleging it was a deliberate act to cause and profit from a pandemic.

When a Czech scientist tested their seasonal flu vaccine, he found that they contained live H5N1 and live H3N2 viruses. Burgermeister's charges include evidence that Baxter deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009.

She claims to have decisive proof that drug companies and government agencies are actively engaged in distributing deadly biological agents in order to trigger a pandemic.

She has also prepared an injunction against forced vaccination, alleging mandatory vaccines will be purposely contaminated with diseases.

Poll: Third of Parents Oppose H1N1 Vaccine
Demand Remains High

CBS-2, 8 October 2009, 1:45 pm US/Eastern
https://web.archive.org/web/20091015134117/http://wcbstv.com/national/h1n1.swine.flu.2.1235591.html

Atlanta (AP) – As the first wave of swine flu vaccine crosses the country, more than a third of parents don't want their kids vaccinated, according to an Associated Press-GfK poll.

Some parents say they are concerned about side effects from the new vaccine - even though nothing serious has turned up in tests so far - while others say swine flu doesn't amount to any greater health threat than seasonal flu.

Jackie Shea of Newtown, Conn., the mother of a 5-year-old boy named Emmett, says the vaccine is too new and too untested.

"I will not be first in line in October to get him vaccinated," she said in an interview last month. "We're talking about putting an unknown into him. I can't do that."

The AP poll found that 38 percent of parents said they were unlikely to give permission for their kids to be vaccinated at school.

The belief that the new vaccine could be risky is one federal health officials have been fighting from the start, and they plan an unprecedented system of monitoring for side effects.

They note that swine flu vaccine is made the same way as seasonal flu vaccines that have been used for years. And no scary side effects have turned up in tests on volunteers, including children.

On Wednesday, Health and Human Services Secretary Kathleen Sebelius appealed for widespread inoculation against swine flu, vouching unconditionally for the vaccine: "We know it's safe and secure."

The AP poll, conducted Oct. 1-5, found 72 percent of those surveyed are worried about side effects, although more than half say that wouldn't stop them from getting the vaccine to protect their kids from the new flu.

Giving flu shots to schoolchildren is also an idea many parents are still getting used to. It was only last year that the government recommendation kicked in for virtually all children to get it. Seasonal flu vaccination rates for children last year ranged from about 48 percent for toddlers to about 9 percent for teens.

It traditionally takes a while for parents to learn about and accept a new vaccine and years for immunization rates to grow, said Dr. Matthew Davis, a University of Michigan Medical School associate professor who has overseen polling on flu issues.

Special swine flu vaccination clinics at schools are being planned in many states. Children are the main spreaders of infectious disease, and if large numbers are coming down with swine flu, there are ripple effects for everyone else.

The AP poll found 59 percent are likely to let their kids be vaccinated at school. But the kind of concerns voiced by parents could put a dent in public health efforts.

A survey Davis directed for C.S. Mott Children's Hospital in Michigan suggested one reason for rejecting the vaccine is that about half of parents said they did not consider swine flu any worse than the seasonal bug.

"Basically, the swine flu is the flu. I'm not overly excited about it," said Julie Uehlein, a Tullahoma, Tenn., mother who is against swine flu vaccinations for her 8-year-old son and 3-year-old daughter.

"My concerns about the vaccine are what are the long-term effects," she added.

Some, like Shea, recall the 1976 swine flu immunization campaign that vaccinated 40 million Americans against an epidemic that never materialized. Worse, many who got the shots back then filed injury claims blaming health problems on the vaccine, with some reporting a paralyzing condition called Guillain-Barre syndrome.

Health officials did not find evidence the vaccine caused the condition, noting it occurs naturally anyway and would be bound to show up in such a large group. Many people were unjustifiably blaming all sorts of health problems on the vaccine, some health experts believe.

That's why the government is already trying to educate people about how common many health problems are, and why it's handing out cards telling people how to report any side effects.

For some parents, fears are compounded by worries about thimerosal, a mercury-based preservative that will be in roughly 60 percent of the 225 million swine flu doses ordered for Americans.

The preservative is not in the FluMist nasal spray, which can be given to healthy kids age 2 and older. But it's in many injectable doses, which are packaged in multi-dose vials that require thimerosal to prevent bacterial contamination.

Fears that the preservative or something in vaccines themselves can lead to autism remain entrenched in some quarters - despite no evidence from the most rigorous scientific studies.

Some autism advocacy groups echo parents' concerns about swine flu vaccine, and also argue it's a bad idea to spend so much time and money on the new flu.

"We're flipping out over swine flu, but it's only affected a few thousand people. Why isn't somebody freaking out about the autism epidemic?" said Wendy Fournier, president of the National Autism Association.

Vaccine makers are sensitive to demand for preservative-free shots. Parents can ask their doctors to order preservative-free, single-dose vaccine for their kids, said Dr. Tom Frieden, head of the Centers of Disease Control and Prevention.

As for his own two school-age children, Frieden said in a recent interview: "I would have no hesitation about getting my kids vaccinated by thimerosal-containing vaccines."

Health officials and many parents are strong believers in the vaccine, and warn about the potential dangers of a virus that has caused at least 9,000 U.S. hospitalizations and at least 600 deaths, including 60 children.

Jennifer Barnes enrolled herself and her two children in one of the government studies of the new vaccine, seizing an opportunity to get them all immunized before the illness became widespread.

"I thought, 'This is an opportunity to get the kids vaccinated, and I better jump on it,'" said Barnes, 32, a speech language pathologist who lives in Decatur, Ga.

Barnes said she gets her kids vaccinated against flu each year not only for their own health but to protect others. "My kids hang around kids who might have lowered immune systems. I would hate for them to get something and pass it on," she said.

Shea said she appreciates those arguments, but she's hesitated to talk about swine flu vaccine with other parents, who seem polarized on the topic. "There's the crunchy granola group" against flu vaccinations, she said, "and the very staunch, follow everything group" who extol them.

She also worries that swine flu could become more widespread and dangerous than it is now. If that happens, she said, she would probably try to get her son vaccinated, though she's aware there are risks in waiting, too.

"It's one of those things where you're almost damned if you do, damned if you don't," she said.

The AP-GfK poll was based on a nationally representative sample of 1,003 adults age 18 or older, contacted by telephone on land lines and cell phones. The margin of sampling error is plus or minus 3.1 percentage points for all adults, 5.2 percentage points for parents.

Swine flu shot - lives endangered?

Russia Today, 9 October 2009
https://www.dailymotion.com/video/xw8ewk
https://web.archive.org/web/20101023043124/http://www.youtube.com/watch?v=B_A_pF72QZs



While Congress debates the pros and cons of healthcare reform, the average U.S. citizen is facing a more urgent dilemma - to get a swine flu shot, or not? When it comes to gambling on health, some people opt for 'thanks, but no thanks'. RT's Priya Sridhar talks about the heated debate on vaccine safety with Barbara Loe Fisher, President of National vaccine information centre.




LIVE
WASHINGTON DC
RT
BAGHDAD
BARBARA LOE FISHER
PRESIDENT, NATIONAL VACCINE INFORMATION CENTRE


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AMERICA DIVIDES OVER SWINE FLU SHOT
SAFETY IN MEDICAL GUESSING GAME

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Washington DC

Deborah Dupre

MIT grad shows CDC mind-behavior control duping doctors and public to buy vaccine

Examiner, 10 October 2009, 2:47 AM
https://web.archive.org/web/20100416063851/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m10d10-Mindbehavior-control-dupes-doctors-and-public-to-buy-vaccine

Buyer beware

The Center for Disease Control (CDC) officials are almost ready for their PR company to unleash a sophisticated, powerful H1N1 'swine flu' vaccine multimedia marketing campaign to dupe doctors and exploit society's most vulnerable through what social scientists call mind control that aims for behavior control. In this case, the desired behavior is to accept a toxic spray or injection by obediently obeying the mind control marketing ploy, even against personal better judgment.

Richard Gale and Dr. Gary Null reported today that Peter Doshi first brought public attention to a CDC public relations influenza strategy known as the Seven Step Recipe.
See: http://www.whale.to/vaccine/nullcdc.html

Gale and Null's report highlights that while at Harvard in the mid-2000s, Peter Doshi published a study in the *British Medical Journal,* systematically unveiling a flawed predictive science to publicize health agencies' influenza statistics and mortality rates.

"His analysis shook up enough health authorities to warrant twelve scientists from the CDC and National Institutes of Health to unsuccessfully take him on," according to Gale and Null. Their report states:

Now at MIT, Doshi continues his analysis of a century's worth of influenza mortality data and government manipulation of influenza data, such as the annual figure of 36,000 influenza deaths we hear and read repeatedly. See: Doshi, Peter, *Viral Marketing: The Selling of the Flu Vaccine, Harpers Magazine*, March 2006. => https://harpers.org/archive/2006/03/viral-marketing/

Although this magical number was for all practical purposes alchemically conjured up via mathematical modeling back in 2003, it continues to be the most holy number in the CDC's PR vocabulary every flu season.

Doshi draws the conclusion, published in the American Journal of Public Health, that commercial interests are playing the role of science in both industry and government. (*MIT grad student's study challenges notions of pandemic flu*, MIT Tech Talk, April 16, 2008). => https://web.archive.org/web/20090102224406/http://web.mit.edu/newsoffice/2008/techtalk52-23.pdf

Rather than accepting the official version that vaccinations decreased influenza, "Doshi calculated an 18-fold decrease in influenza deaths between the 1940s and 1990s, **a trend that began far before the introduction of widespread vaccination.**" (MIT News, *Study challenges notion of 'pandemic' flu CDC-labeled pandemics no deadlier than seasonal flu*, April 11, 2008). => https://web.archive.org/web/20090502140838/http://web.mit.edu/newsoffice/2008/pandemic-0411.html

CDC 7-Step Spin to exploit public

Gale and Null report that Glen Nowak, Director of the CDC's Media Relations, outlined a concise public relations template as communications spokesperson for the National Immunization Program.

At the 2004 National Influenza Vaccine Summit, Nowak presented the CDC 7-step PR campaign in a Powerpoint presentation in which Null and Gale discovered a very detailed and concerted PR and multimedia campaign that includes the following with quotes from CDC's materials:

• *To encourage the belief* that influenza infection can 'occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors).' In other words, promote flu vaccination to those who don't really need it.

• In order to 'foster the demand for flu vaccinations' the CDC should *target 'medical experts and public health authorities publicly* (e.g., via media) [to] state concern and alarm (and predict dire outcomes) – and urge influenza vaccination.'

• *By focusing on the message* of dire health threats and human casualties upon those who don't really need to be vaccinated, the CDC will reach its milestone of "framing of the flu season in terms that motivate behavior (e.g., as 'very severe,' 'more severe than last or past years,' 'deadly')."

• Throughout the flu season, the campaign would *continue issuing reports* 'from health officials and media' to emphasize that 'influenza is causing severe illness and/or affecting lots of people – helping foster the perception that many people are susceptible to a bad case of influenza.'

• Of course, no marketing strategy is thorough without images. Ergo another ingredient in the recipe is to use 'visible/tangible examples of the seriousness of the illness (e.g., *pictures of children*, *families of those affected* coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce).'

Now in critical mind-behavior control spin timeframe

The CDC's 'key points' indicate that we are now in that critical timeframe for the CDC to distribute materials to "a variety of partners.'

"This includes aggressively disseminating all medical reports, studies and PR spins to the soporific media and corporate-funded medical associations to support the government's mass vaccination efforts," according to Null and Gale who predict:

"Come *November, we will begin to see reports on 'pediatric deaths' due to influenza* – although Dr. Martin Meltzer, a CDC expert in health economics, has stated 'almost nobody dies of the flu' and 'deaths [are] associated with flu, but not necessarily caused by flu.'

(Manning, Anita. *Study: Annual flu death toll could be overstated*, USA Today. December 11, 2005) => https://tacanow.org/enewsletters_archive/2005/December_2005_2.htm

Richard Gale is Executive Producer of the Progressive Radio Network and a former Senior Research Analyst in the genomic industry.

Dr. **Gary Null** hosts the nation's longest running public radio program on nutrition and natural health and is a multi-award-winning director of progressive documentary films, including *Vaccine Nation and Autism: Made in USA.*

La Voz de Galicia

Una monja inicia una campaña contra la vacuna de la gripe A

La Voz de Galicia, 10 Octobre 2009, 00:36 h
https://www.lavozdegalicia.es/noticia/sociedad/2009/10/09/monja-inicia-campana-contra-vacuna-gripe/00031255105545944982623.htm

La religiosa Teresa Forcades ha divulgado masivamente un vídeo en el que advierte sobre los riesgos de la vacuna.

Se llama Teresa Forcades y está en el ojo del huracán por un vídeo que ha colgado en Internet. Es una monja benedictina de origen catalán que ha iniciado un movimiento ciudadano cuyo objetivo es evitar que la vacuna contra la nueva gripe sea obligatoria.

La religiosa advierte en un vídeo, que se está descargando de manera masiva, sobre los riesgos y efectos secundarios de la vacuna.

La monja, que también es doctora en Medicina, es autora de un libro titulado *Los crímenes de las grandes compañías farmacéuticas*, en el que denuncia la forma en la que el poder político de las grandes farmacéuticas es utilizado para obtener enormes beneficios económicos a costa de la salud pública.

Forcades publica en su blog un extenso comunicado en el explica que, en enero del 2009, la filial austríaca de Baxter distribuyó a 16 laboratorios de Austria, Alemania, la Republica Checa y Eslovenia, 72 kilogramos de material para preparar miles de vacunas contra la gripe estacional.

Estas vacunas, que serían administradas entre febrero y marzo, «fueron probadas en hurones que murieron tras recibirla». Según la religiosa, después de una intensa investigación, se concluyó que la vacuna de la casa Baxter contenía virus vivos de la gripe aviar (virus A/H5N1) combinados con virus vivos de la gripe de cada año (virus A/H3N2).

«Si esta contaminación no se hubiese descubierto a tiempo, la pandemia que sin base real están anunciando las autoridades sanitarias globales (OMS) y nacionales, ahora sería una espantosa realidad», asegura Forcades quien añade que «esta combinación de virus vivos puede ser especialmente letal porque combina un virus que tiene un 60% de mortalidad pero es poco contagioso (el virus de la gripe aviar) con otro que tiene una mortalidad muy baja pero con una gran capacidad de contagio (un virus de los de la gripe de cada año)».

Forcades explica en su vídeo que «la nueva gripe» no es nueva porque sea del tipo A, ni tampoco por ser del subtipo H1N1, sino que «lo único que es nuevo es pertenecer a la cepa S-OIV».

Según la benedictina, la epidemia de gripe de 1918 fue también del tipo A(H1N1) y asegura que, desde 1977, este tipo de virus forma parte de la temporada de gripe estacional.

En su vídeo, la monja destaca que profesionales de la salud como el Bernard Debré, del Comité de Ética de Francia y Juan josé Rodríguez Sendí, que preside la Asociación de Colegios Médicos de

España, coinciden en que la tasa de mortalidad de la gripe A es inferior a la estacional, por lo que las alarma mundial que existe en varios países es innecesaria.

Destaca también que desde que empezó a detectarse esta enfermedad en abril de 2009 y hasta el 15 de septiembre de 2009 han muerto 137 personas en Europa y 3.559 en todo el mundo, cuando debido a la gripe estacional fallecen entre 40.000 y 220.000 personas.

Entre sus múltiples advertencias la religiosa señala que los laboratorios han diseñado la nueva vacuna en dos dosis que deben sumarse a la vacuna de la gripe estgacional, lo que triplica los posibles efectos secundarios como la parálisis de Guillain-Barré.

Además, las empresas farmacéuticas, según esta monja, están exigiendo a todos los países que firmen acuerdos de inmunidad para que en caso de que las vacunas tengan más efectos secundarios de los previstos, la industria quede exenta de toda responsabilidad.

«Hago un llamamiento a activar los mecanismos legales necesarios para asegurar de forma rotunda que no se podrá forzar a nadie en nuestro país a ser vacunado en contra de su voluntad, y que los que decidan vacunarse no serán privados del derecho a exigir responsabilidades ni del derecho a ser compensados económicamente (ellos o sus familiares) en caso que la vacuna les cause una enfermedad grave o la muerte», concluye el polémico comunicado de Forcade.

THE FLU CASE

German protests over toxic swine flu jab grow after army rejects it as too risky.

NetZeitung, 12 Oktobre 2009, 16:31
The Flu Case , 13 October 2009 12:09
https://web.archive.org/web/20091019055638/http://www.theflucase.com/index.php?option=com_content&view=article&id=1011:german-protests-over-toxic-swine-flu-jab-grow-after-army-rejects-it-as-too-risky-&catid=41:highlighted-news&Itemid=105&lang=en

The protest against German government plans to mass vaccinate the population with the untested and toxic swine flu jab are growing after the German army decided to order a jab without heavy metals mercury and without adjuvants that is made in the same way as the regular flu shots.

Virologost Alexander Kekule from the University of Halle accused the government on TV of ordering the wrong "vaccines" against the swine flu for the population, noting that the adjuvants cause serious side effects.

Kekule said the use of adjuvants should be abandoned. However, experts say there are still dangerous amounts of mercury in the vaccine -- 50ug or 25,000 times what the FDA considers safe in food, - and live viruses in the jab, which will be especially harmful for children and pregnant women.

In addition, there is evidence that there will be nanochips in the vaccines which store health insurance information and are linked to a WHO/UN supercomputer, allowing the WHO/UN to track the population.

Paul-Ehrlich-Instituts (PEI) spokesperson, Susanne Stöcker, defended the jab saying it was "basically the same and that it fulfilled all EU criteria," omitting to mention the EU's regulatory body, the EMEA; itself has said that the safety and efficacy of the "swine flu" jab do not have to be proven to be approved under emergency guidelines and that there is no data on how this new flu jab using illegal adjuvants will impact on pregnant women or children.

THE FLU CASE

German army gives health ministry "slap in the face" but "only right decision", says German virologist

The Flu Case, 13 October 2009 17:54

https://web.archive.org/web/20091017033106/http://www.theflucase.com/index.php?option=com_content&view=article&id=1020:german-army-gives-health-ministry-qslap-in-the-faceq-but-qonly-right-decisionq-says-german-virologist&catid=41:highlighted-news&Itemid=105&lang=en

German army health officials have ignited a fierce debate about the dangers of the "swine flu" vaccine by announcing on Monday that its soldiers are going to be given a completely different swine flu vaccine than the one ordered for the army by the German health ministry.

Virologist Alexander Kekule, head of the department of medical microbiology at Halle University, said that the army had "given a slap in the face to the health ministry" but had "made the only right decision" by deciding to give its 250,000 active duty soldiers a jab without mercury, without squalene and also with an inactivated virus.

The army "doctors and advisors were simply more clever," he said in the German mainstream newspaper Die Welt.

The announcement by the army has increased the pressure on the German health ministry to explain why the rest of the people in the country are expected to take the untested and unproven "swine flu" jabs with mercury, adjuvants as well as a live virus in a campaign starting on October 26th.

German Health Minister Ulla Schmidt tried to play down the significance of the army's decision by insisting there were three different swine flu jabs on the market and suggesting the army had just happened to chose the one without mercury and adjuvants.

However, it is accurate to say that there were three different manufacturers – Novartis, GSK and Baxter - providing the same standard swine flu jab with mercury and adjuvants on the market until the army, other German health officials and doctors insisted on having a jab without the dangerous preservatives and additives.

It appears that Baxter – the company compromised by having been caught trying to trigger a bird flu pandemic this february in Austria by contaminating 72 kilos of vaccine material with the live bird flu virus – has been sacrificed by WHO and the pharmacuetical companies that sit on its key vaccine boards and given the green light to switch over to produce a "harmless" vaccine without mercury and adjuvants to save face and also possibly ensure that nanochips -- widely believed to be in the jab – are implanted into as many people as possible.

The army's unexpected decision is fuelling uneasiness about the mass "swine flu" vaccination campaign due to start in Germany on October 26th.

Theodor Windhorst, the president of the chamber of doctors of Westfalen-Lippe, has said that the swine flu jab is associated with "significant risks."

The number of leading doctors calling for swine flu jabs without adjuvants to be given to women and children has been steadily growing.

Pregnant women, children and health care workers are among the target groups selected by the German health minister Ulla Schmidt, following the instructions of WHO, to be among the first to get the swine flu jab even though there is no clinical data on the adjuvant squalene in pregnant women or children.

Under growing pressure, however, Schmidt this week said that pregnant women will now be advised to take the jab without the adjuvant, squalene, which is to be added at the last moment to form a toxic mix.

Squalene is illegal in the USA and UK, and there is evidence it caused tthe Gulf War Syndrome which afflicted 25 per cent of the US and UK soldiers who took the anthrax vaccine, even though that vaccine had a million times less squalene than the "swine flu" jab.

German army health officials said that it was not clear how the "swine flu" jab would interact with the other vaccines German soldiers have to take, especially if they are sent on overseas missions and also what the impact of the accumulation of toxic heavy metals might be.

"We are not something better, but something different," said an army spokesperson.

However, there are growing numbers of people in Germany wondering why they are expected to take a "swine flu" jab by the Health Ministry that is considered to dangerous for the army.

The decision by the German army to abandon the "swine flu" jab also raises the question of why other country’s army leaderships are not open to feedback on the jabs dangers, and willing to asess new information and correct their vaccination plans.

The US and UK army already have a large body of evidence that the anthrax vaccine caused significant auto immune diseases in its soldiers, and yet these armies appear to be pushing ahead with ist campaign to force every soldier to take the dangerous jab.

The decision by the top level US military to impelment the mass vaccination campaign of US soldiers at bases at top speed will fuel fears that the US army, in particular, has been taken over by agents working for the "the banking elite," who control the WHO and UN and who appear to be actively attempting to destroy the US army in order to pave the way for the occupation of America by UN soldiers and foreign mercenary troops in a "New World Order".

US army leaders who have raised questions about the mismanaged campaigns in Afghanistan and Iraq – triggered by the false flag 9/11 attack – have been silenced or forced to resign, leaving the military top heavy with government "yes" men.

The decision by the German army to refuse the "swine flu" jab is a significant blow to plans of the WHO and UN to carry through a synchronised and swift mass vaccination campaign across the USA and EU using bioweapons under the cover of a "vaccine" to accomplish their objective of depopulation and conquest.

Crucial to accomplishing their aim of world domination under a WHO/UN/IMF government is maintaining control of a country’s military and law enforcement, at least, long enough to use them to destroy the civilian population by vaccination and quarantines.

The next step would require the army and police, having done ist job, to be destroyed in turn by disease or by igniting fresh wars.

There has been speculation that soldiers and police might be given a vaccine with a disease that can be triggered by chemicals in water or some other means, allowing the disease to be activated at some preplanned point later on.

The danger now facing the "WHO/UN" bankster cartel is that other armies will refuse the swine flu jab – and that civilian populations will follow suit and demand a proper investigation in the "swine flu" scam, a move that will surely result in large numbers of arrests.

Without a significant "culling of the population" and the installation of a comprehensive, electronic surveillance system using nano chips, the WHO/UN cartel will find it difficult to maintain control of their synchronised and coordinated programme to depopulate the world and set up a one world govenrment with the calculated use of economic collapse, war and famine as well as the establishment of a totalitarian state to crush opposition and shut down the internet.

YAHOO! DEUTSCHLAND NACHRICHTEN

Virologe: Bundesregierung hat den falschen Impfstoff gekauft

Yahoo Deutschland, DDP, 13 Oktobre 2009; 15:55 Uhr
https://web.archive.org/web/20091013215024/http://de.news.yahoo.com/17/20091012/thl-virologe-bundesregierung-hat-den-fal-3f611bb.html

Halle (ddp-lsa). Der Virologe Alexander Kekulé wirft der Bundesregierung vor, den falschen Impfstoff gegen die Schweinegrippe eingekauft zu haben. Der Hallenser Universitätsprofessor sagte dem Sender MDR info am Montag in Halle, dieser Impfstoff enthalte einen Wirkungsverstärker mit erheblichen Nebenwirkungen. Damit werde gewissermaßen mit Kanonen auf Spatzen geschossen.

Viel geeigneter ist nach Ansicht Kekulés der Impfstoff, für den sich die Bundeswehr entschieden hat. Dieser werde auch in den USA und anderen Teilen der Welt eingesetzt. Er habe keinen Wirkungsverstärker und funktioniere genauso wie der normale saisonale Grippe-Impfstoff. Der Vorteil dieses klassischen Serums sei, dass es sich schon milliardenfach bewährt habe. Man könne aber die Situation noch retten, indem man bei dem bereits bestellten Mittel den Verstärker einfach weglasse. Dafür sei eine besondere Zulassung nötig.

THE FLU CASE

German protests over toxic swine flu jab grow after army rejects it as too risky

The Flu Case, 13 October 2009
https://web.archive.org/web/20091013215024/http://de.news.yahoo.com/17/20091012/thl-virologe-bundesregierung-hat-den-fal-3f611bb.html

The protest against German government plans to mass vaccinate the population with the untested and toxic swine flu jab are growing after the German army decided to order a jab without heavy metals mercury and without adjuvants that is made in the same way as the regular flu shots.

Virologost Alexander Kekule from the University of Halle accused the government on TV of ordering the wrong "vaccines" against the swine flu for the population, noting that the adjuvants cause serious side effects.

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NewScientist

Debora MacKenzie

Swine flu vaccine shunned despite availability

New Scientist, 13 October 2009, 17:47
https://web.archive.org/web/20091017133441/http://www.newscientist.com/article/dn17975-swine-flu-vaccine-shunned-despite-availability.html?full=true&print=true

Vaccination against swine flu has started in the US and will soon begin in Europe, but many of those who should be first in line are having second thoughts.

Healthcare workers are a top priority for vaccination because they can infect vulnerable people and because their services are vital in a pandemic. Yet in a survey of UK nurses last week, 47 per cent said they would not get vaccinated.
=>https://web.archive.org/web/20091014112322/http://www.nursingtimes.net/whats-new-in-nursing/swine-flu/nurse-confidence-in-swine-flu-vaccine-falling/5006950.article

Meanwhile, British hospital bosses quizzed by *The Guardian* newspaper claim that as few as 10 per cent of staff will have the shot. In the US, many hospital employees are protesting against rules saying they must be vaccinated or lose their jobs.
=> http://www.guardian.co.uk/world/2009/oct/11/swine-flu-pandemic-vaccine-nhs

Children are also at the top of the vaccine list. In the US summer outbreak, the age group most hospitalised was children under 4. Yet 40 per cent of US parents say they won't vaccinate their kids, according to a poll by the University of Michigan.
=> https://web.archive.org/web/20091122202030/http://www.med.umich.edu/mott/npch/pdf/092409report.pdf

Many parents and health workers argue that swine flu is not dangerous enough to justify the potential side effects of a vaccine, but this week there were fresh warnings that the virus can cause serious illness. In Canada and Mexico respectively, 17 per cent and 41 per cent of people admitted to intensive care with the virus have died. In Mexico, half had no underlying health problems; in Canada 70 per cent had no major illness beforehand.

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Washington DC

Deborah Dupre

H1N1 Vaccines: Criminal intent? Hawaii on chopping block

Examiner, 13 October 2009, 11:06 PM
https://web.archive.org/web/20100419052828/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m10d13-H1N1-Vaccines-Criminal-intent-Hawaii-on-chopping-block

Contributed by Ray Songtree, Kauai, Hawaii, October 13, 2009

The media plan is to scare people into taking H1N1 vaccines. If there really is an increase in hospitalizations as now claimed by the Center of Disease Control (CDC), then the mild virus that has circled the globe for 6 months has mutated from mild to something more dangerous. If mutated, then the 250 million H1N1 vaccines for USA are obsolete and useless.

=> https://web.archive.org/web/20100416063851/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m10d10-Mindbehavior-control-dupes-doctors-and-public-to-buy-vaccine

Which is it? A mild flu that is no big deal, or a new more dangerous strain?

Perhaps we can ask the Hawaii Dept of Health (DOH) officials to clarify whether the vaccines are obsolete or not, and explain their reasoning? Perhaps we can ask whether this H1N1 influenza is like any other seasonal flu, and the whole worldwide pandemic scare is simply a lucrative scam?

New Zealand, South Africa and Mexico

In New Zealand, a nation of 4 million people, only 27 died in a long cold southern hemisphere winter, and all these souls had underlying health complications. Does that sound like a scary emergency 'pandemic'?

According to Secretaría de Salud de Mexico, in a country of 105 million, only 242 people have died in the last 6 months from H1N1 swine flu, again, most with underlying complications.

South Africa with 47 million people had 94 deaths attributed to H1N1 'swine' flu. Following these statistics, in Hawaii, if more than a half dozen people die in the next 6 months, then it is not same world wide virus; it has mutated; and vaccines were a waste to everyone but the drug companies. It is more likely you will die in a car wreck so why take the vaccine?

If we have the original H1N1 flu, will the brand new untested vaccines be effective? They may decrease symptoms, do nothing, or they may cause harm. No one knows.

Baxter International was awarded the first contract to produce the vaccines and Novartis/Baxter got the contract to test them! No independent testing!

Without adequate time for thorough testing, billions of shots are being produced at break neck speed, and the World Health Organization (WHO) via CDC via DOH keeps urging us to take them.

Why?

The answer is the word 'pandemic.' WHO changed the definition recently, just for this alleged H1N1 'swine flu.'

"The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic." (Epidemiologist Tom Jefferson, *A Whole Industry Is Waiting For A Pandemic, Part 2: Contradictions between Scientific Findings and Practice*, Interview transcript, Spiegel, June 21, 2009)

Now some workers are being told, "Get vaccinated or lose your job!" Mandatory vaccinating has already started.

When DOH spokesperson says "we have never considered mandatory vaccines," it is an irrelevant statement. DOH no longer has authority according to international law that USA falls under with Level 6 'Pandemic'.

In 2005, 193 member nations agreed to change their laws and give up their sovereign rights to the World Health Organization (WHO) whenever WHO decides to declare Level 6 'Pandemic."

Bush signed these laws without congressional overview or media coverage. Why secrecy?

We are currently under the law of WHO and will be until WHO says the 'emergency' is over. This could be years. (Also see National Security and Homeland Security Preidential Directive)

County Councils are therefore correct to become alarmed at rumors of compulsory shots because it is not a rumor. Everyone should be alarmed.

Receiving completely untested vaccines may no longer be your choice. Your job may depend on getting required shots, or perhaps your travel might be restricted. Sacramento Airport now has a vaccine center and this will go world wide very soon.

How will mandatory shots be enforced? Military, police and health workers will be the first told to take H1N1 vaccine or court martial/fired. They will then "obey orders." Or maybe they will be heroes and will say, "No way!"

Others may say, "It's just a vaccine, I want my job." This ignores the question, "Why did WHO invent a 'pandemic' and then immediately set up a world wide schedule to push untested vaccines through martial law?"

WHO has admitted H1N1 is not deadly. But in Greece, France.... 'mandatory' is rolling. Greek health minister declared all 12 million citizens will get shots "without exception"! And there is something sinister about the vaccines, and it is more than money.

Baxter, mentioned above, is also a bio-warfare company. Hard to believe? Google it.

Biggest vaccine misconception

Vaccines don't stop an outbreak. The biggest lie being touted everywhere is that vaccines can slow an epidemic. Vaccines can only mitigate symptoms.

After vaccination, you can still catch flu and you will still go through a contagious period and miss work.

So why should anyone be forced to be vaccinated if they will still be contagious? Those with shots would still need mask anyway.

Forced masks make sense; forced untested vaccines do not. There is no excuse for forced vaccinations, unless there is ulterior motive and considering all the secrecy. We can assume there is.

We have to **ask, "Why?"**

"Why did WHO change definition of pandemic?"

"Why did Bush sign away our rights without telling us?"

"Why does CDC want everyone to take UNTESTED shots and constantly lies about them being adequately tested?"

"Why is Hawaii DOH ignorant of international Level 6 protocols and dumbing us down with naive statements?"

Between secret manipulation and naivety, who can we trust?

On Friday Oct 9, 2009, the writer briefed the Director, the spokesperson, and much of the staff at Hawaii Dept of Health, as well as hundreds of the faculty and thousands of students at University of Hawaii Manoa, about the charges filed with the FBI naming WHO, UN, CDC, and drug companies as a syndicate with criminal intent. (See Jane Burgermeister, theflucase.com)

Injunctions against these unwarranted, untested, H1N1 vaccines are also being put in place in several states now by investigative citizens. Hawaii should do the same. (Attorneys reading this might check the bottom lower links.)

One last big question... How can there be USA patents for H1N1 virus from 2008, obtained before the 'swine flu' even existed?

Swine flu was never novel nor from a Mexican pig farm.
H1N1 was already created in a lab years before. The public was lied to. Again, it is Baxter trusted to produce and test its own vaccines that has the patent.

The nasal spray is the most dangerous because it contains live virus that could be manipulated to create an intensified surge of infection and panic.
This will be needed to carry out the mandatory agenda.

But remember, every year 36,000 Americans die of flu complicated deaths. We can bet every single death this year will be used by media to push H1N1 vaccines.

Criminal intent?
When adding the legal manipulations, the secrecy, the drug company presence at WHO , the initial lies that swine flu H1N1 was a new virus, no independent testing, that laws have been passed so no drug maker can be sued for damages from their 'safe' products, the advanced established protocol to use military for a mild influenza,...it becomes difficult to breath without noticing a foul smell of criminal intent.

And what would motive be for such a global plot?
One theory is that a global elite cannot survive a random collapse that must come due to eventual resource depletion and too many people, so they have come up with a solution that preserves their total control. There are bio weapons that can be triggered by a third shot that could be used to selectively take down populations. They are now rushing to get the first two shots into us.

Depopulation with the bonus of being in control during crisis is this author's conclusion about motive, however the reader may deduce a different motive. Regardless, it is difficult to see anything benign in all the fraud and manipulation, so perhaps, without fully understanding their plan, we can see there is a criminal leadership on the level of the UN, WHO, CDC, certain presidents, drug companies, and corporate media, that has organized this debacle.

Missing in the criminals' entire equation is the good will within human beings to solve problems. Missing is cooperation and inclusiveness and compassion. Missing is true education and a truly informed and powerful citizenry.
The idea that the masses can be lifted to create a higher civilization never ever crosses their minds because they are gangsters and have been for centuries. The top dog can only bite and tear.
Vaccines cannot slow the spread of an epidemic... they can only somewhat reduce symptoms in the individual. There is no sound rationale for mandatory vaccinations. The widespread erroneous assumption that shots will slow infection rate is being marketed to a naive public via our schools and airports.

Do not let anyone you care about take untested vaccines without first showing them the research. Protest a mandatory agenda in your neighborhood and municipality as if your life depends on it, for it probably will.

We are all Jews in Hitler Germany now. Never again!
Have compassion for the police as individuals who in their hearts, also want a civilization based on good will.
Expect intensified media panic. Expect protest news to be censored. And expect the monsters behind this plot to fail, and people power to prevail.
The more concentrated 'their' power becomes, the closer they will come to their own end. Things will get worse before better, but the good will within you can never be taken away.

Be strong! Think!

THE FLU CASE

French scientist calculates people 50 times more likely to die from "swine flu" jab than from flu

The Flu Case, 14 October 2009 11:19
https://web.archive.org/web/20100816013724/http://www.theflucase.com/index.php?option=com_content&view=article&id=1027:french-scientist-calculates-people-50-times-more-likely-to-die-from-qswine-fluq-jab-than-from-flu&catid=1:latest-news&Itemid=64&lang=en

French scientist Jean-Jacques Crevecouer has calculated that people are 50 times more likely to die from the "swine flu" vaccination than from the actual flu.

While there is a one in 520,000 chance of dying from the "swine flu", according to his calculations, there is a one in 10,000 chance of dying from the "swine flu" jab on the basis of the moderate fatalities estimated by French doctor Marc Girard alone.

Jean-Jacques Crevecour has listed his reasons for refusing the jab in his latest post:

Pourquoi je refuse catégoriquement le vaccin contre la grippe H1N1?

Cette énumération de raisons n'engage que moi. Ce sont les conclusions auxquelles je suis arrivé, après plusieurs mois d'études approfondies des documents scientifiques, des publications officielles et des déclarations des instances sanitaires. Je vous ai placé quelques liens de sites Internet pour que vous puissiez vérifier par vous-même l'information, et pour que vous puissiez approfondir votre propre réflexion. Comme vous le verrez, les raisons de mon refus sont nombreuses. Je ne vous demande pas d'adhérer Ã l'ensemble de mes arguments, car chacun a une sensibilité différente. Ce que je vous invite Ã faire, c'est de ressentir quelles sont les phrases qui entrent en résonance avec votre propre réalité. Et de suivre simplement la voix de votre conscience. De toute manière, une seule raison devrait suffire pour vous pousser Ã refuser ce vaccin. Si tel est votre choix, pour vous et pour vos proches.

je refuse ce vaccin parce qu'il n'existe, Ã ce jour, aucune pandémie de grippe en 2009 (Je rappelle que c'est l'OMS qui, le 27 avril 2009, a manipulé la définition d'un niveau de pandémie et a abaissé fortement le seuil d'atteinte d'une pandémie - Voir:
http://www.who.int/csr/disease/influenza/pipguidance09FR.pdf.

Avant cette date, les chiffres actuels n'auraient même pas fait l'objet de la moindre communication médiatique. En effet, cette grippette n'a fait que 4.525 morts (chiffres de l'OMS au 4 octobre 2009 – voir: http://www.who.int/csr/don/2009_10_09/en/index.html), soit cinquante fois moins que la grippe saisonnière habituelle, qui tue entre 250.000 et 500.000 personnes par an! - voir: http://www.who.int/mediacentre/factsheets/fs211/fr/);

je refuse ce vaccin parce que quarante années de vaccination antigrippale n'ont apporté aucune preuve convaincante de son efficacité (En d'autres termes, depuis quarante ans, les gens vaccinés contre la grippe sont aussi malades de la grippe que les non-vaccinés – voir : http://www.rolandsimion.org/IMG/pdf/Vacciner_ou_pas.pdf , mais dépensent davantage en soins de santé dans l'année qui suit la vaccination) ;

je refuse ce vaccin parce que j'ai 50 fois plus de chances de mourir des conséquences de la vaccination que de mourir de cette grippe (en effet, si dans les six prochains mois, on double le

nombre de morts provoqués par la grippe H1N1, cela fera 13.000 morts en un an pour l'ensemble de la planète (6,8 milliards d'habitants). J'ai donc une chance sur 520.000 de mourir de la grippe. Par contre, d'après le pharmacoépidémiologue Marc Girard, nous avons une chance sur 10.000 de mourir des suites de ce vaccin H1N1 – voir:http://www.youtube.com/watch?v=dXAK_6iZbH0&feature=player_embedded#. Faites le calcul: j'ai donc, en cas de vaccination forcée, cinquante fois plus de chances de mourir de la vaccination que de la grippe);

je refuse ce vaccin parce que l'histoire récente a montré que le dernier vaccin préparé dans la précipitation contre une pandémie de grippe porcine (qui n'a jamais eu lieu) en 1976 a fait bien plus de morts que la pandémie elle-même et a causé des milliers d'effets secondaires (dont plus de 530 cas de Guillain Barré) voir : http://pharmacritique.20minutes-blogs.fr/archive/2009/08/26/la-grippe-a-ou-grippe-porcine-de-1976-epidemie-d-effets-seco.html ;

je refuse de servir de cobaye pour tester un nouveau type de vaccin que je n'ai pas demandé et qui n'a jamais été testé en aucune circonstance (voir, Ã ce propos, l'excellent argumentaire du syndicat national des professionnels infirmiers, en France:
http://www.syndicat-infirmier.com/Vaccination-H1N1-mefiance-des.html);

je refuse ce vaccin parce qu'aucun test sérieux n'a été effectué pour mesurer l'effet Ã long terme (quelques mois Ã quelques années) des adjuvants (dont le squalène) contenus dans ce nouveau type de vaccin (voir aussi le même argumentaire du Syndicat des infirmiers. C'est la première fois que ce type de vaccin sera mis sur le marché, avec des doses d'antigène dix fois moins élevées. Ce qui oblige les fabricants Ã augmenter la quantité d'adjuvants et d'additifs, sans disposer d'aucun recul sur les conséquences de ce changement en termes de santé publique et en termes de sécurité);

je refuse ce vaccin parce qu'il contient plus de mercure (sous forme de Thimérosal) que tous les vaccins jamais fabriqués ;

je refuse ce vaccin parce qu'aucun échantillon suffisamment large de population ne sera utilisé pour détecter les effets secondaires sévères et rares de ce vaccin (par exemple, pour vérifier si le vaccin pourrait augmenter les cas de syndromes de Guillain Barré – voir:
http://www.dailymail.co.uk/news/article-1206807/Swine-flu-jab-link-killer-nerve-disease-Leaked-letter-reveals-concern-neurologists-25-deaths-America.html, il faudrait tester le vaccin pendant plusieurs semaines sur un échantillon d'un million de personnes avant sa mise en marché – voir: http://www.journals.uchicago.edu/doi/abs/10.1086/603560. Or, habituellement, les nouveaux vaccins sont testés sur quelques dizaines ou quelques centaines de personnes, pendant quelques jours);

je refuse de recevoir dans mon corps, par l'entremise de ce vaccin, l'information génétique contenue dans le virus A H1N1, tant que toute la lumière n'aura pas été faite sur son origine mystérieuse (en effet, je rappelle que l'équipe du laboratoire de Pathologie Moléculaire des Forces Armées Américaines, sous la direction du docteur J.K. Taubenberger, a déterré, en 2004, le cadavre d'une victime de la grippe espagnole de 1918 pour prélever des tissus pulmonaires – voir:
http://www.sciencemag.org/cgi/content/abstract/310/5745/77 ou
http://www.nature.com/nature/journal/v437/n7060/abs/nature04230.html. Grâce Ã cela, ils ont ressuscité le virus pandémique de 1918, ce qui a inquiété plusieurs scientifiques Ã propos des possibilités d'utilisation de ce virus comme arme bio-terroriste – voir:
http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(06)70442-X/fulltext.
Le fait que ces manipulations aient été faites dans un laboratoire des Forces Armées Américaines n'a rien pour me rassurer. Voir aussi les déclarations de l'expert russe Leonid Ivachov:
http://etat-exception.blogspot.com/2009/05/leonid-ivachov-les-medecins-militaires.html);

je refuse ce vaccin qui m'est imposé Ã coups de propagande par les médias, Ã coups de mensonges et de manipulation de la part des autorités sanitaires et Ã coups de lois liberticides qui feraient de moi un criminel passible d'emprisonnement si je refuse de m'y soumettre;

je refuse ce vaccin parce que depuis des années, je prends soin de mon équilibre physiologique, émotionnel et intérieur de manière autonome et responsable, sans recourir Ã des médicaments et des vaccins susceptibles d'engendrer bien plus d'effets secondaires indésirables que les bénéfices qu'ils procurent (surtout que dans le cas spécifique des vaccins antigrippaux, aucun bénéfice n'est Ã mettre Ã l'actif de ceux-ci) ;

je refuse ce vaccin parce que je revendique le droit inconditionnel et inaliénable d'être malade, car j'ai compris depuis des années que - comme le disait Carl Gustav Jung - *« la maladie est l'effort que fait la nature pour retrouver son équilibre. »* Et je préfère être malade de la grippe pendant quatre jours, que paralysé pendant mes quarante prochaines années de vie;

je refuse ce vaccin parce que je n'ai aucune garantie qu'on ne m'injectera pas, par la même occasion, une micro-puce fabriquée par Hitachi ou Verichip, sous prétexte de pouvoir détecter en temps réel la présence du virus H1N1 dans mon corps (voir:
http://www.verichipcorp.com/092109.html), me réduisant par le fait-même Ã une proie qu'on peut suivre Ã la trace, Ã du bétail qu'on peut manipuler Ã distance par ondes radio-fréquence et Ã un citoyen dont on peut, Ã tout moment, contrôler les dossiers médical, juridique, judiciaire, administratif, bancaire et personnel (voir aussi ce reportage de LCI:
http://www.dailymotion.com/video/x5fyck_puce-sous-cutanee-rfid-verichip-mic_news);

je refuse ce vaccin parce que je n'ai plus aucune confiance dans l'intégrité des scientifiques et des responsables politiques en conflit d'intérêt permanent avec les compagnies pharmaceutiques ;

je refuse ce vaccin parce que je n'ai plus aucune confiance dans l'indépendance et la neutralité de l'Organisation Mondiale de la Santé, financée par des banques privées (Rockefeller, Rothschild et Morgan) qui détiennent des parts majoritaires dans les plus grosses compagnies fabriquant les vaccins;

je refuse ce vaccin parce que je ne veux pas être complice de l'enrichissement des sociétés pharmaceutiques sous prétexte de m'offrir une protection factice et illusoire ;

je refuse ce vaccin, tout simplement, parce que nul ne peut m'obliger Ã accepter un remède ou un traitement médical sans mon consentement libre et éclairé ;

je refuse ce vaccin qui ferait de moi l'esclave soumis de l'élite du monde. Et je suis conscient que mon refus m'élève au-dessus de la logique maître - esclave et me transforme en individu debout, libre et souverain.

Pour certains d'entre vous, il ne reste que quelques jours pour choisir l'attitude que vous adopterez. Continuerez-vous Ã vivre dans la peur et dans la soumission ? Ou allez-vous enfin vous mettre debout et reprendre votre vie et votre santé en mains, de façon autonome et responsable?

Quelque soit votre choix, faites-le en conscience. Que votre OUI soit un OUI, et que votre NON soit un NON! Souvenez-vous que l'Ombre travaille, sans le savoir et sans le vouloir, au service de la Lumière. À vous, Ã présent, de choisir votre camp !

Restons debout et vigilants.
Cordiales salutations.
Jean-Jacques Crèvecoeur
Montréal (Québec - Canada)

TIEDOTTEET

Poll: 75% Of Finns Don't Want The Swine Flu Vaccine

Tiedotteet, 15 October 2009, 10:39
https://web.archive.org/web/20091022100151/http://sikainfluenssa.biz/628/poll-75-of-finns-dont-want-the-swine-flu-vaccine

In Finland at least three somewhat big media outlets, Ilta-Sanomat, MTV3 and Helsingin Sanomat, have held polls asking the Finnish people if they are going to take the swine flu vaccine. The results are as follows.

The first online poll was held by MTV3. It's unclear how many people took part in it, but 61% said they do not want the swine flu vaccine.

Nearly 12,000 people answered the Helsingin Sanomat gallup, and the overwhelming majority, 75%, answered "No".

Then a third poll at the end of September held by Ilta-Sanomat rendered the exact same percentage as the Helsingin Sanomat gallup, 75% will not be taking the vaccine. Over 16,000 people took part in the Ilta-Sanomat poll.

So it seems that inspite of intense government and mainstream media propaganda and fear mongering on the swine flu, the Finnish people have not bought the hype. Better luck next time.

=> the same article

THE FLU CASE

Johan Niklasson

Poll: 75% Of Finns Don't Want The Swine Flu Vaccine

The Flu Case 18 October 2009
https://web.archive.org/web/20100816022029/http://www.theflucase.com/index.php?option=com_content&view=article&id=1140:75-per-cent-of-finns-will-not-take-the-qswine-fluq-vaccine&catid=41:highlighted-news&Itemid=105&lang=en

lesoir.be
Premier site francophone d'informations en Belgique

Ricardo Gutiérrez

Grippe A: l'Etat assigné en justice

Le Soir, 15 Octobre 2009, 10:07
https://web.archive.org/web/20091018041159/http://www.lesoir.be/actualite/belgique/2009-10-15/grippe-etat-belge-assigne-732585.shtml

Des adversaires du vaccin contre la grippe A/H1N1 assignent l'Etat belge en justice. Ils demandent la suspension de la campagne de vaccination. D'autres actions judiciaires sont annoncées, alors que les députés sont appelés à voter, ce jeudi, la loi de pouvoirs spéciaux sur la grippe.

EPA

Cinq membres du collectif Initiative citoyenne, qui contestent la campagne de vaccination volontaire et gratuite contre le virus de la grippe A/H1N1, ont assigné l'État belge en justice. Leurs avocats, Georges-Henri Beauthier, Philippe Vanlangendonck et Inès Wouters, ont déposé, mercredi soir, une citation, en référés, au tribunal civil de Bruxelles. D'autres actions judiciaires sont annoncées, alors que les députés sont appelés à voter, ce jeudi, la loi de pouvoirs spéciaux qui régularisera les procédures engagées par le ministère de la Santé pour lutter contre l'épidémie… La présidente de la Commission santé de la Chambre, Muriel Gerkens (Ecolo) annonce des amendements afin d'éviter le risque de voir les autorités sanitaires imposer une campagne de vaccination obligatoire (ce qui reste possible, dans l'état actuel du projet de loi déposé par le gouvernement).

Plaidant le caractère expérimental du vaccin contre la grippe «pandémique» et le manque d'informations de la part des autorités sanitaires face aux risques encourus par les candidats à la vaccination, les plaignants estiment que l'Etat belge porte atteinte à leur « droit fondamental et absolu à l'intégrité physique ».

«Des cobayes»

«Les citoyens qui se verront administrer le vaccin sont en fait des cobayes, commente Me Wouters, *faute d'un consentement éclairé de leur part». «Il est strictement interdit de faire des essais cliniques de vaccins sur des femmes enceintes, pour des raisons éthiques évidentes, ajoute Me Vanlangendonck, mais nos autorités s'apprêtent, la semaine prochaine, à administrer gratuitement le vaccin contre la grippe A/H1N1 aux femmes enceintes, en tant que groupe à risque à protéger! Qu'on nous explique?»*.

Les plaignants contestent aussi la procédure d'enregistrement centralisé des patients vaccinés, via la plateforme électronique e-health. Cette formalité, qui est également contestée par les syndicats médicaux (tant l'Absym que le GBO), violerait leur droit à la vie privée. La citation introduite en référés demande la suspension de la campagne de vaccination.

an English version is on the next page =>

THE FLU CASE

Belgian lawyers take legal action against mass "swine flu" vaccinations

The Flu Case, 16 October 2009

https://web.archive.org/web/20100817032235/http://www.theflucase.com/index.php?option=com_content&view=article&id=1086:belgian-lawyers-take-legal-action-to-stop-mass-qswine-fluq-vaccinations&catid=41:highlighted-news&Itemid=105&lang=en

Five Belgian citizens went to court on Wednesday evening to stop the mass "swine flu“ vaccinations.

Three lawyers representing the citizen’s group deposited court filings in Brussels to stop the government from implementing a mass vacccination campaign, arguing that the "swine flu“ jabs are untested, pose risks, and that the government, by mandating them without giving adequate information, is in breach of its duty to protect the fundamental right of its citizens to health and life.

The legal steps are being taken as the Belgium parliament meets today, Thursday, to decide whether to give the government sweeping "emergency“ powers to fight the „swine flu“ pandemic.

Belgian MPs are under increasing pressure to drop a provision that would allow forced vaccinations, and the President of the Chamber of Health Muriel Gerkens has said that this clause will be omitted in new draft legislation.

Lawyers Georges-Henri Beauthier, Philippe Vanlangendonck and Inès Wouters have said additional legal action is envisaged as the protests over the mass "swine flu“ vaccination campaign grows.

"Citizens who are going to be given this vaccine are being turned into guinea pigs,“ said Ines Wouters.
"It is strictly forbidden to undertake clinical vaccine trials on pregnant women, for ethical reasons that are evident, but authorities are planning to administer from next week onwards the H1N1 vaccines to pregnant womenâ€¦.How can that be explained?“ said Philippe Vanlangendonck.

PRESSEPORTAL

Deutschland-Trend im ARD-Morgenmagazin Mehrheit der Deutschen geht nicht zur Schweinegrippeimpfung

Presse Portal, 16 Oktobre 2009, 00:00
https://www.presseportal.de/pm/6694/1494240

Köln (ots).
Über die Hälfte der Deutschen sieht derzeit keine Notwendigkeit sich gegen die Schweinegrippe durch eine Impfung zu schützen. 39% der Deutschen würden sich auf keinen Fall gegen die Schweinegrippe impfen lassen, jeder Vierte (27%) würde wahrscheinlich nicht zur Impfung gehen. Nur 19% der Befragten würden sich wahrscheinlich den Impfschutz abholen. Und 12% der Deutschen sind sich ganz sicher: Sie wollen, wenn möglich, eine Impfung. Dies ergab eine Umfrage von Infratest dimap im Auftrag des ARD-Morgenmagazins.

Kaum Angst: Nur 18% der Deutschen lassen sich durch die Schweinegrippe verunsichern Nur 4% der Bundesbürger sind wegen der Schweinegrippe und den Nebenwirkungen einer Schutzimpfung stark verunsichert. 14% fühlen sich verunsichert. Rund jeder Dritte (32%) ist wenig beunruhigt, und jeder Zweite (50%) ist es gar nicht.

Deutschland-Trend: Kurz nach der Wahl gibt es nichts Neues Auf die Frage, wem die Bürgerinnen und Bürger ihre Stimme geben würden, wenn am kommenden Sonntag Bundestagswahl wäre, antworten 34% der Befragten, sie würden die CDU/CSU wählen. 22% würden sich für die SPD entscheiden, 14% für die FDP, 12% für die Grünen, 13% für die Linke und 5% für die sonstigen Parteien.

Im Vergleich zur Deutschlandtrend-Umfrage der Vorwoche gewinnen die Grünen einen Prozentpunkt, die SPD verliert einen Prozentpunkt. Die Stimmen für die Union, FDP, die Linken und die sonstigen Parteien bleiben unverändert.

Befragt wurden am 13. und 14. Oktober 1000 Bundesbürger. Die Fehlertoleranz liegt bei 1,4 (bei einem Anteilswert von 5%) bis 3,1 (bei einem Anteilswert von 50%) Prozentpunkten. Die vollständige Untersuchung kann unter Tel. 02150 - 20 65 62 oder 0172- 24 39 200 (Agentur Ulrike Boldt) angefordert werden. Die Ergebnisse werden im ARD-Morgenmagazin am Freitag, 16. Oktober 2009, veröffentlicht.

the same text =>

Bankkaufmann.com

Deutschland-Trend im ARD-Morgenmagazin Mehrheit der Deutschen geht nicht zur Schweinegrippeimpfung

Bankkaufmann, 16 Oktobre 2009
https://www.bankkaufmann.com/a-231167-Deutschland-Trend-im-ARD-Morgenmagazin-Mehrheit-der-Deutschen-geht-nicht-zur-Schweinegrippeimpfung.html

Aachener Zeitung

Umfrage: Mehrheit der Deutschen will keine Schweinegrippeimpfung

Aachener Zeitung, 16 Oktobre 2009, um 07:30 Uhr
https://www.aachener-zeitung.de/ratgeber/gesundheit/Mehrheit-der-Deutschen-will-keine-Schweinegrippeimpfung_aid-27481731

Über die Hälfte der Deutschen sieht einer Umfrage zufolge derzeit keine Notwendigkeit für eine Impfung gegen die Schweinegrippe. 39 Prozent der Deutschen würden sich auf keinen Fall gegen die Schweinegrippe impfen lassen, 27 Prozent würden wahrscheinlich nicht zur Impfung gehen, ergab eine Umfrage von Infratest dimap im Auftrag des ARD-«Morgenmagazins». Nur 19 Prozent der Befragten würden sich wahrscheinlich den Impfschutz abholen. Zwölf Prozent der Deutschen sind sich sicher: Sie wollen, wenn möglich, eine Impfung.

Auch vor dem Grippevirus H1N1 gibt es kaum Angst: Nur 18 Prozent der Deutschen lassen sich durch die Schweinegrippe verunsichern. Vier Prozent der Bundesbürger sind wegen der Schweinegrippe und den Nebenwirkungen einer Schutzimpfung stark verunsichert. 14 Prozent fühlen sich verunsichert. Rund jeder Dritte (32 Prozent) ist wenig beunruhigt, und jeder Zweite (50 Prozent) ist es gar nicht.
Befragt wurden am 13. und 14. Oktober 1000 Bundesbürger.

apotheke adhoc

Schweinegrippe: Mehrheit lehnt Impfung ab

Apotheke Adhoc, 16 Oktobre 2009, 06:40 Uhr
https://www.apotheke-adhoc.de/nachrichten/detail/panorama/mehrheit-lehnt-impfung-ab/

Mehr als die Hälfte der Deutschen sieht laut einer Umfrage keine Notwendigkeit, sich gegen die Schweinegrippe impfen zu lassen. Wie die Untersuchung von Infratest dimap im Auftrag des ARD-Morgenmagazins ergab, würden sich 39 Prozent der Deutschen "auf keinen Fall" gegen die Schweinegrippe impfen lassen, 27 Prozent "wahrscheinlich nicht". Nur 19 Prozent der Befragten wollen sich "wahrscheinlich" impfen lassen, 12 sind sich "ganz sicher", dass sie eine Impfung wollen. Der Start der massenhaften Impfung ist in Deutschland für den 26. Oktober geplant.

Die Umfrage ergab auch: Nur 14 Prozent der Deutschen fühlen sich von der Schweinegrippe "verunsichert". 4 Prozent der Bundesbürger sind wegen der Schweinegrippe und den Nebenwirkungen einer Schutzimpfung sogar "stark verunsichert". Die meisten sind dagegen in Sachen Schweinegrippe entspannt. Fast jeder Dritte (32 Prozent) ist "wenig beunruhigt" und jeder Zweite (50 Prozent) ist "gar nicht beunruhigt". Befragt wurden am 13. und 14. Oktober 1000 Bundesbürger.

Aachener Zeitung

Patienten unterschätzen Risiken von Nasensprays

Aachener Zeitung, 16 Oktobre 2009, um 12:48 Uhr
https://web.archive.org/web/20210623053250/https://www.aachener-zeitung.de/ratgeber/gesundheit/patienten-unterschaetzen-risiken-von-nasensprays_aid-27482729

Hamburg: Viele Menschen unterschätzen nach einer Umfrage das Risiko von Nasensprays. Insgesamt 40 Prozent der Befragten gingen davon aus, abschwellende Sprays bis zu zwei Wochen oder länger ohne gesundheitliche Gefährdung benutzen zu können.

Von dpa
Das teilte die Techniker Krankenkasse (TK) am Freitag in Hamburg mit.
Vier Prozent hielten sogar die unbegrenzte Verwendung für unbedenklich. "Dabei führen abschwellende Nasensprays schon nach nur ein bis zwei Wochen zu einer Gewöhnung. Die Sprays können zu einer Nasenspray-Abhängigkeit führen", sagte TK-Apothekerin Ursula Battmer. Nach Schätzungen der Deutschen Hauptstelle für Suchtfragen gibt es 100.000 Nasenspray- Süchtige in Deutschland.
Für die repräsentative Umfrage hatte Forsa 1000 Menschen befragt. Jeder Achte sagte, er habe Nasenspray schon einmal länger als empfohlen eingesetzt. Bei den 18 bis 25 Jahre alten Befragten setzte sogar jeder Fünfte die Mittel übermäßig lange ein.
Die Sprays führen im Normalfall dazu, dass sich die Blutgefäße in der Nasenschleimhaut zusammenziehen und der Kranke wieder besser durch die Nase atmen kann, erklärte Battmer. "Das ist bei akuten Erkältungen gewünscht, damit die Nasennebenhöhlen besser belüftet werden und sich nicht entzünden." Eine längere Anwendung aber sei gefährlich. "Beim Einsatz von Nasenspray über einen langen Zeitraum kann es auch zu schweren Schäden in der Nase kommen, die von einem Arzt behandelt werden müssen."

THE FLU CASE

81% of Germans say they are not likely to take the "swine flu" jab

The Flu Case, 16 October 2009 10:12
https://web.archive.org/web/20100816013809/http://www.theflucase.com/index.php?option=com_content&view=article&id=1101:81-of-germans-say-not-likely-to-take-the-qswine-fluq-jab-&catid=41:highlighted-news&Itemid=105&lang=en

A new poll shows that the majority of Germans at 81 per cent are not likely to get the "swine flu jab." A total of 39 per cent said they will definitely not get the jab. 27 per cent said that they are not likely to get the jab compared to only 19 per cent, who said that they are likely to get the jab.
Only 12 per cent of Germans will definitely get the "swine flu" jab, according to the ARD poll of 1000 people conducted on October 13th and 14th.
The new poll comes amid growing concerns over the safety of the jab, fuelled by the decision of the German army to order a completely different vaccine without mercury and adjuvants that has been mandated by WHO and the German government.

stralingsarm-nederland.org
http://www.stralingsarm-nederland.org

Nederlandse stichting eist informatie over de griepvaccins bij de rechter

Stralingsarm-Nederland, The Flu Case, 17 October 2009
https://web.archive.org/web/20091022105239/http://www.theflucase.com/index.php?option=com_content&view=article&id=1126%3Adutch-foundation-goes-to-court-to-find-out-what-is-in-the-shot&catid=1%3Alatest-news&Itemid=64&lang=en

De stichting 'StralingsArm Nederland' is naar de rechter gestapt omdat het exact wil weten wat er in de vaccins tegen de Mexicaanse griep zit. 'Dit is informatie die van cruciaal belang is voor iedere burger die zich een oordeel wil vormen over het al dan niet toestemmen in de vaccinatie.'

'Het Nederlandse ministerie van Volksgezondheid en het College ter Beoordeling van Geneesmiddelen weigeren categorisch om documenten vrij te geven, die wij op 23 juli via de Wet Openbaarheid Bestuur opgevraagd hebben en die onontbeerlijk zijn om het vaccinatiebeleid te kunnen toetsen', zegt één van de initiatiefnemers van de stichting, de freelance-arts Jannes Koetsier.

'Wij willen kunnen beschikken over alle documenten die inzicht kunnen geven over de ingrediënten die in de griepvaccins zitten en over de producenten ervan. Ook moet er duidelijkheid komen wat voor afspraken er bestaan omtrent de juridische aansprakelijkheid, wanneer burgers gezondheidsschade oplopen door vrijwillige, verplichte of gedwongen vaccinatie.'

'Bepaalde ingrediënten in de vaccins, zoals kwik en aluminiumverbindingen, worden immers onder invloed van elektromagnetische straling 'elektro-aktief' en zouden daardoor, vooral in zenuwweefsel, onvoorspelbaar onheil kunnen aanrichten.'

Verder wil de stichting uitsluiten dat tegelijk met de vaccinatie een nano RFID-chip ingebracht zal worden.'

Het kort geding is aangespannen tegen de Nederlandse minister van Volksgezondheid, Ab Klink en het College ter Beoordeling van geneesmiddelen (CBG) zal volgende week donderdag worden behandeld bij de rechtbank in Zwolle.

Minister Klink van Volksgezondheid kondigde vandaag aan dat de vaccinaties tegen de Mexicaanse griep in Nederland rond half november zullen beginnen. Tot het eind van het jaar worden zo'n 10 miljoen vaccins toegediend.

Dutch foundation goes to court to find out what is in the shot
– The Flu Case, 17 October 2009

The Dutch foundation 'StralingsArm Netherlands' goes to the court because it wants to know exactly what the vaccines against the swineflu are containing. 'This information is critical for every citizen who wants to form an opinion on whether or not consent to the vaccination.'

The Dutch Ministry of Health and the Medicines Evaluation Board categorically refuse to release documents, which we have requested at July 23 through the Public Law Board.

It should also become clear what agreements exist about the legal liability when public health is damaged through voluntary, mandatory or compulsory vaccination.

Furthermore the foundation wants exclude that at the same time with vaccination nano RFID-chip will be inserted.

The case is brought against the Dutch health minister, Ab Klink and Evaluation Board medicines (CBG) and will be discussed next week at the court in Zwolle.

Minister Klink of Public Health announced today that the vaccination against the swineflu in the Netherlands will start around mid November. Until the end of the year he wants about 10 million vaccines administered.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Mike Adams

Ten questions about flu vaccines that doctors and health authorities refuse to answer

Infowars, 17 October 2009
https://web.archive.org/web/20091125045135/http://www.infowars.com/ten-questions-about-flu-vaccines-that-doctors-and-health-authorities-refuse-to-answer/

Vaccine mythology remains rampant in both western medicine and the mainstream media. To hear the vaccination zealots say it, vaccines are backed by "good science," they've been "proven effective" and they're "perfectly safe."

Oh really? Where's all that good science? As it turns out, there's isn't any. Flu vaccines (including swine flu vaccines) are based entirely on a *vaccine mythology* that assumes all vaccines work and no vaccines can be scientifically questioned. Anyone who dares question the safety or effectiveness of vaccines is immediately branded a danger to public health and marginalized in the scientific community.

Here are ten questions vaccine-pushing doctors and health authorities absolutely refuse to answer:

#1) Where are the randomized, double-blind, placebo-controlled studies proving flu vaccines are both safe and effective?

Answer: There aren't any. (Flu vaccines revealed as the greatest quackery ever pushed in the history of medicine. – Natural News, 14 October 2009)
https://web.archive.org/web/20100105014224/http://www.naturalnews.com/027239_vaccines_flu_vaccine_.html

#2) Where, then, is the so-called "science" backing the idea that flu vaccines work at all?

Answer: Other than "cohort studies," there isn't any. And the cohort studies have been thoroughly debunked. Scientifically speaking, there isn't a scrap of honest evidence showing flu vaccines work at all.

#3) How can methyl mercury (Thimerosal, a preservative used in flu vaccines) be safe for injecting into the human body when mercury is an extremely toxic heavy metal?

Answer: It isn't safe at all. Methyl mercury is a poison. Along with vaccine adjuvants, it explains why so many people suffer autism or other debilitating neurological side effects after being vaccinated.

#4) Why do reports keep surfacing of children and teens suffering debilitating neurological disorders, brain swelling, seizures and even death following flu vaccines or HPV vaccines?

Answer: Because vaccines are dangerous. The vaccine industry routinely dismisses all such accounts – no matter how many are reported – as "coincidence."

#5) Why don't doctors recommend vitamin D for flu protection, especially when vitamin D activates the immune response far better than a vaccine? => (Sixty million years of evolution says vitamin D may save your life from swine flu. – Natural News, 13 October 2009)
https://web.archive.org/web/20100104214539/http://www.naturalnews.com/027231_Vitamin_D_immune_system_vaccines.html

Answer: Because vitamin D can’t be patented and sold as "medicine.” You can make it yourself. If you want more vitamin D, you don’t even need a doctor, and doctors tend not to recommend things that put them out of business.

#6) If human beings need flu vaccines to survive, then how did humans survive through all of Earth’s history?

Answer: Human genetic code is already wired to automatically defend you against invading microorganisms (as long as you have vitamin D). (Sixty million years of evolution says vitamin D may save your life from swine flu. – Natural News, 13 October 2009)
https://web.archive.org/web/20100104214539/http://www.naturalnews.com/027231_Vitamin_D_immune_system_vaccines.html

#7) If the flu vaccine offers protection against the flu, then why are the people who often catch the flu the very same people who were vaccinated against it?

Answer: Because those most vulnerable to influenza infections are the very same people who have a poor adaptive response to the vaccines and don’t build antibodies. In other words flu vaccines only "work” on people who don’t need them. (And even building antibodies doesn’t equate to real-world protection from the flu, by the way.)

#8) If the flu vaccine really works, then why was there no huge increase in flu death rates in 2004, the year when flu vaccines were in short supply and vaccination rates dropped by 40%?
(Flu vaccines revealed as the greatest quackery ever pushed in the history of medicine. – Natural News, 14 October 2009)
https://web.archive.org/web/20100105014224/http://www.naturalnews.com/027239_vaccines_flu_vaccine_.html

Answer: There was no change in the death rate. You could drop vaccination rates to zero percent and you’d still see no change in the number of people dying from the flu. That’s because flu vaccines simply don’t work.

#9) How can flu vaccines reduce mortality by 50% (as is claimed) when only about 10% of winter deaths are related to the flu in the first place?

They can’t. The 50% statistic is an example of quack medical marketing. If I have a room full of 100 people, then I take the 50 healthiest people and hand them a candy bar, I can’t then scientifically claim that "candy bars make people healthy.” That’s essentially the same logic behind the "50% reduction in mortality” claim of flu vaccines. (Flu vaccines revealed as the greatest quackery ever pushed in the history of medicine. – Natural News, 14 October 2009)

#10) If flu vaccines work so well, then why are drug makers and health authorities so reluctant to subject them to scientific scrutiny with randomized, placebo-controlled studies?

Answer: Although they claim such studies would be "unethical,” what’s far more unethical is to keep injecting hundreds of millions of people every year with useless, harmful vaccines that aren’t backed by a shred of honest evidence.

Vaccine voodoo?

The vaccine industry is about making money, not actually offering immune protection against the flu. Whether people get the flu or not is irrelevant to the bottom-line profits of the drug companies. What matters most is that people continue to take the flu shots, and making that happen depends entirely on pushing the vaccine mythology that infects the minds of doctors and health authorities today.

There was a time when all "good” doctors believed in bloodletting. Sickness was caused by evil spirits, they thought, and releasing pints of blood from the patient would clear the evil spirits and accelerate healing. Any doctor who questioned the science behind bloodletting was called a "denier.” All the "good” doctors said, "We know bloodletting works, so we don’t need science to back it up.”

Today, you hear the exact same thing about vaccines. "We know they work," doctors claim, "so we don't need any real science to back it up." Anyone who questions the safety of flu vaccines (or H1N1 vaccines) is branded a "denier." Anyone who asks for solid scientific evidence supporting the efficacy of vaccines is called a troublemaker. They don't need any evidence. They already know vaccines work.

With that being the case, why bother calling it medicine at all? Why not just call it VOODOO? Why not accompany vaccines with the wave of a magic wand and some shamanic chanting? Maybe doctors should tell their patients to cross their fingers before being injected with a vaccine because "that makes it work better."

Seriously. Everything that doctors accuse "quacks" of doing with homeopathy, or herbs, or energy medicine is now being done by the doctors themselves when it comes to vaccines. They are following the exact same "quackery" they accuse other of pursuing.

This brings me to an important observation about modern medicine: MY quackery is okay, but YOUR quackery isn't!

That's the attitude of vaccine-pushing doctors and health authorities. As long as the quackery is widely agreed upon by the medical masses, then to heck with actual scientific evidence.

Quackery only needs good company, not good science, to be accepted as true.

Why natural medicine is inherently safer

Of course, these vaccine devotees might say, well, you don't have any good evidence to support your anti-viral herbs, or your medicinal teas, or your vitamin D nutrition either. But in saying that, they miss the whole point: Foods, herbs and nutrition are all natural, biocompatible healing elements that have been part of the human experience for as long as humans have roamed this planet. A chemical injection with a sharp needle that pierces the skin, on the other hand, is extremely interventionist. It's unnatural and in many ways quite radical. As such, it demands *a higher burden of scientific proof* than something that human beings have evolved with over time.

Foods, herbs and natural medicines have been around for millions of years. Vaccines have existed for less than a hundred years, and routine season flu vaccinations have really only been pushed hard for less than twenty years. *They have no track record of success.* They aren't natural, they aren't compatible with human biology, and they contain extremely toxic substances that clearly do not belong in the human body.

Given such extremes, the burden of proof for both safety and efficacy of vaccines falls onto those who would advocate them. And yet, to this day, no such proof has been offered… or is even pursued. There isn't even a plan in place to someday find out if flu vaccines really work. The whole plan is to just pursue "business as usual" and keep injecting people whether it really works or not.

Vaccine needles would be far more honest if they were shaped like question marks.

Flu vaccines are the voodoo of modern medicine.

Seriously. You would have the same level of protection from the flu if you brought your own personal voodoo doll to the clinic and had them inject that with the vaccine instead of you!

That's an interesting idea, actually. We could really reduce national health care costs if we just administered western medicines to our voodoo dolls instead of our actual bodies. Got cancer? Just poison your voodoo doll with chemotherapy. Side effects are almost non-existent. Need heart bypass surgery? Just have them operate on the doll (it's far less complicated). Want some protection from the winter flu? Just vaccinate the doll. It's quick and painless.

The results would be no worse than what people are experiencing right now. In fact, in most cases they might actually be better.

ALEX JONES' PRISONPLANET.COM

Kurt Nimmo

German Chancellor, Ministers get Special Vaccine without Soft Kill Ingredients

Prison Planet, 18 October 2009.

https://web.archive.org/web/20091020001641/http://www.prisonplanet.com/german-chancellor-ministers-get-special-vaccine-without-soft-kill-ingredients.html

Spiegel Online is reporting that German Chancellor Angela Merkel and government ministers will receive a special, additive-free H1N1 vaccine. "The Vakzin [vaccine] does not contain disputed additives – contrary to the vaccine for the remainder of the population," reports the newspaper.



Angela Merkel, the German Chancellor, is shown here hobnobbing with fellow minions of the elite, Gordon Brown and Nicolas Sarkozy

Here is an English translation of the article.

"Critics argue that Adjuvantien [adjuvants in the vaccine] could lead to increased inoculation reactions such as headache or fever." The German government elite and the armed forces will receive Celvapan, an adjuvant-free vaccine manufactured by Baxter. The German public will receive a vaccine produced by GlaxoSmithKline with adjuvants.

Employees of the Paul Ehrlich Institute will also get the adjuvant-free vaccine. Johannes Löwer, president of the institute, said in August that the vaccine causes worse side effects than the virus. Löwer's comment came after German lung specialist Wolfgang Wodarg said the vaccine increases the risk of cancer. The nutrient solution for the vaccine consists of cancerous cells from animals.

Spiegel reports that there is an "open rebellion" by general medical professionals and child physicians in Germany over use of the toxic vaccine. Dieter Ludwig, chairman of the drug

commission of the German medical profession, told Spiegel that health authorities have colluded with pharmaceutical companies.

On July 13, the World Health Organization ordered the inclusion of the deadly adjuvants in the H1N1 vaccine. WHO's vaccine advisory panel is stacked executives from Baxter, Novartis, GSK and Sanofi. Baxter's own scientists have stated in the New England Journal of Medicine that adjuvants do not improve antibody response.

As Dr. Russell Baylock has warned, the adjuvant squalene is linked to the Gulf War Syndrome. Soldiers who took the anthrax vaccine from 1990 to 1991 had an increased risk of 200 percent in developing the deadly disease amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease. The soldiers also suffered from a number of debilitating and life-shortening diseases, such as polyarteritis nodosa, multiple sclerosis (MS), lupus, transverse myelitis (a neurological disorder caused by inflammation of the spinal cord), endocarditis (inflammation of the heart's inner lining), optic neuritis with blindness and glomerulonephritis (a type of kidney disease), according to Baylock.

"Because squalene, the main ingredient in MF-59, can induce hyperimmune responses and induce autoimmunity, a real danger exists for prolonged activation of the brain's immune cells, the microglia. This type of prolonged activation has been strongly associated with such diseases as multiple sclerosis, Alzheimer's disease, Parkinson's disease, ALS and possibly vaccine-related encephalitis. It has been shown that activation of the systemic immune system, as occurs with vaccination, rapidly activates the brain's microglia at the same time, and this brain inflammation can persist for long periods," notes Baylock.

The fact minions of the ruling elite in Germany will get a special vaccine without adjuvants is simply more evidence that squalene is a soft kill weapon designed to injure and slow kill the general population, considered by our eugenicist rulers as little more than useless eaters.

In the United States, a large number of people are refusing to take the deadly vaccine. In response, the government has launched a massive propaganda campaign.

If this propaganda effort fails, the government may eventually impose mandatory vaccinations on the public under the ruse of a public emergency.

Addendum

The CDC says H1N1 vaccine in the U.S. will not contain squalene, however some doses of the H1N1 vaccine *will* contain thimerosal, a known culprit in causing autism and neurological deficits.

On September 15, Physorg reported that the H1N1 vaccine will contain thimerosal. The mercury-based preservative "will be found in most vials of the H1N1 vaccine."

4,500 families are suing the government because they believe vaccines caused their child's autism.

"Studies indicate that mercury tends to accumulate in the brains of primates and other animals after they are injected with vaccines. Mercury poisoning has been linked to cardiovascular disease, autism, seizures, mental retardation, hyperactivity, dyslexia and many other nervous system conditions," writes Dawn Prate for Natural News. Since the 1990s, there has been a tenfold or 1000-percent increase in autism, according to research cited by Prate.

1976 All Over?
Makers of Vaccination Refuse to take H1N1

RT, 18 October 2009
https://www.youtube.com/watch?v=4wYDwUWFxjk

Now let's cross state side and the US has started to test a swine flu vaccine on children and adults U.S Department of Health and Human Services hopes to vaccinate at least 160 million people by December well for more on this Let's cross to our correspondent Prius who's in our Washington studio for us hello prayers so what are the hopes for the scene vaccine thanks well the swine flu vaccine has raised concerns with people across the world a new survey shows that one-third of British nurses have said that they will not take the swine flu vaccine because they're worried about the possible side effects now the swine flu vaccine from back in the 1970s which is supposed to be pretty similar to the one that's being offered today has been linked to a neurological disorder called the Guillain-Barre syndrome and joining me to discuss all of this is RT contributor and investigative journalist Wayne Madsen Wayne ... (=> see transcript ...)





WELT ONLINE

Wolfgang W. Merkel

Zwei-Klassen-Impfung ist ein verheerendes Signal
[Two-class vaccination is a devastating signal]

Welt, 18 Oktober 2009, 17:44 Uhr
https://web.archive.org/web/20091020232925/http://www.welt.de/wissenschaft/article4887314/Zwei-Klassen-Impfung-ist-ein-verheerendes-Signal.html

Die Bundesregierung, Ministerialbeamte und Mitarbeiter von oberen Bundesbehörden bekommen für den Schutz vor der Schweinegrippe einen verträglicheren und unbedenklicheren Impfstoff als der normale Deutsche. Kein ermutigendes Signal für den in seiner Impfentscheidung schwankenden Bürger.

Es ist ein verheerendes Signal – und ein entlarvendes: Die Bundesregierung, Ministerialbeamte und Mitarbeiter von oberen Bundesbehörden bekommen eine "Extrawurst". Nicht jener Impfstoff wird ihnen injiziert, mit dem sich der normale Bürger vor der Schweinegrippe schützen soll. Sie bekommen stattdessen, wie das Nachrichtenmagazin "Spiegel" vom Innenministerium erfuhr, eine später zugelassene Vakzine, die keinen Wirkverstärker ("Booster") enthält. Die Booster-freie Variante stufen viele Experten als verträglicher ein.

Das wirft zum einen ein verräterisches Licht auf die Bekundungen des Bundesgesundheitsministeriums und des für Impfstoffe zuständigen Paul-Ehrlich-Instituts (PEI). Warum eine Sonderbehandlung für Regierende und hohe Beamte, fragt sich der der Regierte. Das böse Wort von der Zwei-Klassen-Medizin drängt sich ihm auf. Und dann fällt ihm noch George Orwells Roman "Farm der Tiere" ein, in dem alle gleich sind, "aber manche sind gleicher".

Verheerend ist die Bestellung dieser 200.000 Impfstoffdosen für die Bemühung der Behörden, möglichst viele Deutsche von der Unbedenklichkeit des ihnen zugedachten Impfstoffs zu überzeugen. Schon zuvor hatte, so heißt es von Seiten der Ländergesundheitsministerkonferenz, nur etwa ein Viertel der Bevölkerung vor, sich impfen zu lassen. Jetzt lautet die Botschaft: So unbedenklich ist der Impfstoff nicht, deshalb sollen wichtige Entscheidungsträger einen harmloseren, besseren bekommen. Kein ermutigendes Signal für den in seiner Impfentscheidung schwankenden Bürger.

Es ist richtig: Nebenwirkungen dürften in den meisten Fällen über lokale Schmerzen oder Schwellungen an der Injektionsstelle, Kopfschmerzen oder Müdigkeit nicht hinausgehen. Das ist bei 90 Prozent aller Geimpften zu erwarten, wie eine Untersuchung schon 2007 ergab; die Studienergebnisse waren im renommierten Magazin "The Lancet" nachzulesen. Doch der Booster wurde nie an einer großen Zahl von Patienten angewandt oder getestet. Deshalb sind auch einzelne schwere Komplikationen nicht auszuschließen oder gar wahrscheinlich.

Keine Wirkung ohne Nebenwirkung, wussten Pharmakologen schon immer. Doch beides muss in einem vernünftigen Verhältnis zueinander stehen. Bei bedrohlichen Krankheiten sind Mediziner und ihre Patienten geneigt, ein größeres Komplikationsrisiko einzugehen, um einen schweren Gesundheitsschaden abzuwenden. Doch die Schweinegrippe ist unter dem Strich weit harmloser als

etwa die saisonale Grippe. An der Ersten starben weltweit bislang rund 3000 Menschen; sehr viele von ihnen in Ländern mit weit schlechterer Gesundheitsversorgung als Deutschland. Der saisonalen Grippe erliegen jedoch jedes Jahr allein in Deutschland 5000 bis 20.000 Menschen. Die Schweinegrippe verläuft hierzulande fast immer mild, da muss der Einzelne eigentlich gar nicht groß darüber nachdenken, ob er das Risiko einer Impfnebenwirkung eingehen will.

Dass sich die Bedrohlichkeit der Schweinegrippe in den kommenden Monaten ändert, ist wenig wahrscheinlich. Das zeigt die Erfahrung in Australien, wo es während des jetzt zu Ende gehenden Südwinters zu keiner gefährlichen wechselseitigen Vermischung von saisonaler und Schweinegrippe kam. Aber zugegeben: Es besteht ein Restrisiko. Dann würde auch eine Impfung mit Nebenwirkungen in einem anderen Licht erscheinen.

Vielleicht hatten Regierung und Gesundheitsbehörden keine andere Wahl als die Impfstoffentwicklung so schnell wie möglich zu forcieren. Würde das Restrisiko tragische Realität und kein Impfstoff wäre da – man würde die Verantwortlichen selbstverständlich der Verantwortungslosigkeit zeihen.

Aber fragen muss man doch, ob angesichts des in Europa fast immer milden Krankheitsverlaufs es nicht sinnvoll und notwendig gewesen wäre, nicht den ersten lieferbaren, sondern später den besseren Impfstoff zu bestellen. Die Verträge über 50 Millionen Dosen des Booster-Impfstoffs wurden übereilt geschlossen, jetzt muss die Bundesregierung diese auch abnehmen. Neben den 200.000 Dosen der verträglicheren Variante für Beamte nun noch weitere 50 Millionen für jedermann nachzubestellen, ist illusorisch – logistisch wie finanziell. Dass sie sich bei den Exklusivverträgen mit zwei Herstellern hat über den Tisch ziehen lassen, das bestätigt die Bundesregierung jetzt indirekt mit ihrer Extrawurst.

THE FLU CASE

Germans become aware of genocidal intention of their government

The Flu Case, 19 October 2009
https://web.archive.org/web/20091023032857/http://www.theflucase.com/index.php?option=com_content&view=article&id=1158:germans-become-aware-of-genocidal-intention-of-their-government-&catid=41:highlighted-news&Itemid=105&lang=en

The German Chancellor Angela Merkel, the Interior Minister Wolfgang Schüble and Health Minister Ulla Schmidt announced today that they are all going to get the same "swine flu" jab with mercury and adjuvants as the rest of the population as the uproar over the revelation that they had ordered special vaccines without the lethal preservatives and adjuvants continues.

A commentary in the mainstream "Die Welt" on October 18th gives a flavour of the reaction among the Germans to the news that their government has ordered poison for the population -- a poison doctors and nurses are refusing to take -- while ensuring a stockpile of harmless vaccines for themselves.

Two tier vaccination is a horrendous signal

It's a horrendous signal – and one that reveals a great deal: the (German) federal government, officials in ministries and staff working for in upper government offices are to get a "special deal." Not the same vaccine is going to be injected into them as into the ordinary citizen to protect them against the "swine flu." Instead, they are getting, as the news magazine "Spiegel" found out from the Interior Ministry, a vaccine that received market approval later on, which does not have any adjuvant (booster). The booster-free variation is considered by many experts to be less risky.

That throws a threacherous light on the announcments of the German health ministry and the Paul Ehrlich Institute (PEI) responsible for vaccines. Why should the government and high-ranking officials get special treatment, the people who they rule over are asking. The dirty word of a "two-tier medicine" comes to mind. And then thoughts turn to Orwell's novel "Animal Farm" where all are equal but "some are more equal."

Horrendous is the order of 200,000 doses of vaccine and the attempt by the officials to persuade as many Germans as possible that the vaccine meant for them is without risks. Before this, according to the state health ministry conference, only a quarter of the population planned to get vaccinated. Now the message is: the vaccine is not all that straightforward and that is why important decision-makers should need to get a version that is more harmless, and better. Not a very encouraging signal for a citizen unsure about whether to get the vaccination or not.

=> ref. to the article, published above

W. W. Merkel. **Zwei-Klassen-Impfung** ist ein verheerendes Signal. – Welt, 18. Oktober 2009.
https://web.archive.org/web/20091020232925/http://www.welt.de/wissenschaft/article4887314/Zwei-Klassen-Impfung-ist-ein-verheerendes-Signal.html

RADIO NETHERLANDS WORLDWIDE

Willemien Groot

Reluctance to have flu vaccine increases

Radio Netherlands Worldwide. 18 October 2009, 10:26 am
https://web.archive.org/web/20091021171154/http://www.rnw.nl/english/article/reluctance-have-flu-vaccine-increases

Just weeks before the Dutch vaccination campaign against influenza A(H1N1) is due to begin, the reluctance to have the vaccine is increasing. In the Netherlands, two thirds of nursing staff say they do not want to be vaccinated against the A(H1N1) virus. There is little enthusiasm for the flu jab in other European countries such as France, Belgium and Spain.

In a small pub often visited by nursing staff near Amsterdam's university hospital, the AMC, the question "Who wants to have the vaccination?" immediately sparks a lively debate. People have their doubts.

"*For me it's not really clear whether there is a reduced risk in vaccination or not, if there is a reduced risk for the patient. And it's not very clear so far. There are discussions on television and in the papers, but so far it's not very clear*."

Ute, who works in a home for people with disabilities, says she would not even consider having the vaccine:

"*No, I certainly wouldn't. For a start it is very difficult to really protect yourself against flu. Every flu jab targets a certain virus. And there are hundreds going around, so you are not protected at all. The side effects can be really serious. And it seems like there is a lot of panic-spreading going on. It is only the pharmaceutical industry that stands to benefit from it."*

Anti-vaccination groups

The reluctance to the H1N1 vaccine is not just limited to the Netherlands. The same debate is taking place in Spain, France and Belgium. Organisations which actively oppose the vaccination campaign are gaining momentum, says virologist and influenza advisor for the Belgian government, Marc van Ranst. They are spreading fears about side effects, the pharmaceutical industry and the government. It is high time we heard a well-informed counter-argument. The usual strategy of ignoring the problem is no longer working, says Mr Van Ranst.

"*And in any case the worst thing you can do is to allow even a glimmer of a rumour that vaccination might become obligatory. Let's be quite clear: obligatory vaccination is out of the question in any European country. This is a vaccine taken on a voluntary basis, when someone is convinced that this is good for his or her health. It is fine to get vaccinated, but it is also fine if you don't.*"

Caution appears to be the magic word. In the University Medical Centre St. Radboud in Nijmegen, the sixth information campaign in as many years which draws the attention of the medical staff to the importance of getting vaccinated is due to begin.

Successful campaigns

Here the response is 51 percent, compared to a national average of around 25 percent. In previous years, vaccination campaigns were just for seasonal flu. Now attention is focused on the A(H1N1) virus. Nannet van der Geest, company doctor at the hospital and closely involved in the campaign, is not keen on compulsory vaccination campaigns like the one in the United States.

"*I think it's important to give the right information and to motivate the healthcare workers. Have a little patience because when I look back, in the last few years you can see the percentage is increasing. So give it a try. I don't like to force those things*."

Ignorance

Virologist Marc van Ranst concedes that it is impossible to persuade the real die-hards, but some people can be convinced with solid arguments. That is because the reluctance of the nursing staff is mainly based on ignorance, thinks independent nurse Tineke van der Kruk.

"*I think they do not know enough about the background of the vaccination. They think it's in the interest of their institutions that they won't have too many sick employees to pay for. And I think they underestimate the disease itself and all the consequences it has*."

At the end of October, the leaders of a number of medical organisations will be vaccinated during a meeting open to the public. In November, it is the turn of the hospital staff.

EAST VALLEY Tribune.com
Metro Phoenix's East Valley region

Ari Cohn

Chandler firefighters refuse H1N1 vaccine

Tribune, 18 October 2009, 12:19 PM
https://web.archive.org/web/20091021002055/http://www.eastvalleytribune.com/story/145952

About three-quarters of Chandler firefighters eligible to receive doses from an early batch of the H1N1 flu vaccine have refused it, according to fire department officials.

Most of the 200 doses allocated to the department's roughly equal number of emergency responders likely will be returned to Maricopa County health officials for redistribution to medical professionals likely to encounter cases of the virus, said Marc Walker, a fire department spokesman.

Only about 50 Chandler firefighters volunteered Wednesday and Thursday to receive a nasal mist containing a weakened form of the virus, said Donna Pierce, a Chandler Fire Department captain who traveled around to several city fire stations to administer the vaccine.

Many of those who volunteered for the vaccine said it was because they have young children to whom they didn't want to spread a possible infection. "The other two-thirds are like, 'Nope, we don't want it,'" Pierce said. Those who declined the vaccination generally said it was because the vaccine was new and untested, she said.

Three volunteers at a fire station just southwest of Warner and Alma School roads opted to take the vaccine Thursday afternoon. Among them was firefighter Mike Cravener, who has a baby at home and whose wife is pregnant. Cravener said if he is exposed, he doesn't want to pass on the illness to his family. "I feel like I should probably do it," he said.

Suzy Vargo, a fire department engineer, took the vaccine, as well. Vargo said it's because she has a 21-month-old at home. She said firefighters already are responding to calls from patients with flulike symptoms in Chandler.

Chandler firefighters were the city's first employees to have been offered the H1N1 flu vaccine.

County health officials have said doses for the public are still three to four weeks away, but area hospital workers began receiving the vaccine last week, and another 100 to 200 doses are slated to go out soon to paramedics, pediatricians and obstetrical-gynecological doctors.

Queen Creek fire Chief Van Summers said nearly all of the town's 28 firefighters have been vaccinated with the nasal spray vaccine, delivered by the Maricopa County Department of Public Health last week. The main exceptions, including him, have been those people over age 49, who are not advised to take this form of the vaccine, and two firefighters who were on vacation.Summers said the department's emergency responders have been receptive to the voluntary program.
"We're out seeing patients in emergencies and we don't want our people to expose the patients to the flu," Summers said.

He added that he wouldn't agree with mandating the vaccine. "Everyone has their own medical history, so health care should be a personal decision," Summers said.

The Gilbert Fire Department has received 100 doses of the nasal spray, according to emergency management coordinator Sherri Gibbons. As of Friday afternoon, 52 firefighters had taken the vaccine; the department has 153 firefighters. Gibbons said the vaccines will continue to be administered.

Mesa's vaccination schedule for its nearly 450 emergency responders begins this week. Keith Pyers, division chief at the city's Emergency Medical Services Division, said the department received multiple queries about the vaccine's safety, since being told three weeks ago that the vaccine would be made available.

Pyers said all vaccines tend to be controversial, so the concerns were not a surprise."The question we've received most has to do with the mercury-based preservative, thimerosal – if the nasal mist contains it," Pyers said.

Pyers was uncertain how many Mesa emergency responders will go ahead and get vaccinated. The response rate to the regular flu shot typically has been between 60 and 70 percent, he said.

SPIEGEL International

Germans unhappy with alternative swine flu vaccine for politicians

Spiegel, 19 October 2009, 17.45 Uhr
https://www.spiegel.de/international/germany/second-class-medicine-germans-unhappy-with-alternative-swine-flu-vaccine-for-politicians-a-656028.html

Damage control is the name of the game in Berlin on Monday as politicians rush to deny that they are receiving a better, safer swine flu vaccine than ordinary Germans. The first of 50 million doses arrived in Germany on Monday.

One might think that the arrival in Germany of the first of 50 million doses of swine flu vaccine on Monday might be cause for celebration. But with news breaking over the weekend that top government officials in Berlin will be injected with an alternative vaccine – one widely seen as safer – a debate about an alleged two-class medical system has erupted.

SPIEGEL over the weekend reported that Chancellor Angela Merkel, a number of her ministers and other government officials would receive a vaccine manufactured by the pharmaceutical company Baxter – the same vaccine that the German military opted for, as was reported last week.

The mass-circulation tabloid *Bild* on Monday plastered the story on its front page on Monday, assuring its readers that "experts are accusing the government" of serving up "second class medicine" to ordinary Germans.

Fevers and Headaches

The controversy centers on an additive included in the vaccine manufactured by pharmaceutical giant GlaxoSmithKline. The additive includes an inactive strain of the entire flu virus as opposed to virus fragments. Critics say the additive can increase the risk of side effects from the flu vaccine such as fevers and headaches.

Supporters counter that the additive is safe, and its use allows the drug manufacturer to quickly produce more doses of the vaccine. The SPIEGEL story mentioned that the GlaxoSmithKline vaccine, with the additive, has undergone more testing than the Baxter version.

An Interior Ministry spokesman told SPIEGEL that the Baxter vaccine had been ordered for all ministries and other agencies as well as for the employees of the Paul Ehrlich Institute, the authority responsible for approving vaccines.

Merkel's spokesman Ulrich Wilhelm on Monday denied that Merkel was taking a different vaccine than the one available to ordinary Germans. He said that the Baxter vaccine had been ordered four months ago as part of a deal hammered out one year ago and has nothing to do with recent concerns surrounding the GlaxoSmithKline vaccine.

'Second-Class Medicine'

Still, voices have become raised. The Green Party's health expert Biggi Bender said that the separate vaccines amount to "big risk for the people, little risk for the government. This type of second-class medicine cannot be allowed to exist in a democracy."

Leading physicians also complained about the planned vaccination. The head of the Institute for Hygiene and Public Health at the University of Bonn, Martin Exner, said: "The fact that politicians

and top civil servants in ministries will be vaccinated with a vaccine other than the people is a terrible sign. Today politicians must take what they recommend."

Virologist Alexander Kekulé Hall of the University Hospital said the fact "that the members of the Federal Government and the authorities have any other vaccine is a scandal."

The Interior Ministry has also rejected the sharp criticism. A spokeswoman for Interior Minister Wolfgang Schäuble pointed out that at that time the Baxter vaccine was ordered the differences between the two vaccines was not yet an issue. The Paul Ehrlich Institute has repeatedly defended its decision to provide the population with the GlaxoSmithKline version, known as Pandemrix.

'Alleged Threat'

Germany is not the only government working to contain a potential outbreak of swine flu, the popular though inaccurate name given to the H1N1 flu virus. The UK has seen an increase in cases in recent weeks. As a result, the country has purchased 60 million doses of Pandemrix. Since swine flu emerged, a number of people in the US showing symptoms have died, leading the government to purchase 251 million doses of the swine flu vaccine from various manufacturers. The European Medicines Agency approved Pandemrix for use recently, amid concern for the upcoming winter flu season and the expected uptick in swine flu cases.

Some German politicians have joined Merkel in opting out of the alternative vaccine. Health Minister Ulla Schmidt said in Bild, "I will allow myself to be vaccinated with the same vaccine as the people. It is exactly like the other approved vaccine, safe and effective."

The weekend scandal has drowned out a second debate which has been raging in recent weeks in the US and which has also found resonance here in Germany: whether such a massive vaccination program is necessary in the first place.

Wolf-Dieter Ludwig, chairman of the Drug Commission of the German Medical Association, has called the planned vaccination campaign a "scandal." "The health authorities have fallen for a campaign from the pharmaceutical companies, who simply want to earn money with an alleged threat," he told SPIEGEL.

{Chuck Penfold}

Two-class vaccines?

Deutsche Welle, 19 October 2009
https://www.dw.com/en/german-officials-reject-charges-of-two-classes-of-swine-flu-vaccines/a-4803801

As Germany prepares for a mass-immunization against the swine flu, there are growing concerns about the existence of two different shots - one for a selected few and one for the rest of the population.

In one week's time, Germany is scheduled to begin a mass immunization against the swine flu. But the type of shot a person gets is to depend on their position in society, leading to complaints about a 'second class' swine-flu vaccine.

Politicians, certain government employees and members of the German military are scheduled to receive one type of the swine flu vaccine, while average citizens in Germany are to receive a different one.

The difference between the two vaccines is that the one meant for members of the government is said to have fewer side-effects. It also lacks certain additives which are said to be present in the version for the general population.

A spokesperson for the German interior minister, quoted by the Berliner Zeitung newspaper, said that the vaccines marked for the government were ordered months ago, when there were no clear differences between the two vaccines. She added that the other version was not a second-class vaccine.

According to a separate report in the mass-circulation Bild newspaper, Chancellor Angela Merkel and Health Minister Ulla Schmidt are planning on getting vaccinated with the shot provided to the general population.

"It's the same as the rest," said Schmidt, "safe and effective."

Власти Германии закупили вип-вакцину от "свиного гриппа"

РБК, 19 октября 2009
https://www.rbc.ru/society/19/10/2009/5703d6f69a7947733180bd1f

В Германии назревает скандал по поводу предстоящей вакцинации против гриппа А (H1N1). Как сообщило немецкое издание Spiegel, правительство Германии будет привито более щадящим видом вакцины, нежели остальная часть населения страны.

Как сообщил изданию источник в Министерстве внутренних дел ФРГ, для членов правительства и солдат бундесвера были закуплены 200 тыс. доз вакцины Celvapan производства американской фармацевтической компании Baxter. Эта вакцина отличается тем, что не содержит адъювантов (веществ, повышающих иммунитет) и является более щадящей для организма.

В то же время для противогриппозной вакцинации остального населения Германии было приобретено другое средство - препарат производства британской фармацевтической компании GlaxoSmithKline (GSK).

Прививки с "привилегированной" вакциной будут сделаны и сотрудникам Института имени Пауля Эрлиха. Именно эта организация высказалась в пользу препарата GSK для массовой вакцинации, несмотря на ряд явных недостатков этого средства. В частности, из-за отсутствия клинических исследований на беременных женщинах оно не может быть использовано для их вакцинации, передает Deutsche Welle.

SPIEGEL Wissenschaft

Sozialverbände und Mediziner rügen Zweiklassen-Impfung

Spiegel, 19 Oktober 2009.
http://www.spiegel.de/wissenschaft/medizin/0%2C1518%2C655860%2C00.html

Die Rede ist von einem "Skandal", von einem "verheerenden Zeichen". Weil die Bundesregierung Spitzenbeamte und Politiker mit einem alternativen Schweinegrippe-Impfstoff versorgen will, gehen Ärzte und der Sozialverband VdK auf die Barrikaden. Das Innenministerium weist die harsche Kritik zurück.

Berlin - Die Empörung über die geplanten Impfungen von Politikern und Beamten gegen die Schweinegrippe mit einem besonderen Wirkstoff reißt nicht ab. Die Präsidentin des Sozialverbandes VdK, Ulrike Mascher, sagte der "Bild"-Zeitung: "Zweierlei Impfstoffe für Regierung und Bevölkerung ist das falsche Signal. Da verstärkt sich bei vielen Menschen der Eindruck, sie seien Patienten zweiter Klasse. Das zeugt von wenig Fingerspitzengefühl."

Ähnlich äußerte sich die Grünen-Gesundheitsexpertin Biggi Bender: "Großes Risiko fürs Volk, kleines Risiko für die Regierung. Diese Art von Zweiklassenmedizin darf es in einer Demokratie nicht geben."

Auch führende Mediziner rügten die geplante Impfpraxis. Der Chef des Instituts für Hygiene und Öffentliche Gesundheit an der Universität Bonn, Martin Exner, sagte: "Dass Politiker und Spitzenbeamte in Ministerien mit einem anderen Impfstoff geimpft werden als die Bevölkerung, ist ein verheerendes Zeichen. Gerade Politiker müssen diejenigen sein, die das, was sie empfehlen, auch für sich selbst in Anspruch nehmen." Der Virologe Alexander Kekulé von der Uniklinik Halle sagte: "Dass die Mitglieder der Bundesregierung und der Behörden offenbar einen anderen Impfstoff bekommen sollen, ist ein Skandal."

Innenministerium weist Kritik zurück

Hintergrund der Debatte: Kanzlerin und Minister sollen nach SPIEGEL-Informationen mit speziellem Impfstoff vor der Schweinegrippe geschützt werden. Beamte von Ministerien und nachgeordneten Behörden ebenso. Das Vakzin enthält keine umstrittenen Zusatzstoffe - im Gegensatz zum Impfstoff für den Rest der Bevölkerung.

Das Bundesinnenministerium hat die scharfe Kritik zurückgewiesen. Sie weise den Vorwurf der Zweiklassen-Impfung zurück, sagte eine Sprecherin von Bundesinnenminister Wolfgang Schäuble (CDU) der "Berliner Zeitung". Das Schäuble unterstellte Beschaffungsamt habe mit dem Hersteller Baxter schon vor vielen Monaten einen Vertrag abgeschlossen, der eingehalten werden müsse. Zum damaligen Zeitpunkt sei von möglichen Unterschieden der Impfstoffe noch keine Rede gewesen.

Laut einem Bericht der "Bild" setzt Bundeskanzlerin Angela Merkel (CDU) trotz des für die Bundesregierung bestellten Impfstoffes auf ihren Hausarzt, von dem sie - wie jeder Bürger - den Massen-Impfstoff Pandemrix bekommen soll. Genauso hält es laut "Bild" Gesundheitsministerin Ulla Schmidt (SPD): "Ich lasse mich mit dem Impfstoff impfen, mit dem auch die Bevölkerung geimpft wird. Der ist genauso wie die anderen zugelassen, sicher und wirksam."

Süddeutsche Zeitung

Aufregung um "Zwei-Klassen-Impfung"

Süddeutsche Zeitung, 19 Oktobre 2009, 12:26
https://web.archive.org/web/20091022130331/http://www.sueddeutsche.de/wissen/158/491523/text/

Eine Woche vor dem Start der Massenimpfungen gegen die Schweinegrippe ist ein Streit um die Impfstoffe entbrannt. Bekommen Politiker den besseren?

Große Aufregung um unterschiedliche Schweinegrippe-Impfstoffe: Während die Bundesländer am Montag auf die ersten Lieferungen des Massen-Impfstoffes Pandemrix warten, sieht sich die Bundesregierung dem Vorwurf einer "Zwei-Klassen-Impfung" ausgesetzt.

Am Wochenende war bekannt geworden, dass die Bundesregierung, Bundesbeamte und Soldaten der Bundeswehr einen anderen Impfstoff bekommen sollen als Otto Normalverbraucher. Sie erhalten einen Schweinegrippeimpfstoff vom US-Pharmakonzern Baxter, der keinen umstrittenen Wirkstoff-verstärker enthält. Der Vorsitzenden der Arzneimittelkommission der deutschen Ärzteschaft, Wolf-Dieter Ludwig, sprach im Spiegel von einem Skandal, der den Menschen kaum zu vermitteln sei.

Die Diskussion verunsichere die Bevölkerung und schüre Angst vor der Impfung, sagt der Göttinger Angstforscher Borwin Bandelow. Die Angst vor einer Impfung gegen die Schweinegrippe ist nicht unbegründet und wird durch diese Diskussion sicher nicht geringer." Seiner Einschätzung nach könnte ein Großteil der bestellten Impfdosen deshalb ungenutzt bleiben. "Wer dann richtig Angst haben muss, ist der Steuerzahler, mit dessen Geld das Ganze bezahlt wird", sagt er.

Auch das Thüringer Gesundheitsministerium befürchtete, die Debatte könne die Impfbereitschaft der Menschen dämpfen. "Die Diskussion um einen vermeintlich besseren Impfstoff für Bundeswehr und Bundesregierung wirkt demotivierend", sagte Ministeriumssprecher Thomas Schulz.

Gesundheitsexperten und Politiker von Grünen und SPD hatten die unterschiedliche Impfpolitik am Wochenende stark kritisiert. Die Bundesregierung wies die Vorwürfe am Montag zurück.

Aus welchen Gründen der eine Impfstoff so und der andere so bestellt worden sei, entziehe sich seiner Kenntnis, sagte Innenminister Wolfgang Schäuble (CDU) im Bayerischen Rundfunk (BR). "Aber die Darstellung, dass hier eine Privilegierung von politischen Verantwortungsträgern vorgesehen sei, das ist nun wirklich jenseits jeder Realität."

Regierungssprecher Ulrich Wilhelm sagte, die Vorwürfe entbehrten jeglicher Grundlage. "Richtig ist, es gibt keinen besseren oder schlechteren Impfstoff." Der Sprecher des Gesundheitsministeriums, Klaus Vater, sagte, der Impfstoff für die Mehrheit habe entscheidende Vorteile.

Das Innenministerium hat 200.000 Dosen des Baxter-Impfstoffes bestellt. Der Rest der Bevölkerung bekommt dagegen einen Impfstoff von der britischen Firma GlaxoSmithKline, dessen Wirkstoff-verstärker (Adjuvans) von einigen Ärzten kritisch gesehen werden. Mögliche Nebenwirkungen einer Grippeimpfung sind Hautrötungen oder Gliederschmerzen. Die verstärkenden Wirkstoffe könnten auch die Nebenwirkungen verstärken und zu Kopfschmerzen oder Fieber führen, befürchten Mediziner. Für Schwangere und Kinder könnte Pandemrix darum wenig geeignet sein.

THE FLU CASE

German government "spin" claims safe jab for them is "cheaper"

The Flu Case, 19 October 2009
https://web.archive.org/web/20091030000731/http://www.theflucase.com/index.php?option=com_content&view=article&id=1159%3Agerman-government-qspinq-claims-safe-jab-for-them-is-qcheaperq&catid=1%3Alatest-news&Itemid=64&lang=en

The German government is trying to put its "spin" on its decision to order the Baxter "swine flu" jab without toxic ingredients for itself, leaking the version that the Baxter jab was less expensive, according to the Sueddeutsche Zeitung.

However, no details of the contract that the German govenrment sealed with Baxter have been made public that substantiate this claim.

Also, a spokesperson from the German Interior Ministry has admitted that Baxter only changed the composition of its Celvapan jab and removed the lethal mercury and squalene at the last moment just before submitting Celvapan for approval to the EMEA.

Baxter appears to have been forced to remove the lethal ingredients after the German army and states refused the toxic and untested "jab."

Baxter was caught contamininating and distributing 72 kilos of vaccine material with the live bird flu virus supplied by WHO this February, so nearly triggering a pandemic.

Baxter executives sat as observers on a special June meeting of the WHO vaccine advisory board, SAGE, that recommended "swine flu" jabs with mercury and adjuvants, also for pregnant women and children, even though these jabs have not been tested on this group, so assuring the pharma company bumper profits from a pandemic level 6 declaration and mandatory vaccinations.

The German news magazine "Spiegel" reports the Green Party health expert Biggi Bender as saying the different types of "swine flu" jabs spell a "big risk for the people, a small risk for the government. This type of two-tier medicine should not be allowed in a democracy."

Ref. to the articles, piblished abover:

=> Sozialverbände und Mediziner rügen Zweiklassen-Impfung. – Spiegel, 19 Oktober 2009.
http://www.spiegel.de/wissenschaft/medizin/0%2C1518%2C655860%2C00.html
=> Aufregung um "Zwei-Klassen-Impfung". – Süddeutsche Zeitung, 19 Oktobre 2009, 12:26
https://web.archive.org/web/20091022130331/http://www.sueddeutsche.de/wissen/158/491523/text/

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

Europeans Reject Swine Flu Vaccine
Danes, Finns, Germans, French, Spanish, Belgians, Dutch
all refusing to roll sleeves up despite government, media pressure

Infowars, 19 October 2009
https://web.archive.org/web/20091022073136/http://www.infowars.net/articles/October2009/191009Europeans.htm

People throughout Europe **are rejecting the H1N1 vaccine** en mass, despite huge campaigns by their governments to get them to take the shot when it becomes available within the next week.

In Germany uproar continues to grow concerning the fact that German Chancellor Angela Merkel and government ministers, as well as the armed forces there, will receive a special, additive-free H1N1 vaccine. The soldiers and the German government elites will receive Celvapan, an adjuvant-free vaccine manufactured by Baxter. The German public, however, will receive a vaccine produced by GlaxoSmithKline which contains squalene and the mercury based preservative thimerosal.

A report yesterday in the leading German newspaper Die Welt describes the public sentiment towards the news:

That throws a treacherous light on the announcements of the German health ministry and the Paul Ehrlich Institute (PEI) responsible for vaccines. Why should the government and high-ranking officials get special treatment, the people who they rule over are asking. The dirty word of a "two-tier medicine" comes to mind. And then thoughts turn to Orwell's novel "Animal Farm" where all are equal but "some are more equal."

Polls in Germany, even before this news, have indicated that only one third of the population are interested in receiving the H1N1 vaccination.

Last week Spiegel reported that there has been an "open rebellion" by general medical professionals and child physicians in Germany over use of the toxic vaccine. Dieter Ludwig, chairman of the drug commission of the German medical profession, told Spiegel that health authorities have colluded with pharmaceutical companies.

GlaxoSmithKline itself has issued a press statement in which the company defends the decision by the German government.

Across the border in **Denmark**, public officials and health care workers chosen as primary recipients of the vaccine are declining it, saying that the virus is too mild to warrant taking the shot.

Of 360,000 police officers, nurses, doctors and others identified as holding key positions, only around 30% have applied for vaccination appointments, according to Denmark's largest vaccination agency.

Danske Lægers Vaccinations Service (DLVS, Danish Doctors Vaccination Service) Chairman Karsten Østergaard revealed that under a third of those chosen will take the vaccine.

The news comes despite extensive planning for a massive swine flu immunization campaign on behalf of the Danish Government this Fall to inoculate one fifth of the total population.

Meanwhile, the vast majority of Scandinavian neighbours in **Finland** have indicated that they have no interest in taking the vaccine.

Results of three major nationwide polls held by Finnish media outlets Ilta-Sanomat, MTV3 and Helsingin Sanomat reveal that up to 75% of people there will refuse to take the H1N1 shot when it becomes available in the next few days.

The Finnish government has also launched a mass campaign to vaccinate the public there. Healthcare workers in Finland are due to receive the first inoculations next week.

Rejection of the vaccine is also prevalent In the Netherlands, with two thirds of nursing staff saying they do not want to be inoculated against the H1N1 virus. Large portions of the populations of France, Belgium and Spain have also indicated they want no part of the jab.

The feeling of the people in Europe reflect those of the populations of the UK, the US and Canada, large portions of which have indicted great reservations over the safety of the vaccine.

WeLT

Regierung bekommt Extra-Impfstoff gegen Schweinegrippe

WELT, 19 Oktober 2009
https://www.welt.de/welt_print/politik/article4892505/Regierung-bekommt-Extra-Impfstoff-gegen-Schweinegrippe.html

Chef der Arzneimittelkommission: "Behörden sind auf Kampagne reingefallen" – SPD kritisiert Innenminister Schäuble scharf

Berlin – Gut eine Woche vor dem Beginn der bundesweiten Impfaktion gegen die Schweinegrippe hat die Beschaffung unterschiedlicher Präparate für Politiker und die Bevölkerung einen heftigen Streit ausgelöst. Der SPD-Gesundheitsexperte Karl Lauterbach sagte der "Bild am Sonntag": "Dieser Vorgang ist äußerst unglücklich. So entsteht der Eindruck einer Zweiklassenmedizin bei der Impfung. Innenminister Wolfgang Schäuble hatte hier nicht das notwendige Gespür."

Die Kanzlerin, die Mitglieder ihres Kabinetts und Beamte der Ministerien sowie nachgeordneter Behörden sollen mit einem Impfstoff ohne Verstärker vor der Schweinegrippe geschützt werden. "Wir haben 200 000 Dosen des nicht adjuvantierten Impfstoffes Celvapan der Firma Baxter gekauft", sagte ein Sprecher des Bundesinnenministeriums dem "Spiegel" zufolge. Auch die Bundeswehr soll einen Impfstoff ohne Zusatz- und Konservierungsstoffe bekommen.

Anders als das Präparat von GlaxoSmithKline (GSK), das ab dieser Woche in 50 Millionen Dosen für die Bevölkerung ausgegeben wird, enthält der Baxter-Impfstoff keinen Wirkverstärker ("Adjuvans") und wird den für die Aufrechterhaltung der öffentlichen Ordnung zuständigen Staatsdienern gespritzt. Dazu zählen Mitarbeiter des für die Impfstoffzulassung zuständigen Paul-Ehrlich-Instituts, das wiederholt seine Entscheidung verteidigt hat, der Bevölkerung die GSK-Vakzine zu beschaffen.

Für den Vorsitzenden der Arzneimittelkommission der deutschen Ärzteschaft, Wolf-Dieter Ludwig, ist das "ein Skandal", der den Menschen kaum zu vermitteln sei. "Wir sind unglücklich über diese Impfkampagne", sagte Ludwig. Sie werfe zahlreiche Probleme auf, ihr Nutzen sei ungewiss: "Die Gesundheitsbehörden sind auf eine Kampagne der Pharmakonzerne hereingefallen, die mit einer vermeintlichen Bedrohung schlichtweg Geld verdienen wollten."

Weil der GSK-Impfstoff nicht an Schwangeren getestet wurde, muss auch für sie kurzfristig nicht adjuvantierter Impfstoff besorgt werden. Der Staatssekretär im Bun-desgesundheitsministerium, Klaus Theo Schröder, sagte dem Magazin: "Es laufen Gespräche mit Herstellern sowie den Gesundheitsministerien in Frankreich und den USA, mit dem Ziel, für Schwangere auch nicht adjuvantierten Impfstoff zu beschaffen."

Offene Rebellion herrscht laut "Spiegel" unter Allgemeinmedizinern und Kinderärzten. Der Präsident der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin, Michael Kochen, rät den deutschen Hausärzten von der Impfung ab. "Das Schadensrisiko überwiegt den Nutzen", sagte der Göttinger Professor.

Wolfram Hartmann, Präsident des Berufsverbands der Kinder- und Jugendärzte, wirft der Bundesregierung "wissenschaftliche Falschaussagen" vor. Wie bei Schwangeren so gelte auch für Kinder unter drei Jahren: "Der Impfstoff ist an ihnen noch überhaupt nicht getestet, deshalb ist das Risiko einfach zu groß, ihn jetzt bedenkenlos einzusetzen."

In der EU sind bislang drei Impfstoffe gegen die Schweinegrippe (H1N1) zugelassen: Focetria, Pandemrix und Celvapan. Focetria und Pandemrix enthalten verstärkende Zusatzstoffe, sogenannte Adjuvanzien. Allerdings kommt Celvapan nur deshalb ohne die umstrittenen Verstärker aus, weil es eine größere Konzentration an inaktivierten Schweinegrippe-Viren enthält.

=>

Only 13% of Germans say they will get a "swine flu" jab: dramatic drop to new low

https://web.archive.org/web/20091028004412/http://www.theflucase.com/index.php?option=com_content&view=article&id=1344%3Aonly-13-of-germans-say-they-will-get-a-qswine-fluq-jab-dramatic-drop-to-new-low&catid=1%3Alatest-news&Itemid=64&lang=en

There has been a dramatic drop in the willingness of people in Germany to take the "swine flu" jab, with only 13 % now saying they are willing to have the shot compared to 51% in July.

According to a poll of 1000 people published today, Friday, 66 % of Germans say they will categorically refuse the jab, about twice as many as in previous polls. 20 % of the respondents said they were not sure if they would take the jab or not. 85 % said they though the threat of the "swine flu" was being exaggerated.

THE FLU CASE

Jane Burgermeister

Austrian Ministers try to hide their actions as genocidal plan unravels

The Flu Case, 20 October 2009

https://web.archive.org/web/20091024040051/http://www.theflucase.com/index.php?option=com_content&view=article&id=1247:austrian-ministers-run-for-safety-as-genocidal-plan-unravels&catid=41:highlighted-news&Itemid=105&lang=en

The Austrian government is putting a positive "spin" on the fact that Baxter was forced to drop mercury and squalene from its "swine flu" vaccine at the last moment by the German army and the German states - and claiming it had ordered the safer vaccine for Austrians all along.

The controlled media in Austria is happily going along with this misrepresentation of the facts.

The Austrian government failed to launch an investigation into Baxter's contamination of 72 kilos of vaccine material with the live bird flu virus, an act which endangered the lives of millions, if not billions of people, inside Austria and outside Austria.

Far from investigating, the Austrian government appears to have actually actively helped cover up the crime by Baxter.

All the political parties in Austria, including the Green Party, had knowledge of Baxter's illegal and dangerous activities and none of them shared this knowledge with the general public.

The Austrian government appears to have put pressure on those sections of the police force that investigated Baxter to resign.

The various members of the Austrian government, specifically the Chancellor, Health Minister, Justice Minister and Interior Minister have implicated themselves in a crime on an international scale.

THE IRISH TIMES

Derek Scally

Concern in Germany as safety of swine flu vaccines questioned

The Irish Times, 20 October 2009, 01:00
https://www.irishtimes.com/news/concern-in-germany-as-safety-of-swine-flu-vaccines-questioned-1.759250

Germany’s swine flu vaccination programme has been hit by public health concerns over the vaccines being used – one of which has been ordered by the Irish Government.

Germany’s 16 federal states have spent a reported €600 million buying 50 million doses of the Pandemrix vaccine, produced by GlaxoSmithKline (GSK).

This new vaccine, one of two to be offered by Irish doctors, is the subject of controversy in Germany because it contains a "booster” substance known as an "adjuvant”. This allows less virus material to be used per dose and, according to GSK, boosts the immune system’s response to the jab.

Pandemrix was approved for use by the European Medicines Agency last month and has the approval of Germany’s Paul Ehrlich Institute, which advises the government on vaccination matters. However, another government body, the Federal Vaccination Agency, has contradicted the institute and has advised against the use of vaccines containing adjuvants.

Concerns about Pandemrix’s safety and efficacy have been raised by several German medical organisations, with warnings against using it to vaccinate high-risk groups such as pregnant women and children.

Dr Wolfram Hartmann, president of the German association of paediatricians, accused the federal government of "false testimony” for recommending Pandemrix for use on young children – six weeks after it issued advice to the contrary. – "The vaccine has not yet been tested on children under three, so the risk is simply too big to use on them without misgivings,” he said.

The vaccine confusion grew over the weekend when it emerged that the German government and armed forces are to receive a different jab to the public. Celvapan, produced by drug company Baxter, is a traditional vaccine containing no booster substances.

The interior ministry in Berlin denied yesterday it was a case of two-tier medical care. A spokes-person said the federal government had a contract to buy Baxter flu vaccination products for state employees.

The Health Service Executive (HSE), now delivering the GSK vaccine to GPs and awaiting supplies of the Baxter one, said the safety data base for the GSK adjuvant includes more than 10,000 individuals.

"As with any vaccines, risks have to be balanced with the benefits and the authorities in Ireland are satisfied that the benefits from both vaccines outweigh any possible risks of side effects.” The HSE said Ireland continues to see an increase in swine flu cases every week as well as fatalities associated with this virus. The fifth fatality was confirmed last night. The deceased, an adult male in the east, had an underlying medical condition. – "Vaccination is the most important tool we have to protect the Irish population,” the HSE said.

Stirring things up even further in Germany yesterday, outgoing interior minister Wolfgang Schäuble said: "I’m not even sure if I will be getting vaccinated at all.”

In an attempt to calm the situation, Chancellor Angela Merkel’s spokesman said the German leader, if so advised by her doctor, would be vaccinated with Pandemrix.

ALEX JONES' INFOWARS.NET

Steve Watson

New Poll Indicates Mass Rejection of Swine Flu Vaccine.
62% of Americans will refuse jab to due to safety concerns

Infowars, 22 October 2009
https://web.archive.org/web/20100110081835/http://www.infowars.net/articles/october2009/221009Vaccinations.htm

A new scientific poll has found that the *vast majority of Americans have no intention* of rolling up their sleeves for the H1N1 vaccine because they do not trust government assurances that the shot is safe.

In the week that the first H1N1 vaccines have become available, 62% of respondents to ABC News/Washington Post survey said they will probably not get vaccinated, while 30% said they are not confident in the shot's safety.

The poll shows that the vast majority of Americans would rather risk sickness than trust their government's advice of necessity, indicating that the $16 million federal propaganda effort is failing.

In addition, the survey reveals that around four parents out of ten say they have no intention of allowing their children to receive the vaccine.

Over half of respondents in that group said that the primary reason they would not allow their kids to be vaccinated was because of the possibility of side effects and suspicions that the shot has not been adequately tested.

The rest cited the belief that H1N1 was not serious enough to warrant vaccination or that getting the shot was not "worth the trouble".

The results come despite the fact that concerns over getting the flu have also increased significantly from 39% to 52%. More people are worried over H1N1 than they were over bird flu and SARS in 2006 and 2003 respectively, according to the poll.

"These results suggest that encouraging vaccinations depends not merely on warning people about getting the flu but as much on persuading doubters that the vaccine is safe." The ABC report states.

The numbers in the ABC/Washington Post poll dovetail almost exactly with those in recent AP, Consumer Reports and Harvard University surveys.

Elsewhere there have been mixed reports on the uptake of the vaccine. Some clinics have reported thousands lining up on the streets to get the vaccine, while others have reported very low turnouts.

Chicago has taken the step of making the vaccine free for pregnant women; health-care workers; caregivers of children younger than 6 months; children and adults under 24, and adults who have underlying medical conditions.

abc NEWS

POLL: Swine Flu Vaccine, Parents Doubt Safety
Citing safety, nearly 4 in 10 parents won't have their children vaccinated

ABC News, 22 October 2009
https://abcnews.go.com/PollingUnit/SwineFlu/swine-flu-abc-news-washington-post-poll/story?id=8879819

October 22, 2009. – Nearly four in 10 parents do not plan to have their children get the swine flu vaccine this year, with doubts about its safety overwhelmingly cited as the chief reason, underscoring safety concerns as potentially a major impediment to vaccination efforts.

Other results in the latest ABC News/Washington Post poll buttress the point: Three in 10 adults are not confident the vaccine is safe (including one in three parents), and 22 percent believe it's "very" safe. These attitudes heavily influence intentions to get vaccinated, with views of the vaccine's safety a stronger factor than the perceived risk of getting the flu itself.

Even though concern about catching the flu has risen sharply since August, only 35 percent of adults plan to get vaccinated (including 2 percent who say they've already done so); 62 percent say they probably will not get vaccinated. More parents, 56 percent, intend to have their children vaccinated (including 4 percent who say they've done so), but even among parents, 39 percent say they probably won't.

Why Not? – This poll asked those parents, open-endedly, why they don't plan to have their children vaccinated, a robust approach because it doesn't prompt for predetermined answers. Far surpassing other mentions, 53 percent in this group raised safety concerns, citing worry about side effects or doubts whether the vaccine's been sufficiently tested.

Far behind that reason, 18 percent of parents who intend not to have their children vaccinated said they're not worried about the flu or don't believe getting the vaccine is worth the trouble; 15 percent said they don't believe the illness is serious enough; 3 percent were unsure about the vaccine's availability; and 1 percent were unsure about its cost. The rest gave scattered other answers.

Los Angeles Times

Andrew Malcolm

Opinion: **Forget the rush on that H1N1 swine flu vaccine; 62% of Americans have no intention of getting it anyway**

Los Angeles Times, 22 October 2009, 2:06 AM PT
https://www.latimes.com/archives/blogs/top-of-the-ticket/story/2009-10-22/opinion-forget-the-rush-on-that-h1n1-swine-flu-vaccine-62-of-americans-have-no-intention-of-getting-it-anyway

Kathleen Sebelius, the secretary of Health and Human Services, who recently taught Americans the federally-approved way to sneeze this season, was on Capitol Hill on Wednesday. She was trying to explain widespread delays in the delivery of the H1N1 vaccine across the country.
=> https://www.latimes.com/archives/la-xpm-2009-oct-22-na-swine-flu-health22-story.html

Basically, of course, she said it wasn't the Obama administration's fault, that as soon as the vaccines come in, they're being shipped out immediately by the many thousands of doses.

You know how everyone talks about Americans not making things anymore, that so many manufacturing jobs, for instance, have been shipped overseas?

Well, Sebelius was essentially saying the same goes for flu-vaccine-making.

Four of the world's five makers are foreign. And we all think we know what that means.

Members of Congress could have been exploring this subject last winter when their latest automatic pay raises took effect.

Instead, Wednesday they expressed shock and dismay at the situation now that it's October and thousands are already falling ill with the H1N1 virus (see photo above, shown somewhat larger than life).

Also, Purdue University researchers reported the late deliveries may not matter because by the end of this year 63% of Americans will be infected anyway. So, too many doses, too late.
=> https://www.latimes.com/archives/la-xpm-2009-oct-22-na-swine-flu-health22-story.html

But *wait*! There's more.

This morning comes word from a new ABC News/Washington Post poll that almost four parents out of 10 do not believe the vaccine is safe and have no intention of allowing their children to receive it.

More than 60% of adults say they have no intention of getting the vaccine either.

Using an open-ended question, the poll also found the overwhelming reason for rejecting the vaccine this year despite federal warnings and mounting concern about the illness' seriousness was concern about side effects and disbelief in its safety, especially suspicions that it has been inadequately tested.
=> https://abcnews.go.com/PollingUnit/SwineFlu/swine-flu-abc-news-washington-post-poll/story?id=8879819

Other reasons included general ignorance and a belief the illness was probably less serious than the danger of the vaccine.

So much for the persuasive powers of the U.S. federal government. Think about that for a minute: A whopping majority of Americans (62%) would rather risk illness than believe in their government's urgings of necessity and safety.

Radio-Canada

Climat de méfiance dans plusieurs pays

Radio-Canada, 22 octobre 2009 à 4 h 37 UTC+8
https://ici.radio-canada.ca/nouvelle/450991/vaccination-monde-mefiance

La campagne de vaccination contre le virus H1N1 qui débute un peu partout sur la planète est accueillie avec réticence en Grande-Bretagne, comme dans plusieurs pays européens et aux États-Unis.

La Grande-Bretagne met en branle sa campagne de vaccination contre la grippe A (H1N1) mercredi. Comme dans plusieurs pays, tels la France, la Belgique, l'Allemagne et les États-Unis, la méfiance est omniprésente en sol britannique.

D'ailleurs, le gouvernement de Gordon Brown hésite encore à faire vacciner toute sa population, même s'il a commandé assez de doses pour tout le monde. Pour le moment, l'inoculation est limitée au personnel de la santé, aux femmes enceintes et autres personnes à risque.

Selon un sondage réalisé auprès de 17 000 infirmières britanniques, près de la moitié disent ne pas avoir l'intention de se faire vacciner, la plupart invoquant des doutes sur la sécurité du vaccin. Une infirmière citée par le site web nursingtimes.net, qui a réalisé le sondage, estime que le vaccin «n'a pas été testé correctement».

La Chine au garde-à-vous

La campagne de vaccination a aussi commencé mercredi dans les écoles de Pékin et elle se poursuivra jusqu'à la fin décembre dans tout le pays. La priorité sera donnée aux groupes considérés à risque: les étudiants, les personnes âgées et les travailleurs de la santé.

La Chine a déjà recensé plus de 26 000 cas de H1N1 depuis le printemps. Avec l'arrivée prochaine de la saison froide, les autorités s'attendent à une flambée de nouveaux cas. « Nous avons appris beaucoup d'autres situations semblables, dit la directrice du Centre de prévention des maladies de Pékin, Pang Xinghuo. La population étudiante est un groupe critique qu'il faut suivre de près. »

La Chine a encore en mémoire l'épisode du SRAS, alors qu'elle avait été critiquée pour avoir tardé à rapporter l'épidémie. Avec la grippe A (H1N1), c'est tout le contraire. Le gouvernement prend des mesures draconiennes qui vont jusqu'à la quarantaine préventive pour limiter la propagation de la grippe.

Polémiques autour du monde

En France, où la campagne a débuté mardi, les craintes par rapport au vaccin sont aussi bien présentes.

Près de deux infirmières sur trois refusent de se faire vacciner, selon une consultation du Syndicat national du personnel infirmier. La moitié des médecins rejettent aussi la vaccination, d'après un sondage Ipsos. Et plus de 60 % de la population n'a pas l'intention de se prémunir contre le virus, selon des enquêtes compilées par l'AFP.

Ces statiques se rapprochent de celles du Québec. Selon un sondage du *Journal de Montréal*, publié mardi, seulement 33 % des Québécois comptent se faire immuniser; 25 % sont toujours indécis.

En Allemagne, la vaccination a dégénéré en controverse politique avant même le début de la vaccination. La presse a révélé que les hauts fonctionnaires, les militaires et les responsables de la santé notamment bénéficieront d'un vaccin sans adjuvant, aux effets secondaires moindres que celui réservé au reste de la population.

Ces révélations ont scandalisé l'opinion allemande. Redoutant les maux de tête et les poussées de fièvre associées au vaccin avec adjuvant, seulement 12 % des Allemands ont l'intention de se faire vacciner contre la grippe H1N1, rapporte *Le Figaro*.

Pour calmer la tempête médiatique, la chancelière Angela Merkel a annoncé mardi qu'elle se fera administrer le vaccin avec adjuvant, comme le commun des mortels.

En Belgique, la campagne entamée lundi a entraîné le dépôt d'une plainte devant les tribunaux. Une centaine de citoyens se sont regroupés pour poursuivre le ministère de la Santé. Ils soutiennent que le vaccin n'a pas été suffisamment testé et que l'ajout d'un adjuvant peut être dangereux.

La suspicion sévit aussi aux États-Unis, où certains soignants ont intenté une action en justice contre la vaccination « forcée » du personnel de la santé. Par ailleurs, seulement 40 % des adultes se disent prêts à se faire vacciner, selon une étude de la Harvard School of Public Health. Un parent sur deux prévoit faire vacciner son enfant.

Dans d'autres pays, la vaccination n'a pas créé de remous. En Suède, par exemple, où la campagne a débuté le 12 octobre, de 50 % à 70 % de la population projette de se faire vacciner.

Radio Canada reports on growing worldwide resistance to swine flu jab

The Flu Case, 22 October 2009

https://web.archive.org/web/20091028004326/http://theflucase.com/index.php?option=com_content&view=article&id=1278%3Aradio-canada-reports-on-growing-worldwide-resistance-to-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Radio Canada reports on the growing unease about the "swine flu" jab around the world, especially among health care workers as the Canadian government gives approval to GlaxoSmithKline's Pandemrix vaccine and moves ahead with an unprecedented mass vaccination campaign.

N24-Emnid-Umfrage:
Diskussion um Impfstoff führt zu Vertrauensverlust
Dramatischer Einbruch bei Impfbereitschaft

Bankkaufmann, 23 Octobre 2009
https://www.bankkaufmann.com/a-232483-N24-EMNID-UMFRAGE-Diskussion-um-Impfstoff-f%C3%BChrt-zu-Vertrauensverlust---Dramatischer-Einbruch-bei-Impfbereitschaft.html

Berlin (ots) - Kurz vor Beginn der bundesweiten Impfaktion gegen die Schweinegrippe schwindet das Vertrauen der Bürger, auch wirklich den richtigen Impfwirkstoff zu bekommen: 55 Prozent der Deutschen sind nach der Diskussion um eine "Zwei-Klassen-Impfung" tief verunsichert.

"Die öffentliche Diskussion um die Verabreichung verschiedener Impfstoffe für Politiker und Volk führt dazu, dass viele glauben, sie bekämen ein minderwertiges Mittel", sagt Klaus-Peter Schöppner, Geschäftsführer von Emnid.

Die Meinungsforscher haben zudem in der aktuellen Umfrage für den Nachrichtensender N24 nach der Bereitschaft gefragt, sich impfen zu lassen.

Diese sank in den letzten Monaten dramatisch: waren im Juli noch 51 Prozent zur Impfung entschlossen, sind es jetzt nur noch 13 Prozent.

Eine weitere Gruppe von 20 Prozent der Bürger ist noch unentschlossen. 66 Prozent schließen eine Impfung kategorisch aus.

"Es ist bemerkenswert: Gerade jetzt, wo die Zahl der Schweinegrippefälle zunimmt, nimmt die Impfbereitschaft ab", analysiert Schöppner. "Viele ziehen ihre Schlüsse aus der früheren Diskussion um die Vogelgrippe.

Auch damals wurde die Gefahr beschworen, ohne dass etwas passierte.

Viele glauben, dies könne auch jetzt so sein."

Wie die Umfrage zeigt, halten 85 Prozent der Bundesbürger mittlerweile die Gefahr der Schweinegrippe für übertrieben.

Only 13% of Germans say they will get a "swine flu" jab: dramatic drop to new low

The Flu Case, 23 October 2009
https://web.archive.org/web/20100106084912/http://www.theflucase.com/index.php?option=com_content&view=article&id=1344%3Aonly-13-of-germans-say-they-will-get-a-qswine-fluq-jab-dramatic-drop-to-new-low&catid=1%3Alatest-news&Itemid=64&lang=en

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85 % said they though the threat of the "swine flu" was being exaggerated.

Jean-Jacques Crevecoeur

Les Gouverne-Menteurs Nous Déclarent La Guerre

Jean-Jacques Crevecoeur, 23 Octobre 2009
https://web.archive.org/web/20091029222158/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=111:courriel-7&catid=65:grippe-a-h1n1&Itemid=98

Madame, Monsieur,
Chers amis,

J'ai très peu de temps pour vous écrire.
C'est important que vous receviez cette information le plus rapidement possible. Et que vous la répandiez (car, il ne faudra pas compter sur les journalistes prostitués et muselés pour informer les populations de ce qui suit).

Les Etats-Unis viennent de décréter l'état d'urgence sanitaire, ce samedi midi (heure de Montréal). Pour beaucoup, ça semblera très banal comme information.
Mais pour ceux capables de lire entre les lignes, cette déclaration d'Obama est une déclaration de guerre contre l'humanité. Dans quelques jours, je ne serais pas étonné que d'autres pays suivent l'exemple des USA, ou que, tout simplement, l'Organisation du Mensonge Systématique (OMS) donne le coup d'envoi d'un état d'urgence sanitaire mondial.

Le 10 septembre 2009, j'avais envoyé un courriel à tous mes contacts. Ce courriel contenait deux parties. Dans la première partie, je posais 26 questions troublantes à propos de cette soi-disant pandémie de grippe porcine. Cette partie a été publiée sur des dizaines de blogs et de sites Internet, envoyée à des centaines de milliers de personnes et traduite dans près de dix langues. Dans la deuxième partie, je proposais un scénario possible de ce qui allait se dérouler. Peu de gens l'ont transmis et beaucoup m'ont critiqué (j'ai même perdu beaucoup d'amis et de connaissances à cause de ce passage). On me reprochait d'être un prophète d'une prétendue apocalypse annoncée, de bonimenteur de rue prêchant la fin du monde. C'est même la raison pour laquelle, dans un premier temps, je n'ai pas reproduit ce passage sur mon site Internet.
À cette époque, je vous expliquais comment créer une pandémie de toutes pièces.
Pourtant, je ne suis pas voyant. Je n'ai pas de boule de cristal. Et je ne suis pas complice des crapules qui siègent à l'OMS, à la tête des compagnies pharmaceutiques, à la tête des ministères de la Maladie et à la tête des médias. J'ai simplement essayé de me mettre à leur place, et je me suis demandé comment je ferais pour exterminer une bonne partie de la population des pays dits développés.
Petit retour en arrière: voici mon texte écrit la nuit du 9 au 10 septembre dernier (dont on pouvait dire, à l'époque que c'était un délire paranoïaque):
Il y a, par contre, une question que je vais poser ici et à laquelle je vais répondre, car beaucoup de mes interlocuteurs ne comprennent pas cela. La question est: comment un virus aussi bénin va-t-il s'y prendre pour tuer des millions de personnes ? Ça, c'est la question à un million de dollars !!!
Eh bien c'est l'histoire des pandémies du passé qui nous apporte la réponse. La recette est simple (en douze étapes, déjà expérimentées pendant le XXe siècle, avec des succès divers):
1. **On annonce qu'un foyer d'une nouvelle grippe vient d'apparaître au Mexique** et que c'est très grave, car c'est un virus animal qui s'est transmis à l'homme!
2. **On annonce ensuite 250 morts** en une semaine, pour rectifier ensuite le décompte **à 8 morts**. Mais tout le monde a retenu qu'il y avait eu beaucoup de morts dès le début (ça ne vous rappelle rien,

ça: le 11 septembre, on nous a annoncé à la télévision 40 à 50.000 morts dans les Twin Towers – ce qui a justifié la croisade contre l'axe du Mal – puis, on a révisé le nombre de morts à 2.974); etc ...

=> see a link presented below the title .

https://web.archive.org/web/20091029222158/http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=111:courriel-7&catid=65:grippe-a-h1n1&Itemid=98

Ça, c'est ce que j'avais écrit le 10 septembre 2009. À cette époque, nous en étions à l'étape n° 5.

Ceux qui ont gardé un peu de lucidité auront compris pourquoi les médias se sont déchaînés depuis le 15 octobre, en nous annonçant que la deuxième vague de grippe A (H1N1) (étape n° 6) allait se déchaîner. Juste au moment où les vaccins sont enfin prêts! Quelle coïncidence, quand même. Quand on pense que le virus aurait pu muter dans l'hémisphère sud pendant tout l'hiver, il ne s'est rien passé!!! C'est quand même extraordinaire, non. ... etc ... => ...

Aux Etats-Unis, par contre, ils ont déjà commencé à vacciner les gens, depuis le 6 octobre (étape n° 8).

Mais les gens n'ont pas été vaccinés avec les vaccins injectables préparés contre le H1N1 (ils n'étaient pas prêts), mais ils ont été vaccinés avec un vaccin dont ***personne, je dis bien personne***, n'a parlé pendant les cinq mois et demi de propagande de peur. Ce vaccin, j'ai découvert son existence le mardi 6 octobre 2009, après ma conférence donnée à Québec. Il s'agit d'un vaccin intranasal, appelé FluMist (littéralement brouillard de grippe). Lorsque j'ai entendu l'interview du docteur Rima Laibow (http://www.youtube.com/watch?v=Rqe40-REclU), lorsque j'ai lu plusieurs de ses articles relatifs au FluMist (http://www.healthfreedomusa.org/docs/TamiFlu.pdf), mon sang s'est glacé d'effroi. Pourquoi ? Pour quatre raisons:

Premièrement, le FluMist contient deux séquences d'ADN génétiquement modifiées du virus de la grippe H5N1 (le virus de la grippe aviaire). Ce sont les deux séquences qui manquent actuellement pour transformer le virus naturel H5N1 en un virus pandémique extrêmement mortel;

Deuxièmement, le FluMist contient le virus vivant, et non atténué, contrairement aux autres vaccins, ce qui le rend évidemment beaucoup plus dangereux. Je rappelle que le vaccin oral Sabin contre la polio contenait, à l'époque, un virus vivant. Lors de campagnes massives de vaccination faites par l'OMS partout dans le monde, ce vaccin a été reconnu responsable de la recrudescence spectaculaire des cas de polio, ce qui a obligé l'OMS de stopper ses campagnes;

Troisièmement, les fabricants du FluMist (MedImmune) avertissent dans la notice du vaccin (http://www.medimmune.com/pdf/products/flumist_pi.pdf) que la personne qui vient de recevoir ce vaccin est potentiellement contagieuse pendant 21 jours. Car les virus vivants vaporisés dans les muqueuses nasales peuvent être réexpulsés pendant trois semaines. MedImmune recommande donc aux personnes vaccinées de se tenir à l'écart de toutes les personnes immunodéprimées. Ils ajoutent d'ailleurs dans la même notice que ce virus peut être très dangereux pour les personnes immuno-déprimées recevant le vaccin. Quand on sait qu'aux Etats-Unis, on compte 65 millions de personnes immunodéprimées, quand on sait que les vaccinations de masse ne prévoient plus les procédures de diagnostic médical avant la vaccination, on imagine le carnage que ça peut faire chez les vaccinés immunodéprimés et dans l'entourage des vaccinés au FluMIst;

Quatrièmement, je me suis souvenu d'un article que j'avais lu en mai 2009, écrit par un des grands opposants français à cette campagne de vaccination de masse, le Docteur Marc Vercoutere (http://www.lepost.fr/article/2009/09/04/1681457_dossier-grippe-a-les-3-documents-emis-par-le-docteur-marc-vercoutere.html). Ce qu'il disait avait retenu toute mon attention: Le virus H1N1 (humain-porcin) est très contagieux, mais très peu virulent (ça, on l'a constaté). Le virus H5N1 (aviaire) est très peu contagieux, mais très virulent (ça aussi, on l'a constaté, puisque seulement 248 personnes sont mortes entre 1998 et 2008 de la soi-disant pandémie de grippe aviaire). Par contre, si le virus H1N1 entrait en contact avec le virus H5N1, il pourrait se produire une commutation qui créerait un virus résultant de la combinaison H1N1 + H5N1 qui serait à la fois très contagieux et très virulent.

Ce dernier point, la combinaison des différentes souches, je l'avais mentionné à l'étape n° 9. Sauf que je m'étais trompé sur la méthode. Je pensais que ce mélange serait fait au sein des vaccins officiellement préparés. En fait, le FluMist était un moyen bien plus pratique pour contaminer non

seulement les vaccinés, mais aussi l'entourage des vaccinés. Pas étonnant que les Etats-Unis n'ont commandé que 40 millions de doses. Amplement suffisant pour contaminer également l'entourage porteur du virus H1N1.

Aux Etats-Unis, on observe depuis quelques jours, une augmentation du nombre de morts de la grippe, que les autorités attribuent, évidemment, à la mutation du virus H1N1 sous une forme beaucoup plus dangereuse et mortelle que la souche qui a circulé jusqu'à présent (étape n° 10). Évidemment, personne ne pensera à attribuer la cause de la mortalité à la vaccination. Bien sûr que non. De toute façon, le peuple hypnotisé par six mois de propagande médiatique ne réfléchit plus. Pour eux, c'est trop tard, et personne ne pourra rien faire.

C'est là que la logique voudrait qu'on arrête de vacciner, même quand on croit à l'efficacité du vaccin. Car si le virus mute, le vaccin préparé depuis fin mai 2009, ne sera plus d'aucune utilité. Mais ça, c'est un détail qui ne dérangera même pas les experts prostitués du Monde entier à la solde des consortiums pharmaceutiques.

C'est la raison pour laquelle il a été très facile pour le très méritant prix Nobel de la Paix, Barak Hussein Obama (c'est son vrai nom), de décréter l'état d'urgence sanitaire (étape n° 11), qui est l'étape préalable à l'instauration d'un état totalitaire et dictatorial. Je rappelle quand même que la FEMA (Federal Emergency Management Agency) aura la gestion de toute cette campagne de vaccination massive que j'annonce comme obligatoire depuis fin août. Quand on sait, par ailleurs, que c'est à la FEMA qu'on a confié la gestion des 800 camps de concentration vides disséminés sur tout le territoire des Etats-Unis, ça donne des frissons. Mais on n'en est pas encore là, mes amis. Ça, c'est l'étape n° 12 que je vous prédisais le 10 septembre dernier.

Dans les autres pays:

À noter que la France sera, d'après moi, le premier pays européen à déclarer l'état d'urgence sanitaire. En effet, son Führer Nicola SS arkozy ne voudrait quand même pas être à la traîne de son modèle américain, le dictateur Obama. Comme le FluMist n'est pas autorisé en Europe, la stratégie est différente, mais le principe est le même. Il faut savoir qu'un premier lot de vaccins a été livré à la France le 27 août dernier, en provenance de l'entreprise pharmaceutique la plus criminelle du monde: Baxter (je vous rappelle que c'est Baxter qui avait contaminé 72 kg de matériel vaccinal en février 2009, en mélangeant «par accident» le virus de la grippe H3N2 à celui de la grippe H5N1 – je ne recommence pas mon explication sur les commutations. C'est la même chose que ci-dessus).

Ces vaccins livrés fin août à la France sont très certainement des vaccins contenant le virus de la grippe aviaire H5N1, issus de ce qui avait été produit antérieurement par Baxter en préparation de la pandémie de grippe aviaire (il faut bien recycler les invendus, non ?). D'ailleurs, il est impossible que ce soit des vaccins contenant le H1N1 – les délais de fabrication étant trop courts, par rapport à la date de livraison de la souche Californienne qui a servi à la production des vaccins. Ces vaccins ont été gardés sous haute surveillance militaire à Miramas, en Provence (Sud de la France). Et ce sont eux qui sortent les premiers...

Mon hypothèse intuitive (jusqu'à présent, toutes les intuitions que j'ai depuis mai 2009 se sont avérées exactes, mais je peux me tromper): les premières personnes vaccinées en France le seront avec le vaccin contre le H5N1 (mais, on ne leur dira pas). Les vaccinés qui seront déjà porteurs du H1N1 risquent de vivre une commutation entre le H5N1 vaccinal et le H1N1 présent dans le corps et faire des complications, et en mourir probablement. ... etc. see the link

Donc, attendez-vous, chers amis Français, que la France décrète, elle aussi l'état d'urgence sanitaire dans quelques jours, car c'est dans ce pays que la deuxième vague va frapper dur! Entraînant, à sa suite, la déclaration de l'état d'urgence sanitaire dans tous les pays européens. Et que mes amis belges ne se croient pas protégés par l'amendement obtenu il y a quinze jours, garantissant la liberté de vaccination! Si l'OMS déclare l'obligation, pour tous les pays signataires de sa charte, de procéder à des vaccinations de masse, le gouvernement belge et Madame Onkelinx auront beau jeu de déclarer que ce n'est plus sous leur contrôle... etc. see the link

Concrètement, que faire ?

Tout d'abord, ne pas paniquer. Quand vous entendrez que le nombre de morts augmente, vérifiez (une fois de plus) si c'est parmi les vaccinés. Si c'est le cas, vous saurez la position à prendre par rapport à ce vaccin.

Rappelez-vous aussi qu'en aucun cas, un vaccin ne renforce le système immunitaire. Au contraire, chaque vaccination est une agression qui affaiblit un peu plus le système immunitaire (je n'ai pas le temps de développer cela, mais ce que je vous dis est basé sur 25 ans de lectures relatives à la vaccination). Donc, quand on conseille aux personnes à risque de se faire vacciner en premier (les jeunes enfants, les femmes enceintes, les personnes immunodéprimées, les personnes atteintes de maladie chronique, etc.), je crains qu'il ne s'agisse d'un remake du massacre des innocents relaté dans la Bible!

Protégez vos enfants. Je vous avertis que, dans quelques jours, des unités mobiles débarqueront dans les écoles pour vacciner tous vos enfants. Rien ne garantit que le consentement des parents sera demandé (étant donné la soi-disant urgence). Certaines sources avancent la date du 5 novembre pour la France. À votre place, je donnerais, dès à présent, un congé à durée illimitée à mes enfants. Rater une année scolaire n'est rien face au danger mortel de cette campagne de vaccination.

Continuez à diffuser de manière large ces informations. Plus il y aura de gens au courant, moins les gouvernements auront de marge de manoeuvre dans leurs mensonges. Nous sommes en train de gagner la bataille de l'information, ne l'oubliez pas ! En France, il n'y a plus que 17 % des Français qui acceptent la vaccination. En Allemagne, il n'y en a pas beaucoup plus !

Enfin, n'oubliez pas que tout cela est une merveilleuse opportunité pour nous de grandir en conscience et en Puissance, dans notre souveraineté individuelle ! L'ombre a toujours travaillé au service de la lumière. Ne l'oubliez pas.

THE FLU CASE

Three schools closed in south of France because of pandemic: are Baxter vaccines the cause?

The Flu Case, 16 November 2009, 11:04

https://web.archive.org/web/20100102010044/http://theflucase.com/index.php?option=com_content&view=article&id=1821%3Athree-schools-closed-in-south-of-france-because-of-pandemic-are-baxter-vaccines-the-cause&catid=1%3Alatest-news&Itemid=64&lang=en

Three schools have been closed in the south of France, in the Pyrenees-Atlantic region following an outbreak of swine flu.

The college Henri IV and a grammar school in Nay as well as the Sainte Marie school in Biarritz have been closed from today, Monday, for a week because so many pupils are sick, according to Le Figaro.
http://www.lefigaro.fr/flash-actu/2009/11/15/01011-20091115FILWWW00059-grippe-3-ecoles-fermees-en-pyrenees.php

Jean-Jacques Crèvecoeur predicted in a report dated October 23rd that any pandemic in France would start in the south, noting that stocks of Baxter vaccine material were delivered at the end of August to a facility at Miramas, Provence, where they are kept under military guard.
http://www.jean-jacques-crevecoeur.com/index.php?option=com_content&view=article&id=111:courriel-7&catid=65:grippe-a-h1n1&Itemid=98

Crevecoeur argues that the Baxter vaccine material must almost certainly contain the bird flu virus, the H5N1 virus, because of the impossibility given the short time of producing large quantities of swine flu flu virus vaccines by the end of August.

He maintains that the vaccine material must have been produced by Baxter in advance and for the bird flu pandemic.

«My intutitive hypothesis (...): the first people to be vaccinated in France will get the vaccine against the H5N1 (but they won't be told). The vaccinated who are already carriers of the H1N1 risk experiencing a co-mutation between the injected H5N1 and the H1N1 present in their body in such a way as to create complications and possible death."

Juan Gérvas et Jim Wright

Grippe A, une immunité naturelle plutôt qu'artificielle

ASANAT, 23 Octobre 2009
https://web.archive.org/web/20091111134440/http://www.asanat.org/immunite_naturelle.htm

Les vaccins approuvés par le FDA [NdT. et l'EMEA] contre la grippe A (H1N1) [1] permettent au gouvernement d'envisager des programmes de vaccination de masse pour la grippe H1N1 à la fin de cette année. De tels plans sont irrationnels et basés sur la peur et non sur une politique «de bon sens et de sang-froid» (comme proposé par les médecins espagnols et d'autres professionnels de la santé) [2].

Nous désapprouvons vivement la vaccination de masse qui est fondée sur plusieurs hypothèses erronées.

La première hypothèse est que la pandémie H1N1 sera analogue à celle de la grippe espagnole de 1919. C'est fort improbable étant donné que la grippe espagnole était une grippe mondiale dans un contexte de grande pauvreté, sans systèmes de santé publique, sans eau courante et sans antibiotiques pour traiter les complications. À l'appui de ceci, la grippe espagnole a tué principalement des gens pauvres; en Inde par exemple, elle a tué des soldats (dans des casernes, avec de la nourriture de mauvaise qualité, de mauvaises conditions d'hygiène) mais non des officiers (bonne nourriture, maisons de style britannique, etc.).

La deuxième hypothèse est que la grippe H1N1 est grave et mortelle. Il y a des évidences substantielles que ce n'est pas le cas et qu'en réalité le taux de mortalité de la grippe H1N1 est bien moindre que celui la grippe saisonnière [3, 4].

La troisième hypothèse est que le vaccin fonctionnera. La réponse immunologique ne constitue pas une garantie que le vaccin peut réduire les infections graves et la mortalité. La démonstration de cet avantage exige de grands essais cliniques RCT (Essais Contrôlés Randomisés), qui manquent singulièrement aussi bien pour les vaccins H1N1 bien que pour les vaccins de la grippe saisonnière.

La quatrième hypothèse est que le vaccin H1N1 fournira une immunité analogue à celle d'une infection naturelle. L'immunité contre la grippe virale a cette particularité très intéressante, connue comme le "pêché antigénique originel" [5]. Ce concept signifie que le premier virus de grippe auquel nous sommes exposés produit la réponse immunitaire la plus forte et que cette immunité dure plus de 50 ans. Cela explique le fait que les gens de plus de 50 ans semblent avoir une certaine immunité face au virus H1N1 parce qu'un virus semblable de la grippe A a circulé à l'échelle mondiale de 1918 à 1957. Il s'avère ainsi que l'infection naturelle crée une immunité pendant 50 ans pour un coût nul alors que les vaccins de la grippe exigent une (ou deux) injection(s) annuelle(s) pour arriver à un degré d'immunité moindre.

Nous recommandons donc que la plupart sinon tous les vaccins H1N1 soient utilisés dans le cadre d'une étude en double aveugle randomisée avec contrôle placebo pour établir si les avantages

sont supérieurs aux nuisances. Sans une telle approche, en septembre 2010 nous serons de nouveau en position de ne pas savoir qui vacciner. Des études en double aveugle randomisées semblables sont également nécessaires pour le vaccin de la grippe saisonnière étant donné que les effets à long terme de la vaccination annuelle contre la grippe sont inconnus, et il y a de fortes chances que les nuisances d'une vaccination annuelle contre la grippe soient supérieures aux avantages d'une non-vaccination.

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(**) James (Jim) M Wright. Professeur, Dépt. d'Anesthésiologie, de Pharmacologie & de Thérapeutiques, 2176 Health Sciences Mall, Vancouver, B.C. V6T 1Z3, Canada

Références

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http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm181950.htm

2. Villanueva T, Gérvas A. Spain and swine flu. CMAJ. 2009.
http://www.cmaj.ca/cgi/eletters/181/6-7/E102

3. Assessment of the influenza A (H1N1) pandemic on selected countries in the southern hemisphere: Argentina, Australia, Chile, New Zealand and Uruguay. Department of Health and Human Services and other USG Departments for the White House National Security Council. 26th August 2009. http://flu.gov/professional/global/final.pdf

4. Collignon PJ. Mass vaccination against swine flu: could it cause more harm than good? http://www.bmj.com/cgi/eletters/339/sep03_2/b3471#219801

Le vaccin inquiète partout dans le monde

France Info, 23 octobre 2009
https://web.archive.org/web/20091025092035/http://www.france-info.com/sciences-sante-2009-10-23-le-vaccin-contre-le-h1n1-pris-en-grippe-359973-29-30.html

En France, 60 à 65% des Français n'ont pas l'intention de se faire vacciner contre la grippe A (H1N1).

Ce vaccin a été fabriqué trop rapidement estiment beaucoup de professionnels de santé. " *injecter 94 millions de doses d'un produit sur lequel nous n'avons aucun recul peut poser un problème de santé publique* " estime Thierry Amouroux, le Secrétaire Général du Syndicat National des Professionnels Infirmiers SNPI CFE-CGC.

En Allemagne, des sondages montrent que 19 % des Allemands hésitent à se faire vacciner contre la grippe A(H1N1). Inquiétudes aussi au Canada, en Israël, au Royaume Uni. Aux Etats-Unis, certains soignants ont intenté une action en justice contre la vaccination "forcée".

Le ministre de la santé, Roselyne Bachelot, a fait à nouveau appel cette semaine au sens des responsabilités des soignants afin qu'ils se vaccinent contre le nouveau virus H1N1. Elle s'insurge aussi contre ceux qui parlent de vaccins développés dans la "*précipitation*".

Le Monde

**Le vaccin H1N1 entraîne une plainte contre X...
pour tentative d'empoisonnement**

Le Monde, 23 octobre 2009 à 13h49
https://www.lemonde.fr/societe/article/2009/10/23/le-vaccin-h1n1-entraine-une-plainte-contre-x-pour-tentative-d-empoisonnement_1257803_3224.html

Neuf Isérois ont déposé plainte contre X..., vendredi 23 octobre à Grenoble, dénonçant la campagne de vaccination contre la grippe H1N1 comme *"une véritable tentative d'empoisonnement"* de la population, une première en France qui sera suivie d'autres plaintes, a annoncé leur avocat.

Cette plainte avec constitution de partie civile, également déposée pour *"tentative d'administration de substances* (...) *de nature à entraîner la mort"*, a été remise au doyen des juges d'instruction du tribunal de grande instance de Grenoble, a précisé M[e] Jean-Pierre Joseph. Ces plaignants sont neuf habitants de la vallée du Grésivaudan, dont une professionnelle de santé, une animatrice de radio et une enseignante, qui se sont rencontrés dans des réunions publiques consacrées notamment aux risques supposés du vaccin contre la grippe H1N1.

"Le but est d'arrêter ce que nous considérons comme un empoisonnement", a souligné M[e] Joseph. *"L'intérêt de cette action est que des gens en France aient une attitude citoyenne et disent publiquement: nous avons compris que la campagne de vaccination est une arnaque"*, a ajouté l'avocat.

Pour les autorités de santé, les vaccins H1N1 arrivant sur le marché sont des produits nouveaux pouvant provoquer des effets secondaires inattendus, qui devront faire l'objet d'une surveillance, mais elles estiment que les avantages d'une vaccination l'emportent sur les risques éventuels.

FOURWINDS10.COM

Campbell vs. the US: Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Campbell vs. the US:
Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Four Winds, 23 October 2009

https://web.archive.org/web/20091029013650/http://www.fourwinds10.com/siterun_data/government/judicial_and_courts/news.php?q=1256406141

----- Original Message -----
From: Campbell Rebecca
To:
Cc: 911 Visibility Project
Sent: Friday, October 23, 2009 7:16 PM

Subject: Campbell vs. the US: Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Although this federal case was ostensibly filed by one person against one government, that one person has filed it on behalf of all of the peoples of the world so that they might hold their own governments accountable for the crimes that these governments have perpetrated in their names against other peoples, as well as against themselves.

Although it could have been filed on a narrower legal premise that might have made it easier to win in court, it was filed so that the larger context of the secret and sinister forces that have long controlled the governments of this world being finally exposed and thereby extirpated from this planet. It was filed in such a way so as not only to be heard in a court of law, but also to be heard in the court of public opinion, to help to win the hearts and minds of the people to a greater truth; to help win on earth the cosmic war now being waged for truth, rather than in this war to win but one more isolated battle.

To those who shall say that this one person acted without good faith, due diligence or sufficient discernment, let the judgement of eternity be the final arbiter.

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

REBECCA EM CAMPBELL ,

Plaintiff,
vs.

Civil Action No.
Jury Trial Demanded

KATHLEEN SEBELIUS, Secretary,
States Department of Health and Human
Services; THOMAS R. FRIEDEN, M.D., M.P.H.,
Director, United States Centers for Disease
Control and Prevention; FRANCIS S.
COLLINS, M.D., Ph.D., Director,
United States National Institutes of
Health; and MARGARET ANN HAMBURG , M.D.,
Commissioner, United States Food and
Drug Administration.
Defendants.
=>
https://web.archive.org/web/20091029013650/http://www.fourwinds10.com/siterun_data/government/judicial_and_courts/news.php?q=1256406141

UNITED STATES DISTRICT COURT
Western District of Washington
Honorable David G. Estudillo, Chief District Judge

Rebecca Campbell files federal lawsuit over WHO flu scam in Seattle

US District Court, Western District of Washington, At Seattle, 24 October 2009
https://cupdf.com/document/rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle.html?page=1
https://web.archive.org/web/20091029221826/http://www.theflucase.com/index.php?option=com_content&view=article&id=1355:rebecca-campbell-files-federal-lawsuit-over-who-flu-scam-in-seattle&catid=1:latest-news&Itemid=64&lang=en

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE
REBECCA EM CAMPBELL ,
Plaintiff, Civil Action No.
vs. Jury Trial Demanded
KATHLEEN SEBELIUS, Secretary,
States Department of Health and Human
Services; THOMAS R. FRIEDEN, M.D., M.P.H.,
Director, United States Centers for Disease
Control and Prevention; FRANCIS S.
COLLINS, M.D., Ph.D., Director,
United States National Institutes of
Health; and MARGARET ANN HAMBURG , M.D.,
Commissioner, United States Food and
Drug Administration.
Defendants.

Complaint for Declaratory and Injunctive Relief

Plaintiff alleges the following in support of her claim for declaratory and injunctive relief and damages:

Jurisdiction and Venue

1. This is a claim for declaratory and injunctive relief and damages with jurisdiction in this court based upon 28 U.S.C. § 1331 with issues arising under the Constitution and laws of the United States.

2. Venue is proper in this district pursuant to 28 U.S.C. § 1391(e) because this is a civil action in which the defendants are officers or employees of the United States acting in their official capacity or under color of legal authority, plaintiff resides in this district and no real property is involved in the action.

Parties

3. Plaintiff Rebecca Em Campbell is a universal sovereign being, a citizen of the United States and a resident of Seattle, King County, Washington.

4. Defendant Kathleen Sebelius (hereafter "defendant Sebelius") is an adult resident of the state of Kansas with a professional address of 200 Independence Avenue, S.W. , Washington, D.C. 20201. Defendant Sebelius is the secretary of the United States Department of Health and Human Services.

5. Defendant Thomas R. Frieden, M.D., M.P.H. (hereafter "defendant Frieden") is an adult resident of the state of New York with a professional address of 1600 Clifton Road, Atlanta, GA 30333. Defendant Frieden is the director of the United States Centers for Disease Control and Prevention.

6. Defendant Francis S. Collins, M.D., Ph.D. (hereafter "defendant Collins") is an adult resident of the state of Virginia with a professional address of 9000 Rockville Pike, Bethesda, MD 20892. Defendant Collins is the director of the United States National Institutes of Health.

7. Defendant Margaret Ann Hamburg, M.D. (hereafter "defendant Hamburg") is an adult resident of the state of New York with a professional address of 10903 New Hampshire Avenue, Silver Spring, MD 20903. Defendant Hamburg is the commissioner of the United States Food and Drug Administration.

…

Factual Allegations

8. There presently exists a bank-based transnational corporate criminal conspiracy to violate the fundamental constitutional rights and wellbeing of the American people, including those of the plaintiff, through fraudulent political, legal and financial contracts in the form of surreptitiously signed/enacted international treaties and federal laws/executive orders enabling the mandated imposition of bioweaponized H1N1 influenza vaccinations and quarantines/detentions through martial law. The aforementioned measures, being fraudulent, are therefore null and void, with no legitimate power to be enforced by any government, national or international, upon the American people.

9. Controlled by the same bank-based transnational corporate crime syndicate that now controls the United States government and virtually all of the national governments of the world, the United Nations World Health Organization (UN/WHO) has fraudulently declared, without any scientific justification, the highest possible Level 6 Pandemic for an indefinite period of time, which is akin to a medical "war on terror".

10. Level 6 Pandemic status gives the UN/WHO, by various international agreements signed by the US government and by various federal executive orders, as well by various laws surreptitiously approved by the US Congress and supported by the US Supreme Court, indefinite control over this nation and its people that subsumes the US Constitution, the US Bill of Rights, the American Declaration of Independence and all federal, state and local laws.

11. Level 6 Pandemic status may generate, via the aforementioned planned mandated martial law, quarantines/ detentions and enforced bioweaponized H1N1 influenza vaccinations, massive profits for this bank-based transnational corporate crime syndicate through the hugely profitable sale of said vaccinations to the US and other national governments, as well as through massive confiscation of private property through coordinated medical genocide and disablement of the American people.

12. There is an urgent need to return to, reconsider and reapply those fundamental declarations of universal and national law that have so eloquently set forth the basis of our freedom and wellbeing, both as singular sovereign beings, and as a people, which this federal legal action seeks to remedy. ...

21. Public health agencies of the US government, including the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the National Institute of Allergic and Infectious Diseases (NIAID), and the Institute of Medicine (IOM), as well as the United Nations World Health Organization (UN-WHO) and major transnational pharmaceutical corporations met at the Simpsonwood Retreat Center in Norcross, Georgia in June 2000 to listen to the research findings of a CDC epidemiologist as to his findings, derived from the CDC's own comprehensive national database, that vaccines are not only ineffective in protecting the public against the diseases they are supposedly designed to curtail, but that they are actively harmful, causing other serious chronic disease conditions and death long-term, and sometimes soon after their administration.

22. The rest of that weekend was spent by officials of these government public health agencies conspiring with those representatives of transnational pharmaceutical corporations present to actively suppress in the future all scientific research disproving the safety and efficacy of vaccinations as a public health measure.

23. On June 11, 2009, the World Health Organization (WHO) of the United Nations (UN) declared – without any scientific justification whatsoever – attracting much criticism from medical experts – a worldwide highest possible "Level 6 Pandemic," thereby triggering deliberately unpublicized US presidential executive orders and UN treaties that place all US military, law enforcement and health services under the control of WHO and UN.

24. According to the International Health Regulations of 2005 (IHR 2005), which have been incorporated into legislation also in the International Partnership on Avian Influenza of 2005 (IPAI 2005), as well as numerous US presidential directives, the WHO and the UN become the controlling agencies of the US in the event of a declared Level 6 Pandemic, and are entitled to control of this country under martial law, with obvious implications for all of the above, under the pretext of dealing with a pandemic emergency.

25. Since refusing a WHO-mandated vaccination has been criminalized by these, and various other state laws derived from the Model State Emergency Health Powers Act, (MEHPA) members of law enforcement/ the military can use bodily/deadly force against "criminal suspects" refusing these mandated vaccinations or resulting order of quarantine.

26. Immediately following the abovementioned announcement by the WHO in June 2009, all signatory nations of the International Health Regulations of 2005, including the US, are obliged to give mass mandatory vaccinations and prepare for other measures such as quarantines, as/when mandated by the WHO.

27. The United States may then be controlled via various international agreements and executive orders by the United Nations (UN)/World Health Organization (WHO), now in turn controlled by the abovementioned bank-based transnational corporate crime syndicate through national governments and major nonprofit funding foundations that it presently controls.

28. There exists evidence from a WHO Memo dated from 1972, in which the WHO describes a method for using injections/vaccines to kill those injected in three steps: first, by weakening the immune system; second, by injecting a huge dose of virus into the body, which the weakened immune system cannot fight; and third, by injecting an adjuvant that triggers a massive an inflammatory reaction with an ensuing cytokine storm. There is evidence that the H1N1 influenza vaccinations recently mandated by the WHO follow that same three-step process outlined in the aforementioned WHO memos, and so intentionally cause damage and death.

29. There is evidence that the WHO is systematically concealing evidence of the lethality/morbidity of these vaccines, classified as bioweapons by US and EU regulators, in an act of fraudulent misrepresentation, to induce the populations of these countries to take said vaccines of their own free will, even while putting in place measures to make these vaccinations mandatory.

30. Now-FDA Director Margaret Hamburg publicly conferred with David Nabarro, key official with the UN/WHO and others as to how exactly such a pandemic would occur at a conference at Colorado's Aspen Institute on October 13, 2007, discussing with suspiciously precise prescience a future WHO-declared pandemic emergency eerily resembling the one it has declared at present.

31. The United States government has begun actively planning for mass forced vaccinations, detainment and quarantine of American citizens, including surreptitiously excavating mass gravesites in diverse locations.

32. There is evidence that in February 2009, the WHO was involved in nearly triggering a pandemic in Austria , by supplying Baxter's Austrian subsidiary with a H1N1 virus that Baxter then used to contaminate 72 kilos of vaccine material.

33. The Baxter laboratory in Orth von der Donau manufactured and distributed 72 kilos of vaccine material contaminated with a H1N1 virus, to sixteen laboratories in four countries, including Austria, thereby nearly triggering a pandemic.

34. The contaminated vaccine material consisted of a mixture of a seasonal H3N2 human influenza virus and the deadly H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, Baxter produced a highly dangerous bioweapon.

35. A staff member of a subcontracted laboratory in the Czech Republic discovered this lethal contamination, when all animals they tested died from this vaccine, and the contamination was reported to health authorities.

36. In Poland during this same period, twenty-one out of thirty homeless research subjects – on whom these vaccines were tested without full disclosure of what was being administered to them – died, manifestly violating basic medical ethics and international law.

37. Since Baxter is obliged to use BSL 3 (Biosafety Level 3) precautions in its laboratories when handling the H1N1 virus (classified as a biological agent, BSL3 or 4 under EU regulations), such safeguards are in place as would make accidental contamination of ordinary influenza material with the dangerous H1N1 virus impossible. In other words, this deadly contamination and distribution was almost certainly due to criminal intent.

38. Thirty-six people had to be preventatively hospitalized in Austria and the Czech Republic because of their exposure to this vaccine-based contamination, underlining the danger of a pandemic.

39. This incident, that very nearly killed millions, was investigated by WHO, EU and Austrian health authorities only perfunctorily. This incident was neither investigated nor reported upon by any of the mainstream media corporations controlled by the transnational bank-based corporate crime syndicate, which, via institutional investment firms such as Goldman Sachs and State Street Global Advisors, also owns Baxter International.

40. It was later revealed in Austrian parliamentary questioning of Baxter executives that this incident had been handled, not as a serious violation of biosecurity regulations as mandated by law, but as a minor offense against the Austrian veterinary code: a veterinarian was sent to the Austrian Baxter laboratory for a brief inspection together, with a representative from the department for human medicine. No action appears to have been taken, other than recommendations to tighten Austrian veterinary laws.

41. On April 28, 2009, a shipment of said deadly virus from a WHO/Baxter-affiliated laboratory in Mexico was released from a suspiciously atypical hazardous biomaterials container, allegedly by accident, on an intercity train bound for Geneva, Switzerland , exposing sixty-one passengers to infection. To date, there has been no credible forensic investigation of this incident by the UN/WHO or Swiss/EU officials, and none of those exposed in this alleged bioaccident were ever properly treated for their exposure to this virus.

42. There is further indication of Baxter's criminal intent: in 2006, Baxter distributed hemophiliac blood components that were contaminated with HIV virus and administered to tens of thousands of people, including thousands of children in Europe . Baxter continued to release this HIV-contaminated vaccine, even after its contamination was known, yet Baxter International is still eligible to be one of the medical contractors being used by the United States government in their current purchase of vaccines that it by executive order could mandate for the American people.

43. Baxter International patented a vaccine for the allegedly new "H1N1" virus in 2008, indicating, with its aforementioned actions that it might potentially be involved in initiating such a pandemic.

44. It would therefore appear that officials of the Swiss health ministry and other officials of the UN, WHO, EU, US, Austria, Switzerland and/or Baxter International should also be interrogated concerning this matter by a grand jury; this has thus far not occurred.

45. In spite of the scientific evidence that mercury preservatives and assorted adjuvants are dangerous, the WHO is specifically recommending the production and use of vaccines containing highly toxic mercury preservative and oil-in-water adjuvants in its planned mass vaccination campaign starting in October 2009.

46. In a briefing note of July 13, 2009, the WHO stated: "In view of the anticipated limited vaccine availability at global level and the potential need to protect against "drifted" strains of virus, (it was) recommended that promoting production and use of vaccines such as those that are formulated with oil-in-water adjuvants and live attenuated influenza vaccines, was important."

47. Adjuvants are added to vaccines supposedly to make them more "effective" and to reduce the amount of vaccine required per dose. This is induced by causing the immune system to react in a powerful, unnatural and potentially dangerous way to the presence of the virus being vaccinated against. As previously mentioned, an adjuvant added to a high dose of virus can cause a massive inflammatory reaction with a cytokine storm, followed by death.) ...

53. These H1N1 influenza vaccines will be developed, "tested," and shipped for mass distribution in a matter of weeks without adequate trials for long-term safety.

54. Transnational vaccine manufacturers are present as observers on key WHO vaccine advisory boards of the WHO that can formally recommend vaccinations, indicating substantial conflict of interest.

55. The WHO refused to release minutes of a key meeting on July 7, 2009, when its "vaccine advisory board" -- packed with transnational pharmaceutical corporation executives as observers -- recommended to the WHO that it order enforced vaccinations around the world using their vaccines, ensuring them vast profits.

56. The institutional investors and banks behind the WHO and these vaccine manufacturers are set to reap huge profits from the mass murder of Americans in terms of property and financial assets acquired, as well as profits from massive US government vaccine purchases.

57. The WHO has made a unilateral declaration of highest Pandemic Level 6 on the basis of a relatively harmless H1N1 influenza, manipulating data, and so misusing a provision designed for a deadly plague unjustified by any scientific evidence, in order to declare an international public health emergency for an indefinite period of time to acquire new emergency powers throughout the globe.

58. Cases of H1N1 influenza have been relatively mild, requiring little or no medical intervention, and deaths from the H1N1 virus remain extremely low, at less than one half of one percent of reported cases as of July 6, 2009, with no sign of the virus mutating to become more deadly, according to leading medical experts in France and Switzerland, Sweden and other countries, as well as according to Dr. Margaret Chan, head of the WHO.

59. Rapid tests have been shown to diagnose the H1N1 virus has been inaccurate nine times out of ten, casting doubt on the purportedly swift spread of this disease, and H1N1 has symptoms virtually indistinguishable from normal flu, and has never so far been isolated in the laboratory, further casting doubt on the legitimacy of the WHO's declaration of highest level pandemic emergency.

60. The WHO altered its official definition of pandemic in 2003, being guilty thereby of manipulating data. According to WHO’s present definition, a declaration of pandemic can be constantly maintained. In fact, every year since 1918 would have been Pandemic Level 6 under the WHO's latest definition.

61. The WHO has also changed this definition again this past spring of 2009, so as to be able to declare a pandemic based on the alleged spread of a disease, rather than based on its lethality as had been the case before, while discontinuing the use of accurate reporting standards for its incidence.

62. There is scientific evidence the Spanish Flu Pandemic was started by mass vaccinations of soldiers in 1918-1919.

63. A 1976 mass "swine flu" vaccination campaign in the USA had to be abandoned because more people died from the vaccines than the "swine flu" itself.

64. A recent WHO polio vaccination campaign in Nigeria has resulted in infection and a mutated polio virus crippling hundreds of Nigerians.

65. Criminal charges have been filed against Baxter International over the 72 kilos of contaminated biomaterial with the city state prosecutor in Vienna, Austria, resulting in a police investigation, and criminal charges filed with the FBI in the US concerning the role of Baxter International, the WHO and others in these spuriously declared pandemics and measures toward mass vaccinations.

66. On July 17, 2009, US Department of Health and Human Services Secretary Kathleen Sebelius signed an emergency use order, giving to Baxter International and all other potential US government influenza vaccine contractors legal immunity from prosecution or lawsuit for any possible injury done by their vaccines to the American people during this spuriously declared public health emergency.

67. On September 15, 2009, the FDA approved H1N1 influenza vaccines, despite the massive evidence presented to it concerning their lack of safety/efficacy.

68. The American people, including the plaintiff as a class of one, will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent, in accordance with the federal Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

Therefore, given that --

69. A bank-based transnational bank-based corporate crime syndicate controls the pharmaceutical cartel, the UN/WHO, as well as the US government;

70. Public health-related agencies of the US government, the UN/WHO and the pharmaceutical cartels have together conspired to promulgate injurious, ineffective vaccinations, despite massive evidence from their own databases that they also have together conspired to conceal from the general public;

71. There were two recent narrowly averted international medical catastrophes -- which facts and evidence point to being intentionally engineered by Baxter International and the WHO -- that almost triggered a pandemic, and these H1N1 vaccines – classified as bioweapons by regulators -- are being fraudulently misrepresented as prophylactic measures for a mild flu;

72. Baxter International and other potential/actual US government vaccine contractors have been given immunity from legal recourse by the American people for any substantial injury or death caused by federally mandated enforced vaccinations;

73. NIAID/CDC-sponsored trials of the H1N1 influenza vaccine scheduled to begin on pregnant women and small children in August/September 2009 do not include toxic adjuvants, and will give a misleading impression of the impact of the planned, possibly imminent federally mandated enforced vaccination on the health of those receiving them. They therefore do not fulfill the criteria laid down for adequate clinical trials, any more than levels of toxic mercury preservative in vaccines being increased in those given to pregnant women and young children and the addition of dangerous adjuvants such as squalene represent ethical or effective public healthcare procedures;

74. The UN/WHO has declared, without adequate scientific evidence, a highest possible Level 6 Pandemic giving them, by various fraudulent international agreements surreptitiously signed by the US government and various federal executive orders, indefinite control over the US and its populace that subsumes the US Constitution, the Bill of Rights, the Declaration of Independence and all federal, state and local laws – it is therefore these very oracles of human freedom that must now be invoked to protect the American people.

Constitutional Basis of This Case

75. Amendment 1 to the United States Constitution declares:

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

76. The First Amendment forbids Congress to enact any laws abridging freedom of speech or of the press; of the right of the people peaceably to assemble or to petition the government for a redress of grievances. Yet the corrupt US Congress has for the past hundred years enabled and/or engaged in all of the aforementioned violations of our constitutional rights by passing laws and allowing to stand without investigation or legislative action executive orders and judicial decisions depriving the American people of these constitutional rights through corporate consolidation of the communications media denying Americans free expression and timely, accurate information essential for authentic democracy to exist; corporate control of our federal government through money-based elections, lobbying, extortion and bribery; its letting stand executive orders allowing detentions and quarantines during martial law, denying the people their right peaceably to assemble; and, most recently, emergency use orders issued by the federal executive branch on behalf of pharmaceutical corporations giving them immunity from administrative redress through federal disciplinary action on behalf of the American people who may have injured or killed by their untested vaccines.

77. Amendment 4 to the United States Constitution provides:

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated; and no warrants shall issued but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

78. The Fourth Amendment forbids home invasions by public health officials for citizens refusing enforced vaccinations, and the right of the people to be secure in their persons expressly forbids enforced vaccinations without due process as well.

79. Amendment 5 to the United States Constitution provides:

Trial and Punishment, Compensation for Takings. No person shall be...deprived of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

80. The Fifth Amendment forbids public health quarantines or detentions with confiscation of property without due process of law, which measures mandating martial law, enforced vaccinations and quarantines/ detentions without due process of law manifestly violate.

81. Amendment 7 to the United States Constitution provides: Right to Trial by Jury. In suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved, and no fact tried by a jury, shall be otherwise reexamined in any court of the United States, than according to the rules of the common law.

82. The Seventh Amendment forbids the federal government granting legal immunity to corporations for any death or injury caused by their products, such as has just been granted to pharmaceutical corporations for their vaccines, precluding any lawsuits or prosecution by the American people.

83. Amendment 8 to the United States Constitution provides: Cruel and Unusual Punishment. Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

84. The Eighth Amendment forbids cruel and unusual punishments, such as would be inflicted by spuriously mandated, inadequately tested, toxically composed H1N1 influenza vaccinations, and mandated quarantine/ detention and/or deprivation of property for those who refuse them.

85. Amendment 9 to the United States Constitution provides: Construction of Constitution. The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.

86. Amendment 10 to the United States Constitution provides: Powers of the States and People. The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

87. The Ninth and Tenth Amendments, respectively, forbid the use of federal power to deny the sovereign rights of the people, and affirm that ultimate power resides with state governments and with the American people.

88. Amendment 14, Section 1 to the United States Constitution provides: All persons born or naturalized in the United States and subject to the jurisdiction thereof are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

89. Amendment 14, Section 3 to the United States Constitution provides: No person shall be a Senator or Representative in Congress, or elector of President and Vice President, or hold any office, civil or military, under the United States, or under any State, who, having previously taken an oath, as a member of Congress, or as an officer of the United States, or as a member of any State legislature, or as an executive or judicial officer of any State, to support the Constitution of the United States, shall have engaged in insurrection or rebellion against the same, or given aid or comfort to the enemies thereof...

90. Article 14, Section 1 of the United States Constitution generally reinforces and affirms all of the rights of US citizens enumerated in the previously cited constitutional amendments, including the right to privacy, being violated by all of the aforementioned WHO/US healthcare mandates. Section 3 forbids anyone who commits treason against the United States

-- as many present federal officials of the executive, legislative and judicial branches are manifestly doing -- from holding any further public office, much less continuing to act with apparent immunity from any investigation and prosecution.

91. The American Declaration of Independence states:

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable right; that among these are life, liberty and the pursuit of happiness.

That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed; that whenever any form of government becomes destructive of these ends, it is the right of the people to alter or to abolish it, and to institute new government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their safety and happiness.

Prudence, indeed, will dictate that governments long established should not be changed for light and transient causes; and accordingly all experience hath shewn that mankind are more disposed to suffer, while evils are sufferable, than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same object evinces a design to reduce them under absolute despotism, it is their right, it is their duty, to throw off such government, and to provide new guards for their future security.

92. The last paragraph of the American Declaration of Independence very precisely describes the continuous tyranny that we as a people have long been experiencing from our corrupt, corporate-controlled federal government, along with its precisely prescribing its just and effectual remedy. It also declares the right of the people to abolish any existing political contract with their government when the basis of that political contract has become fraudulent in nature, and therefore null and void

Causes of Action

COUNT NO. 1: Violation of the First Amendment: abridgement by the federal government of freedom of speech and of the press, of the right of the people peaceably to assemble, and to petition the government for a redress of grievances.

COUNT NO. 2: Violation of the Fourth Amendment: abridgement by the federal government of the right of the people to be secure in their homes and in their persons.

COUNT NO. 3: Violation of the Fifth Amendment: abridgement by the federal government of the right of the people to enjoy their life, liberty and property without interference, unless otherwise abridged by due process of law.

COUNT NO. 4: Violation of the Seventh Amendment: abridgement by the federal government of the right of the people to trial by jury and legal redress of grievances.

COUNT NO. 5: Violation of the Eighth Amendment: abridgement by the federal government of protection of the people from cruel and unusual punishment.

COUNT NO. 6: Violation of the Ninth and Tenth Amendments: abandonment by the federal government of the fundamental constitutional principle that all unspecified sovereign power resides with the people and with the various states.

COUNT NO. 7: Violation of the Fourteenth Amendment: abridgement by the federal government of untrammeled access by the American people to all aforementioned constitutional rights of citizenship, including that of privacy, and the right of the people to remove from office all public officials who have committed treason against the United States .

COUNT NO. 8: Violation of the American Declaration of Independence: abridgement by the federal government of the right of the people to maintain their sovereignty and freedom from any foreign power; their right to expect good faith on the part of their government in the political contract that it has with the people, and their right to remove from power any government that violates their sovereign human rights through fraudulent political contract.

Demand for Relief

WHEREFORE, plaintiff prays for relief as follows:

1. That the Court immediately grant an Injunction for relief in these matters, thereby revoking, by authority of the 1st, 4th, 5th, 7th, 8th, 9th, 10th, and 14th Amendments of the US Constitution, as well as by the authority of the American Declaration of Independence from the royally chartered corporations of the British Empire any powers spuriously presumed by the federal government, now or in the future, through executive orders or international agreements issued/signed by any officials, past or present, of the federal government; that any officials of the federal government be thereby forbidden, now or in the future, to commit perjury concerning the alleged benefits or efficacy of any suspiciously derived/designed mandatory or voluntary vaccination, thus engaging in fraudulent financial contracts with their makers, to declare unilaterally any corporate legal immunity to the purveyors of vaccines for said vaccinations, or to unilaterally impose any federally mandated vaccinations/quarantines/detentions/international governments upon the American people, thus making their political contract with the people fraudulent, and therefore null and void.

2. That the Court order the United States Attorney to convene a grand jury investigation based upon the abovementioned allegations by the authority vested in this Court and the US Attorney to prevent any possible injury to the American people by means of any aforementioned possible federally mandated martial law, with enforced vaccinations/quarantines/ detentions.

3. That the Court order an investigation of this matter by the US Attorney under the Racketeering Influenced Corrupt Organizations Section (RICO-USC 18) of the Organized Crime Control Act (OCCA) of 1970, particularly its Sections 175-Prohibition with Respect to Biological Weapons; 241-Conspiracy Against Rights; 1031-Fraud Against the United States; 1091-Genocide; 2384-Seditious Conspiracy; 2382-Misprision of Treason and 2384-Seditious Conspiracy, as well as the Sherman Antitrust Act of 1890, whose farsighted provisions have been largely ignored by the US government since the latter half of the twentieth century.

4. That the Court order an investigation by the US Attorney of persons who may be responsible in an effort to prevent any planned enforced bioweaponized vaccinations, which persons to be investigated should include:

Baxter USA Executives:

- Joseph Martin 221 N Walnut St , Bensenville , IL 60106 .
- Bruce McGillivray 151 Ridge Lane , Lake Forest , IL 60045 .
- Norbert Riedel 1520 N Sheridan Rd , Lake Forest , IL 60045 .

Other Government/Corporate Officials:

● Jeffery K. Taubenberger, M.D., Ph.D., presently employed as a vaccine development expert at the NIH, who exhumed frozen bodies with the admitted purpose of reconstructing the deadly 1918 flu, caused by tainted vaccines injected into US military servicemen that killed 50-100 million people.

● US Health and Human Services Secretary Katherine Sebelius, who in July 2009, signed an order indemnifying Baxter International and other purveyors of the H1N1 vaccines from compensatory lawsuits or prosecution by US citizens, and who is implementing a mass vaccination campaign in spite of the evidence other measures such as surgical masks and natural preventive remedies would be more effective and less expensive if a pandemic actually did break out.

● Drs. Margaret Hamburg, Margaret Chan and David Nabarro, presiding officers of, respectively, the US Food and Drug Administration (FDA) and the UN World Health Organization (UN-WHO) who, immediately following Dr. Jeffery K. Taubenberger's six-year program of reconstructing the deadly 1918 virus, announced to the world via the UN that a new pandemic is about to occur that would kill "...5 to 150 million". Hamburg and Nabarro, as previously mentioned, also discussed exactly how such a deadly pandemic would occur at a videotaped conference at the Aspen Institute-US on October 13, 2007.

● Goldman Sachs, State Street Global Advisors, the Bank of Austria, the Rothschild family-owned, Bernard Madoff-tainted Banco de Medici, the Rockefeller family interests, and all other financial or funding institutions which have institutional ownership or regular financial dealings with Baxter International and other transnational vaccine manufacturers, as well as all major private foundations funding the WHO and vaccine research, including the Rockefeller and Bill & Melinda Gates Foundations.

● Past and present officials of the US Department of Health and Human Services, the US Food and Drug Administration and the National Institutes of Health/US Centers for Disease Control and US Departments of Defense enabling the above-cited possible criminal/treasonous activities violating the US Bill of Rights, US Constitution, Declaration of Independence from the British Empire and its royally chartered corporations and other aforementioned US laws.

● Those presidents of the United States past and present signing executive orders giving over control of the United States to the United Nations and its associated agencies in the case of a WHO-declared Level 6 pandemic;

● As well as those members of Congress past and present who failed to investigate and halt these probable criminal and treasonous activities.

5. I do also hereby affirm the right of the American people inhabiting each and every state of the present federal union to engage in legal nonviolent official and unofficial secession from any government that has denied them their sovereign human rights, based on the 9th and 10th Amendments of the US Bill of Rights, as well as on the American Declaration of Independence from the royally chartered corporations of the British Empire and other aforementioned US laws; that they have the right to secede from a federal government, which, presently controlled by a bank-based transnational corporate crime syndicate, has in fact seceded from the American people, and has conspired to commit acts of treason and crimes against humanity, not only against the people of the United States but against all of the peoples of the world.

I do hereby affix my signature and the date to the above pleading to this

honorable court.

DATED this 23rd day of October, 2009.

Flesh & Stone

Michael Cosgrove

'Poisoning attempt' charges filed against French H1N1 campaign

Flesh & Stone, 24 October 2009, 05:17:00
https://web.archive.org/web/20091203031309/http://www.fleshandstone.net/healthandsciencenews/1662.html

In what is being seen as the first of many such actions to come, nine individuals have filed formal charges claiming that the H1N1 campaign is a deliberate attempt to poison the French population.

These charges, which were filed yesterday, could not come at a more inopportune moment for the government and health specialists. The vaccination campaign got underway last Tuesday in a climate of national skepticism as to the vaccine's safety and efficiency, and this news will surely boost the morale of the increasing number of anti-vaccine lobbyists who are beginning to organize their resistance to any attempt to vaccinate the population against H1N1.

Nine inhabitants of the Isére region of France are cited as joint plaintiffs in the case, including a health sector worker, a teacher and a radio talk show host. They met each other at various public meetings held to denounce the vaccine's alleged health risks.

The charges take the form of a 'plainte contre X' which means that the perpetrator of an alleged crime or felony is not known, or is not named, in the charge sheet. This is a commonly used manner of filing complaints in France, particularly where the charges relate to supposed government implication in alleged breaches of the law. In cases where those trials proceed after prior examination of the facts, the specific persons or organizations concerned are designated and charged as the trial proceeds.

Jean-Pierre Joseph, the plaintiffs' lawyer, describes the vaccination campaign as "A veritable attempt to poison." He confirmed that the charges were filed at the High Court in Grenoble before the court's senior examining magistrate. He said other court cases involving other plaintiffs would begin soon

The various charges filed included one of "Attempting to administer substances…of a nature which could result in death."

"The aim is to put a stop to what we consider to be an act of poisoning," according to Joseph. "The interest of this action is that people in France now have a means by which to express their concern as citizens by saying publicly "We are aware that the vaccination campaign is a swindle."

Similar court actions are planned in other areas of the Isére, as well as in Paris, Pau and Nantes, and several hundred vaccine opponents are beginning to organize themselves on the internet with a view to filing class action charges.

The government and health authorities are currently battling to persuade people to get vaccinated against increasingly difficult odds. Opposition to the campaign has been increasing steadily, and various polls taken over the last few days put the figure for those who do not intend to get vaccinated as high as 70 percent.

Their task is being made even more arduous by the fact that while authorities believe on the one hand that vaccination is essential despite negative public reaction, the French have traditionally proved to be very quick to condemn and file charges in cases where not enough was said to be done to prevent other medical mishaps such as the Mad Cow outbreak and an AIDS contamination case, in which several people died and many more became HIV positive after receiving AIDS-contaminated blood transfusions in hospitals.

That signifies that the authorities have very little room to maneuver and are more or less obliged to continue the campaign in order to avoid similar charges should they decide or be forced to abandon the campaign and high numbers of people die as a result of not being vaccinated.

Franck Dubray

Grippe A. Seuls 17% des Français prêts à se faire vacciner

Quest France, 25 Octobre 2009
https://web.archive.org/web/20091027034704/http://www.ouest-france.fr/actu/actuDetFdj_-Grippe-A.-Seuls-17-des-Francais-prets-a-se-faire-vacciner_39382-1127162_actu.Htm

Seuls 17% des Français envisagent de se faire vacciner contre la grippe A (H1N1), selon un sondage Ifop pour le journal dimanche Ouest France.

Retournement radical

Cette étude traduit un retournement radical de l'opinion des personnes interrogées: à la mi-septembre, 55% des personnes interrogées par l'Ifop pour Sud-Ouest Dimanche se disaient prêtes à se faire vacciner.

Près d'un sondé sur deux (49%) explique qu'il ne se fera "certainement pas vacciner" contre le virus qui a fait 36 morts en France, selon le dernier bilan de l'Institut national de veille sanitaire publié mardi.

Faible inquiétude

Parallèlement, le niveau d'inquiétude des Français face à la grippe A chute très nettement: 16% des sondés se disent inquiets contre 32% il y a un mois.

Le sondage a été réalisé les 22 et 23 octobre par téléphone ou à domicile auprès d'un échantillon de 965 personnes représentatif de la population française âgée de 18 ans et plus.

Le Monde PLANÈTE

Seuls 17 % des Français envisageraient le vaccin contre la grippe H1N1

Le Monde, 25 October 2009, 08h 23
https://web.archive.org/web/20091029044725/http://www.lemonde.fr/planete/article/2009/10/25/seuls-17-des-francais-envisageraient-le-vaccin-contre-la-grippe-h1n1_1258524_3244.html

D'après un sondage paru dans Dimanche Ouest-France, seuls 17 % des Français envisageraient de se faire vacciner contre la grippe H1N1. Mi-septembre, 55 % des sondés pensaient se faire vacciner. Près d'un sondé sur deux est nettement opposé au vaccin.

L'évolution de ces chiffres s'explique notamment par la diminution de l'inquiétude ressentie face au virus. Alors qu'il y a un mois, 32 % des sondés se disaient "inquiets", le chiffre est tombé à 16 %.

Le sondage a été réalisé auprès d'un échantillon dit représentatif de 965 personnes.

THE FLU CASE

Only 17% in France now wants the "swine flu" vaccine - down from 55%

The Flu Case, 27 October 2009.
https://web.archive.org/web/20091029223221/http://www.theflucase.com/index.php?option=com_content&view=article&id=1420:only-17-in-france-now-wants-the-qswine-fluq-vaccine-down-from-55&catid=41:highlighted-news&Itemid=105&lang=en

According to the French mainstream newspaper Le Monde, the number of people in France who are planning to take the swine flu jab has dropped dramatically in the last month, falling from 55% in the middle of September to just 17 % today.

The latest poll also showed that the number of people who were worried about the "swine flu" pandemic had fallen from 32 % to just 16 % in the same period. As many as one person in two is opposed to the "swine flu" jab.

The poll of 965 people was first printed in Dimanche Ouest-France.

Le Monde sport

Les footballeurs allemands rechignent à se faire vacciner contre la grippe A

Lemonde // AFP, 25 Octobre 2009, 21h12
https://web.archive.org/web/20091027165359/http://www.lemonde.fr/sport/article/2009/10/25/les-footballeurs-allemands-rechignent-a-se-faire-vacciner-contre-la-grippe-a_1258629_3242.html#ens_id=1227013

Les clubs de football allemands rechignent à faire vacciner leurs joueurs contre la grippe H1N1 alors qu'une campagne massive de vaccination doit débuter lundi dans le pays.

"D'un côté la grippe porcine est une maladie contagieuse qui, lorsqu'elle frappe un joueur, peut mettre toute l'équipe à plat. D'un autre côté, il y a toutes sortes de questions sur les effets secondaires" du vaccin, a affirmé dimanche le porte-parole du Bayern Munich Markus Hijrwick. "On discute en interne pour le moment quant à savoir s'il faut se faire vacciner. Mais aucune décision n'a encore été prise", a-t-il ajouté.

Au FC Cologne, on se montre également sceptique. "Nous n'allons pas accepter le vaccin parce qu'on ne sait pas s'il y a des effets secondaires pour les sportifs de haut niveau", a affirmé le manageur Michael Meier. "Nous allons laisser nos médecins décider. Je trouve qu'en ce moment on laisse un peu trop jouer l'hystérie", a affirmé pour sa part le président du Werder Brême Klaus Allofs. Schalke 04 et le Hambourg HV ont également décidé d'attendre avant de prendre une décision.

Trois personnes sont mortes des suites de la grippe H1N1 qui a frappé quelque 25.000 personnes en Allemagne. Le ministère de la Santé a appelé la population à se faire vacciner, à partir de lundi.

Adam Murdock

Stop the Swine Whine!

FreeManInstitute, 25 October 2009
https://web.archive.org/web/20091104182138/http://www.freemeninstitute.com/adam-murdock-stop-the-swine-whine.html

" ... The H1N1 "swine" flu is an extraordinarily deadly virus.
" ... You need to get the vaccine or you could suffer the consequences.
" ... So-and-so has died in your neighborhood. Do you want to be next?

The above statements are typical of the lines that have been fed to the people of the world from the controlled media. In fact, the drum beat has been so deafening that you *would think that people were dropping like flies*. Sure there have been some deaths related to the flu but most have affected individuals with risk factors such as pre-existing lung conditions or people who are immunocompromised. Most healthy individuals that I have personally seen and in general have experienced nothing more than run of the mill flu symptoms.

Unfortunately, a lot of the hysteria has arisen out of disinformation or lack of information. I am going to address some of the disinformation by posing a few questions. First, do people die from the virus itself? And, if so, why do some individuals succumb to the virus and not others? The answers to the above questions are not commonly known but are pretty well established in the medical community. The facts are that the flu virus is seldom the sole cause of death, even among compromised individuals. In fact, many of the fatal cases arise from individuals that acquire bacterial superinfections. These bacterial infections arise after the lining of the lung is damaged by the virus which leaves the lung susceptible. The reason for this is that the lining of the lungs are critical for the removal of infectious elements and debris acquired during inhalation or from the upper respiratory tract. When these normal mechanisms breakdown or are already impaired, as is the case in pre-existing lung conditions, fatal bacterial infections can arise. It is these infections that are frequently the culprits in the flu. A result of this knowledge is that, I, as a physician am particularly cognizant of examining patients with presumed flu for signs and symptoms of pneumonia and in particular bacterial pneumonia.

What facts about the 1918 flu made some infectious disease experts worried about the swine flu this time around? The timeline of the 1918 flu was really composed of two flu seasons. The particularly virulent form of the flu was preceded by a mild flu much earlier in the season. It is believed that the milder form of the flu was able to acquire virulence factors by "mutating" into a more virulent form that affected younger, healthier patients. It was the second more virulent form that was the cause of the millions of deaths. Or was it? The media and public health officials like to blame all the deaths on the flu. As usual, there are some "confounding" variables, which in the case of the flu are other variables that may have affected the outcomes of flu victims. The first variable was sanitation. The cities of the early twentieth century were not known for their high sanitation standards. Nor was the importance of methods for preventing transmission of the virus such as hand washing and limited close contact understood. The second variable was an understanding about the virus itself and how it spreads, which as you might expect was rather limited at that time. Finally, treatment for flu patients at the time consisted entirely of supportive care. The advent of antivirals

and antibiotics for the treatment of bacterial complications of the flu had yet to be invented. These factors greatly contributed to the mortality of the disease.

What about this year's swine flu? This year's flu also started earlier in the year, somewhat like the 1918 virus and has been relatively mild. The fear was that this virus would also acquire the factors that would make it more virulent. It is this question that has generated all the hysteria and government intervention.

This leads me to the next question: Did we really need all the hysteria over a highly speculative event with little probability of happening?

The answer might have been "maybe," if we really were experiencing an exact copy of the 1918 flu. Yet, I am unaware that the current mild swine flu has undergone any type of comparable virulent transformation as many were predicting. In addition, a couple of the original vaccine trials published in the prestigious New England Journal of Medicine examining the efficacy of the H1N1 vaccine demonstrated that up to 40 % of people already had antibodies to the flu and therefore were possibly already immune. (1) (2) As this data is now several months old, the percentage is likely much higher now. It may be that the majority of people already have antibodies to the swine flu. Another study recently published in Euroscience by Purdue scientists predicts that the peak number of cases of swine flu will happen this week through Oct. 24. They also predict that the vaccine is not likely to have much effect on the total number of people that will acquire the swine flu because it has arrived too late. (3)

So with this information in hand what has been the response of government health officials? Have they halted a massive multi-billion dollar vaccination campaign that would vaccinate a group of people that may be already immune to a mild swine flu? Quite the contrary; they have intensified their efforts. They are calling medical professionals unethical if they don't get vaccines and even in some cases forcing vaccinations upon nurses and doctors as in New York. In addition, there has much talk about suspending constitutional freedoms and forcing vaccinations upon the general population.

What is scariest about the whole situation is that governments are seizing this opportunity to create emergency power bills that include pandemics such as with flu, thus mimicking the unconstitutional powers that have already been usurped by our Presidents. Recently, Pennsylvania has proposed such legislation. (4)

House bill 492 proposes emergency powers to "compel a person to submit to a physical examination or testing, or both, as necessary to diagnose or treat the person." This is to be done "without resort to judicial or quasi-judicial authority." This legislation will also require that "any physician or other health care provider to perform the medical examination or testing, or both" under penalty of law. In addition, "the public health authority may, for such period as the state of public health emergency exists, compel a person to be vaccinated or treated, or both, for an infectious disease." In other words, the rights of the patient and physician can be removed solely because a government public health authority believes a health emergency is imminent. This dictatorial power is to be accomplished without any judicial review.

What about the big pharmaceutical companies? I was recently reading about the pharmaceutical company, Baxter, who is projecting earnings of $30 - 40 million this quarter alone from swine flu vaccinations. Indeed, "Baxter International Inc., best known for its drug pumps and products for blood disorders and kidney disease, said it sees a lucrative new revenue source in vaccines and a multiyear opportunity in H1N1 swine flu vaccines." (5) It appears that big pharma is seizing upon the hysteria around this flu to potentially establish a new flu vaccine for years to come. This is despite the fact that a majority of the people may be already immune to the current H1N1 virus and the potential for pandemic swine flu in the years to come is likely minimal.

What about harm from the vaccine? Public health officials and the media like to portray the vaccine as virtually harmless. Nothing could be further from the truth. Although most immediate side-effects are minimal, it is well established that people can experience severe allergic reactions and Guillain-Barre syndrome, a severe neurological condition characterized by ascending paralysis. These conditions can lead to death and frequently do if unrecognized. In addition, there may be long-term side-effects related to adjuvants and mercury in vaccines that yet to have been fully characterized due to a lack of randomized studies for vaccinations. To add insult to injury, this vaccination has been rushed through the usual safety evaluation for vaccines in order that the government might "save" us from the deadly swine flu. So why take the risk if the benefits at this point are ill-defined. Indeed, physicians are mandated by law to tell their patients about all risks, benefits, and alternatives to any proposed treatment. Surely, any self-respecting physician should uphold his/her Hippocratic Oath by sharing the information with their patients.

Finally, it is not my right to tell you whether or not you should get flu vaccines, much less force you. Under the constitution, nobody else should have that right either. Unfortunately, it may be soon that our constitutional rights are only as good as the next flu season.

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3. Study: H1N1 Vaccine Too Late, Won't Help Most. – FoxNews. Oct. 20, 2009.
4. Pennsylvania House Bill 492.
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INDEPENDENT

More than half of Chinese 'don't want swine flu shot'

Independent, 25 October 2009
https://www.independent.co.uk/life-style/health-and-families/health-news/more-than-half-of-chinese-don-t-want-swine-flu-shot-poll-5503315.html

Beijing – More than half of all Chinese do not plan to be vaccinated against swine flu because they are unsure about the safety of the shot, according to a survey by state media published Monday.

The poll by the China Daily and popular web portal sohu.com said more than 54 percent of the 2,000 respondents said they did not want the A(H1N1) vaccine – a huge turnaround from two months ago, when 76 percent said they did.

"The vaccine has been developed and administered so quickly that I couldn't help questioning its quality and reliability," the paper quoted 36-year-old Zhang Lin, who refused the shot for her eight-year-old son, as saying.

China, which has the world's largest population at 1.3 billion people, has launched a mass swine flu vaccination campaign in a bid to stave off large outbreaks, especially as winter – and the regular flu season – sets in here.

But only 30 percent of those polled by the China Daily said they definitely would like to receive the shot. About 15 percent said they would make a decision based on what other people did.

The government has said it plans to inoculate five percent of the population, or 65 million people, against swine flu by year's end. So far, 300,000 people have received the vaccination.

More than 33,000 cases of A(H1N1) influenza had been reported as of Friday, according to health ministry figures, with the number of infections accelerating in recent weeks. Two deaths have so far been confirmed.

Health authorities have repeatedly warned they are facing a "grim" task of preventing outbreaks and keeping the death toll low.

"Tens of millions could be infected," the China Daily quoted Zeng Guang, chief epidemiologist at the Chinese Centre for Disease Control and Prevention (CDC), as saying.

The World Health Organization said nearly 5,000 swine flu deaths had been recorded as of October 18.

PreventDISEASE.com
Aiming Towards Better Health

Alert Canadians:
Toxic ingredients in the Arepanrix H1N1 vaccine harm your health

Prevent Disease, 26 October 2009.
https://web.archive.org/web/20091029101856/http://preventdisease.com/news/09/102609_Alert_Canadians_Arepanrix_vaccine_analysis.shtml

Health Canada has authorized the sale of Arepanrix™ H1N1 vaccine based on no conclusive clinical testing. The authorization is based on the Health Canada review of available data on the quality, safety and immunogenicity of similar vaccines, which established the benefit/risk profile in favour of inoculating the Canadian population.

Read the Notice of Decision issued by Health Canada. The decision by the Health Minister was based on a belief (not qualified or informed) that immediate action is required to deal with the H1N1 risk. The assertion that the decision is based on limited clinical testing is being misapplied. There has been NO conclusive results from any clinical trials on the Arepanrix H1N1 vaccine.

This report is designed to inform you how the risks outweigh the benefits of the vaccine. It will demonstrate how the Health Canada assessment is flawed and contradictory to established research on the detrimental health effects of the vaccine ingredients contained in Arepanrix.

All Vaccine Ingredients Cause Immunotoxicity,
Neurotoxicity, Sterility and Carcinogenicity

Description and Composition

Arepanrix™ H1N1 (AS03-adjuvanted H1N1 pandemic influenza vaccine) is a two-component vaccine consisting of an H1N1 antigen (as a suspension), and an AS03 adjuvant (as an oil-in-water emulsion).

The virus is inactivated followed by formaldehyde treatment and disrupted with sodium deoxycholate.

Preservative content: 5µg (micrograms) Thimerosal USP per 0.5mL dose or 2.5 micrograms organic mercury (Hg) per 0.5mL dose

Adjuvant: The AS03 adjuvant system is composed of DL-α-tocopherol, squalene and polysorbate 80 in a 3mL vial:
DL-α-tocopherol: 11.86 milligrams/0.5mL dose
Squalene: 10.69 milligrams/0.5mL dose,
Polysorbate 80: 4.86 milligrams/0.5mL dose

Analysis of Ingredients
…
=> read the website



Steve Watson

Chinese Join Worldwide Rejection of Swine Flu Vaccine
Less than one third say they will definitely get H1N1 shot

Infowars, 26 October 2009
https://web.archive.org/web/20091205164446/http://infowars.net/articles/october2009/261009Vaccinations.htm

The people of China are the latest to reject the H1N1 vaccine, according to results of national poll there indicating that concern over the vaccine's safety outweighs concern over the virus itself.

The poll, conducted by China Daily and news website sohu.com found that only 30% of 2,000 respondents said they would definitely get the shot.

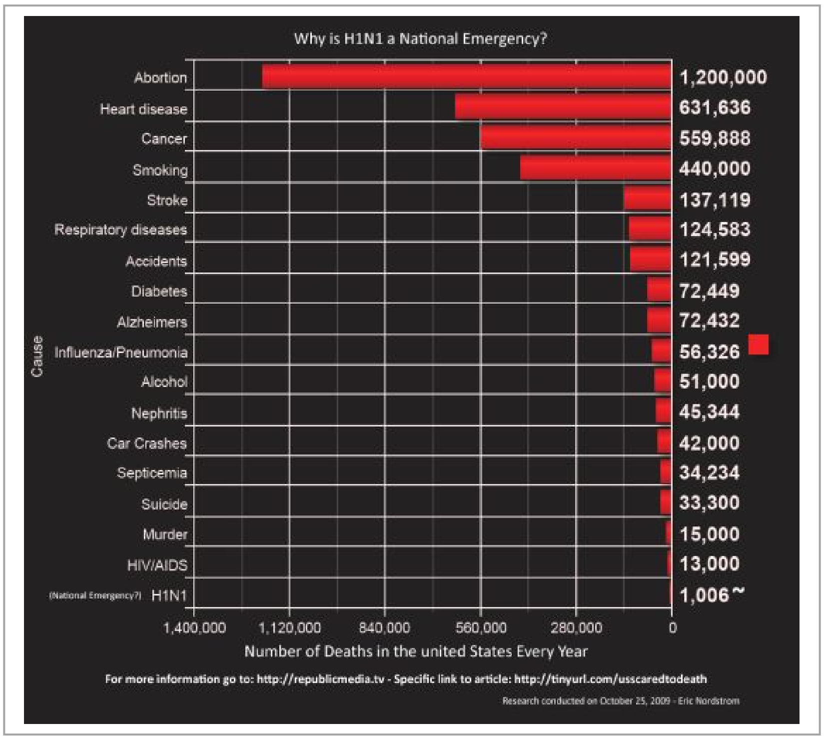
Over 54% of the respondents rejected the vaccine outright, meaning that 702 000 000 people will refuse to roll up their sleeves and take the shot.

The survey indicates a seismic shift in popular opinion from just two months ago, when 76% of people in China indicated that they would opt for inoculation.

The primary reason for the turnaround, according to the survey results, is a general worry over the quality and reliability of the vaccine, given that it has been fastracked and is based on "mock up vaccines" that are up to two years old.

Just two deaths resulting from H1N1 flu have been confirmed in China, according to the health ministry.

Why N1H1 is National Emergenmcy?



The views of the Chinese people also reflect those of populations within the United States, Canada, the UK and in the rest of Europe.

Last week, when the first H1N1 vaccines became available, 62% of American respondents to an ABC News/Washington Post survey said they will probably not get vaccinated, while 30% said they are not confident in the shot's safety.

Despite a relatively low number of deaths in the U.S. (see table below), coupled with the fact that the H1N1 virus remains mild, President Obama declared a national state of emergency over the weekend, prompting fears of mandatory vaccinations and martial law.

Meanwhile, in Europe, similar levels of rejection of the vaccine have been reported, with large portions of Danes, Finns, Germans, French, Spanish, Belgians and Dutch people all saying they do not intend to take the shot.

The number of refusniks is set to increase following reports late last week of severe side effects and even deaths in Sweden and Bulgaria that may have been linked with the vaccine.

In France, nine individuals have filed formal charges claiming that the H1N1 mass vaccination campaign is a deliberate attempt to poison the French population.

In Germany, where the mass vaccination campaign begins today, just 13% now say they are willing to take the shot, down from 51% in July.

The dramatic fall off in willing recipients follows revelations that government officials, the German military, police and members of pandemic crisis committees will receive a non adjuvanted H1N1 vaccine, while the general public will only be offered the GlaxoSmithKline Pandemrix shot, which contains squalene and thimerosal.

REVISTĂ DE GÂNDIRE ŞI TRĂIRE ROMÂNEASCĂ
ATITUDINI

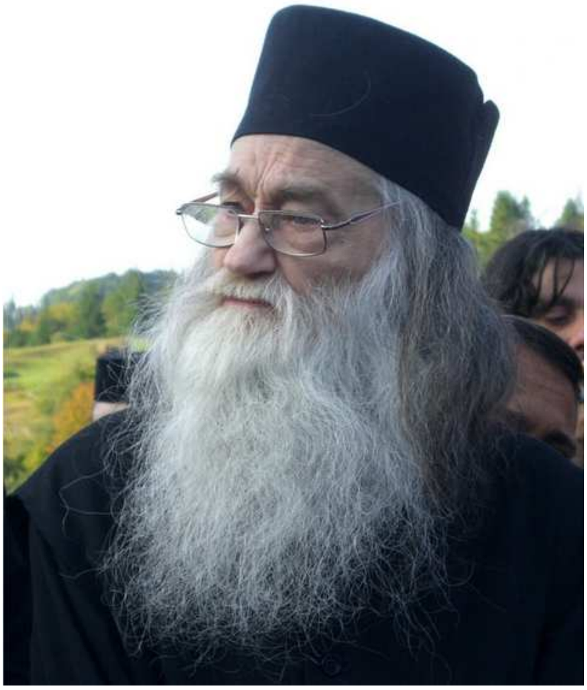
Parintele Justin Parvu

Sa nu confundam strategia cu depunerea armelor
Inter-viu real-izat de mon-ahia Fotini, 7 octombrie, 2009, extras din nr. 8 al revis-tei

Atitudini, 26 October 2009, N 8
https://www.atitudini.com/2009/10/parintele-justin-parvu-s-a-ajuns-la-apogeul-nihilismului/

– *Parinte, cum sfatuiti poporul sa procedeze cu privire la aceste vaccinuri criminale* care se vor impune cu forta, asupra copi-ilor nostri si asupra mamelor insarcinate, si poate pe viitor asupra tuturor?

Dragii mei, e greu sa dai un raspuns unui popor intreg, pentru ca nu avem decat solutii dureroase, pentru ca aceasta este realitatea in care traim, foarte, foarte dureroasa. Am spus de la inceputul anului ca trebuie sa ne pregatim pentru martiraj si mai mult de atat nici nu as mai fi avut de grait, dar oamenii sunt neputinciosi cu duhul si cu mintea ca sa inteleaga. Nu e usor sa traiesti in ziua de azi. Dar daca Domnul asa a binevoit ca noi sa suferim aceste vremuri, apoi trebuie sa ne supunem si sa primim cu bucurie toate cele ce vin asupra noastra, ca din mana lui Dumnezeu, si nu a vrajmasului. E mai greu acum, pentru ca neam invatat cu comoditatea, cu televizorul si cu toate mofturile si libertatile; ei bine, dragii mei, abia acum se vede efectul daunator al acestor libertati – neau slabit puterile sufletului. Mintea este ingreuiata, trupul slabit si datorita alimentatiei otravite cu care ne hranesc mai marii nostri, si nu suntem obisnuiti sa purtam niciun fel de razboi, nici duhovnicesc, nici trupesc.



De aceea, va rog sa nu mai cautati solutii. Solutii omenesti nu sunt, dragii mei! Solutia este moartea pentru Hristos. Tata pe fiu si mama pe fiica va da la moarte. Iata ca asistam la implinirea acestei proorocii. Daca mama va lasa copilul sa fie vaccinat, este ca si cum lar da la moarte. Am spus de mai multe ori sa luam modelul lui Brancoveanu, care cu marime de suflet privea mucenicia fiului sau cel mic, Matei. Invatati copiii sa traiasca in legea crestineasca, aceste obiceiuri sa le deprinda mai cu seama; nu mai e nevoie de nicio alta stiinta, de nicio scoala; prin orice mijloace copiii nostri sunt otraviti nu numai cu aceste vaccinuri, ci cu atatea informatii mincinoase la adresa creatiei lui Dumnezeu, cu calculatorul si cu tot soiul de filme, care ofera copilului o educatie antihristica. Daca nu aveti unde sa va retrageti din societatea aceasta potrivnica lui Dumnezeu, stati fiecare la locurile dumneavoastra si marturisiti pe Hristos, opunanduva tuturor masurilor viclene de exterminare a omului. Pentru ca asta tanjeste vrajmasul sa faca, sa distruga faptura lui Dumnezeu. Invidia lui cea mai mare, aceasta este – crearea OMULUI: De ce il iubeste Dumnezeu atat de mult pe om? Tocmai de aceea ar trebui sa prindem putere si curaj, pentru ca daca suntem asa de tare luptati si impresurati din toate partile de atatea primejdii si nevoi, inseamna ca si invidia vrajmasului se mareste datorita dragostei lui Dumnezeu sporite fata de noi, chipul si asemanarea Sa. Dar iata cat de mult ne iubeste Dumnezeu ca inca mai rabda toate pacatele si faradelegile noastre. Numai dracul nu intelege mila si iertarea lui Dumnezeu, ca daca ar fi inteleso, cred ca sar fi pocait si el.

De aceea va zic – aveti incredere ca Domnul va va da putere sa marturisiti pentru El. Traim intro lume anarhica, intreaga clasa politica este vrajmasa a lui Hristos si slujitoare raului, de aceea numai simpla noastra vietuire, fara sa abdicam de la principiile noastre crestine, este o marturisire si o mucenicie de zi cu zi.

Asadar: Nu primiti acest vaccin si nimic ce aduc nou puterile politice de azi. Evreii conduc lumea si americanii lucreaza pentru ei si cred ca au ajuns sa o stapaneasca deoarece nu mai au nicio sfiala; totul este la vedere si sunt constienti ca nu mai au niciun adversar de temut si lupta pentru exterminarea populatiei, ca cei putini care vor ramane sa se inchine lor. Acum ei studiaza si fac trierea iar modul prin care vor distinge oamenii intre ei sunt cipurile. Ai sau nu ai cip? Caci in fond cipul ce este? O arma impotriva omului. Iar noi nu mai avem arme; tineretul nostru este obosit, incat chiar sa vrea sa se ridice din vraja in care traieste, nu mai are putere. Singurele noastre arme sunt numai cele duhovnicesti: rugaciunea, smerenia, dragostea, dar si marturisirea. Nu se poate dragoste fara marturisire. Dragostea este jertfitoare, iar noi daca ne temem sa marturisim adevarul, ce jertfa mai avem? Sau daca nu ne pasa de aproapele nostru care este in nestiinta si noi nu il informam si il lasam sa cada prada acestui sistem, ce dragoste mai avem? Cei care se mai lupta astazi sa trezeasca pe fratele lor, care nu au ramas nepasatori fata de viitorul unei natii si al unei Biserici, aceia sunt fii ai dragostei lui Dumnezeu, care isi pun viata pentru fratii lor.

De aceea, mamelor, educativa crestineste copiii si nu ii lasati necontrolati! Nu ii lasati sa isi faca mendrele lor, nu ii lasati prada educatiei acestei societati, pentru ca leati asigurat si moartea sufleteasca, dar iata ca si pe cea trupeasca! Mai degraba iesiti din mijlocul acestei societati si va cresteti copiii in dragoste si simplitate. Saracia si greutatile va vor intari mai mult si mintea, si sufletul, si trupul. Nu vedeti ca prin atatea libertati si drepturi ale copilului, ei ajung sa aiba dreptul de a til ucide, dreptul de a distruge o natie?

– *Sf. Apostol Pavel spune sa ne supunem stapanirilor si mai marilor nostri*? In ce masura ne mai putem supune in astfel de conditii?

– Tot Sfantul Pavel spune sa ascultam de Dumnezeu mai mult decat de oameni. Nu mai avem de cine asculta, dragii mei, decat numai de Dumnezeu. Diavolul sa intrupat in acest sistem politic si se lupta cu noi prin ei, mai aprig ca niciodata. Iti ofera mai intai toate pricinile pacatuirii: carciumi si alcool, dezmat si imagini cat mai desfranate, amuzament si libertati de tot soiul. Asa se alege un conducator: prin harul lui Dumnezeu si vointa natiunii, nu? Dar acestia ce har de la Dumnezeu sa aiba? Acestia sunt lupi rapitori, nu mai este o stapanire aleasa, este o stapanire antihristica, potrivnica lui Hristos. Daca se impotriveste lui Hristos, glasul acelei stapaniri nu va mai fi unul de ascultat.

Ce stapanire este aceasta care ne da paine otravita sa mancam? Care ne ucid copiii? Nu vedeti ca au inceput cu copiii, cu sufletele acestea nevinovate? De ce? Pentru ca ii ucide nevinovatia copiilor. Cu martirajul copiilor a inceput Biserica lui Hristos, cu martirajul pruncilor, iata ca incepe si prigoana acestui veac de pe urma. Dar socotesc ca jertfa nevinovata a acestor copii nu va fi nelucratoare, ci ea va da putere alesilor Bisericii lui Hristos. Si cred ca va fi o incununare a crestinismului prin jertfa copiilor nevinovati. Este foarte periculos acum pacatul nestiintei; toti vedem pericolul in care ne gasim si suntem obligati sa ne informam si avem datoria de a informa si pe ceilalti frati ai nostri mai simpli si neajutorati. Nimeni nu va putea spune ca nu a stiut ca vaccinul acesta este ucigas… iar pentru cei care nu au stiut cu adevarat, pentru acestia Biserica, prin preotii si slujitorii ei, este responsabila si va raspunde pentru sufletele lor.

Omul vine sa se formeze in Biserica si ce formare ii dam noi, daca propovaduim aceeasi invatatura cu a statului antihristic? Biserica nu ramane straina fata de toata conjunctura aceasta politica si sociala si este datoare sa se implice atat in societate cat si in politica, atata timp cat legile politice impiedica porunca lui Dumnezeu. Preotul, la hirotonie, jura ca se va supune lui Dumnezeu si poruncilor Lui, dar si stapanirii statale. Pai cui juram noi? Presedintilor si parlamentarilor care legalizeaza prostitutia si actele cu cip? Pai rolul preotului este numai sa cunune si sa inmormanteze? Nu. El este sarea pamantului si lumina oamenilor. Ce lumina mai aduce, daca el se supune legilor intunecate ale acestui veac? Iar daca tace, inseamna ca refuza sa aduca lumina oamenilor. Nu ei sunt urmasii apostolilor,

carora Mantuitorul lea poruncit: Mergeti in toata lumea si propovaduiti Evanghelia la toata faptura (Mc. 16:15)? Nu lea poruncit sa taca. Daca sar ridica o elita de preoti si de calugari, care intradevar sa se angajeze in slujba Adevarului, atunci sar mai schimba situatia. Iar prin aceasta schimbare eu nu inteleg imbunatatirea conditiilor de viata si nici macar a caracterului celor ce ne conduc, ci inteleg o schimbare in sufletele credinciosilor, o intarire a credintei care ne va da forta sa marturisim impreuna, ne va da unitatea si dragostea jertfirii. Important este sa ne opunem tuturor antihristilor si sa murim demn; sa nu avem o pozitie de lasitate. Iar poporul cum sa se mobilizeze, cum sa aiba tarie duhovniceasca, daca nu are lideri?

– *Poate ca preotii acestia se tem* sa nu fie inlaturati din posturile lor si astfel sa nu mai poata catehiza credinciosii pe care ii mai avea.

– Represalii au fost dintotdeauna si vor fi. Noi nu trebuie sa calculam cat timp de cateheza avem la dispozitie. Poate sa fie si o saptamana, dar sa imi fac datoria cu toata jertfelnicia fata de Evanghelia lui Hristos si neamul meu. Au fost 12 Apostoli si pana si acolo a intrat diviziunea, tradarea. Si ce catehizare este aceea daca taci? Pe mine nu trebuie sa ma ingrijoreze faptul ca ma va schimba si va trimite alt preot in locul meu, cu mult mai slab si care sa corespunda baremului. Daca patimim ceva pentru Hristos, mai mult folos vom aduce natiei. Jertfa naste viata. Nu este suficient sa marturisesti un adevar numai celui de sub epitrahilul tau, ci trebuie sa il propovaduiesti in auzul tuturor, avem datoria sa scoatem adevarul la lumina. Te mai poti retrage din strategie, dar cat dureaza aceasta strategie, mai? Sufera poporul asta de atata strategie si nu mai facem nimic. Sa nu confundam strategia cu depunerea armelor. Doar nu suntem facuti numai pentru zile bune; un razboi cine il mai sustine? Si cine sunt luptatorii? Nu noi cei din lumea aceasta de aici? De ce i se zice Biserica luptatoare? Luptatoare inseamna zi de zi sa sustii un atac impotriva puterilor intunericului. O asceza retrasa in individualitatea ei nu mai este un adevar marturisit in plenitudinea lui.

Foarte frumos citeam la Evdokimov mai devreme: Biserica nu trebuie sa isi asume treburile concrete ale cetatii, dar constiinta crestina este chemata sa actioneze din plin pana si in chestiunile cele mai tehnice. Politica, economia, dezvoltarea sunt sferele comune in care credinciosii si necredinciosii se intalnesc. Si ce imensa sarcina aceea de a desavarsi lumea prin sobornicitatea calitativa a tuturora, de a insamanta in cultura lumina Taborului. *Un om al luminii poarta o lumina care straluceste peste intreaga lume.* Marii duhovnici spun ca orice asceza lipsita de dragoste si care nu este un sacrament al fraternitatii este desarta.

Vorbind despre euharistie, Sf. Ioan Gura de Aur spune: *Aici este odaia inalta in care au sezut ucenicii; de aici au plecat spre Muntele Maslinilor. Sa plecam si noi in cautarea* ***mainilor de saraci,*** *caci ele sunt pentru noi Muntele Maslinilor. Intr-adevar, multimea saracilor este asemenea unui codru de maslin sadit in casa lui Dumnezeu. De acolo curge uleiul de care vom avea nevoie spre a ne infatisa, precum fecioarele cele intelepte purtand lampile pline inaintea Mirelui.*[1]

Problema noastra cea mai mare acum este ca ne aflam intr-o bezna a ignorantei si socotim pacatul nestiintei un mare privilegiu. Generatia aceasta a ajuns la apogeul nihilismului. Si ce daca fac lucrul acesta? A! Nu-i nimic! Iei cipul Ei, n-are nimica!; slujesti cu catolicii: Ei, n-are nimica si tot asa… toate nu au nimic. Nihilismul a nascut acest libertinaj si aceasta stare te indreptateste pe tine cumva sa faci orice, ce vrei, sa amesteci lumina cu intunericul, sa mergi si cu Dumnezeu si cu mamona. In acest caz noi nu mai suntem ucenici al lui Hristos.

THE FLU CASE

Only 7% of the people in Luxembourg intend to get the swine flu jab

The Flu Case, 27 October 2009, 20:49

https://web.archive.org/web/20091231004410/http://theflucase.com/index.php?option=com_content&view=article&id=1422%3Aonly-7-of-the-people-in-luxembourg-intend-to-get-the-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Few wants the "swine flu" vaccine in Luxembourg.

Only 7 % of the people in Luxembourg intend to get the swine flu jab, according to a recent representative poll by TNS ILRES. 77 % have no intention of getting the vaccine while 15 % are undecided.

The number of people who said they were worried about the "swine flu" pandemic was 9 % compared to 42 % who said the were not worried. Another 32 % per cent said they were a little worried.

Altogether 46 % of the people asked said they thought that the swine flu vaccination campaign was out of proportion considering the danger while 41 % expressed concerns about the safety of the vaccine.

The poll will be published this week in Luxembourg media, the contents of it was sent to us today here at www.theflucase.com

THE FLU CASE

"The New 'Twilight Zone' – Obama Declares Swine Flu Emergency"

The Flu Case, 27 October 2009

https://web.archive.org/web/20091029223159/http://www.theflucase.com/index.php?option=com_content&view=article&id=1417:qthe-new-twilight-zone-obama-declares-swine-flu-emergencyq&catid=41:highlighted-news&Itemid=105&lang=en

The shocking truth about why Obama announced a National Public Health Emergency in the US this weekend.

Dr. Mercola Interviews Barbara Loe Fisher, founder of the National Vaccine Information Center.

President Barack Obama declared the swine flu outbreak a national emergency on Friday October 23, empowering the health secretary to suspend federal requirements and speed up treatment.

His declaration authorizes Health and Human Services Secretary Kathleen Sebelius to bypass norm al federal regulations so health officials can respond more quickly to the outbreak, which, allegedly, has killed more than 1,000 people in the United States.

"As a nation, we have prepared at all levels of government, and as individuals and communities, taking unprecedented steps to counter the emerging pandemic," Obama wrote in the declaration, which the White House announced Saturday.

He said the pandemic keeps evolving, the rates of illness are rising rapidly in many areas and there's a potential "to overburden health care resources."

Because of vaccine production delays, the government has backed off initial estimates that 120 million doses would be available by mid-October. As of mid-October, only 11 million doses had been shipped to health departments, doctor's offices and other providers, according to the Centers for Disease Control and Prevention officials said.

The government now estimates to have about 50 million doses of swine flu vaccine out by mid-November and 150 million in December.

Dr. Mercola's Comments:

It would appear that President Obama has not been apprised of the real facts of the situation, and has declared the swine flu a national public health emergency. To read the declaration in its entirety, please see this Los Angeles Times article.

https://www.latimes.com/archives/la-xpm-2009-oct-25-na-national-flu-emergency25-story.html

The intention of this report is to show you with the government's own statistics that there appears to be massive amounts of misinformation and outright deception going on that appear to be designed to panic American people into believing that H1N1 influenza is more serious and widespread than it is.

...

See also the following stories above:

J. Rappoport. *CBS and the Swine Flu*. – 22 October 2009 –

https://blog.nomorefakenews.com/2009/10/

S. Attkisson. *Swine Flu Cases Overestimated?* – CBS News, 21 October 2009

https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

Brilliant CBS Investigation Gets buried by Media

I just published a major swine flu update on Saturday about how CBS News investigative journalists exposed how misleading statistics are being used to panic the public into complying with the huge H1N1 swine flu vaccination program.

Last week, CBS News published the results from a three-month long investigation into the swine flu. One would think this would have received massive media exposure since their findings are in direct conflict with what the government is publicly stating.

Of major interest, as you can see on the video on the Saturday article, CBS investigative journalists went to the CDC to seek their help in clarifying the situation and answering outstanding questions but CDC officials refused. They would not cooperate and CBS had to do their own investigation.

Even worse, after CBS compiled the data, the CDC refused to comment on it.

What's this all about???

It can only make you wonder if the CDC is really interested in authentically serving the public good, or if, perhaps, it has been heavily influenced by outside corporate interests.

This is not good. The only way that we can have an effective response to the reported H1N1 influenza outbreak is if the government is transparent with the data. We have simply not seen any evidence that government health agencies are willing to be transparent. In fact, all evidence points to the contrary.

The CBS investigative report included state-by-state test results that revealed some very different facts from what the US Centers for Disease Control has been telling the American public.

The CBS report found that H1N1 flu cases are not at all as prevalent as feared. A CBS article even states:

"If you've been diagnosed "probable" or "presumed" 2009 H1N1 or "swine flu" in recent months, you may be surprised to know this: odds are you didn't have H1N1 flu. In fact, you probably didn't have the flu at all.

The results reveal a pattern that surprised a number of health care professionals we consulted. The vast majority of cases were negative for H1N1 as well as seasonal flu, despite the fact that many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico."

In most states the percentages ranged from 83 to 98 percent not being H1N1 or influenza.

As you can see from this CBS News graphic, not only are most cases of suspected flu-like illnesses not H1N1 influenza, they're not influenza at all, but rather some type of cold or upper respiratory infection that looks like influenza but is caused by another type of virus or bacteria!

Given these facts, there is a huge question in my mind as to whether or not the 1,000 deaths attributed to the swine flu were in fact *confirmed* to be the H1N1 virus.

- *We were winning the misinformation Battle ...*
- *One Thousand Deaths from Swine Flu?...*
- *Public Health Emergency Declaration this weekend was Initiated months Ago...*
- *National Emergency Declaration is an Irrational Response ...*
- *Why Aren't President Obama's Own Children Immunized for Swine Flu? ...*
- *BEWARE: Taking Tylenol with Flu Vaccine May Actually Make You Worse ...*
- *The First reports of H1N1 vaccine Deaths are now here ...*
- *Unprecedented Media Manipulation is Underway ...*
- *Continuing Education ...*
- *You Can Make a Difference ...*

LewRockwell.com

Bill Sardi

What's Behind the False Flag Flu Emergency?

LewRockwell, 27 October 2009
https://web.archive.org/web/20091029032835/http://www.lewrockwell.com/sardi/sardi129.html

On Friday I stood before an audience in Phoenix, Arizona and attempted to shock them with something similar to a repeat of Orson Welles' *War of The Worlds* radio broadcast, a 1938 Halloween night radio announcement that said, in a series of news bulletins, Martians had landed on the earth. The public cowered in fear then, even when Welles announced it was just a radio drama, not reality.

The contrived crisis I created was the President of the United States had just announced a national emergency because of a massive number of deaths attributed to a fast-spreading strain of flu virus that had combined with a mortal form of flu virus. My hand was shaking as I read the announcement. People in the audience thought it was real. The audience began to squirm and wonder, before I finished my melodrama, just how they were going to return home without having to undergo forced vaccination at the airport.

They were relieved when I told them this crisis was purely fictional. I added the announcement for just such a contrived crisis was probably already programmed into the President's teleprompter. Little did I know how true these words were to become.

To my surprise, on the afternoon of the following day (Saturday), the President of the United States had indeed declared a national emergency due to 1000 reported flu deaths, 100 of them among children. These deaths had occurred over the past eight months.

But 1000 accumulated deaths would be far fewer than the mortality figures the Centers for Disease Control distributes – estimated at 36,000 annual flu deaths. Federal health authorities lump pneumonia deaths among the elderly with flu-related deaths to falsely inflate flu mortality figures. My own guesstimate is that only about 6000 flu-related deaths actually occur each year, but even using this figure for comparison, this year's flu outbreak appears weak. An estimated 20,000 hospitalizations have been reported since this pandemic flu strain began in March of 2009, which amounts to only about 625 hospitalizations per week spread among more than 5 thousand hospitals.

Earlier in the week CBS News reported that, five months after this unique strain of the flu had begun to spread in Mexico in March of 2009, the H1N1 pandemic flu strain only comprised 1–2% of the flu viruses in circulation by July. Yet there were massive preparations being made for a major flu pandemic without sufficient justification. Today the Centers for Disease Control says the H1N1 pandemic flu strain represents 99% of the flu cases that are typed laboratory confirmed. Just exactly which numbers are correct, if any, now come into question.

According to CBS News, only 11 million doses of flu have been administered, with millions more to arrive late, sometime in mid-November. Time Magazine reports about 30 million available doses, so that could mean up to two-thirds of the currently available vaccine is going unused.

A reimbursement crisis, not a health crisis

A follow-up report, published in the Sunday edition of the San Francisco Chronicle, says the emergency declaration issued by The White House has more to do with Medicare and Medicaid regulations dealing with hospitals. With the national emergency declared, hospitals have more flexibility to set up separate or even outdoor treatment areas.

The emergency appears to deal more with hospitals and their ability to get paid by federal health authorities. An article in the New York Times confirms that federal rules do not allow hospitals to establish treatment areas more than 250 yards from emergency rooms. "Tents are 300 yards or more away, typically federal dollars won't go to pay for treatment."

So the emergency appears to be financial – making sure hospitals meet federal requirements so they can get paid by Medicaid or Medicare, rather than any true health crisis.

The San Francisco Chronicle article said "White House officials were quick to note that the emergency declaration does not signify an increase in severity of the national H1N1 outbreak." But the article kept referring to all the deaths, when there appear to be fewer mortal cases of the flu in the past 8 months than prior flu seasons.

Journalists and health officials sound more duplicitous as they attempt to explain the need for the emergency declaration. Here is how the San Francisco Chronicle described it:

"Art Reingold, head of epidemiology at UC Berkeley, said the declaration doesn't mean that the national outbreak is 'any worse than it was yesterday or last week'."

"It's difficult to get the right message across to people," Reingold said. "There's this balance between the flu is important and people should be vaccinated, but you don't want an overreaction."

But once again, according to federal officials, there is little or no vaccine available.

Civil liberties threatened?

An article in the Christian Science Monitor (ASM) was more concerned that such a contrived emergency could be a veiled way to overrun civil liberties. The ASM article quoted Harold Relyea, a specialist in national government with the Congressional Research Service, who said:

"When the President formally declares a national emergency, he may seize property, organize and control the means of production, seize commodities, assign military forces abroad, institute martial law, seize and control all transportation and communication, regulate the operation of private enterprise, restrict travel and, in a variety of ways, control the lives of United States citizens."

Few news sources were critical of the declared emergency, but expect more reporters to express skepticism over its need and to question its intent.

An article in the New Hampshire Union Leader said: "But the way the U.S. government has been handling the new flu strain, technically named H1N1, has been less than reassuring."

What to do now?

Misdirection, overreaction and lack of preparedness by public health officials is a clear indication to the public that they cannot totally rely upon potentially problematic vaccines or anti-viral drugs to defend themselves against the flu.

An ignored approach to controlling infectious disease is to address the immune status of the population. The public should utilize bona fide immune boosters such as vitamin D and vitamin C,

and take nutrients that are documented to reduce the duration and severity of the disease which include vitamin E, the trace mineral selenium, the sulfur compound NAC, and elderberry.

In 2005 researchers in Rome, Italy wondered what backup treatment could be used in the event vaccines were unavailable or were ineffective against a fast mutating flu virus that had developed resistance to vaccines or anti-viral drugs like Tamiflu or Relenza.

Flu viruses require a host cell to replicate. The Italian researchers report that resveratrol, known as a red wine molecule, completely blocks entry of flu viruses into the cell nucleus in animals at a human equivalent dose of ~70 milligrams. [Journal Infectious Disease 2005 May 15; 191(10):1719–29] So the virus would enter the lungs, antibodies would still be generated to produce long-term immunity, but the virus could not duplicate into millions of daughter virions as it normally does. Resveratrol works on closing the cellular doorway rather than destroying the virus itself. Therefore it is a totally non-toxic approach to control of influenza viruses. Furthermore, resveratrol does not provoke viral resistance.

In contrast, anti-viral drugs like oseltamivir (Tamiflu) allow viruses to enter cellular machinery to produce copies of the flu virus and then inhibits their exit from the cell via inhibition of the enzyme neuraminidase. So host cells are flooded with copies of the virus. This approach is not ideal as it can lead to drug-induced side effects which have been widely reported.

INDEPENDENT

Canadians wary of swine flu vaccine

Independent, 27 October 2009, 01:00 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/canadians-wary-of-swine-flu-vaccine-5503240.html

Most Canadians are skeptical of the swine flu threat and of the vaccine to fight it, a survey suggested on Monday as the country's largest-ever vaccination program in Canada got underway.

Fifty-one percent of 1,000 Canadians surveyed by polling firm Strategic Counsel for the daily Globe and Mail newspaper said they would not get vaccinated against the deadly A(H1N1) flu virus, while 49 percent said they wanted a flu shot.

The poll gave no margin of error because the respondents answered voluntarily through an online survey. A similar survey in July showed 62 percent saying they planned to get a swine flu shot.

The split reflects lingering concerns that the vaccine developed by GlaxoSmithKline has not been fully tested and that the influenza outbreak is not very serious, pollster Tim Woolstencroft told the newspaper.

"There has been a real drop-off in the desire to have the vaccination shot," he said, due mostly to safety concerns and the view that health officials "have been crying wolf too many times" about the threat posed.

The swine flu has so far contributed to 86 deaths in Canada, more than 1,500 hospitalizations and close to 300 critical care ward admissions, according to Health Canada.

Even so, 59 percent of respondents said they believe the swine flu is no more dangerous than the common cold. Only seven percent thought it could be life-threatening.

Aboriginals, youths and medical staff – groups believed to be most at risk of serious infection – received the first round of swine flu shots on Thursday.

A national vaccination campaign kicked off Monday.

TIME

Tristana Moore

In Germany, a Better Vaccine for Politicians?

Time, 27 October 2009, 12:00 AM EDT
https://time.com/archive/6933944/in-germany-a-better-vaccine-for-politicians/

Critics are calling it a two-tier health system – one for the politically well connected, another for the hoi polloi. As Germany launched its mass-vaccination program against the H1N1 flu virus on Monday, the government found itself fending off accusations of favoritism because it was offering one vaccine believed to have fewer side effects to civil servants, politicians and soldiers, and another, potentially riskier vaccine to everyone else. The government had hoped that Germans would rush to health clinics to receive vaccinations against the rapidly spreading disease, but now rising anger over the different drugs may cause many people to shy away.

Amid growing fears of a possible global flu pandemic, the German government prepared for its mass-vaccination campaign earlier this year by ordering 50 million doses of the Pandemrix vaccine, enough for a double dose for 25 million people, about a third of the population. The vaccine, manufactured by GlaxoSmithKline, contains an immunity-enhancing chemical compound, known as an adjuvant, whose side effects are not yet entirely known. Then, after a report was leaked to the German media last week, the Interior Ministry confirmed that it had ordered a different vaccine, Celvapan, for government officials and the military. Celvapan, which is made by U.S. pharmaceutical giant Baxter, does not contain an adjuvant and is believed to have fewer side effects than Pandemrix.

Anger at the news was widespread in Germany. "If mass vaccination is considered to be necessary, then everyone should be treated the same way," says Birgitt Bender, health spokeswoman for the Green Party. Ulrike Mascher, head of the VdK social-welfare association, says giving government officials a vaccine that's different from that given to the rest of the population sent the "wrong signal" and gives many people "the impression that they are second-class patients." A story on the front page of the mass-circulation Bild newspaper accused the government of giving "second-class medicine" to regular Germans.

Doctors and medical experts are divided over the safety of Pandemrix. While some say it's the best vaccine available, others have serious misgivings about it. "The Pandemrix vaccine can't be recommended for pregnant women or young children because it has an increased risk of side effects. Pandemrix has an adjuvant which hasn't been tested sufficiently up until now," Alexander Kekulé, a virologist at the University of Halle, tells TIME. "Celvapan is a whole-virus vaccine, which has fewer side effects than Pandemrix, but it leads more often to fever or local swelling when compared with the normal seasonal-flu vaccine," he adds. Although Kekulé calls the government's handling of the vaccination program a "scandal," he says government officials and soldiers are not necessarily getting a better deal with Celvapan. "Neither Celvapan nor Pandemrix are ideal," he says.

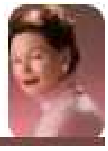
The Interior Ministry hit back at suggestions of preferential treatment, saying it had ordered about 200,000 doses of the Celvapan vaccine from Baxter before the differences between the two vaccines were documented, and the government was bound by the terms of its contract. The government also

points out that both Pandemrix and Celvapan have been approved by the European Union and that other countries, such as Britain and Sweden, are using the Pandemrix vaccine. In an attempt to put a lid on the simmering controversy, Chancellor Angela Merkel's spokesman, Ulrich Wilhelm, said the German leader would consult with her doctor in the next few days, and if she decided to receive a jab, it would be Pandemrix.

At least 26,000 people have been infected with swine flu in Germany, resulting in three deaths. Although the majority of patients have experienced only mild flulike symptoms, a steady increase in the number of cases of H1N1 in recent months has raised alarm across the nation. In its latest report, the Robert Koch Institute, the federal agency for infectious diseases, said new cases in Germany have jumped to about 1,600 each week, double the 700 to 800 weekly cases reported in early autumn. With the onset of winter, when seasonal-flu infections typically peak, many experts are concerned that H1N1 infections will spike dramatically. Klaus Osterrieder, a virologist at the Free University of Berlin, now fears that with the worries over the possible risks associated with Pandemrix, many people will avoid getting a vaccine altogether. According to a survey conducted on Oct. 23 by the Emnid Institute, only 13% of Germans said they wanted to receive a swine-flu vaccine this winter.

"The public debate is bad because it raises questions about the whole vaccination program," Osterrieder says. If the government doesn't find some way to remedy the current public relations disaster and clear up the confusion over the different swine-flu vaccines, it could be faced with an even greater emergency, especially if the country's hospital wards start overflowing with flu patients in the coming months.

Jane Burgermeister



"Schweinegrippe der geplante Genozid"
It is an interview of Jane Burgermeister

by Christian Köhlert

Secret TV, 28 October 2009 (in German)
https://www.youtube.com/watch?v=5_R5EHn9lOY
http://www.youtube.com/watch?v=NdVSytKCC78



Mit einer Reihe von Anzeigen gegen das Pharmaunternehmen Baxter, die Weltgesundheits-organisation WHO und die UNO hat die investigative Journalistin Jane Bürgermeister weltweit auf die Gefahren im Zusammenhang mit der geplanten Massenimpfung gegen die Schweinegrippe hingewiesen. Mit bedrückendem Insiderwissen zeichnet sie das Bild eines gewaltigen Verbrechens gegen die Menschheit, das offenbar nur ein Ziel verfolgt: Den Genozid breiter Teile der Bevölkerung.

Mittlerweile hat ihre unermüdliche Aufklärungsarbeit Jane Bürgermeister den Job gekostet. Trotzdem macht sie weiter. Ihre eigene Website theflucase.com gilt mittlerweile als eine zentrale Sammelstelle im Internet, auf der sämtliche Informationen zur Impfung gegen die Schweinegrippe zusammenlaufen. Im Gespräch mit Thomas Kirschner erläutert die renommierte Wissenschafts-journalist in im exklusiven secret.TV-Interview aber auch, dass es noch einen weiteren schrecklichen Verdacht gibt. Über einen möglichen Genozid hinaus könnte es noch einen viel bedrückenderen Grund für die konstatierter Aktion der Staatengemeinschaft geben, möglichst viele Menschen mit den extrem problematischen Impfstoffen zu kontaminieren.

A new video interview has been placed in our YouTube video archive (under "Summary" in the main menu). It is an interview of Jane Burgermeister made by Secret TV and is made in German.
https://web.archive.org/web/20091106014501/http://www.theflucase.com/index.php?option=com_content&view=article&id=1478:video-interview-of-jane-burgermeister-in-german&catid=3:newsflash&lang=en

Steve Watson

Mass rejection of Swine Flu vaccine continues throughout Europe
French revolt as less than ten Austrians show up at clinics in major city

Prison Planet, 28 October 2009
https://web.archive.org/web/20091216124344/http://www.prisonplanet.com/mass-rejection-of-swine-flu-vaccine-continues-throughout-europe.html

The mass rejection of the H1N1 flu shot continues in Europe, prompted by fears over the vaccine's safety, with extremely low percentages of people saying they intend to take it.

In France, a poll published in the Dimanche Ouest-France newspaper and reported on by the country's biggest newspaper Le Monde, reveals that just 17% of the population now intend to get vaccinated.

A rough translation of the article reads:

According to a poll published Sunday in West-France, only 17% of the French will consider getting vaccinated against influenza H1N1. In Mid-September, 55% of respondents said they would get vaccinated. Nearly one in two surveyed is clearly opposed to the vaccine.

The evolution of these figures can be explained by the reduction of anxiety felt over the virus. A month ago, 32% of respondents said they were "worried", that figure has dropped to 16%.

The figures come in the wake of efforts on behalf of nine individuals who have filed formal charges in the French courts claiming that the H1N1 mass vaccination campaign is a deliberate attempt to poison the French population.

The drop in numbers willing to take the vaccine mirrors that in Germany where just 13% now say they are willing to take the shot, down from 51% in July.

Meanwhile, state media in Austria reports that yesterday, on the first day the H1N1 vaccine became available, less than ten people attended vaccine centers in the country's fourth largest city, Salzburg. "The organisational situation is the same as if you invite people to a party and you don't know whether to make three or 5,000 sandwiches." Norbert Muss, the head doctor of the regional health insurance association commented.

The Flu Case website reports that a poll to be published later this week in Luxembourg indicates that 77% of the country has no intention of getting the vaccine, while 15 % are undecided.

In addition, the site suggests that radio reports out of Poland have revealed only 3% of the population of Kraków, one of the countries largest cities, plan on taking the vaccination.

Mass rejection of the vaccine has been reported throughout Europe, with large portions of Danes, Finns, Spanish, Belgians and Dutch and British people also saying they do not intend to take the shot.

The number of refusniks is set to increase following reports late last week of severe side effects and even deaths in Sweden and Bulgaria that may have been linked with the vaccine.

Significant refusal of the vaccine is also rife among populations of the U.S., Canada and China.

THE FLU CASE

Jane Burgermeister

Only swine flu jab trials on children not to be completed for a year

The Flu Case, 28 October 2009

https://web.archive.org/web/20091101125920/http://www.theflucase.com/index.php?option=com_content&view=article&id=1434%3Aonly-swine-flu-jab-trials-on-kids-not-to-be-completed-for-a-year&catid=1%3Alatest-news&Itemid=64&lang=en

The first clinical trial on children of a vaccine against the swine flu vaccine has begun in Oxford, but the trial is not expected to be completed until September 2010.

The trial started in September and involves 1000 children between 6 months and 12 years old, who are to be given Baxter's and GlaxoSmithKline's swine flu jabs, according to a US government clinical trials database.

GSK's Pandemrix contains the adjuvant, squalene, but Baxter appears to have dropped the adjuvant and mercury from its Celvapan after pressure from the German army, who refused to give the jab to their soldiers.

The Estimated Primary Completion Date or final data collection date for primary outcome measure is December 2009. But the results will not be available for Oxford University for another nine months or September 2010.

Also, the study will recruit only healthy children 6 months to 12 years of age.

"Children with previously laboratory confirmed infection with swine flu will be excluded, as will those that have received a treatment course of oseltamivir."

Children with immune deficiencies are to be excluded, even though large numbers of children are estimated to have immune deficiencies.

The contact person for the trial is listed as Dr Andrew Pollard, leader of the Oxford Vaccine Group and a participant in the Jenner group. Pollard has already carried out trials on the bird flu drug.

The study will be conducted as a collaboration between the Health Protection Agency and the Oxford Vaccine Group (OVG), Bristol Children's Vaccine Centre (BCVC), the Royal Devon and Exeter Hospital, St George's Vaccine Institute (SGVI) and the University of Southampton Wellcome Trust Clinical Research Facility (USWTCRF).

Among the sponsors of the Jenner group are the European Commission, the Gates Foundation, the US NIH, the Foundation for the NIH, International AIDS Vaccine Initiative, and the UK Department of Health.

THE FLU CASE

Jane Burgermeister

Only swine flu vaccine trial on pregnant women not set to finish until July 2010 and have no adjuvants

The Flu Case, 28 October 2009
https://web.archive.org/web/20091101125920/http://www.theflucase.com/index.php?option=com_content&view=article&id=1434%3Aonly-swine-flu-jab-trials-on-kids-not-to-be-completed-for-a-year&catid=1%3Alatest-news&Itemid=64&lang=en

Governments are saying that the swine flu jab is safe for pregnant women but the US government's clinical trials database reveals that the H1N1 jab has not been tested on this group.

The only clinical trial for the swine flu jab on pregnant women started in September 2009 and the trial is not expected to be completed until July 2010, long after the swine flu jabs have been administered.

In addition, the trial on pregnant women involves only 120 women and Sanofi Pasteur vaccines that do not have an adjuvant as the official clinical trials title reveals, even though vaccines with adjuvants are recommended for pregnant women.

"Official Title: A Phase II Study in Pregnant Women to Assess the Safety and Immunogenicity of an Unadjuvanted Sanofi Pasteur H1N1 Inactivated Influenza Vaccine Administered at Two Dose Levels."

The trials, which are sponsored by the National Institute of Allergy and Infectious Diseases are "ongoing, but not recruiting participants". "Healthy" pregnant women are sought for the trials:

https://www.clinicaltrials.gov/study/NCT00963430
http://www.clinicaltrials.gov/ct2/show/NCT00963430?term=NCT00963430&rank=1
https://web.archive.org/web/20090917014136/http://www.clinicaltrials.gov/ct2/show/NCT00963430?term=NCT00963430&rank=1
=>

H1N1 Vaccine in Pregnant Women [NCT00963430]
This study is currently recruiting participants.
Verified by National Institute of Allergy and Infectious Diseases (NIAID), August 2009
First Received: August 20, 2009   Last Updated: September 10, 2009

This purpose of this study is to evaluate an investigational 2009 H1N1 influenza vaccine to determine vaccine safety in pregnant women and how the body reacts to different strengths of the H1N1 influenza vaccine. In this study 2 strengths of the H1N1 influenza vaccine will be tested (given 3 weeks apart). Participants will include approximately 120 healthy pregnant women, ages 18-39 years, in their second or third trimester of pregnancy (14-34 weeks gestation). Study procedures will include 2 doses of vaccine, blood samples, umbilical cord blood samples at delivery, and recording temperature and vaccine side effects in a memory aid for 8 days following each vaccination. Participants will be involved in study related procedures for about 7 months.

Jason Pearl ... comments:

"How the hell can they categorically say that the H1N1 is safe for pregnant women and the baby they are carrying. The tests only started in September 2009 and the end results will be out in July 2010. So they have got NO idea what it is doing to the fetus or maybe they have and that is the idea. I am absolutely disgusted with our governments and the propaganda they have been using to scare the population into getting a fast tracked H1N1 swine flu vaccine. And now that the USA is under a National Emergency that allows hospitals and doctors to use drugs and treatments which have NOT been approved by the FDA and have not gone through all the necessary tests to find out whether they are safe for public use. For example *squalene* and another point I would like to make: *It would not be until a baby is old enough* to show developmental delay for them to know that the H1N1 vaccine has had any effect on the fetus ! Come on people.

Salzburg ORF.at

Geringes Interesse an Schweinegrippe-Impfung

Salzburg, 28 October 2009
https://web.archive.org/web/20100205075955/http://salzburg.orf.at/stories/399216/

Gesundheit

Die Salzburger Gebietskrankenkasse verzeichnet vorerst geringes Interesse an der Impfung gegen die Schweinegrippe. Am ersten Impftag am Dienstag kamen nicht einmal zehn Personen.

"Andrang hält sich in Grenzen"

Dennoch sei die Krankenkasse auf einen Ansturm vorbereitet, genug Impfstoff gegen den H1N1-Virus sei vorhanden, sagt Gebietskrankenkassen-Chefarzt Norbert Muß.

"Die organisatorische Situation ist insgesamt so, wie wenn Sie zu einer Party einladen und nicht wissen, ob sie drei oder 5.000 Brötchen herrichten sollen", sagt Muß, "Derzeit hält sich der Andrang des medizinischen Personals relativ in Grenzen."

Chefarzt sieht "gewisse Impfmüdigkeit"

Muß sieht zwei Hauptgründe für das geringe Interesse an der Impfung: "Auf der einen Seite ist eine gewisse Impfmüdigkeit zu erkennen und andererseits hat's doch auch eine Diskussion über den Impfstoff gegeben. Vor allem wissen wir nicht, wie die Pandemie verlaufen wird. Wer ist der liebe Gott, der weiß, was uns noch blühen wird."

In den kommenden zwei Wochen werden nur jene geimpft, die in Gesundheitsberufen arbeiten - also Ärzte, Krankenschwestern oder Pflegepersonal.

Impfung für alle ab 9. November

Ab 9. November können sich dann alle Salzburgerinnen und Salzburger gegen die Schweinegrippe impfen lassen. Die Impfung kostet knapp fünf Euro.

Fewer than 10 people turn up for swine flu jab on first day in Salzburg, Austria

The Flu Case, 28 October 2009
https://web.archive.org/web/20091104041524/http://www.theflucase.com/index.php?option=com_content&view=article&id=1430%3Afewer-than-10-people-turn-up-for-swine-flu-jab-on-first-day-in-salzburg-austria&catid=1%3Alatest-news&Itemid=64&lang=en

Fewer than ten people turned up to get the swine flu jab in the Salzburg's vaccine centers on Tuesday, the first day when the jabs were available, reports Austria's state-run TV, the ORF.

Norbert Muss, the head doctor of the regional health insurance association, said that the organisation had prepared for a run on the jabs.

"The organisational situation is the same as if you invite people to a party and you don't know whether to make three or 5,000 sandwiches, he said.

"Right now the demand among health personnel is not overwehlming," he said.

He attributed the low turn out to a "certain tiredness with being vaccinated on the one hand and on the other hand there has been a discussion about the vaccine."

In the next two weeks only doctors, nurses and other health care workers in Austria are to get the swine flu jab under government plans with the rest of the population due to be vaccinated from November 9th.

EXPRESSEN
HÄLSA&SKÖNHET

Av David Lillemägi

Nytt bråk om svenska influensavaccinet

Expressen, 28 Oktober 2009
https://web.archive.org/web/20091031062935/http://www.expressen.se/halsa/1.1759472/nytt-brak-om-svenska-influensavaccinet

Det vaccin vi har i Sverige har vållat debatt i Tyskland. Där finns ett annat vaccin, utan tillsatser, tillgängligt för regeringen.

Socialstyrelsen försvarar dock vaccinet.
- Tillsatsen kan ge mer lokala biverkningar men det finns inget som säger att det ger långvariga effekter, säger Anders Tegnell på smittskyddsenheten.

I Tyskland har debatten om vaccinet varit stor efter efter att Der Spiegel avslöjat att regeringen fått tillgång till ett vaccin, Celvapan, medan folket får Pandemrix som också används i Sverige. Det som skiljer de båda åt är att Pandemrix innehåller ett så kallat adjuvans som stärker immunförsvaret.

Värk och feber

- De biverkningar som orsakas av förstärkaren, eller adjuvansen, är värk, huvudvärk, feber och rodnad runt vaccinationsstället. Det är biverkningar vi förväntat oss. Vaccinet har visat sig verka väldigt bra och det är ytterst viktigt att vi fortsätter vaccinera, säger Annika Linde, statsepidemiolog på Smittskyddsinstitutet.

Time Magazine rapporterar att inrikesministeriet beställde doserna av Celvapan innan skillnaderna mot Pandemrix var dokumenterade.

Men Tysklands största tidning Bild anklagade tyska regeringen för att ge andra klassens-medicin till medborgaren.

Försöker döva kritik

I försöken att döva kritiken har regeringen i Tyskland påpekat att EU godkänt Pandemrix och att bland annat Sverige använder det vaccinet.

Förbundskanslern Angela Merkel har också försökt lugna stormen genom att meddela att om hon vaccinerar sig, så blir det med folkets vaccin Pademrix.

- Vaccinet är godkänt och jag har väldigt svårt att se att det finns någon grund i den kritik som tagits upp i Tyskland, säger Anders Tegnell, enhetschef för smittskyddsenheten på Socialstyrelsen.

"Mer vaccin"

Men världshälsoorganisationen (WHO) rekommenderar ändå användande av Pandemrix för att öka tillången på vaccinet runt om i världen.

Anders Tegnell menar att det finns en solidarisk aspekt i varför man valt Pandemrix i Sverige.

- Man får fram väldigt mycket mer vaccin genom att använda den här adjuvansen. Om alla skulle producera vaccin så som man producerar Celvapan skulle man kanske bara kunna vaccinera en femtedel så mycket som i dag.

THE FLU CASE

Johan Niklasson

Swedish authorities facing more resistance against poisonous "swine flu" vaccine

The Flu Case, 28 October 2009
https://web.archive.org/web/20091103112248/http://www.theflucase.com/index.php?option=com_content&view=article&id=1429%3Aswedish-government-in-more-trouble-over-poisonous-qswine-fluq-vaccines&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Today, Expressen writes that the critical news about the deadly "German second class" vaccine, the poisonous Pandemrix. which is the only vaccine "offered" to the Swedish population, is being met with stubborn denial from the Swedish authorities. Just yesterday, they refused to acknowledge the fact that the German government ordered a less poisonous vaccine, Celvepan, for themselves while the population is supposed to get what is now called a second class vaccine, the very poisonous Pandemrix. They made statements that it was a false rumor and a myth. Today the Swedish authorities have to reluctantly admit that it is a fact.

Even after having been confronted with the articles in the German news paper Bild and the german magazine Der Spiegel, Swedish authorities are in complete denial about the dangers of the poisonous vaccines and Anders Tegnell, the Chief of communicable disease prevention in The National Board of Health and Welfare says: "- The vaccine has been approved and I have a very difficult time seeing that there is any validity in the criticism brought up in Germany."

He states that there is solidarity involved. "- One can produce very much more vaccine by using this adjuvant. If everyone made vaccine the way Celvepan is produced it would only be possible to maybe vaccinate a fifth of the number we do today."

Annika Linde, Statsepidemiolog in The Swedish Institute for Infectious Disease Control (SMI) says: "- The vaccine have proven to be very effective and it is extremely important that we continue to vaccinate."

The article writer, David Liliemägi, also manages to claim that the adjuvant squalene, one of the most criticized substances in the deadly vaccine mix, is supposedly strengthening the immune system!

update - I wrote him to make him aware of the mistake and he now says he realizes his article was edited by someone unknown to him during the night (!) and that this false statement has appeared afterwards. he will try to make the editor in chief make the change and correct the statement! - *update*

This fact raises the question of who actually controls and run the media in Sweden and what is really going on behind the scenes regarding the massive propaganda for mass vaccinations in Sweden.

The official line in Sweden is bordering to madness and the biggest medical scandal in the history of the nation has just started.

CTV NEWS

To vaccinate or not? Healthy adults debate swine flu shot

CTV News, 29 October 2009 10:05AM EDT
https://www.ctvnews.ca/to-vaccinate-or-not-healthy-adults-debate-swine-flu-shot-1.448716?cache=yes%3FautoPlay%3Dtrue%2F7.324407

To get the swine flu shot or not? That's certainly the question racking the minds of many Canadians this week.

While many at higher risk of swine flu complications are planning to get the vaccine, a lot of healthy adults are still wondering whether they really need it.

Juliet Guichon, a bioethicist who teaches at the University of Calgary argues that all Canadians should get vaccinated, if not to protect themselves, then to protect those around them and the health care system in general. – "People who don't get the vaccine are acting against their self-interest," she told Canada AM Thursday.

"The vaccine is safe and efficacious and it can protect them from what is a mild disease in most people but what can cause sudden death in some people."

Guichon noted in an opinion piece in The Globe and Mail this week: "Every vaccinated person increases the likelihood that health-care professionals will be free to treat other people... If unvaccinated people make health-care workers sick, they cannot look after other patients."

But Arthur Schafer, the director of the Centre for Professional and Applied Ethics at the University of Manitoba, says he just doesn't understand why those who are not at particular risk of swine flu complications are being advised to get the shot anyway.

"There's been a very hard sell from Canadian public health officials of the vaccine and I'm not sure I quite understand why," he told Canada AM.

"Perhaps a year ago, we thought this was going to be a highly infectious and highly dangerous disease. But as we saw in the spring, it hasn't been particularly lethal. It's the flu."

He noted the Southern Hemisphere made it through its winter flu season during our summer long before a vaccine was developed and approved. And yet the death rates there were surprisingly low.

"As one example: in New Zealand, they predicted 18,000 deaths from swine flu, but at the end of the flu season, it was 17," he noted. "So why so much of a fuss? Do we make so much of a fuss every flu season?"

Guichon argues that if most Canadians chose to be vaccinated, we could increase the "herd immunity," and thereby decrease the demand on the public health system.

She notes that health experts from Health Canada, the CDC in the U.S., the public health departments in the U.K. and Europe all recommending universal vaccination, except for those few people who cannot be vaccinated.

"These are people who are not in a conflict of interest. They're not in the pocket of Big Pharma. They're specialists in epidemiology and infectious disease. They have the data. On their best advice, we should get vaccinated," she says.

But Schafer continues to insist that most people really don't need to be vaccinated; only those with severely compromised immune systems are at risk of serious complications from swine flu.

"Now it's true that we haven't had a swine flu strain in North America for more than 50 years, so we haven't been exposed to it and so more people will be infected, including more young people," he says.

But he notes that higher infection doesn't mean higher death rates. He thinks the reason flu vaccine clinics this week are being overwhelmed by crowds has a lot to do with the sudden death of 13-year-old Evan Frustaglio, the healthy Toronto-area hockey player, who succumbed quickly to a swine flu infection.

"A young hockey player is much more at risk of dying of a hockey injury than he is from the flu," Schafer said. – "I think people are unduly worried. And the media is, of course, focusing on the few deaths of young people that do occur."

Le site du Dr Marc Girard

Une interview du Dr Marc Girard

Le site de Dr Marc Girard, 30 October 2009
https://web.archive.org/web/20100102030908/http://theflucase.com/index.php?option=com_content&view=article&id=1612%3Adr-marc-girard-urges-fierce-resistance-to-any-forced-vaccinations-for-profit&catid=1%3Alatest-news&Itemid=64&lang=en
[www.rolandsimion.org - deleted]

Q1) Comment comprendre la réticence des français à se faire vacciner?

MG-Les Français ont le souvenir cuisant et extrêmement douloureux de la campagne de vaccination contre l'hépatite B. Ils se rendent bien compte également que les alarmistes du jour sont ceux qui, depuis des années, les ont bassinés avec une grippe «aviaire» dont on attend toujours la moindre manifestation tangible.

Q2) Pourquoi Roseline Bachelot a t-elle décrit cela comme un «un réflexe d'enfant gâté»?

MG-J'ai entendu plutôt « gosse de riches ». Comme je l'explique dans ma série Les perles de la campagne, on a plutôt l'impression que ce sont les «riches» ou les «gâtés» de l'industrie pharmaceutique (le plus lucratif des secteurs industriels) qui sont derrière elle.

Q3) Doit-on contraindre le personnel de santé à se faire vacciner ?

MG-A partir du moment où les vaccins deviennent l'objet d'enjeux lucratifs faramineux (cf. question précédente), il faut se défier comme de la peste de toutes les obligations vaccinales. En tout état de cause, une «obligation» ne pourrait se discuter que si nous avions à notre disposition un vaccin efficace et bien toléré, ce qui n'est certainement pas le cas avec les vaccins contre la grippe porcine, développés et autorisés dans des conditions scandaleuses d'amateurisme.

Q4) Pourquoi va-t-on proposer des vaccins sans adjuvants aux personnes les plus «à risques» ?

MG-La dérive du débat vers la question des adjuvants (qui rappelle celle vers l'aluminium dans le scandale de l'hépatite B) illustre l'irresponsabilité de certains antivaccinalistes.

Evoquer la question des adjuvants, c'était permettre à l'autorité sanitaire d'introduire de nouvelles spécialités dépourvues d'adjuvants – et c'était donc lui ouvrir une avenue pour crédibiliser sa prudence et sa discrimination. Se trouvent du même coup évacuées les deux questions centrales de toute cette histoire:

1/ Elle est où, cette fameuse pandémie dont on nous avait prédit qu'elle allait faire des ravages à la rentrée?
2/ Comment est-il possible d'autoriser la commercialisation de vaccins (avec ou sans adjuvants) à ce point bâclés?

Q5) Les chiffres sur le nombre de personnes infectées par le virus sont-ils si discutables?

MG-Ils ne sont pas « discutables », ils sont inexistants : l'OMS et les autorités sanitaires assument parfaitement, depuis juin dernier, qu'ils ne comptent plus les cas. C'est bien cette situation incroyable qui justifie ma question précédente: elle est où, cette pandémie ?

Q6) Dans le cas d'une personne dite « à risque », le virus de la grippe A est-il plus virulent que celui de la grippe saisonnière?

MG-Même les alarmistes ne contestent pas que ce nouveau virus est a priori moins virulent que celui de la grippe saisonnière : leur argument porte simplement sur un risque hypothétique de mutation. Le problème, c'est que ce risque existe avec tous les virus, qu'il a toujours existé avec la grippe saisonnière et que rien, dans la situation actuelle, ne justifie un alarmisme et une allocation de ressources aussi extravagants.

Q7) L'annonce de ces décès (avec virus grippe A + «facteurs aggravants») sont-ils critiquables dès lors que l'on ne peut pas imputer la mort qu'au seul virus de la grippe A?

MG-Les Français ne sont pas idiots: ils ont parfaitement compris que la grippe saisonnière était liée à une surmortalité (aucune personne grippée n'a l'idée d'aller voir son grand-père, cela relève d'un élémentaire bon sens). Désormais, quand on leur dit «il y a des morts », ils répondent à juste raison: «davantage que d'habitude?»

Q8) Pourquoi la grippe A(H1N1) fait-elle peur au gouvernement?

MG-Je ne crois pas que la grippe porcine fasse peur au gouvernement. En revanche, je suis inquiet de voir nos responsables (gouvernementaux, mais administratifs également) encourager de toute leur autorité un alarmisme dont les déterminants lucratifs sont identifiables depuis longtemps.

Q9) Peut-on parler d'un emballement médiatique / d'un emballement politique?

MG-La plupart des journalistes de la grande presse auront été au-dessous de tout sur ce coup. Je relève avec amusement que de plus en plus d'articles sur la grippe sont diffusés sur le net sous forme de dépêche, sans signature: sans être mégalo, je me demande si certains journalistes n'en ont pas marre de se faire joyeusement étriller sur mon site pour leur bêtise ou leur incompétence… Quant aux politiques, j'ai déjà répondu (cf. question précédente).

FRANCE 24

La France cède t'elle à la panique?

France 24, 16 September 2009 // 15 November 2009
https://www.youtube.com/watch?v=eirFSXTaZPQ
https://www.youtube.com/watch?v=_5VI-sLyHZE

Le Dr Marc Girard est médecin et pharmacologue. Après un passage aussi bref que mouvementé comme salarié d'une grande firme pharmaceutique, il a développé, en France, la première activité libérale de conseil en pharmacovigilance (étude des effets secondaires des médicaments) et en pharmaco-épidémiologie (application des méthodes épidémiologiques à lévaluation des effets médicamenteux, qu'ils soient bénéfiques ou indésirables), tout en pratiquant comme psychothérapeute.

Peu après la première loi sur la recherche biomédicale (« Loi Huriet », déc. 1988), il a demandé et obtenu son inscription sur la liste des experts judiciaires dans une spécialité alors inédite (Médicament et recherche biomédicale) : à ce titre, il a été missionné dans de nombreuses affaires de santé publique (hormone de croissance, diéthylstilbestrol, anorexigènes, cérivastatine, vaccin contre l'hépatite B, éthers de glycol), avant de se voir sa réinscription refusée à la suite dun harcèlement judiciaire (cf. L'expert dans les prétoires) qui a fait lobjet d'une certaine médiatisation.

Malgré cette éviction, il reste expert européen (AEXEA) et, outre son activité interdisciplinaire (recherche, consulting, expertise, psychothérapie), il poursuit son dialogue avec les juristes par voie de publication ou d'enseignement.

profil

Von Bert Ehgartner

Schwindel mit der Schweinegrippe:
Ist die Aufregung ein Coup der Pharmaindustrie?

Profil, 31 Oktober 2009, 16:42
https://web.archive.org/web/20091102112547/https://www.profil.at/articles/0944/560/254615/schwindel-schweinegrippe-ist-aufregung-coup-pharmaindustrie

Schweinegrippe. Die Ausrufung der Pandemie durch die WHO ist wissenschaftlich heftig umstritten. Ein Gutteil der Ärzte glaubt nicht an die Gefahr der neuen Grippe und damit nicht an die Impfung.

Seit einer Woche werden in den Spitälern die Angehörigen der Gesundheitsberufe gegen die neue H1N1-Influenza geimpft. Ab nächster Woche ist die Normalbevölkerung an der Reihe. Doch die Vorbildwirkung der Ärzte ist nicht gerade enorm. Johann Machula, Betriebsarzt im Wiener AKH mit insgesamt knapp 9000 Beschäftigten, hatte für seine im ganzen Haus bekannt gegebenen Impftermine vergangene Woche zweimal nachmittags geöffnet. Und obwohl er wegen der Erkrankung seines Kollegen allein war, kam er mit dem Ansturm zurecht. "Es war bislang eine bedauernswert geringe Anzahl Impfwilliger hier", sagt er. Seinen Vorrat von 2400 Impfdosen wird er "bestenfalls zur Hälfte" verbrauchen können.

In Oberösterreich wollen sich nach einer Erhebung von Landessanitätsdirektor Stefan Meusburger nur 3000 von 55.000 Ärzten, Krankenschwestern, Apothekern und sonstigen Spitalsmitarbeitern impfen lassen. Auch in den anderen Bundesländern sieht es derzeit nicht so aus, als ob die 10-Prozent-Rate übertroffen werden könnte. "Viele Ärzte sehen sich als Versuchskaninchen", sagt Wilhelm Sedlak, Impfreferent der österreichischen Ärztekammer. "Schuld daran ist die mangelnde Vorbildwirkung der Abteilungsvorstände."

Tatsächlich ist in den Führungsetagen der Krankenhäuser die Skepsis groß, ob Margaret Chan, die Generaldirektorin der WHO, richtig gehandelt hat, als sie am 10. Juni die höchste Pandemie-Alarmstufe 6 verkündete und damit den Impfstoffproduzenten weltweit grünes Licht gab. Werner Aberer etwa, Vorstand der Grazer Universitätsklinik für Dermatologie, war bislang erst ein einziges Mal bei der Influenza-Impfung – vor zwei Jahren, als die Grazer Klinikleitung jedem der 4000 Bediensteten, der zur Impfung kam, eine Autobahn-Vignette schenkte. "Da habe ich mich kaufen lassen", gesteht Aberer. "Aber ansonsten sehe ich die Bedeutung nicht. Die WHO hat hier ordentlich übers Ziel geschossen."

Ähnlich die Haltung des Wiener Gynäkologen Werner Grünberger. Er sieht die Pandemie eher als Ergebnis von heftigem Lobbying denn als medizinische Notwendigkeit. "Weder dem Fetus noch dem Embryo noch der Frau selbst entsteht im Normalfall ein Schaden, wenn eine Schwangere an Schweinegrippe erkrankt", glaubt Grünberger. "Ich habe mich als Primar der Rudolfstiftung zweimal vorbildhaft impfen lassen", erzählt er. "Danach war ich jedes Mal für Wochen krank. Nein danke, so was brauche ich nicht mehr." Eine Beobachtung, die auch Hellmut Samonigg, Vizerektor der Medizinischen Universitätsklinik Graz und Leiter der Abteilung für Onkologie, teilt. "In

meinem Umfeld habe ich beobachtet, dass die Geimpften eher anfällig für Infekte sind", erklärt Samonigg. "Ich habe mich nie gegen Influenza impfen lassen und werde das auch bei der neuen Grippe nicht tun."

Hartmut Glossmann, Vorstand des Instituts für Biochemische Pharmakologie an der Medizinischen Universität Innsbruck, rät seinem Umfeld statt zur Influenza-Impfung lieber zu Vitamin-D-Präparaten, um das Immunsystem zu stärken. "Denn die Influenza ist nur dann ein Problem, wenn die Abwehrkräfte wegen des winterlichen Mangels an Sonnenlicht darniederliegen." Sylvia Schwarz wiederum, Leiterin der Abteilung Anästhesie und Intensivmedizin im Krankenhaus Hietzing, ging zwar zur normalen Grippe-impfung. Die empfohlenen zwei Injektionen mit dem Pandemie-Impfstoff verweigert sie hingegen. "Ich finde die ganze Aktion für sehr übertrieben und halte es hier, so wie viele Kollegen, mit Wolfgang Graninger."

Bärendienst. Bereits im September hatte der Leiter der Infektionsabteilung am Wiener AKH der Impfbewegung einen Bärendienst erwiesen, als er statt der Impfung die Viren selbst als "Wohltat für die Menschheit" bezeichnete. Zumindest für jene, die keiner Risikogruppe angehören. "Wer sich mit der neuen Grippe ansteckt", verkündete Graninger im Ö1-"Mittagsjournal", "baut eine bessere Immunität gegen zukünftige und gefährlichere Formen der Grippe auf."

Die Pandemie als eine Art heilsamer Lebendimpfung? Ingomar Mutz, Leiter des Impfausschusses im Obersten Sanitätsrat, zeigt sich erschüttert über diese und ähnliche ärztliche Stellungnahmen. "Da wird gesagt, sie halten die Impfung für unnötig, sie schützen sich mit Homöopathie, oder sie gehören nicht zur Risikogruppe", schimpft Mutz. "Dass sie dadurch aber ihre Patienten gefährden, vergessen viele." Auch Heinz Ludwig, Vorstand der Onkologie am Wiener Wilhelminenspital, hält die Impfung, speziell für Mitarbeiter auf Krebsstationen, für ein Muss. Dass die Geimpften wegen der neuartigen Impfstoffe zu Versuchskaninchen werden, weist er zurück. "Je kleiner der Horizont, desto größer ist anscheinend die Angst vor Innovationen."

Immer stärker thematisiert wird in den letzten Jahren die finanzielle Verflechtung vieler Impfexperten mit den Herstellern. Erstmals wurde im Pandemie-Beirat nun eine Erklärung von den 46 Mitgliedern verlangt, in der sie ihre finanziellen Beziehungen offenlegen mussten. "Etwa ein Drittel hat solche potenziellen Interessenkonflikte angegeben", sagt Franz Leisch, der als Vertreter des Gesundheitsministers Alois Stöger an den Besprechungen teilnahm.

"Von vielen Experten der alten Schule wird so etwas aber überhaupt noch nicht als Problem gesehen", sagt Franz Piribauer, Österreich-Sprecher der Anti-Korruptions-Organisation transparency international. -Ingomar Mutz finde etwa nichts dabei, als ehrenamtlicher Präsident des ÖGK zu fungieren, einer Organisation, die sich seit vielen Jahren als Vereinigung vehementer Impf-Lobbyisten versteht. Hinter dem ÖGK verbirgt sich der in Salzburg ansässige Verein Österreichisches Grünes Kreuz für Gesundheit. "Wir organisieren seit nunmehr 19 Jahren den Österreichischen Impftag in Salzburg", sagt Ulrike Geosits, eine von vier ÖGK-Angestellten. Gleichzeitig betreibt der Verein eine kommerziell tätige GmbH gleichen Namens, die gewinnorientiert arbeitet und deren Auftraggeber vor allem Impfstoffhersteller sind. Konfrontiert mit diesem potenziellen Interessenkonflikt meint Mutz: "Ich bin kein Ideologe, mein Engagement für Impfungen kommt eben aus der langjährigen Erfahrung als Klinikarzt, wie schlimm es ungeimpften Kindern ergehen kann." Sicher, sagt Mutz, nehme er von allen Herstellern Honorare. Je nach Aufwand, den er für einen Vortrag betreiben müsse, liege das aber höchstens bei tausend Euro. "Und Einfluss auf das, was ich sage, hat der Sponsor nie." Piribauer hält dem entgegen, dass es bedenklich ist, "wenn ein Vorsitzender des Impfausschusses gleichzeitig einer Vereinigung wie dem Grünen Kreuz vorsteht".

Impfmuffel. Der Graben zieht sich also tief durch die ärztliche Zunft. Ein Gutteil der Ärzte hält die Influenza für eine ziemlich risikolose, leichte Erkrankung. Die Impfung sei hingegen schlecht

wirksam, dafür nebenwirkungsreich. Und demgemäß zögerlich geben sich die medizinischen Laien. Nur etwa jeder fünfte Österreicher erklärt in Meinungsumfragen die Absicht, "wahrscheinlich" oder "sicher" zur Impfung zu gehen. Und das trotz tausender von Menschen, die laut Sozialmediziner Michael Kunze und anderen Impfexperten jährlich in der kalten Jahreszeit der Influenza zum Opfer fallen.

Doch auch diese Zahlen sind heftig umstritten. Stefan Breyer, Infektionsexperte am Wiener AKH, kann sich trotz mehr als drei Jahrzehnten Berufserfahrung an keinen Patienten erinnern, der an der Influenza gestorben wäre. "Ich habe auch auf Kongressen und Tagungen gefragt, ob vielleicht einer der Kollegen so einen Fall hatte", erzählt Breyer. "Bislang habe ich keinen getroffen." Das Problematische an den Influenza-Viren sei, dass sie bei geschwächten Personen den Boden für bakterielle Nachfolgeinfektionen bereiten. "Das machen aber auch etliche andere Viren", sagt Breyer.

Lebensgefährliche Verläufe wie bei dem elfjährigen Mädchen aus Südtirol, das in Innsbruck wegen Lungenversagen behandelt werden musste, geschehen durch eine unvorhergesehen heftige Reaktion des Immunsystems auf die Infektion. Die Hintergründe dieser Fehlreaktion werden bis heute nicht hinreichend verstanden. Klaus Connert aus Köstendorf bei Salzburg ist als erfahrener Sprengelarzt für die Impfung der niedergelassenen Kollegen zuständig. Und auch er sah in seiner langen Karriere noch nie einen Grippetoten, obwohl er als Landarzt viel mit Sterbenden befasst ist. "Diese alten Menschen wissen, dass sie problemlos übers Jahr kommen, wenn sie eine bestimmte Kälteperiode im Jänner oder Februar überstehen", erzählt Connert. "Ob jetzt gerade eine Grippewelle durchs Land zieht oder andere Viren umgehen, spielt dabei gar keine Rolle." Die Sterbezahlen seien jedes Jahr ähnlich.

Allzu hoch dürfte der Effekt der Grip-pe-impfung tatsächlich nicht sein. So bringt eine Analyse der gesamten Sterblichkeit in den USA über die letzten beiden Jahrzehnte nicht das geringste Indiz dafür, dass die Influenza-Impfung auch nur einen kleinen günstigen Einfluss auf das Sterberisiko hat. Obwohl sich die älteren Menschen heute viel öfter impfen lassen und die Impfrate von 15 Prozent im Jahr 1980 auf zuletzt mehr als 65 Prozent gestiegen ist, ergab sich kein Rückgang bei den influenzabedingten Sterbefällen. Im Gegenteil – die Zahl nahm sogar leicht zu. Wie viel die Impfung bringt, sei schon bei der normalen Grippe ein Rätsel, noch viel mehr gelte das für den Pandemie--Impfstoff. "Ob die Impfung wirkt, ist leider bis heute eine Glaubensfrage geblieben", sagt die Wiener Sozialmedizinerin Claudia Wild, "es gibt dafür wenig Belege." Der Verdacht liege nahe, meint zumindest Wild, dass die Pandemie vor allem als Konjunkturbelebungsprogramm für die Impfstoff-industrie inszeniert wurde.

Schwachsinn. Angesichts von Malaria, Tuberkulose und Durchfallkrankheiten, die vor allem in den Entwicklungsländern Abermillionen an Todesfällen verursachen, wundern sich viele Experten über die enorme Bedeutung, welche die Weltgesundheitsorganisation WHO vergleichsweise harmlosen Erregern wie den Influenza-Viren zumisst. Immer wieder wird hier zur Rechtfertigung der Gefahr die katastrophale Pandemie des Nachkriegswinters 1918/19 zitiert. "Das ist allerdings ein ziemlich schwachsinniger Vergleich", sagt Infektionsexperte Breyer. "Damals herrschte in weiten Teilen der Welt Hungersnot, es gab keine Intensivtherapie nach heutigem Standard, und die Antibiotika waren noch gar nicht erfunden."

Den Zeitgeist der letzten Jahre bestimmten dennoch Experten wie das "Influenza-Mastermind" Michael T. Osterholm vom Zentrum für Infektionskrankheiten der Universität Minnesota, der im Jahr 2005 im "New England Journal of Medicine" prophezeite: "Sogar in einer milden Pandemie wird der Verlust an Menschenleben gewaltig sein, und die Weltwirtschaft wird für viele Jahre in Scherben liegen." Ähnliche Kassandrarufe kamen weltweit in beeindruckender Regelmäßigkeit. Und auch die WHO definierte eine Pandemie viele Jahre lang als Ausbruch einer neuen Krankheit,

"die eine enorme Anzahl von Kranken und Toten fordert". Nur einen Monat bevor die Generaldirektorin der WHO, Margaret Chan, die höchste Pandemie-Warnstufe verkündete, verschwand diese Definition jedoch plötzlich von der Website der WHO. Nun galt als Pandemie nur noch die Voraussetzung einer "breiten räumlichen Ausdehnung einer neuen Infektionskrankheit".

Doch nicht einmal das Kriterium einer neuen Virenmutation scheint wirklich erfüllt. Weltweit zeigt sich, dass ältere Menschen zu einem hohen Anteil immun gegen die Schweinegrippe sind, diesen Viren also in der Vergangenheit schon begegnet sind. In Österreich kam es nach der Statistik des Gesundheitsministeriums bisher erst zu sechs Erkrankungsfällen bei Personen im Alter von über 60 Jahren. Peter Pachner, der seit 1980 als Public-Health-Experte in verschiedenen Dienststellen der WHO von Genf bis Jakarta tätig war, glaubt nicht an einen Zufall. "Wir haben eine fatale Wechselwirkung von Pharmaindustrie und Profilierungssucht, alles unterstützt von Medien, die den nahen Weltuntergang prophezeien." Anstatt sich weltweit für Fairness in der Gesundheitsversorgung einzusetzen, sei der Weg immer mehr in Richtung Aktionismus gegangen. "Politik braucht eben spektakuläre Ereignisse, und die Ausrottung der Pocken war diesbezüglich wesentlich eindrucksvoller als die mühsamen Investitionen in medizinische Versorgung."

Spätestens nach dem Ende der Ära von Gro Harlem Brundtland als WHO-Chefin im Jahr 2003 seien Konzepte zur langfristigen systematischen Verbesserung der Gesundheitslage in den Mitgliedsstaaten verloren gegangen, klagt Pachner. "Wir haben nun in vielen Ländern Seuchenkontrolle mit militärischen Szenarien, gespickt mit permanenten Anschuldigungen, dass nicht genug kontrolliert wird." Eindrucksvoll bestätigt wurde dieses Bild bei einem Frankreich-Besuch der WHO-Chefin Margaret Chan. Der Versuch, sie auf die Wange zu küssen, kam bei ihr gar nicht gut an. Gegenüber TV France sagte sie verärgert, dass diese Eigenheit der französischen Kultur vollständig ihrer Vorstellung von Seuchenkontrolle widerspreche.

Lobbyismus. Durch die Etablierung von Partnerschaften wuchs der Anteil der -"gespendeten" finanziellen Mittel am WHO-Haushalt im letzten Jahrzehnt überpro-portional. War das Verhältnis 1998 von 842 Millionen US Dollar regulärem -Haushalt zu 804 Spendermillionen noch halbwegs ausgeglichen, so betrugen die -privaten Zuwendungen bereits 2004 mehr als das Doppelte des regulären Haushalts. Und damit standen den Vertretern der Industrie Tür und Tor offen. Bei allen Besprechungen zur Pandemie waren – wie selbstverständlich – auch die Impfstoffhersteller geladen.

Während in Europa zumindest noch keine Rede von einer Impfpflicht ist, preschen die Amerikaner hier stark vor. Im Bundesstaat New York wurde vergangenen August ein Gesetz erlassen, das die Beschäftigten in den Gesundheitseinrichtungen zwingt, sich sowohl gegen Schweinegrippe als auch die normale Influenza impfen zu lassen. Andernfalls droht ihnen die Entlassung. Im September gingen die Ärzte, Schwestern und Pfleger wütend auf die Straße und demonstrierten gegen diese Zwangsmaßnahmen. Dass das Gesetz zurückgenommen wird, glaubt jedoch niemand. Im Gegenteil: Auch einige größere Kliniken in anderen Bundesstaaten haben ihren Mitarbeitern bereits mitgeteilt, dass eine Verweigerung der Grippeimpfung als Entlassungsgrund gewertet wird. Von den Gesundheitsbehörden wird derzeit offen darüber nachgedacht, diese Maßnahme als Bundesgesetz für die gesamten USA zu übernehmen.

Wie verträglich nun die drei derzeit in Europa im Eilverfahren zugelassenen Impfstoffe sind, ist im Detail nicht bekannt. Die Zulassungsstudien waren kurz und hatten zu wenige Teilnehmer, um seltene oder später auftretende Nebenwirkungen erfassen zu können. Heftige Empörung kam in Deutschland auf, als bekannt wurde, dass für die Mitglieder von Heer und Bundesregierung der Baxter-Impfstoff Celvapan bestellt wurde, für die "Normalbevölkerung" hingegen mit Pandemrix des Konzerns Glaxo-SmithKline und Focetria von Novartis andere Impfstoffe eingekauft wurden. Beide Impfstoffe enthalten das quecksilberhaltige Konservierungsmittel Thiomersal. Damit erlebt im Zuge der Pandemie eine problematische Substanz ihr Comeback, die vor beinahe zehn Jahren aus den üblichen Impfstoffen verbannt worden ist.

Das im Vergleich wie ein Bio-Impfstoff anmutende Celvapan beruht auf einer Technik, die erstmals bei einem am Markt erhältlichen Influenza-Impfstoff angewendet wurde. "Im Gegensatz zu den beiden anderen Impfstoffen, die auf bebrüteten Hühnereiern gezüchtet werden, stellen wir Celvapan durch eine neuartige Zellkulturtechnologie her", erklärt Hartmut Ehrlich, Vorstand der Baxter AG. Damit sei endlich auch das Problem vermieden, dass Menschen mit Allergien gegen Hühnereiweiß nicht geimpft werden können.

Nebenwirkungen. Im tschechischen Baxter-Werk in Bohumil wachsen die Viren auf Zellkulturen in riesigen Fermentern heran. Diese aus den Nieren der afrikanischen Grünen Meerkatze gewonnene Zelllinie ist theoretisch unsterblich und wächst, solange sie bei richtiger Temperatur gefüttert wird. Bei einem ersten saisonalen Grippeimpfstoff, der vor einigen Jahren mithilfe dieser Technik entwickelt wurde, zeigte sich in den Zulassungsstudien eine erhöhte Fieberrate bei den Teilnehmern, und er kam daraufhin nicht auf den Markt. Diese "Kinderkrankheit" der Verozell-Technologie ist mittlerweile jedoch behoben.

In den aktuellen Studien zeigt sich – nach einer Auswertung aller Nebenwirkungen bis zu drei Wochen nach dem Impftermin keine Häufung im Vergleich zu saisonalen Impfstoffen. 11,6 Prozent der Erwachsenen im Alter zwischen 18 und 59 Jahren berichten über Kopfschmerzen. Bei den Kindern kommt es manchmal zu Übelkeit. Fieberreaktionen über 38 Grad gab es bei den 52 Kindern überhaupt nicht. "Ich war wirklich erstaunt, wie verträglich Celvapan ist", erklärt der Wiener Impfexperte Wolfgang Maurer. "Ich habe mich gestern impfen lassen, und bereits heute spüre ich die Einstichstelle nicht mehr."

Das fehlende Konservierungsmittel in Celvapan kann hingegen zu logistischen Schwierigkeiten führen, weil das Mittel kostensparend in 10-Dosen-Behältern bestellt wurde. Diese müssen binnen drei Stunden nach dem Öffnen verbraucht werden. Gelingt dies nicht, ist der Impfstoff laut Anweisung sofort zu entsorgen. "Ich hoffe sehr, dass sich die Ärzte hier nicht als Sparmeister hervortun und den Impfstoff über Nacht in den Kühlschrank stellen", sagt Maurer. "Sonst könnte es zu problematischen Kontaminationen mit Bakterien kommen."

Baxters Celvapan ist im Gegensatz zu den beiden anderen in Europa zugelassenen Spaltvirus-Impfstoffen ein Ganzvirus-Vakzin. Dadurch bleibt die Virusoberfläche erhalten und erzielt eine bessere Immunantwort. "Celvapan kommt deshalb im Gegensatz zu den beiden anderen Impfstoffen ohne Immunverstärker aus", sagt Ehrlich. Die langfristigen Wirkungen dieser Hilfsstoffe auf das Immunsystem sind bislang kaum bekannt. Man weiß lediglich, dass sie etwa doppelt so viele lokale Nebenwirkungen auslösen wie Impfstoffe ohne Wirkverstärker. Erste praktische Erfahrungen dazu -liegen nun aus Schweden vor. Dort wurde bereits vor drei Wochen mit der H1N1-Impfkampagne begonnen. Etwa 500.000 Impfungen mit dem auch in Deutschland verwendeten Impfstoff Pandemrix von -GlaxoSmithKline wurden bisher durchgeführt. In nahem zeitlichem Zusammenhang zum Impftermin traten rund 200 Nebenwirkungen und fünf Todesfälle auf.

Das liege im Bereich des Üblichen, teilten die schwedischen Gesundheitsbehörden mit. Die Todesopfer waren zwischen 53 und 90 Jahre alt und bereits vorher schwer krank. Dass die Impfung die Todesfälle ausgelöst habe, sei unwahrscheinlich. Kritiker wenden ein, dass dieses Argument jedoch genauso auf die angeblichen Opfer der Schweine-grippe anwendbar sei. Und hier wurden in Schweden erst zwei gezählt – also nicht mal halb so viele Todesfälle wie nach der Impfung.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Steve Watson

CFR recording suggests creating false scarcity to drive up demand for H1N1 Vaccine

Infowars, 3 November 2009
https://web.archive.org/web/20100105200618/http://www.infowars.com/cfr-recording-suggests-creating-false-scarcity-to-drive-up-demand-for-h1n1-vaccine
Pandemic Influenza: Science, Economics, and Foreign Policy
Council on Foreign Relations, 16 October 2009
https://www.cfr.org/event/pandemic-influenza-science-economics-and-foreign-policy

A recording of a recent Council On Foreign Relations symposium reveals attendees discussing ways and means of getting the public to take the H1N1 flu vaccine in spite of the mass resistance that has arisen due to questions over it's safety.

The recording dates from October 16 when the CFR held a Symposium in New York entitled Pandemic Influenza: Science, Economics, and Foreign Policy.

The meeting was held in order to encourage a consensus for policy to present to the federal government concerning the so called swine flu pandemic.

In attendance were professors and doctors from several influential universities and medical schools, along with media representatives fromScience Magazine, The Canadian Press and The Financial Times.

Other notable attendees included Robert E. Rubin, Former U.S. Secretary of the Treasury and current Co-Chair of the CFR, along with John Lange, Senior Program Officer of the Bill and Melinda Gates Foundation's Global Health Program.

During part of the discussion (see transcript) on whether or not the vaccine should be made mandatory for health workers and school children, Lone Simonsen, Research Professor and Research Director at the Department of Global Health, George Washington University, suggests creating an artificial scarcity in order to ramp up demand for the vaccine.

"I think what would work better would be to say that there was a shortage and people tend to buy more of something that's in demand. (Laughter.) We saw that – there was one season where, really, people lined up all night to get a flu shot." Simonsen says, much to the amusement of the other attendees at the symposium.

The entire recording is on the CFR website here, but an edited version appears in the following short video:

The audio is certainly very interesting given that the mainstream media is now rampantly hyping a shortage of the vaccine and stories are being published daily about thousands of people being turned away from clinics.

All this despite the fact that several scientific polls have recorded that upwards of 60% of Americans have said they do not want the shot because they believe it is unsafe and untested.

During another part of the discussion, Andrew Jack, Pharmaceutical Correspondent for the Financial Times compares people wary of the vaccine with political extremists:

"I think we're all aware that the anti-vaccine movement is having a field day on the internet and on media outlets like Fox News, causing reductions in vaccine uptake and it appears to be a pretty unholy alliance of the ultra right and the ultra left working together in a sort of Hitler-Stalin pact." Jack states, again raising chuckles amongst the other delegates.

"I'm not sure that we're countering these people very well." Jack concludes before suggesting that the CFR put out soundbites about there being more mercury in a Tuna sandwich than in the H1N1 vaccine in order to convince "the crazy people" that it is safe.

The fact is however, you do not directly inject a tuna sandwich into your bloodstream. Is it more likely that a two fold increase in autism over the last six years is directly related to thimerosal in vaccines or to tuna sandwiches?

Mr Jack suggests following the lead of the New York Times to dispel so called "myths" over the vaccine – not a wise move given that their paltry efforts have already been thoroughly debunked and overturned.

Natural News.com
Natural Health, Natural Living, Natural News

Mike Adams

Parents: Send this note to your school principal to protect your child from swine flu vaccinations

Natural News, 4 November 2009
https://web.archive.org/web/20100105020611/http://www.naturalnews.com/027394_swine_flu_vaccines_health.html

After reading about the forced vaccination of a Brooklyn schoolgirl who ended up in the hospital, many parents are concerned about how they might protect their own children from school-based vaccination schemes.

To help parents protect their children, I've written a letter that you may copy, modify and use as a warning to the principal of the school(s) where your own children are students. This letter will serve as a warning to the school principal that if your child is vaccinated without your permission, you will unleash a hellstorm of legal action and media attention that every school principal desperately wishes to avoid. (Feel free to modify this letter to tone down the language a bit if you already have a friendly relationship with your local school principal.)

Once you're satisfied with the language, print and sign this letter, then have it notarized so the signing date can be proven in court. When that's complete, mail a copy to your school using registered mail (so you have proof it was delivered), then print off another copy for your child to carry with them at all times.

Instruct your child that if they are called to the nurse's office to be injected with the vaccine, they should produce this note and show it to the nurse. You may also instruct your child to protect themselves by running from the nurse's office and calling you at home or work (print your phone number on the back of the note).

Role-play this scenario to make sure your child understands exactly what you're asking them to do. Otherwise, they will usually just do what they're told at school, especially if they are threatened with getting into trouble by school teachers or nurses.

This letter hasn't been reviewed by a lawyer. If you want a stronger legal angle for your letter, take this to your lawyer and ask them to beef it up with more "lawyer language."

This letter, by the way, is offered as-is, with no guarantees. It's simply being published here on NaturalNews as a public service to give concerned parents something they can use to help protect the health of their children from overzealous vaccination schemes.

(Note: You may need to alter the gender references in the letter below if your child is a girl. The note is written using "he.")

A letter for your school principal (and nursing staff)

From: (Your name here)

Date: (Insert date here)

RE: Request for NON-vaccination of my child (insert child's name here)

Dear Principal Johnson (and the nursing staff),

This letter is to inform you that as a parent of a child in your school, I do not consent to any H1N1 (Swine Flu) vaccination of my child, (insert child's name here), and that if my child is subjected to such a vaccine without my permission, I will consider that a gross violation of not only my parental rights, but the civil rights of my child.

The H1N1 swine flu vaccines currently being given to schoolchildren in America were approved by the FDA using an unlawful waiver that allowed the vaccines to be approved with absolutely no credible scientific testing. No adequate safety or efficacy testing has been conducted on any of the swine flu vaccines, and those children who are being injected with the vaccines are being treated as human guinea pigs.

H1N1 swine flu has also turned out to be so mild that it can be easily overcome with a healthy immune system aided by healthy levels of circulating vitamin D. My child takes vitamin D supplementation and therefore has an extremely healthy, active immune system that can easily mount its own antibody response against swine flu or other forms of influenza. Because of his immune system health and nutritional regimen, my child poses no health threat as a "carrier" of the swine flu, even without being vaccinated.

Süddeutsche Zeitung

Berit Uhlmann

Schweinegrippe-Impfung: Tote, Proteste, Mangel

Süeddeutsche Zeitung, 4 November 2009
https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-tote-proteste-mangel-1.135151

Die meisten Bundesbürger sehen die Impfung gegen die Schweinegrippe mit Skepsis und Verdruss. Ein typisch deutsches Phänomen? Erfahrungen aus anderen Ländern.

Todesfälle in Schweden verunsichern die Welt

Schweden startete als eines der ersten Länder die Massenimpfung mit Pandemrix - jenem Serum, das auch in Deutschland für die breite Bevölkerung vorgesehen ist. Für Verunsicherung sorgten Meldungen über Todesfälle im Anschluss an die Impfung. Nach offiziellen schwedischen Angaben starben fünf Menschen, die Behörden gehen allerdings davon aus, dass die Impfung nicht die Ursache der Todesfälle ist und verweisen darauf, dass jeden Tag mehr als 200 Schweden sterben.

In einem Fall schloss eine Autopsie die Impfung als Todesursache bereits aus, die anderen Untersuchungen laufen noch. Sicher ist, dass alle fünf Betroffenen an chronischen Grunderkrankungen wie Herzkrankheiten und Diabetes litten. Drei von ihnen waren über 75 Jahre alt, die beiden anderen 54 und 65 Jahre.

Mehr als 600 Schweden meldeten bislang Nebenwirkungen der Immunisierung. 20 Fälle stuften die Behörden als schwerwiegend ein. Dabei handele es sich vor allem um allergische Reaktionen.

Insgesamt wurden bislang 1,4 Millionen Dosen Pandemrix in dem skandinavischen Land verteilt, wie viele davon in den Oberarmen der Schweden landeten, ist nicht bekannt.

Schweiz lässt Impfung an Schwangeren und Kindern nicht zu

Die Schweizer Behörden sehen den Impfstoff Pandemrix derart skeptisch, dass sie ihm nur eine eingeschränkte Zulassung erteilten. Das Serum darf nicht bei Schwangeren, Kindern unter 18 Jahren und Erwachsenen über 60 angewandt werden.

Die Zulassungsbehörde Swissmedic begründete ihre Entscheidung damit, dass ihr keine Forschungsergebnisse zur Verträglichkeit in der Schwangerschaft und nur sehr wenige Daten zu Kindern vorlägen.

Der Impfstoff des britischen Pharmakonzerns Glaxo Smith Kline ist umstritten, weil er verstärkende Zusätze enthält, die stärkere Nebenwirkungen als herkömmliche Influenza-Impfungen verursachen können.

Manche Schweizer setzen unterdessen auf eine andere Prophylaxe: Händeschütteln ist in einigen Firmen tabu. Ein Button an der Kleidung weist auf diese Praxis hin.

Österreich lässt nur Amtsärzte impfen

Wien setzt bei der Massenimpfung ausschließlich auf den Impfstoff Celvapan des Anbieters Baxter - jenen Stoff, der in Deutschland Regierung und Bundeswehr vorbehalten ist. Diesem Serum fehlt die Quecksilberverbindung für die bessere Haltbarkeit, die Pandemrix zugesetzt wurde. Die Folge: Das Serum muss nach Anbruch der Flasche innerhalb von nur drei Stunden verbraucht sein.

Das stellt die Alpenrepublik vor erhebliche logistische Herausforderungen. Die Impfung wird daher ausschließlich von Amtsärzten vorgenommen, Hausärzte kommen nicht zum Zug. Wie die österreichische Ärzte Woche berichtet, sind ein Teil der Hausärzte und einige der Patienten wenig begeistert von dieser Lösung.

Für Deutsche ist es prinzipiell möglich, sich in Österreich mit dem Impfstoff ohne Wirkverstärker und ohne Quecksilberverbindung impfen zu lassen, sie müssen allerdings die Kosten selbst tragen.

USA: Impfstoffmangel bringt Obama in die Bredoullie

Fast alle Amerikaner, die derzeit mit Verdacht auf Influenza getestet werden, erhalten die Diagnose Schweinegrippe.

Schon hat die US-Seuchenbehörde CDC Notfall-Reserven an Tamiflu freigegeben, dem antiviralen Medikament, das knapp geworden war. Knapp sind auch die Impfstoffe: Eigentlich sollten bis Anfang November 120 Millionen Dosen Impfstoff ausgeliefert sein, tatsächlich sind aufgund von Produktionsverzögerungen erst 25 Millionen verfügbar.

Vor einigen Impfzentren bildeten sich lange Schlangen. Medien berichteten von aufgebrachten Eltern, die ihre Kinder schnelltstmöglich impfen wollen, aber am Mangel der Seren scheitern. Obgleich es auch in den USA viele Impfgegner gibt, hat der Impfstoffmangel bereits die politische Debatte erreicht. Präsident Barack Obama will sich in Sachen Schweinegrippe keine Versäumnisse vorwerfen lassen und rief Ende Oktober vorsorglich den Notstand aus.

Die USA setzen komplett auf Impfstoffe ohne die umstrittenen Wirkverstärker. Verabreicht werden sie durch eine Spritze oder ein Nasenspray.

Britische Impfgegner machen mobil

Auch Großbritannien, die Heimat des Pandemrix-Produzenten Glaxo Smith Kline, ist noch nicht gut mit Impfstoffen ausgerüstet. Ehe alle Ärzte das Serum erhalten, wird der November weit fortgeschritten, wenn nicht vorbei sein.

In dem Land, das innerhalb Europas am stärksten von der Schweinegrippe betroffen ist, ist auch der Widerstand gegen die Impfung heftig. Eine Protestorganisation hängte in Birmingham Poster auf, die verkündeten: "Die Schweinegrippe ist nicht die größte Gefahr. Es ist die Impfung".

Italien wartet auf Impfstoffe

In Italien läuft die Impfung noch schleppender an. Erst im neuen Jahr können sich nach Stand der Planungen gesunde Kinder und jüngere Erwachsene impfen lassen. Viele Ärzte halten dies für zu spät, vor allem etliche Kinderärzte wollen aus diesem Grund die Immunisierung gar nicht erst anbieten. Nach Medienberichten bleiben in italienischen Schulklassern derzeit rund ein Drittel aller Bänke frei, die Kinder sind wegen Grippeerkrankungen zu Hause. Das Land beklagt bislang insgesamt 17 Todesopfer durch die Schweinegrippe.

Franzosen sind äußerst skeptisch

Das Pharmaunternehmen Sanofi Pasteur profitiert mit seinen Impfstoffen prächtig von der Schweinegrippe. Doch in seiner Heimat Frankreich ist die Skepsis gegenüber der Impfung mindestens so groß wie in Deutschland. Nur 17 Prozent der Bevölkerung wollen sich impfen lassen, sieben Prozent sind sich dieser Entscheidung "sehr sicher". Anfang September wollten noch 55 Prozent zum Impfen gehen.

Indes wird der französischen Gesundheitsministerin Roselyne Bachot vorgeworfen, mit ihrem Impfplan übertrieben, der Pharmabranche zu nahe zu stehen, und die Skepsis in der Bevölkerung heraufbeschworen zu haben. Die Ministerin wies die Beschuldigungen mit dem Hinweis zurück, in Frankreich habe es immer "eine starke Anti-Impfbewegung" gegeben.

Saudi Arabien schreibt Pilgern die Impfung vor

Wenn am 18. November die diesjährige Hadsch beginnt, sollen nach dem Willen der saudi-arabischen Regierung alle zwei bis drei Millionen Gläubige immun gegen die Schweinegrippe sein. Das Gesundheitsministerium erließ Bestimmungen, wonach kein Pilger älter als 65 Jahre oder jünger als 12 sein darf. Auch Menschen mit chronischen Grunderkrankungen wie Herz-, Nieren-, Leberkrankheiten oder Immunschwäche sollen bis auf Weiteres nicht an der Pilgerreise teilnehmen. Vorgeschrieben sind Impfungen gegen die saisonale Influenza und gegen die Schweinegrippe. Beide müssen zwei Wochen vor Beantragung des Visums erfolgt sein.

Ruhe in Argentinien

In Argentinien sollen sich nach Schätzungen 20 Prozent der Bevölkerung mit dem neuen H1N1-Virus infiziert haben. Das wären acht Millionen Menschen. 580 Menschen starben an der Schweinegrippe, proportional zur Bevölkerung waren das mehr als irgendwo sonst. Obwohl in den Wintermonaten auf der Südhalbkugel noch kein Impfstoff vorhanden war, überstand das Land die erste Grippewelle. Das Thema ist inzwischen völlig aus der öffentlichen Diskussion verschwunden.

LADEPECHE.fr

Grippe A: Roselyne Bachelot admet que la vaccination est «timide»

La Depeche, 5 Novembre 2009, à 11:49
https://www.ladepeche.fr/article/2009/11/05/708707-grippe-a-roselyne-bachelot-admet-que-la-vaccination-est-timide.html

La ministre de la santé Roselyne Bachelot a admis jeudi que le mouvement de vaccination contre la grippe H1N1 était encore "timide", se réjouissant cependant que d'ores et déjà "50.000 personnes" se soient fait vacciner à l'hôpital.

"A l'Assistance publique-Hôpitaux de Paris 10% des personnels sont vaccinés", a indiqué la ministre sur RTL. Elle a affirmé qu'il y avait "une très bonne accélération".

Mme Bachelot a rappelé que le processus de vaccination commencerait pour la population générale le 12 novembre et que "six millions de personnes seront convoquées" à cette date, au premier chef les personnes les plus fragiles et l'entourage des nourrissons.

En ce qui concerne le vaccin lui-même, elle a réitéré que "peut-être une seule dose sera nécessaire". "Cette information a besoin d'être confirmée", a-t-elle dit, rappelant que pour les enfants en particulier il faudrait toujours deux doses.

La ministre a indiqué encore que "beaucoup de pays" qui "n'ont pas pris leurs précautions" demandaient à la France de leur "revendre des vaccins". Mais, a-t-elle dit, "je ne veux pas leur vendre tant que je ne suis pas sûre par une constatation clinique que l'immunité donnée par la première dose et qui est déjà importante est bien durable".

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LE JOURNAL de Saône-et-Loire

Grippe H1N1: Roselyne Bachelot admet que la vaccination est "timide"

Le Journal de Saône et Loire, 5 Novembre 2009, 08:42
https://www.lejsl.com/actualite/2009/11/05/roselyne-bachelot-admet-que-la-vaccination-est-timide

La ministre de la santé Roselyne Bachelot a admis jeudi que le mouvement de vaccination contre la grippe H1N1 était encore "timide", se réjouissant cependant que d'ores et déjà

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THE FLU CASE

Less than 0.1% of French population has taken "swine flu" jab so far, admits French Health Minister

The Flu Case, 5 November 2009, 12:26
https://web.archive.org/web/20100102024009/http://theflucase.com/index.php?option=com_content&view=article&id=1620%3Aless-than-01-of-french-population-has-taken-qswine-fluq-jab-so-far-admits-french-health-minister&catid=1%3Alatest-news&Itemid=64&lang=en

The French Health Minister, Roselyne Bachelot, has indicated today, Thursday, that so far only 50,000 people have taken the swine flu jab in France since the launch of the mass vaccination campaign.

There are an estimated 65 million people living in France.

50,000 people is less than 0.1 per cent of the total population.

In a report by AFP, she admitted that the vaccination campaign had been "timid".

However she was pleased that "50,000" people have been vaccinated in hospitals.

She said that at the 10 % of the health personnel in those hospitals in Paris which belong to the public health system had been received the swine flu jab.

Bachelot said that six million people in France would be summoned for their swine flu vaccinations at vaccine centers when the campaign moves from health personnel to the general public on November 12th, with pregnant women, children and the sick as the first targets.

Los Angeles Times

Andrew Malcolm

What H1N1 swine flu? Majority of Californians intend to ignore the late vaccine:
Times/USC poll

Los Angeles Times, 6 November 2009, 5:14 pm
https://web.archive.org/web/20091110005255/http://latimesblogs.latimes.com/washington/2009/11/la-times-poll-h1n1-swine-flu-vaccine.html

A new poll confirms that the Obama administration and federal health officials have failed to convince Americans – at least those in the most populous state of California – of the seriousness of a H1N1 swine flu pandemic.

A majority of those registered voters polled by a new survey team involving The Times and the University of Southern California said they believed the new, delayed vaccine was safe.

But a majority also said they had no intention of getting it.

The findings come from a new Los Angeles Times/University of Southern California College of Letters, Arts & Sciences Poll. The survey, which interviewed 1,500 registered voters from Oct. 27 through Nov. 3, was conducted for The Times and USC by two nationally prominent polling firms, the Democratic firm Greenberg Quinlan Rosner and the Republican firm Public Opinion Strategies.

Today's results have a margin of error of plus or minus 2.6 percentage points.

Only 5% of those polled said they had already been vaccinated. Of the rest, 52% said they didn't plan to get vaccinated. Of the 40% who said they wanted the vaccine, 12% said they already had attempted to find it but couldn't.

Of those polled, 70% said they think the H1N1 vaccine is safe for most people, and only 17% said there was a strong chance the vaccine is unsafe.

Last month the Obama administration declared a national emergency over the H1N1 pandemic, as The Ticket reported here. But the government program has come under fire for long delays in deliveries of the vaccine.

Rep. **Ron Paul** has even called the federal program a "total failure." Obama officials, who are overseeing the vaccine distribution, have blamed the delays on manufacturers.

A previous national poll, as The Ticket reported here, found a large majority of Americans also intended to skip the recommended medical action.

THE FLU CASE

Demonstration against forced vaccination of French Police in Paris today

The Flu Case, 7 November 2009, 08:58
https://web.archive.org/web/20100102020338/http://theflucase.com/index.php?option=com_content&view=article&id=1672%3Ademonstration-against-forced-vaccination-of-french-police-in-paris-today&catid=1%3Alatest-news&Itemid=64&lang=en

There is a demonstration against forced vaccine for police tomorrow, between 2PM and 4PM in Paris, Métro Châtelet.

Another demonstration is planned for Saturday 21 November in front of Sanofi officies in Paris : between 2PM and 6PM.

Manifestation Contre la Vaccination des Gendarmes a Paris
Grande Manifestation ce samedi 7 novembre 2009!
http://www.facebook.com/group.php?gid=117824294669#/event.php?eid=169924782803&ref=mf

A l'initiative de l'Association Contre la Vaccination Obligatoire de nos Gendarmes

Heure:
14:00 - 16:00
Lieu :Métro Châtelet
Adresse :Place du Châtelet
Ville :Paris, France

Contre toute tentative de rendre obligatoire la vaccination H1N1 et ses risques neurologiques pour écouler les stocks, à commencer par nos gendarmes, leurs femmes et leurs enfants qui ont les même droits que tous les autres citoyens français au regard du Code de la santé publique. VENEZ NOMBREUX EN FAMILLE, INVITEZ VOS AMIS, CE MOMENT EST IMPORTANT

THE FLU CASE

Johan Niklasson

Anti-vaccine movement infiltrated by Big Pharma?

The Flu Case, 12 November 2009, 10:16
https://web.archive.org/web/20100102050719/http://theflucase.com/index.php?option=com_content&view=article&id=1755%3Aanti-vaccine-movement-infiltrated-by-big-pharma&catid=1%3Alatest-news&Itemid=64&lang=en

Since actively involving myself in the flu case, I have been personally attacked many times. This is of course expected and a common tactic among those who have something to lose when truth about vaccines and especially the so called "swine flu" and "bird flu" vaccines is being exposed and published. Attack the messenger and try to discredit the person instead of dealing with the message - I get it.

To be attacked by individuals invested in Big Pharma, The New World Order, and the sick medical practices today common in the western world was expected. It is not new to me and is something that comes with the job. There are very many individuals that feel threatened when the vaccination cult is exposed for a variety of reasons. It may be prestige, money, positions, fear of questioning what is part of a belief system or even religious type of belief in published junk science.

When working towards exposure of the truth behind the flu case, I was fully prepared and ready to deal with such attacks. They are in a way understandable and therefor I forgive those involved, they don't know better.

What is more difficult to explain are the attacks coming from several so called anti-vaccine activists who seem determined to stop the information we present on this site. We are aware of several attempts being made to discredit us, slander us and defame us. We have even received death threats from such individuals. Friends tell us that they have been contacted by anti-vaccine activists, pretending to be someone else, asking personal questions about us and eventually, after days of snooping around revealing that their intent is to shut this site down.

This raises a series of interesting questions but most of all shows how difficult it is for many in humanity to accept free speech, free thought and the right to have a different opinion.

If these people who now are out to attack us and our site instead put their efforts into stopping the mass vaccinations, I think it would make much more sense to everyone. The anti-vaccine individuals that attack us personally often claim they have "so and so many years of activism against vaccination" as if it would be proof of their good intentions and as if it would give them right to stop us from exercising our right to free speech.

To me, instead, it is just a sad admittance to their complete ineffectiveness in stopping vaccinations.

I also often get feedback that essentially say "don't say that and don't say this" because then "we" would "loose credibility" and "you have to only use facts accepted by the Big Pharma or you will not win" and similar statements.

To me it sounds as if these people are used to make deals with the devil and to compromise about what is truth and what is not to avoid confrontation with the mighty Big Pharma. My stance is that

this has been going on long enough and need to be stopped completely. The whole theory behind vaccination is based on bad science and incorrect assumptions made in the past regarding our bodies immune system.

We have a golden opportunity to reveal the madness behind the mass vaccination campaign since it now for the first time concerns all of us, not just the many who have been victimized in the past by vaccines.

My wish is that anyone who feels that the mass vaccinations are wrong, based on their best knowledge and honest intentions, takes action against them. I wonder why the "professional" anti-vaccine activists that now prepare attacks against this site do not use their time and energy to stop the mass vaccinations? Which are their real motives? What is it that we have published that scares them or is "forbidden" to mention?

It seems that there are holy cows that we are not allowed to criticize or point at, like WHO, UN and Mr Obama. It is also not "playing by the rules" to point to the intent behind mass vaccinations as a part of a depopulation plan. It seems as if that possibility is too scary to look into.

What if all evidence and logic points to these depopulation plans and organizations? What if the depopulation plan makes everything else, that otherwise looks completely insane, suddenly make sense in a very dark way? It must be allowed to be said, discussed, exposed and investigated openly. That is the job for journalists and that is what we are.

It certainly raises many questions about the real intentions and motives of those who want to stop us. We have heard from several well informed individuals that most of the anti-vaccine movement is in fact infiltrated and controlled (and indirectly financed) by Big Pharma - which we, having had the experiences we have had, find to be highly likely.

Out of fear of being sued, media and organizations seem to bow and crawl in front of Big Pharma as if there was no option.

The ones we see who really make an effort and seem to achieve real results against the vaccine madness are those who by themselves take action and do not team up with such organizations or groups who only allow the resistance to be done "the right way" - the "safe" way. To me, much of that "work" has proven to be utterly ineffective so far. Possibly because the power of the truth is not used?

My wish is that everyone sincerely against the mass vaccinations take acton now in the best way they can, to their best knowledge and understanding. We all still have the opportunity to save millions from damages due to the poisonous vaccines. If the vaccines are safe, it will be proven. If there is no depopulation plan, it will be proven. And the opposite is also true.

SWI swissinfo.ch

Thomas Stephens

Grosse Skepsis gegenüber Schweinegrippe-Impfung

SWI, 12 Novembre 2009, 08:23
https://www.swissinfo.ch/ger/wissenschaft/grosse-skepsis-gegenueber-schweinegrippe-impfung/1308284

Der Aufruf der Schweizer Regierung, besonders mit einem hohen Krankheitsrisiko behaftete Personen sollten sich gegen den H1N1-Virus impfen lassen, verhallt bisher ziemlich ungehört im Land.

Die Schweizer stellen sich gegenüber dem behördlichen Aufruf recht taub. Viele sind nämlich der Ansicht, die Bedrohung durch diese Grippe werde übertrieben.

Swissinfo.ch hörte sich in einem Mütterzentrum in Bern um, wo sich aber keine Eltern finden liessen, die sich oder ihre Kinder impfen lassen wollten.

"Sicher nicht", sagte eine Mutter. "Die Nebeneffekte dieser Impfung sind aus meiner Sicht zu wenig eingehend geprüft. Ich habe von Leuten mit Eiweiss-Allergien gehört, die nach der Impfung in einen Schockzustand fielen."

Bei der Produktion des Impfstoffs werden Virus-Versionen in Hühnereier-Embryos eingespritzt, wo sie während mehrerer Monate ausgebrütet werden. Das Eiweiss wird dann entnommen und dem Impfstoff beigegeben.

Laut dem Pharmaunternehmen Novartis haben die deutschen Behörden ihre Bewilligung für eine neue Schweinegrippe-Impfung gegeben, auf Basis von Zellkulturen statt Eier-Embryonen.

Die Registrierung dieser Zellkultur-Methode wird nun auch für die Schweiz vorangetrieben.

"Es ist schon verrückt, wie das Ganze von den Medien hochgespielt wurde, im Vergleich zu anderen Krankheiten, die man im Vergleich dazu beinahe schon tabuisiert", argumentiert die befragte Mutter weiter. "Zum Beispiel bei der Hepatitis. Niemand schreibt über diese Krankheit, die mir gefährlicher als die Grippe zu sein scheint."

Sie wüsste niemanden in ihrem Freundeskreis, der seine Kinder impfen liesse, "einfach weil der Impfstoff nicht genügend durchgetestet wurde. Wir haben auch schwangere Frauen hier. Sie lassen sich auch nicht impfen, weil sie die Auswirkungen auf das Baby nicht kennen."

Weshalb bleibt die Skepsis trotz behördlichem Impfaufruf weitverbreitet? "Die Regierung selbst scheint sich nicht sicher zu sein. Der Impfstoff wurde nicht genügend getestet. Wir wissen nicht, wie die Leute auf den Impfstoff reagieren werden."

Ausserdem sei bei jedem neuen grossen Impfstoff viel Geld zu verdienen. Dies könne zu Manipulationen führen. Und das ärgere sie.

Argwohn im ganzen Land

Ein gewisser Argwohn gegenüber den grossen Pharmafirmen zeigt sich auch in den Antworten der anderen Mütter.

"Bei mir hinterlässt einen schalen Geschmack, dass die Behörden so eng mit Daniel Vasella zusammenarbeiten", sagt ein Vater. Vasella ist CEO von Novartis. "Dies diskreditiert für mich bereits das ganze Thema Impfen."

"Ausserdem finde ich, Vasellas Bonus ist schon hoch genug!" (Im abgelaufenen Geschäftsjahr verdiente der Novartis-CEO insgesamt 40,3 Mio. Franken).

Auch er will sein Kind nicht impfen lassen: "Ich fragte nochmals die Kinderärztin. Sie befand es nicht für notwendig." Er glaube, am Ganzen sei viel Panikmache dabei.

Eine andere Mutter sagte, sie sei "grundsätzlich gegen Grippe-Impfungen".

Diese skeptischen Meinungen spiegeln einen landesweiten Argwohn. Eine kürzlich gemachte Umfrage der Zeitung SonntagsBlick ergab, dass fast neun von zehn Antwortenden sich keine Impfung machen lassen wollen.

Ähnliche Relationen ergeben sich, wenn es um die saisonale Grippe geht: Rund 9 von 10 Befragten haben sich nicht gegen die Saisongrippe impfen lassen. Knapp die Hälfte lässt sich impfen, wenn eine Reise in entfernte Länder ansteht.

Fast 60% denken, die Regierung habe mit den Schweinegrippe-Warnungen übertrieben.

Noch keine Todesfälle

Jacques de Haller von der Verbindung der Schweizer Ärzte (FMH) hat zugeben müssen, dass weitere Überzeugungs-Arbeit nötig sei.

Denn die Schweinegrippe-Toten in der ganzen Welt sprächen eine ganz andere Spache, sagt er. Mehr als Tausend allein seien in den USA gestorben, einige Hundert in Grossbritannien. Und die Grippewelle würde Kontinental-Europa bald erreichen.

Statistisch hat die Schweiz bisher mehr als 1550 registrierte Fälle registriert. 30 davon mussten hospitalisiert werden. Aber bisher gab es noch keine Toten – ein Umstand, den der Direktor des Bundesamtes für Gesundheit, Thomas Zeltner, als "doch recht erstaunlich" einschätzt.

Schweizerischer Nachteil

Anfang Woche sah sich Zeltner gezwungen, den nationalen Impfplan zu verteidigen. Er verneinte ein angebliches Chaos und bestätigte, dass die Impf-Programme nach vorgesehenem Zeitplan verliefen – mit einem Immunisierungsbeginn in den meisten Kantonen ab Mitte November.

Er trat damit Kritiken in den Medien und seitens einiger Ärzte entgegen, wonach der Landes-Impfplan unkoordiniert abgelaufen sei. Moniert wurde auch der Umstand, dass die Behörden zu lange gebraucht hätten, die beiden Impfstoffe freizugeben, die benutzt würden.

Gegenüber dem Tages-Anzeiger vom 10. November gab Zeltner zu, dass die Schweiz als Land gegenüber anderen benachteiligt sei. Das Gesundheitswesen sei zu komplex: Alle 26 Kantone des Landes könnten autonom über Massnahmen im Gesundheitswesen entscheiden.

Am gleichen Tag gebrauchte der oberste Apotheker des Kantons Bern, Samuel Steiner, harte Worte für die Beschreibung des Impf-Verteilungs-Plans: Dieser leide unter einem gedanklichen Defizit.

Laut Steiner ist der Impfstoff in viel zu grosse Einheiten von 500 Stück verpackt worden – einmal aufbereitet, könne er nur während 24 Stunden gelagert werden.

Es besteht eine gewisse Furcht, dass die Ärzte abgelaufene Impfstoffe wegwerfen müssen.

C. Biourge

Quatre Femmes Enceintes en Justice Contre L'etat

RTBF Info, 13 November 2009, 15:59
https://web.archive.org/web/20091116102634/http://www.rtbf.be/info/belgique/judiciaire/vaccin-grippe-a-des-femmes-enceintes-contre-letat-160414

Quatre femmes enceintes ont intenté une action en référé contre l'État belge pour réclamer la mise à disposition de vaccins sans adjuvant. Ce n'est pas le cas du Pandemix, seul vaccin disponible en Belgique, un contrat d'exclusivité ayant été signé entre le gouvernement et GSK.

Cette action en référé nous a été communiquée par Initiative Citoyenne qui soutient la démarche. Initiative citoyenne est une association qui réclame plus de transparence et d'informations sur l'efficacité et les risques du vaccin. Elle rappelle que "la Belgique a conclu un contrat exclusif avec le fabricant de vaccins GSK pour l'achat du vaccin pandémique adjuvanté (avec squalène) Pandemrix" alors que "des critiques s'élèvent partout dans le monde pour dénoncer l'absence totale d'évaluation sérieuse d'un vaccin avec ce type d'adjuvant, notamment chez les femmes enceintes". Et de citer l'exemple du Canada qui a acheté 200 000 doses de vaccins sans adjuvants pour les femmes enceintes.

Des recommandations contre le Pandemrix

Initiative Citoyenne explique également qu'en France, le Haut Conseil de Santé publique recommande d'utiliser un vaccin sans adjuvant pour les femmes enceintes. Quant à l'agence suisse du médicament Swissmedic, elle n'autorise pas l'usage du vaccin adjuvanté Pandemrix pour les moins de 18 ans, les femmes enceintes et les plus de 60 ans, est-il écrit.

Un manque d'impartialité

Dans son communiqué, l'association critique la ministre de la Santé, Laurette Onkelinx, qui "*n'a cessé de vanter le squalène pour son absolue sécurité. Elle a continué de confondre les effets de cette molécule prise par voie orale avec ceux de la même molécule quand elle est injectée*".

Le 3 novembre dernier, le Groupement des Gynécologues Obstétriciens de Langue Française de Belgique a fait savoir "*qu'il recommande vivement, à l'instar de la cellule Influenza, l'usage du vaccin avec adjuvant de GSK chez les femmes enceintes estimant que les risques sont faibles et non chiffrables*". "Mais", écrit Initiative Citoyenne, ce que tout le monde ne sait pas, "*c'est que cette association professionnelle compte la firme GSK parmi ses "sponsors 2009*"".

Un courrier sans réponse

Un courrier a été envoyé le 3 novembre dernier à la ministre Onkelinx par des deux femmes enceintes. "*N'ayant pas reçu de réponse dans les délais habituels et estimant qu'elles encouraient un préjudice pour leur santé, ces femmes ont décidé, rejointes par deux autres femmes enceintes, d'intenter une action en référé contre l'état belge. Ce qu'elles demandent c'est la mise à disposition de vaccins sans adjuvant. Au nom du principe de précaution, tout simplement*", est-il écrit.

Une démarche soutenue par Initiative Citoyenne qui "*estime que le choix de ces femmes doit pouvoir être respecté*".

Notons qu'Initiative Citoyenne précise qu'elle n'est pas un groupement anti-vaccins mais avant tout "*un collectif partisan du libre arbitre*".

=>

Expectant mothers take legal action in Belgium over swine flu jab with adjuvants

The Flu Case, 14 November 2009, 14:16
https://web.archive.org/web/20100102035444/http://theflucase.com/index.php?option=com_content&view=article&id=1800%3Aexpectant-mothers-take-legal-action-in-belgium-over-swine-flu-jab-with-adjuvants&catid=1%3Alatest-news&Itemid=64&lang=en

Four Belgian expectant mothers are intending to file legal action against the Belgium government for ordering GlaxoSmithKline Pandemrix swine flu jabs with the adjuvant, squalene, for pregnant women in spite of the lack of clinical data on safety and in spite of the scientific evidence squalene is dangerous, according to RTBF.

Canada has ordered 200,000 doses of the swine flu jab without adjuvants for pregnant women over safety concerns.

THE FLU CASE

About 1.2% of Austrians take swine flu jab in first week

The Flu Case, 14 November 2009, 14:25

https://web.archive.org/web/20100102041523/http://theflucase.com/index.php?option=com_content&view=article&id=1801%3Aabout-12-of-austrians-take-swine-flu-jab-in-first-week&catid=1%3Alatest-news&Itemid=64&lang=en

According to the Austrian newspaper, the Kurier, about 100,000 people have taken the swine flu jab since Monday, representing about 1.2% of the total population of 8,300,000.

30,000 people took the jab in the first week in Vienna, about 2% of the population of 1,600,000, says the local media.

The figures are low if you consider the huge amount of swine flu scare stories that currently saturate Austria's mainstream media. If the newspapers are not telling us how lethal the swine flu virus is, they are reporting the Baxter swine flu jab is in such short supply and so much in demand that queues are forming to get it.

What the Austrian newspapers don't report, however, is that Baxter contaminated 72 kilos of seasonal flu with the live bird flu virus in February and so nearly triggered a global bird flu pandemic. Because Baxter has to adhere to biosafety level 3 regulations, the contamination was almost certainly deliberate.

mina

Leading Croatian Priest: Don't get the H1N1 Vaccine

MINA, 14 November 2009
https://web.archive.org/web/20100121022548/http://macedoniaonline.eu/content/view/9440/54/



Controversy in Croatia after famous Croatian priest Miroslav Bustruk appealed to Croatians not to get vaccinated against the Swine flu vaccine.

In a church ceremony dedicated to St Martin, father's Bustruk statement caused an avalanche of reactions in Croatia.

What is it that he said?

"I appeal to you, to not get vaccinated for the so called Swine Flu under any circumstance. There is a plan for massive destruction of humanity worldwide. For this purpose we will see new diseases springing up everywhere" reports Croatian daily "Jutarnji List", quoting father Bustruk.

"The H1N1 vaccine itself is a very sophisticated weapon whose implanted microchip will control the health of the human being" added the Croatian priest which prompted a great deal of disagreement by Croatian officials.

In defense of his colleague stood Don Jure Zubovik who said father Bustruk's statement only defended the Church, adding - "certain people who have spoken out or warned against the vaccine are already in jail".

More will be known in few weeks when the Vatican is expted to issue a press release addressing all World's Governments.

Croatian Priest Says Vaccine for Destruction of Humanity Worldwide

InfoWars / MINA 15 November 2009
https://web.archive.org/web/20100113222214/http://www.infowars.com/croatian-priest-says-vaccine-for-destruction-of-humanity-worldwide



Controversy in Croatia after famous Croatian priest Miroslav Bustruk appealed to Croatians not to get vaccinated against the Swine flu vaccine.

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SACCSIV – blog ortodox

Cunoscuti preoti croati indeamna populatia sa refuze vaccinul anti AH1N1.
In curand Vaticanul se va adresa guvernelor lumii in aceasta privinta

SACCSIV, 17 Noiembrie 2009
https://saccsiv.wordpress.com/category/miroslav-bustruk/

Citez din articolul Leading Croatian Priest: Don't get the H1N1 Vaccine:

Controversa in Croatia dupa ce faimosul preot croat Miroslav Bustruk a facut un apel catre poporul croat sa nu se vaccineze impotriva gripei porcine.

Intr-o ceremonie religioasa dedicate Sfantului Martin, declaratia fratelui Bustruk a cauzat o avalansa de reactii in Croatia.

Dar ce a spus el mai exact?

"Fac apel la voi, sa nu va vaccinati impotriva asa numitei gripe porcine, sub nici o circumstanta. Exista un plan pentru distrugerea masiva a populatiei la nivel mondial. Pentru aceasta vom asista la noi boli ce vor aparea peste tot" relateaza ziarul "Jutarnji List", citandu-l pe fratele Bustruk.

"Vaccinul H1N1 in sine este o foarte sofisticata arma al carei microcip implantat va controla sanatatea fiintei umane" a adaugat preotul croat ceea ce a suscitat un prompt si larg dezacord din partea oficialitatilor croate.

In apararea colegului sau a stat Don Jure Zubovik care a spus ca declaratia fratelui Bustruk a fost doar in apararea bisericii, adaugand – "anumiti oameni care au vorbit impotriva vaccinului sunt déjà in inchisoare".

Mai multe se vor sti in cateva saptamani cand Vaticanul este asteptat sa faca o declaratie de presa in care se adreseaza guvernelor lumii.

The Telegraph

Rebecca Smith

Vulnerable patients shunning swine flu vaccine, GPs warn

Telegraph, 18 November 2009, 7:30PM GMT
https://web.archive.org/web/20091121111409/http://www.telegraph.co.uk/health/swine-flu/6590185/Vulnerable-patients-shunning-swine-flu-vaccine-GPs-warn.html

More than half of patients being offered the swine flu vaccine are turning it down over safety concerns and the perception that the disease is mild, according to a survey.

People were concerned about possible side-effects of the jab, it found.

Family doctors are currently vaccinating people at high risk from swine flu, including pregnant women, health workers and those with asthma, heart disease and diabetes.

The poll of 107 GPs in England, for Pulse magazine, found resistance to the jab was particularly high among pregnant women and, overall, only 46 per cent of patients offered the vaccine have said yes.

One family doctor estimated that as few as one in 20 pregnant women were opting to have the vaccine.

Last week, the Government published online information and leaflets aimed at persuading pregnant women to have the vaccine.

Some reports have also suggested that frontline health workers may be reluctant to be vaccinated as well.

Fears have been raised on the internet about the contents of the vaccine, Pandemrix, made by GlaxoSmithKline, which includes Thiomersal as a preservative and Squalene, a fish oil based additive which boosts the immune system allowing lower doses of the active ingredient to be used.

Doctors have been given a target to vaccinate just over half of people in the priority groups in order not to lose income, but fear they will not be able to hit this.

The number of new swine flu infections is currently hovering around 64,000 a week in England and there have been 124 deaths linked to the disease since the outbreak began in April.

A low uptake of the vaccine could hamper efforts to control the outbreak and increase pressure on the NHS during the winter.

Officials are currently deciding whether the vaccine should be offered to other groups once those with long-term diseases, pregnant women, people living with immuno-compromised patients and the over 65s with other illnesses.

Dr Andy Rose, a GP in Kensington, London, said his practice was encountering "considerable scepticism" from pregnant women.

Dr Sharon Shmueli, a GP in Swindon, said that "fewer than 25 per cent" of pregnant patients at her practice had chosen to be vaccinated.

Dr Toby Davies, a GP in Tidworth, Wiltshire, said his practice had received its initial 500 doses last week, and was already running low.

"We're irritated that small practices received the same number of vials as large practices.

"We are told deliveries will take one to two weeks from that date. We have had to delay our programme."

GPs who immunise more than 50.7 per cent of people in high-risk groups will have the amount of work they are required to do in other areas – such as diabetes or asthma clinics – reduced while still receiving the same amount of cash.

A spokesman for the Department of Health said: "We have not set a target for vaccination – there is no target.

"We recommend that people in the at-risk groups accept the offer of vaccination.

"This is because people in the risk groups are more likely to be severely ill if they catch swine flu, and the vaccine provides the best protection against the disease.

"It is too early to speculate on uptake rates. GPs are working as quickly as they can to reach as many patients as possible with their initial supplies – some of which were still being delivered last week."

REUTERS

Doctors say most Britons reject swine flu vaccine

Reuters, 18 November 2009, 8:09 PM GMT+8
https://www.reuters.com/article/idUSLI105140/

Summary:
- *Poll shows only 46 pct of those offered vaccine accept*
- *Doctors say pregnant women particularly reticent*
- *Health officials say "too early to speculate" on uptake*

London, Nov 18 (Reuters) - More than half of Britons being offered vaccination against pandemic H1N1 flu are turning it down because they fear side-effects or think the virus is too mild to bother, a survey of doctors showed on Wednesday.

Many of the 107 family doctors polled by Britain's Pulse magazine said there was widespread resistance from patients and on average only 46 percent of those offered the vaccination agree to have it.

Doctors reported particular difficulties in persuading pregnant women to be vaccinated against the virus, according to Pulse, a trade newspaper for doctors.

"In all the pregnant women we've offered it to, I think only about one in 20 has agreed," Dr Chris Udenze, a family doctor based in Nottingham, central England, said in the survey.

Scepticism has been growing in Britain and other European countries about health authorities' handling of the H1N1 pandemic because the number of people infected has been lower than originally feared.

Britain began a vaccination programme on Oct. 21 for high-risk hospital patients, front-line health-care workers, children in seasonal flu risk groups, pregnant women and people with compromised immune systems.

British health authorities have twice revised down their worst-case scenarios for H1N1 flu, which was declared a pandemic in June and has killed more than 7,000 people worldwide, according to latest data from the European Centre for Disease Prevention and Control.

Original estimates that as many as 65,000 could die from H1N1 in Britain have now been cut to a prediction of around 1,000 deaths -- way below the average annual toll of 4,000 to 8,000 deaths from seasonal winter flu.

Richard Hoey, Pulse's editor, said his survey showed that many patients, and a substantial number of doctors were "unconvinced there is sufficient evidence that swine flu vaccination is safe and necessary".

A spokesman for the government's health department said it was "too early to speculate on uptake rates" for H1N1 vaccines but that doctors were working hard to reach as many patients as possible with their initial supplies.

"We recommend that people in the at risk groups accept the offer of vaccination," he said. "People in the risk groups are more likely to be severely ill if they catch swine flu, and the vaccine provides the best protection against the disease."

NEWS

Swine flu vaccination 'concerns'

BBC, 18 November 2009, 11:52 GMT,
http://news.bbc.co.uk/go/pr/fr/-/2/hi/europe/jersey/8366104.stm

Jersey's health department is urging adults under 40 with conditions such as asthma and diabetes to have the swine flu vaccine.

Doctors in the island are organising vaccination clinics for at-risk groups.

An official "outbreak" of the virus was declared in Jersey on Monday following a sharp rise in cases.

Dr Susan Turnball, the deputy medical officer of health, is concerned about the "low attendance levels" by young adults at some vaccination sessions.

She told BBC News: "I realise people in this age group are probably busy with their working lives, but it really is very important that they make the time to have the vaccine.

"Most people infected with swine flu worldwide have been under 40.

"I would urge anyone with an underlying health condition who hasn't been vaccinated to contact their GP's surgery for an appointment as soon as possible."

Sharp rise

GPs are making appointments to fit in with the amount of vaccine arriving in the island in weekly deliveries.

People in at-risk groups include those with heart, lung, liver, kidney or neurological diseases, impaired immunity, asthma and diabetes.

Pregnant women, who are also at higher risk, are being offered their vaccines via the hospital's midwifery department.

The number of people with swine flu in Jersey more than tripled last week, with 119 confirmed cases compared to 34 the previous week.

Following the sharp rise a Tamiflu distribution centre has been set up in St Saviour for children in affected schools.

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THE FLU CASE

Low uptake for swine flu jab in the UK, Jersey, worries officials

The Flu Case, 20 November 2009 16:31
https://web.archive.org/web/20100102043255/http://theflucase.com/index.php?option=com_content&view=article&id=1993%3Alow-uptake-for-swine-flu-jab-in-the-uk-jersey-worries-officials&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

Christoph Rind

70 000 Hamburger sind geimpft

The Flu Case, 21 November 2009
https://web.archive.org/web/20100102033412/http://theflucase.com/index.php?option=com_content&view=article&id=2011%3Aless-than-4-of-people-in-hamburg-have-taken-swine-flu-jab-since-october-26th&catid=1%3Alatest-news&Itemid=64&lang=en

Bei der Schweinegrippe, die seit Wochen auch die behördlichen Katastrophenschützer beschäftigt, gehen die Experten inzwischen nicht mehr von den schlimmsten Befürchtungen aus. "Die laufende Pandemie ist keine Katastrophe und kann meiner Einschätzung nach auch keine Katastrophe mehr werden", sagte Dr. Peer Rechenbach, Leiter der Abteilung für Katastrophen- und Bevölkerungsschutz der Hamburger Innenbehörde, am Freitag beim 2. Hamburger Influenza-Pandemie-Symposium in der Handelskammer. Dennoch schrecken die meisten Fachleute vor einer Entwarnung zurück. Denn niemand weiß, ob die Viren in einer zweiten oder dritten Ansteckungswelle mit mehr Todesopfern im Gefolge daherkommen, wie es etwa bei der Spanischen Grippe (1918-1920) war, bei der weltweit mindestens 25 Millionen Menschen umkamen.

Damals gelang es den Stadtvätern von St. Louis (USA), durch Schulschließungen die Zahl der Todesopfer im Vergleich zu anderen Städten deutlich zu senken. Dass diese Maßnahme in der gegenwärtigen Schweinegrippewelle nicht eingesetzt wird, obwohl sie in den Notfallplänen vorgesehen ist, liegt allein an dem harmlosen Verlauf der Erkrankung.

In Deutschland sind bisher 30 Menschen an der Schweinegrippe gestorben. Nur bei vier waren keine schwerwiegenden Vorerkrankungen bekannt. Jedes Jahr sterben allein in Deutschland bis zu 12 000 Menschen an den Folgen der "normalen", der saisonalen Grippe.

Hat die Weltgesundheitsorganisation also zu früh und zu übertrieben den Alarmplan gestartet? "Nein", sagt Rechenbach, die WHO müsse frühzeitig "die Hand heben", damit auf nationaler Ebene Vorsorge getroffen werden könne für den Ernstfall. Für den sind die 70 000 Hamburger gut gerüstet, die sich seit Impfbeginn am 26. Oktober haben impfen lassen. Für ein Drittel der Bevölkerung hat Hamburg Impfdosen geordert. Ausdrücklich aufgerufen, sich schützen lassen, sind bisher nur sogenannte Schlüsselpersonen, zu denen Polizei, Feuerwehrleute und medizinisches Personal zählen, sowie die chronisch Kranken. Wenn im weiteren Verlauf alle anderen Bürger zur Impfung aufgerufen werden, will sich auch Gesundheitssenator Dietrich Wersich (CDU) impfen lassen.

Aber selbst wenn die Hamburger das Angebot zur kostenlosen Impfung, die bis Ende März vorgesehen ist, mit der bisherigen Intensität nutzen, werden mehrere 100 000 Impfdosen übrig bleiben, die bestellt und aus Krankenkassen- und Steuerbeiträgen bezahlt werden müssen. Damit diese noch vor Ablauf des Verfallsdatums genutzt werden können, überlegt man in der Innenbehörde, diese an Entwicklungsländer zu geben. Denn denen fehlt das Geld zu groß angelegten Impfaktionen.

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Less than 4% of people in Hamburg have taken swine flu jab since October 26th

The Flu Case, 21 November 2009 13:42

In spite of corporate mainstream media fear mongering about the swine flu pandemic, only 70,000 people in Hamburg, Germany, have taken the swine flu jab since the start of the mass vaccination programme, on October 26th.

This represent less than 4% of the total population of 1,775,333 people or about 1% per week.

Berliner Morgenpost

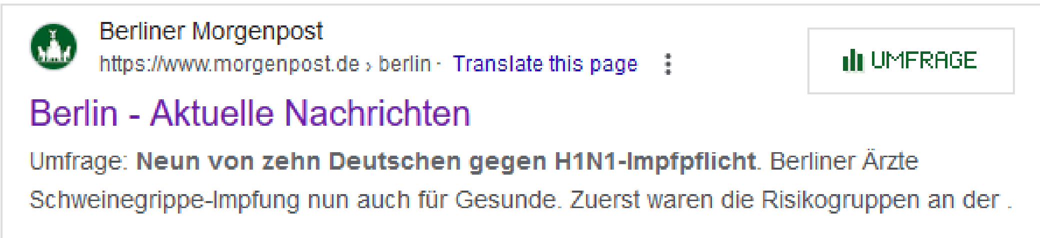
Umfrage: Neun von zehn Deutschen gegen H1N1-Impfpflicht

Berliner Morgenpost, 21 November 2009
https://web.archive.org/web/20100102022903/http://theflucase.com/index.php?option=com_content&view=article&id=2008%3A90-of-germans-say-qnoq-to-compulsory-swine-flu-jabs-according-to-bild-poll&catid=1%3Alatest-news&Itemid=64&lang=en

Berlin (ddp). Berliner Ärtze Schweinegrippe-Impfung nun auch für Gesunde. Zuerst waren die Risikogruppen an der Reihe, nun kann sich jeder Berliner gegen Schweinegrippe impfen lassen. Die Gesundheitssenatorin wird am Donnerstag zu ...

...

Die überwiegende Mehrheit der Deutschen ist trotz stark steigender Infektionszahlen gegen eine Schweinegrippe-Impfpflicht. 90 Prozent der in der Bundesrepublik lebenden Menschen lehnen eine gesetzliche Pflicht ab, wie eine Umfrage im Auftrag der «Bild am Sonntag» ergab. Neun Prozent befürworteten eine Impfpflicht gegen die Neue Grippe.


Berliner Morgenpost
https://www.morgenpost.de › berlin · Translate this page
UMFRAGE
Berlin - Aktuelle Nachrichten
Umfrage: **Neun von zehn Deutschen gegen H1N1-Impfpflicht**. Berliner Ärzte Schweinegrippe-Impfung nun auch für Gesunde. Zuerst waren die Risikogruppen an der .

Opinion poll - Umfragen: *Werden Sie sich gegen die Schweinegrippe impfen lassen*?
https://web.archive.org/web/20091124041808/http://www.morgenpost.de/meinung/umfragen/article1192784/Werden-Sie-sich-gegen-die-Schweinegrippe-impfen-lassen.html
[See: https://web.archive.org/web/20091124041808/http://www.morgenpost.de/]

=>

THE FLU CASE

90% of Germans say "No" to compulsory swine flu jabs, according to BILD poll

The Flu Case, 21 November 2009, 13:29
https://web.archive.org/web/20100102022903/http://theflucase.com/index.php?option=com_content&view=article&id=2008%3A90-of-germans-say-qnoq-to-compulsory-swine-flu-jabs-according-to-bild-poll&catid=1%3Alatest-news&Itemid=64&lang=en

90% of Germans are against making swine flu jabs compulsory, a poll carried out on behalf of "Bild am Sonntag" has shown.

Lisa Bryant

Europeans Shun Swine Flu vaccine as deaths from virus increase

Voice of America News, 25 November 2009, 7:58 AM
https://www.voanews.com/a/article-2009-11-25-europeans-shun-swine-flu-vaccine-as-deaths-from-virus-increase-73852787/415917.html

A European medical society has expressed alarm at the widespread opposition in Europe against the swine flu vaccine. Meanwhile, experts say the number of deaths in Europe from the H1N1 virus are doubling every two weeks.

A European medical society has expressed alarm at the widespread opposition in Europe against the swine flu vaccine. Meanwhile, experts say the number of deaths in Europe from the H1N1 virus are doubling every two weeks.

Concern that Europeans are shunning the vaccine against the H1N1 virus was raised this week by the European Society of Clinical Microbiology and Infectious Diseases. The Swiss-based nonprofit says that as European countries roll out their vaccine campaigns, they face opposition from anti-vaccine lobbyists. It says some of these groups are deliberately spreading misinformation. Guiseppe Cornaglia is the society's former president.

"We have strong bodies of evidence from most countries in Europe in which people, including doctors, public health professionals are disseminating doubts about the validity of the vaccine," said Cornaglia. "They are worried about the possible side effects, about what they listen to from friends and the Internet because there is no official source. And they claim the need for a vaccination is not so great to afford these risks."

In France, where a government vaccine campaign kicked off in public schools on Wednesday, a recent survey found only 21 percent of French said they planned on getting vaccinated.

European skepticism about the vaccine comes as the Stockholm-based European Center for Disease Control and Prevention reports the number of deaths in Europe due to the H1N1 virus has been doubling every two weeks since mid-October. Altogether, the center says, about 670 deaths have been reported in Europe since April.

Cornaglia, of the Microbiology society, says doctors and health authorities need to campaign more strongly to get the right information out about the vaccine.

"If the authorities cannot convince the doctors and if the doctors don't advise their own patients, the battle is lost. Because the transmission is not efficient," The problem is possibly that the information isn't efficient enough," said Cornaglia.

If the vaccine campaign fails to take off in Europe, the society says, the swine flu pandemic may even spread more widely and cause more deaths, particularly among children and young adults.

THE FLU CASE

Novartis sponsored Swiss Disease Society
complains Europeans are shunning untested jab

The Flu Case, 27 November 2009, 12:08

https://web.archive.org/web/20100102014213/http://theflucase.com/index.php?option=com_content&view=article&id=2090%3Anovartis-sponsored-swiss-disease-society-complains-europeans-are-shunning-untested-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The European Society of Clinical Microbiology and Infectious Diseases, based in Basel, Switzerland, which counts swine-flu-jab manufacturer Novartis as a corporate member, has issued a press release, complaining that people in Europe are refusing to take the untested swine flu jab.

"We have strong bodies of evidence from most countries in Europe in which people, including doctors, public health professionals are disseminating doubts about the validity of the vaccine," said Cornaglia. "They are worried about the possible side effects, about what they listen to from friends and the Internet because there is no official source."

As if EMEA documents saying the swine flu jabs from Novartis and GSK have not been proven for safety and efficacy and are being approved under "emergency" guidelines are not official sources!

RHEINISCHE POST

Stefanie Winkelnkemper

Impf-Kampagne wirkt nicht mehr

Rheinische Post, 25 Novembre 2009, 11:27
https://web.archive.org/web/20091127011845/http://www.rp-online.de/duesseldorf/duesseldorf-stadt/nachrichten/Impf-Kampagne-wirkt-nicht-mehr_aid_787319.html

Düsseldorf (RP) 17.500 Impfdosen hatte die Stadt Düsseldorf für diese Woche bestellt, weil die Nachfrage so groß war. Nun bleiben die Patienten aus. In der kommenden Woche soll es neue Sprechstunden geben. Auch die ersten niedergelassenen Ärzte werden der Impfung überdrüssig.

Gerade einmal 426 Düsseldorfer haben sich gestern in der zentralen Impfstelle der Stadt gegen die Schweinegrippe immunisieren lassen – so wenige wie am Anfang der Kampagne. Entsprechend groß ist die Ratlosigkeit in der Impfstelle. Nur noch drei Ärzte sind vor Ort und auch sie nicht mehr ausgelastet.

Der einzig positive Effekt für Patienten: Sie müssen nicht mehr Schlange stehen. Zufrieden aber ist niemand mit dem Einbruch. Ratlos zucken die Verantwortlichen des Gesundheitsamtes mit den Schultern. Sie denken bereits über eine neue Logistik nach.

Ab Montag soll es geänderte Sprechstunden für die zentrale Impfstelle geben, die sich stärker an den Bedürfnissen der Bürger orientierten. Am Samstag soll die Sprechstunde sogar ausfallen.

Auch die Verteilung der Impfdosen wird neu diskutiert. "Wir werden eine Lösung finden, bei der keine Vorräte gehortet werden", erklärt Gesundheitsamts-Chef Heiko Schneitler zuversichtlich. Allen voran hatte er sich beim NRW-Gesundheitsministerium dafür eingesetzt, dass die Stadt mehr Impfstoff erhält, weil der Andrang bisher so groß war. 17.500 Dosen Pandemrix kamen daraufhin am vergangenen Donnerstag an. Wie bisher wurden sie zur Hälfte an die niedergelassenen Ärzte verteilt und zur Hälfte an die zentrale Impfstelle gegeben. Mehr als 6500 Dosen sind dort noch übrig, und morgen kommt bereits die nächste Lieferung.

"Ich glaube, dass die Leute Angst haben", sagt Schneitler. Es seien zu viele Bedenken geschürt worden. "Jeder kann erzählen, was er will und muss nichts belegen", kritisiert er. Gemeint sind unter anderem Mediziner in einigen Krankenhäusern der Stadt und manche Kinderärzte, die weiterhin vor der Impfung warnen. "Ich rate diesen Kollegen, dass sie ihre Staatsexamen noch einmal wiederholen", sagt Hausarzt Collin Blume, der die Kampagne seit Beginn als niedergelassener Arzt unterstützt.

See:

Horrorszenarien: Die Schweinegrippe und die Medien. – Monitor, Nr. 600, 19 Novembre 2009.
https://web.archive.org/web/20091123185636/http://www.wdr.de/tv/monitor/sendungen/2009/1119/grippe.php5

F. Stegers. **Die Risiken der Risiko-Berichterstattung**. Tagesschau, 25 Novembre 2009.
https://web.archive.org/web/20091127212207/http://www.tagesschau.de/inland/schweinegrippe696.html

A. Kuqi, J. Becker. **Hysterie um die Schweinegrippe**. 3NDR, 15 Novembre 2009.
https://web.archive.org/web/20091119064205/http://www3.ndr.de/sendungen/zapp/archiv/medien_politik/schweinegrippe328.html

=> an English version is on the next page

THE FLU CASE

Swine Flu propaganda machine falls apart in Germany

The Flu Case, 25 November 2009, 12:49;
https://web.archive.org/web/20100102023418/http://theflucase.com/index.php?option=com_content&view=article&id=2065%3Aswine-flu-propaganda-machine-falls-apart-in-germany&catid=1%3Alatest-news&Itemid=64&lang=en

Heiko Schneitler, the head of Düsseldorf's swine flu jab campaign, can only shake his head when he sees the figures showing the plummeting numbers of people getting their jab at the city's special vaccine centers.

"Vaccine campaign has no more impact," says a headline in RP Online.

"I think people are afraid. Everyone can say whatever they want without proving it," Schneitler griped.

He is not referring to so-called "conspiracy theorists", but to the many doctors in the city who have been outspoken in their criticism of the untested Pandemrix swine flu jab that has already been connected with deaths, damage and abortions throughout Europe.

"I advise these colleagues to do their State Exam again," chides Collin Blume, one of the few GPs in Dusseldorf to support the swine flu campaign from the start.

But even Blume admits that the GPs who decided not to participate in the swine flu jab campaign have no regrets.

Something has happened Schneitler and the many other planners of the biggest biological experiment in history never reckoned with.

People are ignoring the hysteria in the mainstream media and exhortations of the government, thinking for themselves and refusing to turn up for their untested jab.

The German newspaper Bild reported on November 3rd "an explosion in infections".

On 21 October, Bild predicted "35,000 dead."

And yet people are not flocking to vaccine centers to get their untested swine flu jab on reading the Bild headlines, leaving Schneitler sitting on thousands of unused doses of the toxic Pandemrix already.

Schneitler is thinking of other ways to get people to take the jabs, including a new "logistics" plan, involving distributing them to GPs.

But will this plan work when people like Günter Jonitz, the President of the Doctor's Chamber in Berlin tells NDR Magazin "Zapp" that the "picture that is being drawn of the swine flu is crassly exaggerated"?

"The swine flu is being represented as an omnipresent deadly threat, especially to the young, where you should go and get your vaccine as soon as possible so as not to get sick," Jönitz said.

More and more people are waking up to the fact that the mainstream media is being used as an instrument by corporations to drive them to actions that are not in their own interests but in the interests of those corporations.

Making the jabs compulsory in Germany would meet with huge resistance according to a recent poll by Bild. 90 % of Germans are against forced swine flu jabs.

THE FLU CASE

More people in Germany file criminal charges over the swine flu

The Flu Case, 30 November 2009 11:43
https://web.archive.org/web/20100102052134/http://theflucase.com/index.php?option=com_content&view=article&id=2121%3Amore-people-in-german-file-criminal-charges-over-the-swine-flu&catid=41%3Ahighlighted-news&Itemid=105&lang=en

More people in Germany have filed criminal charges over the swine flu scam, including Stefan Sigler from Backnang.

He filed comprehensive charges with his local police against the German government and those doctor's associations and university faculties recommending the swine flu jab for corruption (accepting bribes), fraudulent misuse of tax funds, membership of terrorist organizations, illegal manufacture and possession of bioweapons, with the suspicion of using them with the intention of causing death and bodily harm and also genocide.

Stefan Sigler

In der Angelegenheit schweinegrippe im Besonderen, Impfung im allgemeinen erstatteich

Backnang, 29 Novembre 2009

In der Angelegenheit schweinegrippe im Besonderen, Impfung im allgemeinen erstatte
ich, Stefan Sigler, Backnang,

hiermit Anzeige gegen die an der Beschlussfassung zur und Beschaffung von Impfstoffen beteiligten staatlichen Behörden sowie gegen die die Impfung empfehlenden Ärztevereinigungen und die Impfung ausführenden Personen
- wegen des verdachts der Beschaffung und illegalen Besitz von Bio-Waffen und deren Weiterreichung - wegen des verdachts der vorsätzlichen, zumindest mutwilligen und grob fahrlässigen Körperverletzung mit Todesfolgen sowie wegen des planstabsmäßig organisierten versuch eines Genozid an der deutschen

Bevölkerung
- wegen des verdachts auf Bildung oder Mitgliedschaft oder Unterstützung einer terroristischen Vereinigung
- wegen des verdachts der Bestechlichkeit und vortelsnahme durch die Impfstoffverkäufer und Veruntreuung von Steuergeld für die Beschaffung der als Impfstoff getarnten Killegalen Kampfstoffe.

- gegen alle beteiligten Ärzte wegen Eidesbruch
- gegen diejenigen Lehrstuhlinhaber an Medizinischen Fakultäten, die entgegen ihrem wissenschaftlichen Auftrag Irrlehren über das Impfen verbreiten

Backnang, Sonntag 29.11.2009
Stefan Sigler
Polizeirevier Backnang
Aspacher Straße 75
71522 Backnang
Telefon 07191/909-0

In der Angelegenheit Schweinegrippe im Besonderen ,Impfung im allgemeinen erstatte ich, Stefan Sigler, Backnang hiermit Anzeige gegen die an der Beschlussfassung zur und Beschaffung von Impfstoffen beteiligten staatlichen Behörden sowie gegen die die Impfung empfehlenden Ärztevereinigungen und die Impfung ausführenden Personen

- wegen des Verdachts der Beschaffung und illegalen Besitz von Bio-Waffen und deren Weiterreichung
- wegen des Verdachts der vorsätzlichen, zumindest mutwilligen und grob fahrlässigen Körperverletzung mit Todesfolgen sowie wegen des planstabsmäßig organisierten Versuch eines Genozid an der deutschen Bevölkerung
- wegen des Verdachts auf Bildung oder Mitgliedschaft oder Unterstützung einer terroristischen Vereinigung
- wegen des Verdachts der Bestechlichkeit und Vortelsnahme durch die Impfstoffverkäufer und Veruntreuung von Steuergeld für die Beschaffung der als Impfstoff getarnten Killegalen Kampfstoffe.
- gegen alle beteiligten Ärzte wegen Eidesbruch
- gegen diejenigen Lehrstuhlinhaber an Medizinischen Fakultäten, die entgegen ihrem wissenschaftlichen Auftrag Irrlehren über das Impfen verbreiten

Polizeirevier Backnang
Aspacher Straße 75
71522 Backnang
Telefon 07191/909-0

Backnang, Sonntag 29.11.2009

Eingang am 30.11.09

Stefan Sigler

INITIATIVE CITOYENNE

Sophie Meulemans, Muriel Desclée, Marie-Rose Cavalier

Vaccin H1N1: Initiative Citoyenne vous donne des nouvelles & sollicite votre soutien!

Initiative Citoyenne, 30 November 2009, 19:57:36 +0100
https://web.archive.org/web/20100221004211/http://www.theflucase.com/index.php?option=com_content&view=article&id=2198%3Adonations-for-swine-flu-jab-court-case-in-belgium-requested&catid=1%3Alatest-news&Itemid=64&lang=en



Marie-Rose Cavalier, Sophie Meulemans, Muriel Desclée
https://www.psiram.com/fr/index.php/Initiative_citoyenne

Chers signataires,

a) En pièce jointe, vous trouverez tout d'abord une lettre pour vous tenir informés. Prenez le temps de la lire, même si elle fait 5 pages car elle fait le point sur des éléments extrêmement importants:
- sur les actions en justice déjà menées (NB: les plaidoiries en appel ont lieu demain, mardi 1° décembre à 10H place Poulaert à Bruxelles au 1° étage, salle 1.32; audience publique ouverte à tous)
- sur ce qui reste à mener
- sur la loi d'exception
- sur la mutation et la situation en Ukraine
- le bilan d'Initiative Citoyenne jusqu'à présent

b) Vous trouverez également en pièce jointe de ce mail, les 2 derniers communiqués de presse d'Initiative Citoyenne qui concernent plus spécifiquement les risques du vaccin adjuvanté Pandemrix:
- pour les femmes enceintes
- pour les patients transplantés

c) Initiative Citoyenne sollicite votre soutien. C'est en effet grâce à la solidarité et à vos dons que nous pouvons au mieux, et en toute indépendance, assurer ce rôle de vigilance citoyenne.

Si vous aussi vous avez saisi toute l'importance et l'enjeu de ce dossier en terme de liberté de choix en santé et de démocratie, surtout, n'hésitez pas, soutenez-nous!

Vous pouvez faire un don, quelque soit le montant et quelque soit le pays: même des dons de 5 euros mis bout à bout, ça peut faire toute la différence!

Pour aller à la Cour constitutionnelle, il faut 4000 euros. Quand on sait que l'OMS et l'ONU ont dit que la pandémie et le degré d'alerte allaient perdurer plusieurs années, il y a tout lieu de craindre un renouvellement de cette loi d'exception, raison pour laquelle il faut s'opposer à celle-ci, tous ensemble, sans plus attendre! Nous comptons sur votre aide!!!! Toutes les infos pratiques pour nous soutenir financièrement se trouvent également en pièce jointe, Merci.

d) Nous souhaitons diffuser largement un questionnaire afin de mener une enquête indépendante sur les effets secondaires du vaccin Pandemrix, n'hésitez pas à lire ce questionnaire également en pièce jointe et à le diffuser tout autour de vous!

steiermark ORF.at

Only every second person returns for Swine Flu Jab in Styria, Austria

Steiermark.orf.at, 1 December 2009 11:14

http://steiermark.orf.at/stories/406724/ (deleted)

https://web.archive.org/web/20100329195147/http://www.theflucase.com/index.php?option=com_content&view=article&id=2141%3Aonly-every-second-person-returns-for-swine-flu-jab-in-styria-austria&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Only every second Austrian who took the first swine flu jab appears to be returning to vaccine centers for their second shot, which is supposed to be taken after an interval of 3 weeks, according to a report in the ORF.

As few as 105 people turned up to take their second jab in the main vaccine center in city of Graz, the capital of Styria, on Monday. Another 30 people went to a different center in the city.

Numbers of people showing up for their second jab throughout the state of Styria – population about 1,200,000 – were very low.

Health official Marianne Wassermann-Neuhold said that the authorities „had to stick to the authorisation documents and they said a second dose was necessary.“

A new study that is supposed to find out whether the second jab is "needed" is not expected to be ready until 3 weeks at the earliest.

Only 15,300 people took the first swine flu jab in Styria as of Tuesday last week joining 6000 health care workers.

THE JERUSALEM POST

Judy Siegel-Itzkovich

Only 1.3% of Israelis have received swine flu vaccination

The Jerusalem Post, 1 December 2009
https://www.jpost.com/israel/only-13-percent-of-israelis-have-received-swine-flu-vaccination

An 11-year-old girl, and two women aged 25 and 77 - all suffering from serious chronic illnesses - died on Monday after being infected with the H1N1 virus, the Health Ministry said.

The first died at Haifa's Rambam Medical Center, the second at Tel Aviv Sourasky Medical Center and the third at Wolfson Medical Center in Holon. They were the 61st, 62nd and 63rd Israelis listed as victims of the H1N1 flu strain, though none of deaths could be conclusively linked to the virus as there have been no autopsies.

Meanwhile, although Prime Minister Binyamin Netanyahu, who is also health minister, has ordered 7.3 million doses of H1N1 vaccine - enough for every resident except for newborns - the average Israeli does not seem interested in getting the shot.

According to the latest figures of the Center for Disease Control, only 1.3 percent of residents - or 96,772 people - have received the H1N1 vaccination about a month after the first 350,000 doses became available. Many of those who were vaccinated work in the health system.

Around the world, some 8,200 people have died of swine flu, according to the latest report.

The ordinary seasonal flu, which is less infectious than the H1N1 strain but causes more deaths, also does not seem to be scaring the average Israeli. Only 15% of the population - or 1,103,000 people - has been vaccinated since September with seasonal flu shot, with which the health system has much experience. Included in those vaccinated are just 55% of the high-risk group over the age of 65.

salzburg ORF.at

Only One Third turn up for second Swine Flu jab in Salzburg

The Flu Case, 2 December 2009, 13:09
https://web.archive.org/web/20100102004918/http://theflucase.com/index.php?option=com_content&view=article&id=2159%3Aonly-one-third-turn-up-for-second-swine-flu-jab-in-salzburg&catid=1%3Alatest-news&Itemid=64&lang=en

Only about 300 people turned up in the federal state of Salzburg in Austria on Monday for their second swine flu jab, roughly a third of the 900 people who went for their jab on the first, peak day of the mass vaccination campaign, according to a report in the ORF.

The population of the federal state of Salzburg is about 530,000.

[Limk - http://salzburg.orf.at/stories/406946/ - Diese Seite existiert nicht (mehr) - deleted]

Nur 12 Prozent wollen sich impfen lassen

20 Minutes Channel, 3 Dezember 2009, 15:05.
https://web.archive.org/web/20120211194008/http://www.20min.ch/news/schweiz/story/Nur-12-Prozent-wollen-sich-impfen-lassen-11267429

Impfen oder nicht impfen, das ist hier die Frage. Doch die Anzahl derer, die sich für die Schweinegrippe piksen lassen wollen, sinkt rapide.

Die Impfbereitschaft der Schweizer Bevölkerung hat offenbar unter der Diskussion um die Verteilung von Impfstoffen sowie deren Sicherheit gelitten. In einer im vergangenen November durchgeführten Umfrage haben 73 Prozent angegeben, sich nicht impfen lassen zu wollen, wie das Bundesamt für Gesundheit (BAG) am Donnerstag bekannt gab.

...

Zwölf Prozent wollen impfen

Nur gerade zwölf Prozent, 15 Prozent weniger als bei der letzten Befragung gaben an, sich impfen zu wollen. Die Verunsicherung in der Bevölkerung habe zugenommen, erklärt Koch das Ergebnis. So sei die Botschaft, dass der Impfstoff sicher sei, offenbar zu wenig angekommen.

...

Fünf Todesfälle nach Impfungen

Zwei von 28 Meldungen betreffen einen intrauterinen Fruchttod - also ein Absterben des Fötus - nach Impfung mit Focetria. Swissmedic hat zudem die Untersuchung eines intrauterinen Fruchttodes abgeschlossen. Der kausale Zusammenhang mit der Impfung werde als unwahrscheinlich eingestuft. Swissmedic wurden zudem fünf Todesfälle nach der Impfung gemeldet. Ein Zusammenhang mit der Impfung könne in vier Fällen ausgeschlossen werden. Der fünfte gemeldete Todesfall betrifft einen über 80 Jahre alten Patienten. Diese Meldung wird zur Zeit noch weiter abgeklärt.

Only 12% of Swiss plan to get the Jab, Five vaccine deaths reported already

The Flu Case, 3 December 2009 13:53
https://web.archive.org/web/20100102030843/http://theflucase.com/index.php?option=com_content&view=article&id=2174%3Aonly-12-of-swiss-plan-to-get-the-jab-five-vaccine-deaths-reported-already&catid=1%3Alatest-news&Itemid=64&lang=en

Only 12 % of the Swiss intend to take the swine flu jab, according to a poll conducted in early to mid November.

73% said they did not want the jab largely because of concerns over its safety.

The numbers willing to take the jab in December in Switzerland could be even lower, in the meantime, since five deaths have been reported among people who took the jab, even though the Swiss vaccination campaign has barely started.

Občané za zastavení očkování

Nyxu.Cz, Obrana Občana, 3 December 2009, 10:21:21
https://nyx.cz/discussion/13509/id/27150130

Občané za zastavení očkování

Jako občané České republiky nesouhlasíme s očkováním proti tzv. prasečí chřipce vakcínou Pandemrix. K tomuto nesouhlasu nás vedou následující důvody:
- vakcína nebyla předem dostatečně otestována co do své bezpečnosti a účinnosti;
- mnohé nasvědčuje tomu, že očkování touto vakcínou bude mít pro lidské zdraví závažnější negativní důsledky než samotná tzv. prasečí chřipka;
- tzv. prasečí chřipku nepovažujeme za skutečné ohrožení zdraví naší populace;
- výrobce vakcíny nenese odpovědnost za případné poškození zdraví očkováním, což považujeme za neslučitelné s naším právním řádem a lidsky nepřijatelné;
- je nám krajně podezřelý způsob vyhlášení pandemie prasečí chřipky WHO a podezříváme tuto organizaci ze spolčení s farmaceutickými koncerny.

Odmítáme proto nejen očkování nás samých a našich dětí, za které jsme jako rodiče zodpovědní, ale vyzýváme tímto rovněž orgány odpovědné za ochranu veřejného zdraví k bezodkladnému zastavení očkování Pandemrixem v celé ČR.

Dále tyto orgány vyzýváme, aby při informování o situaci uváděly jen ověřená čísla a žádné statistické odhady.

Vyzýváme novináře, aby objektivně a vyváženě informovali o šíření, resp. ústupu tzv. prasečí chřipky, aby nezveličovali případy nakažení a neopomíjeli případy poškození zdraví očkováním a aby čísla o počtu nakažených dávali do souvislosti s jinými relevantními čísly (srovnání s počty nemocných chřipkou v uplynulých letech, srovnání s počty nemocných sezónní chřipkou v tomto roce atd.). Důrazně vyzýváme novináře, aby nezamlčovali skutečnosti, které jsou jim známy, a aby zbytečně nešířili paniku.

Vyzýváme občany, aby se nenechali nutit do očkování Pandemrixem a aby v případě nesouhlasu s očkováním i se způsobem informování o tzv. pandemii prasečí chřipky svůj nesouhlas dávali hlasitě a slyšitelně najevo, aby oslovovali orgány odpovědné za ochranu veřejného zdraví, své zastupitele na celostátní i krajské úrovni, lékaře, novináře.

Jde o naše zdraví a zdraví našich dětí. Jediný, kdo za ně nese skutečnou zodpovědnost, jsme my ami.
Při šíření prosím zvažte, zda připojíte svůj podpis.
Mgr. Hana Dynková (39), genetik; Brno
Ing. Radomil Hradil (42), překladatel, publicista, redaktor; Beroun
Lic. Daniel Solis, GGS (41), politik, zastupitel MČ Praha 1; Praha

Vaccine choice movement starts in Chechya

The Flu Case, 4 December 2009, 16:24
https://web.archive.org/web/20100102004305/http://theflucase.com/index.php?option=com_content&view=article&id=2182%3Avaccine-choice-movement-starts-in-chechnya&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

Bürgerinitiative Stoppt die Impfung

The Flu Case, 4 December 2009, 16:24
https://web.archive.org/web/20100102004305/http://theflucase.com/index.php?option=com_content&view=article&id=2182%3Avaccine-choice-movement-starts-in-chechnya&catid=1%3Alatest-news&Itemid=64&lang=en

Als Bürger der Tschechischen Republik lehnen wir die Impfung gegen die sog. Schweinegrippe mit dem Pandemrix-Impfstoff ab. Zu dieser Ablehnung führen uns folgende Gründe:

- der Impfstoff wurde hinsichtlich seiner Sicherheit und Wirksamkeit nicht genügend getestet;
- Vieles deutet darauf hin, dass die Impfung mit diesem Impfstoff für die Menschengesundheit schwerwiegendere negative Folgen als die sog. Schweinegrippe an sich haben wird;
- die sog. Schweinegrippe halten wir nicht für eine tatsächliche Bedrohung der Gesundheit unserer Bevölkerung;
- der Impfstoffhersteller trägt keine Verantwortung für die eventuelle durch die Impfung bewirkte Beschädigung der Gesundheit, was wir für nicht vereinbar mit unserem Rechtssystem und für menschlich nicht akzeptabel halten;
- die Art der Pandemieausrufung durch die WHO ist uns äußerst verdächtig und wir verdächtigen diese Organisation, dass sie mit den Pharmakonzernen verbündet ist.

Wir lehnen daher nicht nur die Impfung uns selbst und unserer Kinder ab, für die wir als Eltern verantwortlich sind, sonder wir rufen hiermit auch die Behörden, die für den Schutz der öffentlichen Gesundheit Verantwortung tragen, dazu auf, die Impfung mit Pandemrix in ganz Tschechien unverzüglich zu stoppen.

Ferner rufen wir diese Behörden auf, bei der Informierung über die Situation nur geprüfte Zahlen und keine statistischen Schätzungen anzugeben.

Wir rufen Journalisten auf, objektiv und ausgewogen über die Verbreitung bzw. den Rückgang der sog. Schweinegrippe zu informieren, die Fälle der Ansteckung nicht aufzubauschen und die Fälle der Gesundheitsbeschädigung durch die Impfung nicht zu unterlassen. Ferner rufen wir sie auf, die Zahlen der Angesteckten in Zusammenhang mit anderen relevanten Zahlen zu stellen (Vergleich mit der Zahl der Grippenkranken in den vergangenen Jahren, Vergleich mit den Zahlen der durch die saisonale Grippe Erkrankten in diesem Jahr etc.). Nachdrücklich rufen wir sie auf, die ihnen bekannten Tatsachen nicht zu verschweigen und keine unnötige Panik zu verbreiten.

Wir rufen Bürger auf, sich zur Impfung mit Pandemrix nicht zwingen zu lassen und im Fall ihres Nichteinverständnisses mit der Impfung und mit der Art der Informierung über die sog. Schweinegrippepandemie dieses Nichteinverstandensein lauf und hörbar zu äußern, die für den Schutz der öffentlichen Gesundheit verantwortliche Behörden, ihre gewählten Vertreter auf der Bezirk- und Landesebene, die Ärzte und Journalisten in dieser Sache anzusprechen.

Es geht um unsere Gesundheit und die Gesundheit unserer Kinder. Der Einzige, der dafür eine wirkliche Verantwortung trägt, sind wir alleine.
Bei der Verbreitung dieses Appells erwägen Sie, bitte, ob Sie Ihre Unterschrift zufügen wollen.
Mag. Hana Dynková (39), Genetikerin; Brno
Ing. Radomil Hradil (42), Übersetzer, Publizist, Redakteur; Beroun
Lic. Daniel Solis, GGS (41), Politiker, Vertreter im Stadtteil Prag 1; Prag

Le Parisien

Les futurs infirmiers contre les réquisitions

Le Parisien, 5 Décembre 2009, 07h00
https://www.leparisien.fr/paris-75/paris-75007/les-futurs-infirmiers-contre-les-requisitions-05-12-2009-733625.php

VII e . «Etudiants réquisitionnés, on n'est pas des boulets», «la vaccination tue la formation».

Blouse blanche et masque chirurgical sur le visage, plusieurs centaines d'étudiants infirmiers, venus de toute l'Ile-de-France, ont manifesté hier devant le ministère de la Santé, dans le VII e.

Objectif: dénoncer les conditions dans lesquelles ils sont réquisitionnés pour participer à la campagne de vaccination contre la grippe A/H1N1.

«Des cours et des stages sont supprimés, alors que nous passons les examens dans quelques mois», détaille Edouard, 24 ans, élève de troisième année à la Pitié-Salêpetrière (XIII e).

Une délégation a été reçue par le cabinet de Roselyne Bachelot dans l'après-midi.

«On nous a promis que la participation se ferait uniquement sur la base du volontariat. Mais nous restons vigilants», estimait un délégué syndical à l'issue de l'entretien.

Les Echos

Étienne Lefebvre

Grippe: collégiens et lycéens rechignent à se faire vacciner

Les Echos, 4 Décember 2009 à 01:01
https://www.lesechos.fr/2009/12/grippe-collegiens-et-lyceens-rechignent-a-se-faire-vacciner-469527

Seuls quelque 10 % des élèves des collèges et lycées *«demandent effectivement à être vaccinés»* contre la grippe A (H1N1), a indiqué hier le ministre de l'Education, Luc Chatel. Au 1er décembre, une semaine après le début de la campagne dans les établissements, *«nous étions à plus de 30.000 collégiens et lycéens vaccinés»,* a-t-il précisé. Face à ces chiffres décevants, Luc Chatel a rappelé *«l'importance pour les parents de solliciter la vaccination de leurs enfants».*

L'épidémie, elle, gagne du terrain, avec près de 1 million de personnes (993.000) ayant consulté pour des infections liées au virus la semaine dernière. En une semaine également, 24 nouveaux décès ont été enregistrés et 481 personnes ont été hospitalisées. *« Cette hausse semble ralentir un peu»,* a toutefois déclaré la ministre de la Santé, Roselyne Bachelot, hier. Le nombre d'établissements scolaires complètement fermés a d'ailleurs été ramené à 190 hier, contre 219 mercredi.

Recrutements express

Les 1.080 centres de vaccination sont désormais tous ouverts. 1,33 million de Français ont été vaccinés en dix-huit jours. L'objectif gouvernemental est flou : le Premier ministre, François Fillon, avait indiqué qu'il s'agissait de vacciner 12 millions de Français dans les semaines qui viennent, Roselyne Bachelot affirmant dans « Le Monde » viser 30 millions d'ici à février.

Une chose est sûre, les 94 millions de doses de vaccins achetées ne seront pas nécessaires (une dose suffit pour les plus de 10 ans). Pour pallier l'engorgement persistant dans certains centres de vaccination, en particulier dans les grandes agglomérations (Paris, Lyon, Toulouse), le secrétaire d'Etat à l'Emploi, Laurent Wauquiez, a annoncé hier le recrutement express en contrats aidés spécifiques de 5.000 personnes. Les contrats d'une durée de six mois seront subventionnés à 100 % par l'Etat, et ils seront proposés par les associations (dont la Croix-Rouge) et les collectivités locales, afin d'aider à l'accueil dans les centres.

« Réquisitions intolérables »

La tension entre le gouvernement et les médecins libéraux reste vive. Le syndicat des médecins libéraux (SML) a dénoncé hier certaines *«réquisitions intolérables »*de praticiens, en région parisienne, car ne *«respectant pas les plages de disponibilités indiquées par les médecins volontaires».* Roselyne Bachelot, de son côté, a déclaré qu'elle *« ne voyait pas d'argument qui nous ferait revenir en arrière»* sur le choix de ne pas autoriser la vaccination dans les cabinets médicaux. *«La vaccination coûterait beaucoup plus cher en cabinet »,* affirme-t-elle.

Uusi Suomi Blogit

Riikka Söyring

An open letter to all members of the WMA, World Medical Association, and healthcare personnel all over the world

Uusi Suomi, 6 December 2009
https://puheenvuoro.uusisuomi.fi/riikkasoyring/24669-an-open-letter-to-all-members-of-the-wma-world-medical-association-and-healthcare-personnel-all-over-the-world/

My name is Riikka Söyring.
I am from Finland.
I write to you as I think it is necessary to share this information about the swineflu and vaccinations.

A couple of days ago there was "news" in the paper that STM (finnish Social- and Health Ministry) is monitoring chats, blogs and netforums to keep a track of discussions concerning Swineflu.

Hospital personnel has told us -anonymously- that THL (finnish Health- and Wellbeing-department) has forbidden to keep a register of the symptoms people get after vaccination and the dead are neither to be registered.

Private clinics are forbidden by THL to take Swineflutests.

How can it be said that we have a pandemic going on if it is not followed with records?
How does this fits in with democracy, transparency and the spirit of the WMA declaration of Helsinki?

It does not, in my humble opinion.
It is a breach of a Constitution in many countries.

I personally have contacted the finnish health-committee, MEPs, Chancelor of Justice, Ministers but I am not getting any answers. Not even one. I have contacted Transparency Finland, I have contacted media. No answers.

I have seen a document GlaxoSmithKline demands it´s employees to undersign. By signing it they release GSK from the responsibility of the all harmfull effects this Pandemrix might cause them.

We suspect that Pandemrix is a nanovaccine. They are not patented, licensed, tested yet. If this is so, it is extremely dangerous for pregnant women as it causes irreversible changes in the mitochondryo of the phoetus.

There is a person who is demanding in the court that THL submit the papers revealing the real substance of Pandemrix. So far they have refused to do so.

I ´ll enclose a link, it´s a graphic so that even if you do not understand the language you´ll understand the names (some familiar among them…) and euro-marks

here´s the link http://www.svd.se/nyheter/utrikes/artikel_3866223.svd?service=graphic

Juhani Eskola and Pekka Puska, chief of finnish THL, both do get money from BigPharma. There are others too in the THL. Also, Terhi Kilpi from THL, actually admits that this H1N1-vaccine was, and is, untested and therefore I conclude that this vaccination-campaign because of "pandemy" was, and is, a large scale test of the vaccine on humans.

http://www.infosota.fi/2009/11/17/terveyden-ja-hyvinvoinnin-laitos-hallinto-oikeuteen-salaisten-h1n1-sopimuspaperien-takia/

Pekka Puska undersigned, as a head of THL, also his acceptance to a law that would allow minors to be used in medical experiments with their own consent only; no written agreement is needed after/if this law passes, no consent of the parents.

The pharmaseutical companies are to have no responsibility of the side-effects or deaths which may result of these medical experiments if this law passes.

I suggest that everyone now, immediately, checks if a law similar to this is on a round and waiting to be accepted in your country.

We are communicating with Sweden also and they tell us that the media in Sweden ignores information about the Swineflu and vaccines as if they were told to do so. Netherland confirms that Pandemrix is a nanovaccine:

"Our gouverment has declared they will shut down web-site's about the true information about the vaccine and the flu. Today our minister of health told about theire interactions on blog's and forum's; so they'll know how the opnions are. We are aware of that, so we have to be carefull. I can confirm that Pandemrix is a nano-vaccine.

We are still in court with our minister of health, to give the information about the ingredients in the vaccine. Further more; our advisor of our health minister is Ab Osterhaus who has 13 side-jobs in the farmaceutical industry. Read this:

WHO announced the swine flu pandemic under pressure from a panel of advisers, headed by a Dutch doctor, Albert Osterhaus, nicknamed 'Dr. Flu' (from the name 'Tamiflu') because he was active in promoting mass vaccination of the population through WHO and the Western media.

Ever since I've been investigating the HPV-vaccine's I'm no longer on the gouverment mail-list. They've blocked me.

I have daily information about so many terrible affects of this vaccine. Woman who miscarriage, GBS.

We know now, since the vaccinations took place a week ago at least 7 people died. We only know that by internet -sources. Our media is absolutely quiet about that.

*I have proof that our so called Health Commite, lie's about the people who'll have this flu-shot. People were stuck in lines for TV as if they were all there for a Mex. flu-shot. In fact, it was a shot of people in line for a sale and had nothing to do with the Mex. flu shot. They've announced special openings in the weekend, because of the overwhelming amount of people standing in line for the Mex. flu sho*t."

I have a report from Germany. Vaccine was analyzed and found containing particles that do not belong into them. Same in Belgium.

Vaccines could be used as a bioterrosrism weapon. It is against this
http://ec.europa.eu/social/BlobServlet?docId=3852&langId=en

I am thinking about how a 72 kg of Avian flu-medication got mysteriously contaminated.

The afore mentioned portion was made by Baxter Biopharma, a company with a biosafetylevel3.

Dr. Joseph Moshe tried to warn people but got arrested (and probably ended up in a mental hospital).

Also Ukrainian happenings are most alarming and weird.
###

Here a little something other as an example:

"Who has been developing infertility vaccines since 1974? The answer is WHO.

"In 1998 a Patent Application was made for a system which uses a person's own immune system to render them permanently infertile, sterile, unable to have children. The system is irreversible, once injected." (See Squalene: Be Very Afraid Part I)

see the link:
https://puheenvuoro.uusisuomi.fi/riikkasoyring/24669-an-open-letter-to-all-members-of-the-wma-world-medical-association-and-healthcare-personnel-all-over-the-world/

THE FLU CASE

Joseph Mercola

Most Britons reject Swine Flu vaccine

The Flu Case, 8 December 2009, 14:52
https://web.archive.org/web/20100102041202/http://theflucase.com/index.php?option=com_content&view=article&id=2208%3Amost-britons-reject-swine-flu-vaccine-reports-dr-mercola&catid=1%3Alatest-news&Itemid=64&lang=en

More than half of Britons being offered vaccination against pandemic H1N1 flu are turning it down because they fear side effects or think the virus is too mild to bother.

A survey of more than 100 family doctors indicated that there was widespread resistance from patients, and that on average only 46 percent of those offered the vaccination agree to have it.

Doctors reported particular difficulties in persuading pregnant women to be vaccinated against the virus.

Skepticism has been growing in Britain and other European countries about health authorities' handling of the H1N1 pandemic, because the number of people infected has been lower than originally feared.

Further, rates of infection by the 2009 H1N1 influenza virus may have peaked in late October, according to a new report by Quest Diagnostics.

As U.S. health officials struggle to vaccinate tens of millions of Americans against the pandemic of swine flu, some are now even looking regretfully at one easy way to instantly double or triple the number of doses available – by using an immune booster called an adjuvant.

These additives broaden the body's response to a vaccine, reducing the amount of active ingredient called antigen needed. They are widely used in European flu vaccines as well as in Canada. But not in the United States – even though the federal government has spent nearly $700 million buying them.

The reason – people might not trust them.

Polls show that only about half of Americans plan to be vaccinated against H1N1. Of those who do not, about half say they worry about safety.

Further, The World Health Organization is looking into reports in Britain and the United States that the H1N1 flu may have developed resistance to Tamiflu in people with severely suppressed immune systems.

Britain's Health Protection Agency (HPA) said five cases have been confirmed in Wales of patients infected with H1N1 resistant to Tamiflu.

…

The massive swine flu vaccination propaganda push seems to be falling on deaf ears, or perhaps more accurately, is being squelched by informed people making the wise, common sense decision to avoid becoming an H1N1 vaccine guinea pig.

Echoing the majority of Britons who have decided to skip the swine flu vaccine, nearly 7 out of 10 Americans in the 18-29 age bracket said they will not get the H1N1 vaccine, according to an ABC News-Washington Post poll on October 22. Ditto for 62 percent of those aged 30-64, and 53 percent of seniors, aged 65 and over.

But this doesn't mean the hard-sell vaccine push is over. Far from it.

Even as Quest Diagnostics' Health Trends Report showed that H1N1 cases appear to have peaked in October, with rates of positive H1N1 test results declining in nearly all age groups and most U.S. regions since late October, the CDC still recommends getting vaccinated.

If you are one of those people still on the fence, trying to decide whether or not you should get the H1N1 vaccine for yourself or your child, I urge you to read my previous article, CBS Reveals that Swine Flu Cases Seriously Overestimated, if you have not already done so, to get a much clearer picture of this overhyped threat.

For example, according to the CBS News investigation, when you come down with chills, fever, cough, runny nose, malaise and all those other "flu-like" symptoms, the likelihood of the illness being caused by influenza is, at most, 17 percent of the time, and as little as 3 percent!

The other 83 to 97 percent of the time it's caused by other viruses or bacteria.

Based on this fact, and the fact that the CDC changed the way they count "H1N1 cases" as of the end of August, to now include any and all "flu-like symptoms," it's quite possible that current mortality statistics are exaggerated by as much as 80-90 percent, or more!

Is the Vaccine Even Effective?

If you read through the package inserts for the injectable, inactivated flu vaccines, you will find the following paragraph:

"Specific levels of HI antibody titers post-vaccination with inactivated influenza virus vaccine have not been correlated with protection from influenza virus. In some human studies, antibody titers of 1:40 or greater have been associated with protection from influenza illness in up to 50% of subjects."

What that paragraph explains is that, to the best of our knowledge, the vaccine only works in half, or less, of those individuals who attain the specified level of seroconversion after vaccination.

The FDA defines seroconversion as achieving an antibody titer of 1:40.

This means that if a vaccine was 100 percent effective at achieving this level of seroconversion, it would protect up to 50 percent of the recipients of the vaccine.

But none of the vaccines are 100 percent effective at achieving seroconversion.

CSL's vaccine insert, for example, states that their H1N1 vaccine provides seroconversion for:

48.7 percent of people aged 18-65
34 percent for seniors, 65 and older

That means that, at best, their vaccine produces antibody levels in one out of every four people!

Which, of course, means that the vaccine does NOT work in three out of every four people…

Is a 25 percent chance of reaping any sort of benefit worth the risk? For a mild, over-hyped illness?

The Heartbreaking Side Effects of the H1N1 Vaccine are Beginning to Surface

This past article contains personal stories of heartbreak – pregnant women who lost their babies just hours or days after getting the H1N1 vaccine this year.

Naturally, the standard comeback is that miscarriages are commonplace, and surely have nothing to do with the vaccine. However, to simply dismiss these events as "coincidences" is a serious mistake.

Perhaps some of the 20 women on one of the blogs would have miscarried anyway, but when a number of women have healthy, uneventful pregnancies up until they're injected with a vaccine, and then suddenly miscarry, it most certainly warrants investigation!

Meanwhile, Jordan McFarland, a 14-year-old boy from Virginia, is weak and struggling to walk after coming down with a reported case of Guillain-Barre syndrome (GBS) within hours after receiving the H1N1 vaccine for swine flu.

At the beginning of November, a 42-year-old Quebec woman died two days after receiving the H1N1 vaccine. But did authorities report it as an adverse reaction to the vaccine?

No! Instead, they attributed her death to complications resulting from the H1N1 virus!

I suppose they did this because she developed flu-like symptoms. What they didn't say was that flu-like symptoms are also some of the adverse reactions you get from receiving a flu shot.

They also didn't say that other reactions can include Guillian-Barre Syndrome (GBS) convulsions, syncope (fainting), blood and lymphatic system disorders, and immune disorders such as anaphylaxis, just to name a few – all events that can be life-threatening enough to end in death.

It's no surprise, then, that when an 80-year-old man died in Quebec after getting his H1N1 vaccine, health officials dismissed that too, saying it was too soon to link his death to the shot.

Get the Facts Before You Get the Vaccine

The mainstream press just keeps plugging the same old propaganda, disregarding what is actually happening.

The truth is, while the mortality rate of swine flu is extremely low, what is happening is that people are dying or suffering life-altering disabilities shortly after receiving the flu vaccine, whether it's seasonal or H1N1 – and officials accept this as the cost of doing business.

But do you?

I suggest that before you take this shot, ask your doctor to supply you with a package insert from the vaccine, and to discuss all the possible adverse reactions with you. Any health professional should be able to do this – in fact, it is part of something called "informed consent," which is required for any medical procedure, including each and every vaccination.

But just in case your doctor doesn't have the insert handy, or has forgotten about informed consent, you can find four of the five inserts here. I predict that what you learn there will not be something you read in your local newspaper.

Nachrichten.ch

Beat Schlatter lässt sich selbst nicht impfen

Nachrichten, 9. Dezember 2009, 16:06 h
http://www.nachrichten.ch/detail/418900.htm

Beat Schlatter, Sprecher des Schweinegrippe-TV-Spots, will sich selbst nicht impfen lassen, obwohl er dies dem Fernsehpublikum monatelang empfohlen hat.

«Ich liess mich nicht impfen», sagte Schlatter zum «Blick» am Mittwoch. «Der Impfstoff ist für Amerikaner und Österreicher besser geeignet». Das habe ihm der Hausarzt empfohlen, wird der Zürcher Volksschauspieler witzelnd im Boulevardblatt zitiert. Im November hatte Schlatter gegenüber news.ch versichert, er werde sich impfen lassen, sobald sein Hausarzt den Impfstoff habe. Schlatters Auftragsgeber, das Bundesamt für Gesundheit, betont, es sei wichtig, dass sich all jene, die zu einer Risikogruppe gehören, impfen lassen. Wer nicht krank werden will, kann sich impfen lassen, so das BAG. Das BAG hält fest, es sei ein persönlicher und individueller Entscheid, ob man sich impfen lassen will oder nicht.

Das gelte auch für Herr Schlatter.

Bereitschaft nicht sehr gross

Die Bereitschaft der Schweizerinnen und Schweizer, sich impfen zu lassen, ist nicht sehr gross. Bei einer zwischen dem 9. und dem 24. November durchgeführten Befragung gaben nur 12 Prozent an, sich impfen zu lassen. Bei Umfragen im Juni und im August hatten sich noch mehr Menschen impfbereit erklärt.

THE FLU CASE

Swiss Actor in Swine Flu ad says won't take jab

The Flu Case, 10 December 2009, 12:56
https://web.archive.org/web/20100102035652/http://theflucase.com/index.php?option=com_content&view=article&id=2228%3Aswiss-actor-in-swine-flu-ad-says-wont-take-jab&catid=1%3Alatest-news&Itemid=64&lang=en

The Swiss comedian Beat Schlatter, who featured in TV ads promoting the swine flu jab, has said he is not taking the jab.

"The vaccine material is better suited to Americans and Austrians," he quipped in an interview with Blick newspaper.

In November, Schlatter said he intended to take the jab but like other Swiss he has changed his mind leading to the closure of vaccine clinics across Switzerland, including in Biel and Bern, just a couple of weeks after they opened.

THE FLU CASE

People of Hawaii pass Resolution against forced vaccination Laws

The Flu Case, 10 December 2009, 11:42
https://web.archive.org/web/20100102052008/http://theflucase.com/index.php?option=com_content&view=article&id=2223%3Apeople-of-hawaii-pass-resolution-against-forced-vaccination-laws&catid=1%3Alatest-news&Itemid=64&lang=en

Hawaii H1N1 Resolution Advances Vaccination Exemptions Favoring Americans' Growing Demand for Health Freedoms

Hilo, HI-Department of Health officials in Hawaii were overruled by County of Hawaii directors supporting a resolution favouring First Amendment constitutional rights and vaccination exemptions for everyone demanding them.

The nearly unanimous 7-1 Big Island of Hawaii Council vote sent a strong message to State and Federal policy makers to consider a majority of people who solidly distrust risky vaccines in general, and health officials' claims of safety regarding H1N1 vaccines in particular.

The vote demonstrated the power of local community activists to rebuke "top down" policies advancing "mandatory" vaccinations during declared emergencies. The Council's decision backed the majority of people unwilling to lose health freedoms to Federal governors directing State health officials on behalf of BigPharma special interests.

The Resolution (237-09) urges State and Federal legislators in Hawaii "to amend vaccine laws to include medical, religious, and philosophical exemptions from any vaccine program," including those declared urgent by health officials.

Proponents declared this a victory for health freedom--a warning to health officials seeking mandatory vaccination authorizations under Federal "national emergency" codes that expand State health official powers under the Model State Emergency Health Powers Act.

The vote reflects a nationwide trend of increasing public distrust of official proclamations of vaccination safety and efficacy. A solid majority of medical doctors, and nearly 70% of parents polled by Consumer Reports, feared the new vaccines and were determined not to recommend them.

After exhaustive research conducted by Council researchers and attorneys, and many drafts, the Resolution stated, "there is insufficient scientific evidence proving that vaccines are safe or effective, therefore it is not in the best interest of public health to recommend vaccinations without exemptions."

"WHEREAS, in the wake of potential harm to the individual and the public from vaccinations, and the vacillating interpretation of 'vaccine science,'" the Resolution declares, "it is in the public's best interest to amend the vaccine laws to include the right of medical, religious, and philosophical exemptions from any vaccination program."

The Resolution was advanced by native Hawaiian County Councilwoman, Emily Naeole-Beason, who heard from several constituents concerned about vaccine-injuries. Many complaints received by the Council cited the toxic ingredient mercury linked to neurodevelopmental and behavioural disorders in children denied by public health officials.

"This is a victory for health freedom, common sense, and U.S. Constitutional entitlements," Council Vice Chair Naeole-Beason said. "I am very proud of our Council who put public safety ahead of special interests."

"We are compelled by science and history to not repeat deadly mistakes," said Rev. RJ Hampton, Legislative Aide to Naeole-Beason. "Our office studied vaccine science, and edited the Resolution to read, 'that any vaccine known to contain harmful viruses or any materials known to prompt autoimmune diseases or cancer risks shall provide cause for exemption for any person in the State of Hawai'i who so desires such exemption.'"

"This is a win for 'We the People,'" said Dr. Leonard Horowitz, a Harvard-trained authority in vaccinations and emerging diseases who advised the research committee that considered opinions of several leading U.S. Constitutional attorneys.

Opposition came from the Department of Health Director, Chiyome L Fukino, along with Sarah Y. Park, Chief of the State's Disease Outbreak Control Division. The two medical doctors, heavily supported by the Honolulu Star Bulletin, wrote that "a number of inaccuracies pertaining to immunization were cited in the Resolution . . . ," but failed to show any or send anyone to the County meeting to defend their views.

Dr. Horowitz responded to the Park-Fukino indictment by encouraging Council members to resist health officials' gross conflicting interests and perverse pseudoscientific, and otherwise baseless, testimony.

In an Affidavit to be mailed to Hawaii's State and Federal lawmakers who will vote on the Resolution next, Dr. Horowitz revealed a "conspiracy to cover-up media relations between FUKINO's press officers and agents for the Honolulu Star Bulletin . . ." The Bulletin feeds and publishes Associated Press (AP) propaganda advancing vaccination agendas on behalf of AP director, Rupert Murdoch, and his politically-powerful partners in the Partnership for New York City (PFNYC), the world's wealthiest biotechnology investment group.

Besides this conflicting interest, Murdoch's son James directs GlaxoSmithKlein that markets one of the best selling H1N1 vaccines, and Tamiflu, also purchased by the Fukino's department.

Plus, Rupert Murdoch's Co-Chairman of PFNYC, Lloyd Blankfein, owns a majority share of MedImmune that produces the H1N1 FLUMIST vaccine that Dr. Fukino additionally stockpiled for Hawaiian distribution.

"Wow! Now we know why Auntie Emily gets zero support from the state's main newspapers," replied Rev. Hampton after reading Dr. Horowitz's discoveries. "It's an age old battle between 'We the People' versus corrupt corporations that pollute our minds, bodies, and environments for profit."

Before the 7-1 vote, Dr. Horowitz urged the Council to "limit Hawai'i health officials' grossly overstepped authority, and protect those of us intelligent enough to see the forest of reality through the trees of media propaganda, pseudoscientific fraud, and pharmaceutically administered pangenocide."

The Resolution moves on to Honolulu where health officials have greater legislative support from lobbyists, and the media, advancing drug industry special interests.

REUTERS

Ben Blanchard and Yu Le

China worries swine flu vaccine campaign faltering

Reuters, 11 December 2009, 2:24 PM GMT+8
https://www.reuters.com/article/us-flu-china/china-worries-swine-flu-vaccine-campaign-faltering-idUSTRE5BA0G320091211/

Beijing (Reuters) – China's vaccination campaign against the H1N1 flu strain is not preceding as fast as it should be partly because people are needlessly worried about the safety of the vaccine, officials said on Friday.

Some 125 people in China have died of swine flu, but the country began a mass vaccination program in September and has inoculated more than 32 million people to date.

That campaign, however, seems to be floundering just as the country heads into winter and ahead of the Lunar New Year holiday in February, when millions of people travel back to their home towns – potentially taking flu with them. – "Generally speaking, vaccination work has been proceeding smoothly, but recently progress has been quite slow in some areas," Health Ministry spokesman Deng Haihua told a news conference.

"Experts expect that the next one to two months will be key in the fight to prevent H1N1," he added. "After new year comes the lunar festival, where people will be on the move in large numbers across the country, which will put yet more pressure on preventing the spread of the virus."

Liang Wannian, head of the ministry's health emergency office, said there were several reasons for the slower-than-expected progress in vaccinations, though he did not say how many people they had hoped to reach by this time. – "I don't rule out that some people have worries over the safety of the vaccine," Liang said. "Perhaps our publicity work about the safety and effectiveness of the vaccine has not reached everyone it should have.

"We will lose the opportunity to effectively prevent and control the disease if we don't accelerate this campaign," he added.

The government has repeatedly said that the vaccine is safe, as has the World Health Organization.

Deng, the spokesman, said that "abnormal reactions" to the vaccine were at about one in one million, well within internationally accepted norms and parameters.

Another concern which has been expressed is that China may have had more flu deaths than has been officially reported. China's death toll of 125 compares with nearly 10,000 in the United States.

Well-known Chinese doctor Zhong Nanshan said last month that he doubted the official death numbers from the influenza strain, saying some areas had not been testing deaths from severe pneumonia and treating them as cases of ordinary pneumonia.

Zhong is respected by many people in China for his candor and work in fighting SARS in 2003, when nationwide panic and international alarm erupted after it emerged that officials hid or underplayed the spreading epidemic.

Ministry official Liang said they had been rigorously enforcing laws against cover-ups of disease outbreaks. – "To date, we have not received any information about cover-ups. If such a thing happens, the Health Ministry will take severe steps under the law," he added.

THE SCOTSMAN

Edinburgh protesters march against swine flu vaccine

The Scotsman, 12 December 2009, 00:00 GMT
https://www.scotsman.com/news/edinburgh-protesters-march-against-swine-flu-vaccine-2443088
Video
https://www.youtube.com/watch?v=Z3MhOU2V9HM

Demonstrators marched through Scotland's capital today to protest against swine flu vaccination.

The group believe H1N1 is not as serious as it is claimed, and have concerns about the safety and usefulness of the vaccine.

Around 80 people took part in today's march along Edinburgh's Royal Mile from St Giles' Cathedral to the Scottish Parliament.

Organiser Claire Knox said they hope the protest encourages people to think twice about getting the vaccine.

She believes that figures for the numbers of people suffering swine flu are not accurate and questioned why vaccination is necessary.

She said: "We're not sure that there is a pandemic as it seems the numbers are exaggerated.

"It appears that swine flu is very mild and there are very few cases and I would like to know why they are trying to enforce this vaccination campaign on us.

"The vaccine has not gone through full length testing so there are safety concerns, definitely.

"We just want to highlight the discrepancies and highlight the manipulation of numbers and get people to question whether they need the vaccine when and if it's offered to them."

The 33-year-old said she would not have her seven-month-old daughter vaccinated against swine flu because she fears the vaccine poses more risk than the illness.

She said that campaigning medical journalist Jane Burgermeister travelled from Austria to take part in the march.

Figures released by the Scottish Government this week showed that the swine flu vaccine has been taken by just over one-quarter of Scots most at risk from the virus.

Vaccine uptake for pregnant women was 36.7%, while it was 33.2% for under-65s and 20.3% for over-65s, giving an average of 25.5% for the entire at-risk group.

The estimated uptake rate for front-line health and social care staff was 45.7% and 29.5% respectively – both increases on the previous week.

Chief Medical Officer Dr Harry Burns said: "The H1N1 vaccination is not mandatory. However, vaccination is our best defence against the pandemic and I urge everyone invited for vaccination to take up the offer – particularly pregnant women, who we know are more at risk of developing complications if they contract this illness.

"Both H1N1 vaccines have been licensed by the European Medicines Agency and the European Commission. We have always stated that we would only use the vaccine if we have confidence in its safety."

YouTube MY

Protest against Swine Flu Vaccine Edinburgh 12th Dec

Youtube Video, 12/14 December 2009
https://www.youtube.com/watch?v=Z3MhOU2V9HM

Swine Flu Vaccine protest in Edinburgh on 12th December starting off at St Giles moving down towards the Scottish Parliament building at Holyrood.



The father of Anna discusses the role vaccines have of inducing a heightened reactive response and how he believes the live virus in the MMR caused Anna's death.

The swine flu vaccine with aluminium and squalene as adjuvant will cause harm in the long term but illness and death in the short term also if underlying virus condition exists that includes the mild swine flu virus. This has been said to have been produced in a laboratory.

Squalene is used in the human body to produce natural steroids. Squalene introduced by needle piercing carries proven risk of the body attacking its own steroidal hormone manufacturing capabilty.

Father of Anna believes that soon kids playing football may have to use a steroidal inhaler device to make them aggressive enough to partake in physical sport.

The swine flu vaccine also contains mercury as a preservative. Mercury Poisoning is associated with premature greying hair especially in woman it has also been linked as a cause of Autism.

The book mentioned by Father of Anna is actually called the 'Genome The Autobiography Of A Species' and is written by Matt Ridley not Andrew Ridgeley. Andrew Ridgeley was actually a member of Wham an 80's pop band. Father of Anna denies that he ever voluntaraly listened to Wham which he describes as pap. Father of Anna has been vaccinated many times as he has

travelled to many countries including India, Africa and the Middle East as an explorationist which explains his confusion with Andrew Ridgeley pop star and Matt Ridley the author. Aluminium poisoning is associated with alzheimer's disease.

Father of Anna is currently trying to add up the quantity of toxic ingredients that he has had pumped into him and forced him to give up working offshore in the Seismic Exploration Industry. Many of his ex fellow workmates have had cancer and are possibly dead.

Father of Anna amongst his many shots was vaccinated with separate Cholera, Typhoid and Yellow fever virus and adjuvants at the same time.

Father of Anna has the rare blood type AB -ve he shares with JFK, Marilyn Monroe, Mick Jagger, Jackie Chan and if the Turin shroud is to be believed Jesus Christ. Apparently according to Matt Ridley blood type AB -ve people can drink water from the Ganges and not suffer severe cholera.

Father of Anna has no intention of trying out this theory because he does not know the role vaccines have had of confusing his immune system and that now it might actually not be a good idea to drink cholera infested water. Anna who died ten days after the MMR vaccine aged 17 months was blood type B.

Ten percent of the population in the UK are blood type B. blood types B have specific issues dealing with viruses.



THE FLU CASE

Phil Segrave

The great Swine Flu virus and vaccine Patent conspiracy

The Flu Case, 12 December 2009, 17:35.
https://web.archive.org/web/20100102054205/http://theflucase.com/index.php?option=com_content&view=article&id=2244%3Athe-great-swine-flu-virus-and-vaccine-patent-conspiracy-&catid=1%3Alatest-news&Itemid=64&lang=en

It has been said, 'to catch a white-collar thief, follow the paper or money trail'. In this case, the patent trail is hard evidence of premeditated criminal intent:

The H1N1 virus:
H1N1 Swine Flu Virus Patented by Medimmune Back in 2008 a Year Ahead of Outbreak (http://current.com/1b6tu4c)
http://current.com/items/90938347_h1n1-swine-flu-virus-patented-by-medimmune-back-in-2008.htm

(Patent US 20081006921 A1)
According to WHO on April 2009, H1N1 was identified as a natural virus, but Medimmune got a patent for a manmade H1N1 virus in 2008.
Genetically Engineered Swine Flu Virus Patent Filed January 2009
Private Inventors
(Patent Application 20090010962)

THE H1N1 VACCINES:
Baxter (Kistner Pharm) files Swine Flu vaccine 2008 Patent a Year Ahead of Outbreak
http://www.globalresearch.ca/index.php?9Acontext=va&aid=14430
(Patent US 20090060950 A1)

Novartis of Switzerland ...applied for it's Swine Flu vaccine patent on Nov. 6, 2006 3 Years Ahead of Outbreak
http://ahrcanum.wordpress.com/2009/09/18/swine-flu-vaccine-patent-conspiracy/
(Patent US 20090047353) for a 'split Influenza Vaccine with Adjuvants

GlaxoSmithKline's 2006 Pandemrix H1N1 flu virus vaccine filed 3 years ahead of Outbreak
http://www.theoneclickgroup.co.uk/news.php?start=2900&end=2920&view=yes&id=3825#newspost
(Patent WO2006100109 A1) to GSK Filed 21st March 2006

These four virus and vaccine producers; Medimmune, Baxter, Novartis and GlaxoSmithKline, as well as many others, including in China, have each filed for and received patents to produce H1N1 vaccines before the WHO declared the H1N1 pandemic of 2009.

However, it is important to note that in order to apply for and receive a patent on an 'invention' it is necessary to have a distinctly different product, otherwise, what is the purpose of a patent? This means each vaccine allegedly has different immunological properties that are safe and effective at treating the current H1N1 virus strain.

In other words, these companies have applied for and received patents on vaccines with different immunological properties that are alleged to have a safe and effective universal application to the hundreds of known H1N1 virus strains. If they are so sure their vaccines are safe and effective, why did these companies demand immunity from prosecution for producing a product that may cause severe adverse reactions and even death?

How scientific is that?

See the articles 'There are many variants to the H1N1, Says CFR1' and 'H1N1 vaccine Patent filed (2007) long before the Flu virus was Spread!' posted at www.theflucase.com.

https://web.archive.org/web/20100102054205/http://theflucase.com/index.php?option=com_content&view=article&id=2244%3Athe-great-swine-flu-virus-and-vaccine-patent-conspiracy-&catid=1%3Alatest-news&Itemid=64&lang=en

Developing biological agents (viruses) and 'testing' them on the public in the U.S. is legal under the regulatory code below:

US CODE
TITLE 50, Chapter 32, Section 1520
§ 1520a. Restrictions on use of human subjects for testing of chemical or biological agents
(a) Prohibited activities
The Secretary of Defense may not conduct (directly or by contract) -
(1) any test or experiment involving the use of a chemical agent or biological agent on a civilian population;
(2) any other testing of a chemical agent or biological agent on human subjects.
(b) Exceptions
(1) Any peaceful purpose that is related to a medical, therapeutic, pharmaceutical, agricultural, industrial, or research activity.
(2) Any purpose that is directly related to protection against toxic chemicals or biological weapons and agents.
(3) Any law enforcement purpose, including any purpose related to riot control.

Winnipeg Free Press

Vaccine shouldn't be wasted

Winnipeg Free Press, 14 December 2009, 01:00 AM
https://web.archive.org/web/20091217085522/http://www.winnipegfreepress.com/opinion/editorials/vaccine-shouldnt-be-wasted-79202027.html

Manitobans appear to be losing interest quickly in protecting themselves against the H1N1 pandemic virus and for obvious reason: Although it spreads quickly and makes some people very ill, the virus has not had the virulence that immortalized the plagues of the past. Many people feel very little threat from H1N1.

That may be a problem in two ways. First, if the flu infections surge again, the low rate of immunization puts people at risk. Second, if the pandemic peters out, there will be a whole lot of expensive medicine sitting around in the provincial warehouse as the best-by date approaches. Every crisis presents opportunity and this pandemic experience is instructive, particularly for pandemic and emergency planners.

Manitoba last summer signed a contract with the federal government and vaccine producer GSK to buy 1.3 million doses of vaccine. There is no escape clause; Manitoba is committed to paying for the entire order.

Provincial emergency planners are not second-guessing the decision made early to order enough doses to cover the whole population, including non-Manitoban residents. In an abundance of caution, it was decided it would be better to be holding surplus than to be caught short, especially if demand rose out of fear or if the pandemic turned virulent.

Public health planners say we are not out of the woods yet on H1N1. According to them, Manitoba remains at the peak of pandemic activity, based on hospitalizations, ER visits, ICU admissions and reports from community sources, such as nursing homes. But the week of Nov. 30 saw only 40,000 doses of vaccine administered in Manitoba, a dramatic drop compared to three weeks earlier, when 50 per cent more were administered in Winnipeg clinics alone.

Now, with less than 35 per cent of Manitobans vaccinated, this province is cutting the number of clinics while it holds in store 440,000 doses. It is scheduled to take delivery of a whole lot more. At present, no one is thinking of finding a new market for the surplus -- a third wave of H1N1 could send unvaccinated Manitobans scurrying to their doctor's offices for a shot yet.

Along with rethinking the wisdom of using a sole vaccine supplier and of leaving children, the main source of transmission of H1N1, out of the early target group for vaccination, Canadian pandemic strategists should consider negotiating future contracts with flexibility. An option to halt or slow delivery to reflect the circumstances ought to be included, giving the manufacturer the opportunity to look for other buyers around the world, in countries that may be starting to see the virus arrive.

The total cost of the vaccine includes its administration, and so a hefty portion of the $16 million Manitoba budgeted will be unspent if people stop coming in for vaccination. It would be a terrible waste, however, if, as the threat waned here, the surplus doses of vaccine sat in storage, past their "shelf" life of 18 months.

Provincial officials should be starting to identify other countries to take the unused vaccine. They could include developing nations, which may be very grateful, indeed, to benefit from the affluence that allows some countries the privilege of learning lessons that take only a monetary toll.

THE FLU CASE

Joanna Karpasea-Jones

Direct Rebuttal to Health Protection Scotland and Scottish Health Minister Nicola Sturgeon

The Flu Case, 18 December 2009 13:52
https://web.archive.org/web/20100131145340/http://theflucase.com/index.php?option=com_content&view=article&id=2339:direct-rebuttal-to-health-protection-scotland-and-scottish-health-minister-nicola-sturgeon-by-joanna-karpasea-jones-&catid=1:latest-news&Itemid=64&lang=en

Direct Rebuttal to Health Protection Scotland and Scottish Health Minister Nicola Sturgeon re Their Comments on Our Protests

Dear Health Protection Scotland

I would like to directly challenge you after you asserted in a newspaper article in the Scotsman, by Richard Bath, that my organisation was 'persuing a reckless cause' that would lead to the deaths of babies and mothers from swine flu, due to my organisation heading protests against the untested vaccine.

There is *No Proof* for your assertion that my organisation would do any such thing and ample proof that you, Health Protection Scotland, are being reckless with the lives of thousands of unborn infants and their mothers.

According to this NHS training pack for immunisers, here:
http://209.85.229.132/search?q=cache:RbuvyWzwBe4J:www.nes.scot.nhs.uk/hai/pandemic_flu/documents/H1N1v1.003-08-09.pdf+Celvapan+data+sheet&cd=8&hl=en&ct=clnk&gl=uk&client=firefox-a

Both vaccines, Pandemrix and Celvapan *have not been evaluated* for side-effects or contraindications so it is basically a big experiment and you have no idea if the patient you are injecting is contraindicated or what type of side-effects they might experience. It has also NOT been tested on pregnant women so to recommend it for pregnant women is irresponsible, particularly when the Pandemrix version contains mercury which has been detected in evalated levels in autistic children (Journal of American Physicians and Surgeons Volume 8 Number 3 Fall 2003) and Merck, a vaccine manufacturer, say thimerosal can cause 'considerable damage to health and may even be lethal' -
https://web.archive.org/web/20160805021052/http://www.vce.org/mercury/thimerosal-usp.pdf

My question would be why you are injecting a potentially lethal substance into a pregnant woman?
Another study found that even tiny injections of thimerosal can cause autism - 'As a result of the present findings, in combination with the brain pathology observed in patients diagnosed with autism, the present study helps to support the possible biological plausibility for how low-dose exposure to mercury from thimerosal-containing vaccines may be associated with autism' - (Induction of metallothionein in mouse cerebellum and cerebrum with low-dose thimerosal injection, Cell Biology and Toxicology, 0742-2091 (Print) 1573-6822 (Online), 9 April 2009).

The Journal of Pediatric Infectious Diseases also said that governments should bring in laws that prevent the use of thimerosal in vaccines – [*Journal of Pediatric Infectious Diseases*, 2009, 4(3): 229-232], and in many other countries in the world, H1N1 vaccine is NOT recommended for pregnant women. https://content.iospress.com/articles/journal-of-pediatric-infectious-diseases/jpi00166

In fact, a data sheet for Afluria H1N1 vaccine shows that the vaccine *should not be used in pregnant or nursing mothers* and has not been tested in such groups:

Pregnancy Category C: Animal reproduction studies have not been conducted with Influenza A (H1N1) 2009 Monovalent Vaccine or AFLURIA. It is also not known whether these vaccines can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza A (H1N1) 2009 Monovalent Vaccine should be given to a pregnant woman only if clearly needed.

Neither Influenza A (H1N1) 2009 Monovalent Vaccine nor AFLURIA *has been evaluated in nursing mothers*. It is not known whether Influenza A (H1N1) 2009 Monovalent Vaccine or AFLURIA is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Influenza A (H1N1) 2009 Monovalent Vaccine is administered to a nursing woman.'

https://web.archive.org/web/20160404030359/http://www.afluria.com/docs/pi.pdf

Although this brand is not being used in the UK, they are all very similar H1N1 vaccines.

According to a 10 November government document, plans are in place to mandate H1N1 vaccine and exclude unvaccinated children from school –

https://web.archive.org/web/20100423153715/http://www.parliament.uk/commons/lib/research/briefings/snsc-05164.pdf

This is a violation of human rights and since the drug is clearly experimental, admitted in the NHS document, it is against the nuremburg code. The first directive of the nuremburg code states that:

'The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.' –

https://web.archive.org/web/20100102172249/http://ohsr.od.nih.gov/guidelines/nuremberg.html

So even suggesting that vaccines could be coerced is illegal.

The JCVI meeting minutes for 18 February 2009 said that they would only introduce influenza vaccines for pregnant women if it was cost effective and reduced respiratory disease in neonates:

'the vaccination of pregnant women was only likely to be cost-effective if there was evidence to suggest that vaccination in the late stages of pregnancy reduced influenza in neonates.' –

https://web.archive.org/web/20091105185021/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_097411.pdf

So in actual fact, they introduced a vaccine that had *no evidence* of reducing disease in newborns and were only interested in introducing it if it made enough money. It seems money is more important to this government than the health and wellbeing of mothers and their babies.

A report in Le Parisen newspaper in France told of a mother who lost her baby at term after being vaccinated and the baby had H1N1 in his tissues (*Le Parisien*, 14 December 2009) and another

report in a Swedish paper told of a previously healthy mother who had a brain haemorrhage after vaccination and her baby had to be delivered two months early –

Grippe A: enquête après le décès d'un enfant vacciné. – Le Parisien, 12 décembre 2009, à 07h00
https://www.leparisien.fr/societe/grippe-a-enquete-apres-le-deces-d-un-enfant-vaccine-12-12-2009-741894.php
Fick hjärnblödning efter vaccineringen. – Aftonbladet, 13 December 2009.
https://web.archive.org/web/20091214171115/http://www.aftonbladet.se/nyheter/article6283276.ab

There are dozens of women in the UK writing to the newspapers with similar stories, so you, Health Protection Scotland, are endangering the lives of many, and all for an illness that is as mild as normal flu. If you look at NHS choices flu and swine flu pages, you will see the symptoms are exactly the same: http://www.nhs.uk/Conditions/Flu/Pages/Symptoms.aspx

https://web.archive.org/web/20100105095528/http://www.nhs.uk/Conditions/Flu/Pages/Symptoms.aspx

Doctors are NOT taking swabs for this so they have no idea if the person actually has H1N1 or not and the person gets diagnosed over the phone without even being seen just to boost up swine flu notifications to encourage sales of your untested vaccine and misdiagnoses over the phone line have actually led to children dying of meningitis.

This for an illness that has killed far less than regular flu. One in three people get cancer, yet you don't scream from the roof tops about how everyone is going to die in the same way you have done with swine flu.

You are highly irresponsible and put money, profit and government agenda ahead of the health of mothers and their babies.

You should be ashamed of yourself,
Joanna Karpasea-Jones
Vaccine Awareness Network UK.

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Anthony Gucciardi

VacciNation: Duped by Medical Quackery

InfoWar, 20 December 2009
https://web.archive.org/web/20120118002444/http://www.infowars.com/vaccination-duped-by-medical-quackery/

Vaccinations are pushed by the news media and other so-called experts as the miracle cure to a variety of conditions, but have you ever examined the science for yourself? Would the very suggestion that vaccinations are harmful incite anger inside of you, causing you to dismiss this article as hogwash? If vaccinations are truly the silver bullet against deadly diseases, and their safety is indeed based upon concrete science, then there should be no fear as to investigating the matter further.

Why then, is mainstream media along with many medical establishments refusing to discuss the science behind vaccinating to a proficient degree? You could argue that it's "so stupid that they don't want to waste their time on it", but if that were the case then why are so many doctors exposing the health hazards of vaccines? Even if it so so stupid that it made absolutely no sense, wouldn't the mainstream media pick it up to get higher ratings? Wouldn't the "loonies" bring some viewers to their station, to laugh at their "insanity"?

The research is out there

Vaccines and Immunization References and Research Citations Vaccines Have Been Linked to Leukemias and Lymphomas:

Bichel, "Post-vaccinial Lymphadenitis Developing into Hodgkin's Disease", Acta Med Scand, 1976, Vol 199, p523-525.

Stewart, AM, et al, "Aetiology of Childhood Leukaemia", Lancet, 16 Oct, 1965, 2:789-790. [Listed under Vaccine Adverse Reactions.]

Glathe, H et al, "Evidence of Tumorigenic Activity of Candidate Cell Substrate in Vaccine Production by the Use of Anti-Lymphocyte Serum", Development Biol Std, 1977, 34:145-148.

These are but a few of the studies. This is not a complete list.

Thimerosal (Mercury) is a toxic additive.
Even if vaccinations were effective outside the realm of additives, they would still be harmful. The title of the toxic additive may have changed from "mercury" to "thimerosal", but it's effects have stayed the same. If you don't believe that thimerosal is in the vaccination, then why don't you take a look at the insert tab for the seasonal flu vaccine. Perhaps the most disturbing fact is that thimerosal is not the only additive. The other additives might churn your stomach.

Other additives:
aluminum hydroxide aluminum phosphate
ammonium sulfate amphotericin B
calf (bovine) serum animal tissues: pig blood, horse blood, rabbit
brain, dog kidney, monkey kidney, chick
embryo, chicken egg, duck egg
betapropiolactone fetal bovine serum
formaldehyde formalin
gelatin glycerol
human diploid cells (originating from
human aborted fetal tissue)
hydrolized gelatin

This is not a complete list. This is but an excerpt from the Physician's Warranty of Vaccine Safety, which is actually supposed convince people that vaccines are good for you.

Disapproval of the truth

With *kids being offered pizza to take the deadly swine flu vaccine*, it's easy to see that vaccinations are not being suggested, but instead we are being pushed to take them as if it were immoral to object.

Fighting Swine Flu With Pepperoni. – WXYZ, 17 December 2009.
https://web.archive.org/web/20091221062628/http://www.wxyz.com/news/local/story/Fighting-Swine-Flu-With-Pepperoni/EhuwIPzsFEK-yh1OqX2eug.cspx?rss=785

The mainstream media acts as if everyone who rejects their vaccination will infect everyone else. How is this possible if the vaccinations work as claimed? If others are vaccinated, shouldn't someone without the vaccinations be a non-issue? Personally, I know quite a few people who received the h1n1 vaccine, yet also came down with h1n1 more than once after the fact.

Once you research the information for yourself, you come to realize that it is quite simple. Just because the mainstream media pushes it as a medical miracle does not make it so. The only way to correctly find the truth in something is to investigate it. Once you go through this process you find out the truth of the matter: the science behind vaccinations is filled with medical quackery.

OEN

Richard Gale and Gary Null

The Council of Foreign Relations Enters the Vaccine Biz

Progressive Radio Network // OEN, 23 December 2009
https://www.opednews.com/articles/1/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html
https://www.opednews.com/articles/2/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html
https://www.opednews.com/articles/3/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html
https://www.opednews.com/articles/4/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html

The closure of 2009 marks a unique moment in the history of America's healthcare and national health policies. First we were told that a pandemic of swine flu was upon us, which would make us all susceptible to a ravishing tide of medical complications and death. We were told pregnant women, young children and senior citizens should be first in line to receive the H1N1 vaccine, although no studies provided credible evidence of either the vaccine's efficacy or safety for these groups. We were also persuaded repeatedly by the CDC and the media to place our faith in the heroic attempts of the vaccine industrial complex, our federal health officials and the Obama administration to bring these vaccines to market as quickly as possible. In our state of New York, both the swine flu and seasonal flu vaccines were made mandatory to tens of thousands of healthcare workers. Indeed, as a nation, we rose to the occasion. One of the most prolific and expensive public health initiatives in American history was undertaken, and every major media outlet daily encouraged people to get vaccinated. So far, so good.

Then something odd happened. Physicians, scientists and journalists began to ask fundamental questions. What if the pro-vaccine advocates, the World Health Organization (WHO) and government authorities at the CDC, FDA and HHS are wrong? What hard proof is there that it was a pandemic? And what might happen if the H1N1 vaccine has not been tested thoroughly under sound, scientific protocol by the vaccine makers? Reports started to drift in from Australia, New Zealand and South America from the middle to the end of their flu season. Their data provided evidence that there was no pandemic in the southern hemisphere. In fact, the H1N1 flu virus was milder than their normal seasonal flues. That led to a more fundamental challenge to the universally accepted truth by the medical orthodoxy that vaccines are effective and safe. Once the investigative process was underway, dozens and then hundreds of learned voices from responsible scientists, journalists and activists began a pushback, a counter argument that not only were the H1N1 flu and seasonal flu vaccines not shown to be effective and safe by any reliable gold standard, but rather suspicions arose that the H1N1 scare was an intentionally designed hoax. Numerous articles and critiques appeared to deconstruct the influenza vaccine myths, parceling them into fragments of delusional data that had been paraded as dogma by the government and media.

The sad part of the story, with a few notable exceptions such as Sharry Attkinsson's CBS investigative report, is that the major media refused and continues to refuse to report about this. Instead, a counter-campaign has been launched that posits that anyone who questions the efficacy and safety of vaccines is irresponsible. People have been brought forth from the CDC, FDA, pharmaceutically funded think tanks, and researchers and university professors, many of whom receive consultant fees from vaccine makers, to convince the public in the political correctness of the vaccine hypothesis. Moreover, as the New York Times reports, our government's entire vaccine advisory committee has for years been stacked with medical lackeys invested heavily in the private vaccine industry through a variety of conflicting affiliations.

Later during the autumn months another turn of events occurred. Demonstrations in Albany, New York, with over a thousand healthcare workers, concerned parents and physicians at the steps of the capitol brought forth documentation and testimonials showing the New York health officials and policy makers were wrong about the efficacy and safety of the swine flu vaccine. Articles and commentaries challenging the vaccines filled thousands of blogs and websites. The activists were working together, each was filling in pieces of the

puzzle. Countless emails and phone calls flooded the governor's and health commissioner's offices. Finally New York State blinked. Citing the excuse of a shortage in flu vaccines, state officials rescinded their mandatory vaccine requirement.

We are now at a critical turn of events when citizens are being exposed to the alternative science to vaccines. Adults and parents, not just in the US, but throughout the developed world, are not just saying no to the swine flu vaccine, but to all vaccines in general. Consequently, the vaccine industry and its supporter are starting their counter-charge. This strategy is perhaps best observed in a recent Newsweek article to denounce vaccine critics. This shrill piece of yellow journalism, which we will deconstruct below, turned Newsweek into a national platform for the vaccine industrial complex to salvage what remaining credible evidence there is to validate vaccine campaigns.

Much of contemporary pharmaceutical science and its supporting policies are built upon myths masquerading as facts. Hitler's close confidant in charge of the Nazi propaganda machine, Joseph Goebbels stated, "If you tell a lie long enough eventually it will be believed as truth, and the greater the lie, the more people will believe it." After eight years of lies about Iraq's weapons of mass destruction and Sadaam's involvement in 911, and now the false economic recovery being promulgated by bankers in the Treasury and Fed, Americans are becoming accustomed to the truth behind Goebbels' marketing schemes. And there is perhaps no other area of so-called scientific progress that has relied more on deceptive research and a distortion of facts and statistics than in modern medicine's religious belief in vaccines as a miracle to protect the world's population from infectious diseases. The fabrication, cherry picking and blatant corruption behind the vaccine research relied upon by the medical health complex to further its campaigns and launch inquisitorial assaults on the hundreds of thousands of families with children who have been injured by vaccination and the voices of reason who demand that government settle the heated debates concerning vaccine safety and efficacy with sound science has turned into a media war. And now even the Council of Foreign Relations (CFR) has publicly come to the defense of the vaccine manufacturers. This undoubtedly raises the question, why in the world is the CFR getting involved in the vaccine biz?

The CFR, co-chaired by Robert Rubin from the 2008-2010 Great Recession fame, has a strong interest in promoting Rockefeller's global health program to usurp the sovereignty of individual countries' national health policies. Besides the CFR's commitment to the WHO's global health agenda, among the Council's corporate members are three of the five largest pharmaceutical companies, each a major force in the vaccine industry: GlaxoSmithKline, Merck and Pfizer. GlaxoSmithKline is now on the ropes after it's swine flu vaccine had been found responsible for dozens of deaths in Canada and Mexico with additional untold numbers suffering from further injuries[1]

In mid-October of 2009, the CFR convened an extended symposium moderated by CFR Senior Fellow for Global Health, Laurie Garrett, entitled "Pandemic Influenza: Science, Economics and Foreign Policy." The subtitle reflects what may appear to be an incongruent chain for addressing infectious pandemics. But it can be better appreciated when we realize the Council combines terrorism, nuclear weapon proliferation and infectious diseases under one of its strategic global divisions, "countering transnational threats." Moreover, the CFR is the perfect incubator for forging alliances between large multinational corporations and governmental and multilateral agencies, such as the WHO. After their public relations are swept away from public view, this remains the CRF's ultimate mission. In an interview with British epidemiologist Dr. Tom Jefferson from the prestigious Cochrane Database Collaboration in Rome, he worried about the close alliance between the WHO and vaccine executives who compulsively predict erroneous "apocalyptic forecasts" during every flu season. He noted that there exists a mysterious "swine flu committee of 12 who apparently advises the WHO Director General.[2] The great accommodator for such collaborations and strategic planning is none other than the CFR.

During a question and answer period, Tom Wilson, a self-proclaimed freelance hunter against AIDS dissidents and now scientists, researchers and public interest groups challenging vaccines, called those who refuse vaccination "crazies." Wilson recommended the pro-vaccine community create and launch clear sound-bites to denounce anti-vaccine advocates and organizations in order to convince people to be vaccinated. This summarizes quite well the content of Laurie Garrett's article, "The Long Term Evidence for Vaccines," subsequently appearing in the December 7th issue of Newsweek. The article is a litany of sound-bites, void of substantiating scientific references to support its statements, which the reader is expected to accept faithfully. There is not a single instance where Garrett mentions even a slight possibility that a vaccine might perhaps contribute to any one of a number of growing health epidemics in American children: asthma, compromised immune systems, neuro-degenerative disorders such as autism, cancers, diabetes,

gastrointestinal complications, etc. In Garrett's universe, vaccines are sacred. They are divine gifts of human ingenuity to protect the world's population; therefore nothing sacred can be flawed because the CFR and the World Health Organization take humanity's best interests and vital health to heart. Or so the legend goes.

We may never know the full extent to which the CFR has acted behind the scenes to influence governments' and the World Health Organization's lies about a swine flu pandemic and the false figures of H1N1 infection and morbidity, nor whatever role it may have played in creating strategies to induce public fear as a means to enforce flu vaccination. Yet during the CFR's symposium as the US embarked on its herd inoculation of the American public with a potentially unsafe, fast-tracked H1N1 vaccine, questions were raised about how to best counterattack the citizenry's increasing disregard for health officials' warnings and the media's pro-vaccine assurances. The discussions included the idea of creating "an artificial shortage of the vaccine" because "that should cause people to want to get it." A respondent noted, much to the pleasure of the audience, that that had been tried "before with the flu vaccine and people lined up all night to get it." Was it just coincidence that this is what was to follow? It is not completely unreasonable to suspect the CFR has a role in steering some of the Obama administration's health policies. His cabinet is packed with CFR members, and his first selection for General Surgeon, Dr. Sanjay Gupta, is not only a member of the CFR but an unquestioning supporter of vaccination's war on public health. Even amidst the healthcare bill debate, there is clear evidence the CFR is representing its strong alliances with Big Pharma's financial interests. Only days before the vote in the Senate, an article appeared by CFR staff member Toni Johnson, "Generic Drugs: The Other Drug War," which categorically denounced more affordable generic and imported drugs as being a direct threat to the financial growth and well-being of the pharmaceutical industry.

Garrett calls her vaccines "precious." We could not help but think of the seemingly lost and meandering Golem in Tolkein's Ring Trilogy searching for an object that he was never meant to possess. Such is the history of vaccine efficacy and safety, a quest for a magic bullet to save humanity from infectious diseases. One can twist, turn and trump up the truth of vaccine efficacy and safety all one wishes, but still the statistics, which the pro-vaccine community continuously distorts through sound-bites, show that vaccines have done little to decrease rates of infections.

According to mortality figures from the British Office of National Statistics, measles and pertussis (whooping cough) began their rapid decline at the end of the nineteenth century. Both were down 99 percent from 1838 to the year the vaccines were introduced (pertussis in 1950 and measles in 1968). There is another example of an infectious disease that was far more deadly than smallpox that never had a widely accepted vaccine and yet eventually fell into obscurity. During the nineteenth century, scarlet fever was responsible for more deaths than measles, pertussis and smallpox. An ineffective vaccine was created in 1924 but disappeared after the introduction of penicillin.[2] What is important in the example of scarlet fever is that infectious diseases declined not because of vaccine miracles, but because of many other factors including improved health, cleaner water and sanitation, public utilities, better living and working conditions, improved nutrition and other medical advancements. This is the same for just about every infectious disease during the first half of the twentieth century that was already in rapid decline before the advent of their respective vaccines.

Garrett's vision of a world dominated vaccine dystopia is truly amazing. She is correct to sound-bite a potential relationship between prenatal and infant exposure to influenza and a sharp increase in later cognitive disorders, including schizophrenia. Yet her quip only presents an image of a glass half full. What is missing is another body of research showing that the flu vaccine elevates inflammatory cytokines in the mother's maternal and infant's fetal immune systems, especially IL-1 beta and IL-6, similar to infection by a wild virus. Both of these cytokines have been associated with abnormal brain development, including schizophrenia. Furthermore, IL-1 beta increases are not limited to flu infection or the flu vaccine, but also to hepatitis B, a vaccine that is given immediately after birth frequently when a newborn's brain is most vulnerable to viral and contaminant toxicity.[3]

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part 2
https://www.opednews.com/articles/2/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html

part 3
https://www.opednews.com/articles/3/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html

part 4
https://www.opednews.com/articles/4/The-Council-of-Foreign-Rel-by-Richard-Gale-091223-162.html

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H1N1: 254.804 Österreicher ließen sich impfen

OE24 Business Life, 23 December 2009, 12:40
https://www.oe24.at/businesslive/oesterreich/pharma/h1n1-254-804-oesterreicher-liessen-sich-impfen/704492

Die Nachfrage nach Impfungen gegen die "Neue Grippe" ("Schweinegrippe") hält sich weiter in Grenzen: 53.239 Menschen ließen sich in Österreich in den vergangenen 2 Wochen eine Spritze gegen die Influenza A(H1N1) verpassen. Insgesamt wurden laut dem Gesundheitsministerium seit Impfstart 254.804 Kinder und Erwachsene immunisiert.

Somit wurde noch nicht einmal die Anfang November gelieferte Initialbestellung von 520.000 Dosen ausgeschöpft. Insgesamt hat Österreich laut Vertrag einen Anspruch auf bis zu 16 Mio. Impfstoffeinheiten, die allerdings nur bei Bedarf geordert werden.

Weiterhin rückläufig ist seit einigen Wochen die Zahl der Neuerkrankungen: In der vergangenen Woche steckten sich etwa 16.000 bis 26.000 Personen mit der Influenza A(H1N1) an, teilte das Gesundheitsministerium mit. In der Vorwoche gab es noch bis zu 34.000 Infektionen. Die Zahlen basieren auf einer Hochrechnung anhand von Daten des Wiener Grippeüberwachungssystems.

140 Patienten mussten vergangene Woche im Spital aufgenommen werden. Zum Vergleich: In den zwei Wochen davor wurden 172 bzw. 209 Infizierte im Krankenhaus stationär behandelt. Die Pandemiewelle setzt sich in Österreich weiter fort, betonte das Gesundheitsministerium. In keiner Probe sei ein anderes Influenzavirus nachgewiesen worden, A(H1N1) bleibe der dominierende Erreger.

Allein in Wien wurden mittels des sogenannten Sentinellasystems 12.700 Infektionen registriert. Das ist gegenüber dem Vergleichszeitraum der Vorwochen erneut ein geringer Rückgang, zuvor gab es 14.500 und 15.300 Ansteckungen. In Graz wurde im Wochenvergleich eine Abnahme von 2.740 auf 2.435 Fälle verzeichnet. Auch in der steirischen Landeshauptstadt kommt das Sentinellasystem zum Einsatz. Es kombiniert Stichproben aus ausgewählten Arztpraxen mit Daten über Krankenstandstage für Hochrechnungen.

Only 3% of Austrians So Far Have Taken The Swine Flu Jab

The Flu Case, 23 December 2009
https://web.archive.org/web/20100102045513/http://theflucase.com/index.php?option=com_content&view=article&id=2398%3Aonly-3-of-austrians-so-far-have-taken-the-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Only 254.804 people in Austria out of a population of more than 8 million have so far taken the swine flu jab according to the government figures, says the newspaper Die Kleine Zeitung.

The low turn out for the jab comes in spite of a very high acceptance rate historically for vaccinations, an unprecedented government pressure and an orchestrated media propaganda campaign on a scale never seen before.

Many people who took the first jab did not go back for their second does. In Tyrol, one third of the 30,000 people who took the first swine flu shot did not return for the second.

Tyrol is now planning to return 50,000 euros worth of vaccines to the federal government.

Natural News.com
Natural Health, Natural Living, Natural News

Mark Adams

2009 in review:
A year of FDA censorship, Big Pharma crimes and H1N1 swine flu

Natural News, 1 January 2010
https://www.naturalnews.com/027851_health_news_Big_Pharma.html

2009 has been a crazy year for health and medicine. It was the year that Congress rammed through a mandatory health "reform" bill that violates the U.S. Constitution in forcing all Americans to buy government-mandated products and services from greedy corporations. Although it hasn't been signed into law yet, the very fact that it has been passed by both the House and the Senate is alarming: America is just one signature away from becoming a medical dictatorship.

But that's not the only big health news that happened in 2009. In all, 2009 was a year of corruption, scientific fraud and health freedom oppression. Here are some of the highlights:

The FDA

The FDA was hit hard in 2009 was accusations of corruption and criminal behavior. In January, the FDA's own scientists accused management of committing crimes. And in August, the FDA abandoned even the appearance of standing up for safety by declaring that mercury fillings are safe for everyone.

https://web.archive.org/web/20090703041111/https://www.naturalnews.com/025298_the_FDA_FDA_scientists_NaturalNews.html
https://web.archive.org/web/20090813015549/https://www.naturalnews.com/026822_mercury_the_FDA_mercury_fillings.html

In order to protect its authority and boost Big Pharma's sales, the FDA also went after numerous natural health companies in 2009. Stephen Heuer was arrested by the FDA in January, and by June, the FDA had threatened to seize all natural products that boost immune health and protect against the swine flu.

https://web.archive.org/web/20100209070711/https://www.naturalnews.com/025347_nutrition_the_FDA_health.html
https://web.archive.org/web/20090621070255/https://www.naturalnews.com/026473_the_FDA_H1N1_natural_products.html

The FTC also joined the tyranny bandwagon, engaged in a war of threatening tactics against a ministry selling anti-cancer herbs and ultimately ordering them to lie to their customers about their products.

https://web.archive.org/web/20090712043412/https://www.naturalnews.com/025303_the_FTC_health_dietary_supplement.html
https://web.archive.org/web/20091215062221/https://www.naturalnews.com/026970_the_FTC_freedom_cancer.html

The FTC even went after Dr. Weil, threatening him with arrest and imprisonment for daring to accurately describe the immune boosting effects of the astragalus herb.

https://web.archive.org/web/20091024062944/https://www.naturalnews.com/027303_the_FTC_America_vaccines.html

Topping off the year of tyranny and oppression, in December the FDA staged an illegal kidnapping of herbal formulator Greg Caton who was threatening the cancer industry with his anti-cancer salve products made from Ecuadorian herbs.

https://web.archive.org/web/20100115065936/https://www.naturalnews.com/027750_Greg_Caton_FDA.html

Big Pharma corruption

2009 was also a bad year for Big Pharma. All kinds of new findings came out that show the dangers of pharmaceuticals. For example, did you know that HRT drugs shrink women's brains?

https://web.archive.org/web/20100115065936/https://www.naturalnews.com/027750_Greg_Caton_FDA.html

The drug industry was also shown to be engaged in blatant scientific fraud. AstraZeneca, for starters, taught its sales reps how to lie to doctors, and throughout the pharmaceutical industry, many clinical trials were exposed as being entirely fraudulent.

https://web.archive.org/web/20090615092302/https://www.naturalnews.com/025744_diabetes_drugs_Astrazeneca.html
https://web.archive.org/web/20090925181334/https://www.naturalnews.com/025833_Big_Pharma_cancer_Bextra.html

On the researcher side, Big Pharma scientist Dr. Scott Reuben was caught fabricating 21 studies - most of which were widely quoted by other doctors to push dangerous pills onto children.

https://web.archive.org/web/20090826172513/https://www.naturalnews.com/025852_anesthesia_drugs_medical_journals.html

Also in 2009, Pfizer actually admitted to committing felony crimes over its marketing of Bextra.

https://web.archive.org/web/20090905081352/https://www.naturalnews.com/026963_Pfizer_Bextra_health.html

Merck was found to have created a "hit list" of doctors targeted for destruction -- doctors who were speaking out against the safety of the company's drugs.

https://web.archive.org/web/20090929042920/https://www.naturalnews.com/027116_Merck_doctors_vaccines.html

The company was also busted over its hiding of data about the dangers of Vioxx.

https://web.archive.org/web/20091127143117/https://www.naturalnews.com/027582_Merck_Vioxx.html

Not to be out-frauded by Merck, Pfizer paid a record $1.3 billion fine in 2009 for intentionally misbranding its drugs.

https://web.archive.org/web/20091020033012/https://www.naturalnews.com/027276_Pfizer_drugs_the_FDA.html

Similarly, the Dept. of Health and Human Services was caught backing a medical device "review board" that was actually led by a dead dog.

https://web.archive.org/web/20100104232201/https://www.naturalnews.com/025955_health_America_medical_devices.html

See other points ... for links use - https://web.archive.org/

- Big Pharma destroys the environment ...
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- Wake up, people! ...
- Natural remedies revealed in 2009 ...

2009 in summary

Well, there you have it! Those are the highlights of what NaturalNews covered in 2009. It was a year of outrageous quackery, FDA tyranny, censorship and criminal acts on the part of the pharmaceutical industry.

At the same time, it was also a year when more people finally woke up to the dangers of mammograms and CT scans. NaturalNews readership climbed substantially through 2009 as more people got turned on to the truth about natural remedies and the healing power of nutrition.

The FDA and Big Pharma is now increasingly under fire as a result of the events of 2009, and I suspect that in 2010 and beyond, the pharmaceutical industry is going to find itself under increasing scrutiny as more and more of its criminal operations are exposed.

But don't expect the mainstream media to have anything to do with that. All the really smart reporting is now happening on blogs and independent news sites. The mainstream media continues to play its "Truman Show" game of broadcasting a fictional reality to the people, hoping no one will notice what's *really* going on.

Thank you for reading NaturalNews in 2009, and we have a lot more in store for you in 2010 and beyond! With your help, perhaps we can see some real breakthroughs in health freedom in 2010. One day, we might even get to witness the arrest and criminal prosecution of Big Pharma's top executives who are guilty of crimes against humanity for continuing to wage chemical warfare against the people (while poisoning the environment at the same time).

Information

Kristian Villesen, Louise Voller

Seruminstitut tjener millioner på at anbefale vaccination.

Information, 2 Januar 2010
https://www.information.dk/indland/2010/01/seruminstitut-tjener-millioner-paa-anbefale-vaccination?lst_cntrb

Statens Serum Institut rådgiver danskerne om vacciner, men sælger samtidig vacciner for en milliard kroner årligt. Det er en problematisk dobbeltrolle, mener kritikere. Seruminstituttets særlige struktur resulterer desuden i skyhøje vaccine-priser i Danmark.

Statens Serum Institut anbefaler ofte danskerne at blive vaccineret imod eksempelvis børnesygdomme. Samtidig lever instituttet af at producere de selv samme vacciner, som de som statslig myndighed anbefaler til borgerne.

Det er nemlig produktion af egne vacciner og videresalg af udenlandske vacciner, der udgør totredjedele af omsætningen på seruminstituttet. I 2008 drejede det sig om 938 millioner kroner - altså næsten en milliard kroner.

Dobbeltrollen som både rådgiver, producent og importør af vaccinerne er problematisk, mener Margrethe Nielsen, der er forsker på det uafhængige forskningsinstitut Cochrane Center: »Jeg tvivler på, at den brede befolkning er klar over, at seruminstituttet producerer vacciner, og det er problemet - netop fordi de samtidig står for rådgivningen. Befolkningen skal vide, hvilke interesser, der kan ligge bag rådgivningen. Både ud fra et forbrugermæssigt og et samfundsmæssigt synspunkt,« siger Margrethe Nielsen.

Også sundhedsøkonom Jakob Kjellberg fra Dansk Sundhedsinstitut (DIS) mener, at seruminstituttets mange roller er problematiske: »Kasketsammenblandingen bliver en overvejelse værd, når seruminstituttet kommer med anbefalinger af vacciner, som de selv producerer eller tjener penge på at videresælge,« siger Jakob Kjellberg.

Navnet klinger officielt

Også i Forbrugerrådet finder man strukturen uheldig: »Der er en del forskellige kasketter på Statens Serum Institut,« siger afdelingschef Mette Boye.

Og det er problematisk ud fra et forbrugersynspunkt: »Det er vigtigt, at man ved, hvem man står over for og hvilke motiver, der kan være på spil. Er det en offentlig myndighed eller en producent?« spørger Mette Boye, som også mener, at navnet Statens Serum Institut lyder meget officielt - og derfor kan vildlede forbrugerne.

Samme holdning har Margrethe Nielsen fra Cochrane Center: »Statens Serum Institut klinger meget myndigt. Det lyder som en statsmyndighed. Det er det selvfølgelig også, når det kommer til rådgivning, men man forventer nok ikke, at de samtidig lever af at sælge vacciner.«

Statens Serum Institut har formelt til opgave at overvåge og rådgive om forebyggelse af smitsomme sygdomme. Desuden skal instituttet sikre, at danskerne kan få de nødvendige vacciner gennem en såkaldt 'forsyningssikring'. De vacciner, som instituttet ikke selv producerer, kommer derfor i udbud hos de udenlandske producenter - og seruminstituttet tjener så penge på at sælge dem videre i Danmark. De vacciner, som seruminstituttet selv producerer, kommer ikke i udbud, og udenlandske producenter af lignende vacciner har derfor ingen mulighed for at komme ind på det danske marked.

Den monopolagtige konstruktion er helt særlig og findes kun i Danmark. I udlandet har man adskilt den officielle rådgivning fra de økonomiske interesser, der er forbundet med produktion og videresalg af vacciner. Det burde man også gøre herhjemme, mener Margrethe Nielsen: »De to opgaver kan med fordel skilles ad,« siger hun.

Samme holdning har Jørgen Clausen, cheføkonom i Lægemiddelindustriforeningen: »Det vil se kønnere ud, hvis man adskiller dem, der tjener penge på vacciner, fra rådgivningen,« siger han.

Også en tidligere ansat på seruminstituttet - den nuværende overlæge på Center for Forebyggelse i Sundhedsstyrelsen, Tove Rønne, mener, at man i hvert fald bør overveje en ny struktur: »Vacciner er over de seneste år i højere grad kommet til at ligne andre lægemidler. Derfor kan man overveje, om der er brug for en ny struktur - om det eksempelvis er mere hensigtsmæssigt i højere grad at adskille funktionerne. Men det er fortsat vigtigt at holde sig forsyningssikkerheden af de basale vacciner for øje. Der er fordele og ulemper ved begge modeller, men det er i hvert fald noget, man med mellemrum bør tage op og drøfte.«

Den særlige danske struktur er også dyr. En undersøgelse af Rigsrevisionen i 2005 viste, at Statens Serum Instituts 5-valente børnevaccine koster 396 kroner, hvilket er tre gange så meget som i Sverige, hvor myndighederne køber vaccinerne af udenlandske producenter. Tallene er fra 2003, men der er ikke sket markante ændringer siden. En fri konkurrence på området vil derfor formentlig også sikre danskerne billigere vacciner, vurderer Jørgen Clausen fra Lægemiddelindustriforeningen: »Man må formode, at priserne ville være lavere, hvis man lod alle vaccinerne komme i udbud,« siger han.

Fin struktur

Direktør i seruminstituttet, Niels Strandberg, afviser, at der skulle være problemer med den nuværende struktur: »Vi er jo ikke en selvstændig virksomhed som sådan. Vi producerer vacciner, men vi er ejet af den danske stat. Derfor mener jeg ikke, at der er noget problem.«

- Flere af jeres eksperter har været ude i medierne og tale om vigtigheden af, at man lader sig vaccinere. Tror du, at danskerne er klar over, at I selv lever af at producere vacciner?

»Det tror jeg da bestemt, at de er. Det fremgår da helt klart af vores formålsparagraf. Og vores offentlige vejledning er altid i tråd med Sundhedsstyrelsens retningslinjer. Og det ville være meget mærkeligt, hvis vi som statslig myndighed ikke udtalte os om det her.«

- Var det ikke smartere, hvis dem, der producerer vaccinerne ikke samtidig rådgav om brugen af dem?

»Det er også primært Sundhedsstyrelsen, der rådgiver. Men man har jo som medarbejder lov til at udtale sig.«

- Kan du forstå, hvis nogen synes, det er mærkeligt?

»Nej, for vi løser bare de opgaver, vi er blevet pålagt af den danske stat.«

Heller ikke seruminstituttets monopol og de deraf følgende høje priser er et problem, mener Niels Strandberg:

»Det er rigtigt, at man kan få nogle af vaccinerne billigere i udlandet. Men når man har så lille et marked som det danske at producere til, er det klart, at prisen er en anden. Desuden viser Rigsrevisionens undersøgelse fra 2005, at der er andre fordele ved den danske model. Vi har blandt andet en bedre forsyningssikring end mange andre lande,« siger Niels Strandberg.

- Hvad er problemet i at skille vaccineproduktionen fra rådgivningen?
»Så har staten ikke længere kontrol over vaccineproduktionen.«

- Men der er jo masser af vaccineproduktion, staten ikke har kontrol over. Alle de vacciner, som I ikke laver?
»Ja, det er rigtigt, men man har den knowhow, der skal til for at producere vacciner. Vi kunne i princippet producere alle former for vacciner.«

Statens Seruminstitut om børnevacciner i medierne: »Selv om vi stort set har fået bugt med sygdommen, vil der nok på et eller andet tidspunkt komme et mæslingeudbrud igen. Netop derfor er det så vigtigt, at vi fortsat lader vore børn vaccinere.«

Kåre Mølbak, afdelingschef på epidemiologisk afdeling, Statens Serum Institut. Politiken, 2004.

»Jeg er dybt chokeret over, at så mange børn ikke bliver vaccineret. Især mæslinger kan give svære følgesygdomme som hjernebetændelse. Og da børnene ikke vil blive smittet i en tidlig alder, fordi de fleste af deres kammerater er vaccineret, vil risikoen for komplikationer være meget større end før i tiden. Børnesygdomme rammer nemlig generelt hårdere, jo ældre man er, når man bliver syg,« Tove Rønne, overlæge på Statens Serum Institut. Berlingske Tidende, 1998.

»Der er givet millioner af doser af vaccine, og de alvorlige bivirkninger er ekstremt sjældne. Man kan selvfølgelig få lidt hævelser eller en smule rødmen, når man vaccineres mod en børnesygdom, men det er jo kun forventelige bivirkninger. Alligevel bliver myten om eksempelvis en øget autismerisiko ved MFR-vaccination ved at poppe op, skønt den er manet videnskabeligt i jorden.«

Information

Kristian Villesen, Louise Voller

Serum Institute in Denmark Earns Millions from Recommending Vaccination

Information// The Flu Case (English), 2 January 2010
https://web.archive.org/web/20100220011952/http://www.theflucase.com/index.php?option=com_content&view=article&id=2449%3Aserum-institute-in-denmark-earns-millions-from-recommending-vaccination-reports-information&catid=41%3Ahighlighted-news&Itemid=105&lang=en

"The State Serum Institute" gives advice to the Danes on vaccines, but it also sells vaccines for one billion Danish "Kroner".

This dual role of vaccine advisor as well as producer is problematic, critics believe.

The specific structure of the Serum Institute also results in higher vaccine prices in Denmark.

"The State Serum Institute" issues recommendations about what vaccines Danes should take, such as against childhood diseases. At the same time, the institute produces the very same vaccines that the state authority then goes on to recommend to the citizens.

It produces its own vaccines and resells foreign vaccines, an activity which represents two thirds of turnover from vaccines of the Foundation.

In 2008, the turnover was about 938 million Danish Kroner - that's almost one billion dollars.

The double role as both adviser, producer and importer of the vaccines is problematic, believes Margrethe Nielsen, a researcher at the independent research Cochrane Center:

"I doubt that the general public are aware that serum institute produces vaccines, and that is the problem - precisely because they also give advice. People need to know what interests there may be behind that advice. From both a consumer and society perspective," says Margaret Nielsen.

Also, health economist Jakob Kjellberg from the Danish Health Foundation (DIS) believes that the Foundation's many roles are problematic:

'The many different caps people wear is worth considering when the serum foundation makes recommendations for vaccines because they themselves produce or earn money from reselling," says Jakob Kjellberg.

The Name Sounds Official

In addition, the Consumer Council finds the structure unhappy.

"There are a lot of different hats at the State Serum Institute," says Head of Department Mette Boye.

And it is problematic from a consumer perspective.

"It is important that you know who you are dealing with and what motives may be at play. Is it a public health authority or a producer? "Asks Mette Boye, who also believes that the name the State Serum Institute sounds very official - and is, therefore, likely to mislead consumers.

Margaret Nielsen of the Cochrane Center holds the same view.

'The State Serum Institute has an authoritative sound. It sounds like a state authority. It is of course when it comes to advice, but you might not expect that it is, at the same time making money by selling vaccines. "

The formal role of the State Serum Institute is monitoring and giving advice on the prevention of infectious diseases. Moreover, the institution is supposed to ensure that Danes can get the necessary vaccines through a so-called 'supply security'. The vaccines, which the institute does not produce itself, are supplied by foreign producers - and the Serum Institute sells them in Denmark for profit. The vaccines, which the serum institution itself produces are not contracted out, and foreign producers of similar vaccines therefore have no opportunity to enter the Danish market.

The monopolistic structure is unique and exists only in Denmark. Other countries have separated the official advice from the economic interests associated with the production and sale of vaccines. It should also be changed at home, thinks Margrethe Nielsen.

'Separating these two tasks can be useful, "she says.

Jorgen Clausen, chief economist of the Pharmaceutical Industry, takes the same poisition as well.

"It will look prettier if those who make money on vaccines from those who give advice were distinguished," he says.

Also a former employee of serum foundation, the current chief of staff at the Center for Disease Prevention in the Health Protection Agency, Tove Rønne, believes that a new structure should be considered.

"Vaccines are increasingly coming to resemble other drugs in recent years. Therefore, one can consider whether there is a need for a new structure; for example, if it is preferable to delineate functions more clearly. But it is still important to keep supplies of basic vaccines. There are advantages and disadvantages to both models, but it is certainly something that should be periodically reviewed and discussed. "

The special Danish structure is also expensive. A study by the National Audit Office in 2005 showed that the State Serum Institute's 5 valent pediatric vaccine cost 396 dollars, which is three times as much as in Sweden, where the authorities buy the vaccines from foreign manufacturers. The figures are from 2003, but there has been no significant changes since then. Free competition in the field will therefore probably result in less expensive vaccines for Danes, believes Jorgen Clausen from the Pharmaceutical Industry:

"One must assume that prices would be lower if all the vaccines were put out to tender," he says.

"Nice Structure"

The Director of Serum Institute, Niels Strandberg, has denied that there are any problems with the current structure: "We are not an independent company as such. We produce vaccines, but we are owned by the Danish government. So I think that there is no problem. "

- Several of your experts have been out in the media and talk about the importance of the vaccination itself. Do you think the Danes are aware that you found yourself producing vaccines?

"I think certainly they are. It appears clearly in our purpose clause. And our public guidance is always in line with the Health Protection Agency guidelines. And it would be very odd if we as a state authority are not held to account. "

- Wouldn't it be smarter if those who produce the vaccines are not advising on their use?

"It is also the main Board of Health that gives advice. But y as an employee, you are allowed to speak. "

- Can you understand if people find this strange?

'No, we just fulfil the tasks we have been instructed to do by the Danish government. "

The Serum Institute's monopoly and consequent high prices are not a problem either, thinks Niels Strandberg.

"It is true that you can get some of the vaccines more cheaply abroad. But when you have such a small market as the Danish to produce for, it is clear that the price is going to be different. Moreover, the National Audit Office study from 2005 said there are other advantages of the Danish model. We have among other things, a better supply security than many other countries, "says Niels Strandberg.

- What is the problem of separating vaccine production from giving advice?

"So the state has no longer control over vaccine production."

- But there's plenty of vaccine production the state has no control over. All the vaccines that you are not doing?

"Yes, it is true, but you have the know-how needed to produce vaccines. We could in principle produce all kinds of vaccines. "

THE FLU CASE

Claudia Calvo

Pandemia y vacunas

a Letter to María L. Avila-Aguero, 5 January 2010.
https://web.archive.org/web/20100220012042/http://www.theflucase.com/index.php?option=com_content&view=article&id=2471%3Aclaudia-calvos-email-exchange-with-costa-rican-health-minister-over-swine-flu-jabs-in-spanish&catid=41%3Ahighlighted-news&Itemid=105&lang=en

From Marie Thérèse Cloward:
Claudia Calvo and the Costa Rican Health Minister María L. Avila-Aguero have entered into an email dialogue (in Spanish) on the merits and drawbacks of instituting a mass vaccination campaign with the untested swine flu jab.

¡Gracias, Señora Ministra!

Al leer su comentario, estoy recordando varias entrevistas en francés al Dr Girard (que tampoco era cualquier bombetas: fue asesor de desarrollo de vacunas para farmacéuticas-OMS en Francia por muchísimos años)... pero dice en una que estas vacunas H1N1 "científicamente hablando, no es que estén mal desarrolladas: lo que pasa es que NO están desarrolladas" ; en otra decía que ¡uno no se inyecta con un sándwich de atún! Y que los efectos de ciertos ingredientes, al ser ingeridos y pasar por el filtro del sistema digestivo (que aún así son muy peligrosos), ¡son muy distintos de los que causan al ser absorbidos sistémicamente! (Los franco-parlantes son muy expresivos al debatir, seguro se me pegó también, jaja.)

Con respecto a Tamiflu, lógico que se evaluó también la molécula oseltamivir misma, no sólo el medicamento patentado por Mr Rumsfeld. (Los informes oficiales aparecen en internet, pero son bastante tediosos) ¡De todos modos, un "genérico", por definición también incluye la misma molécula del "medicamento oficial"! También hay varios artículos en EUA con respecto a los datos de autismo: los niños que se están evaluando ahora tienen una edad entre los 8 y los 12 años... precisamente abocándose a que no haya mayor discrepancia de datos. No olvidemos que el mayor experto oficial pro-vacunas en EUA, el Dr Ofitt, está en polémica por haber declarado oficialmente que a los niños "no les pasa nada ¡y que se les pueden poner 100.000 vacunas en un día!!! Francamente, dudo que ud pueda estar de acuerdo con ESE experto...

Lo que sí me parece grave es la receta ineludible de OMS de dársela -justamente- a la gente que ya está muy fragilizada por enfermedades autoinmunes y demás condiciones problemáticas, ¿cómo van a aguantar semejante invasión química?

Con respecto Al país, de hecho, ayer fue la primera vez que entré ahí: toda la información que he traducido viene del extranjero -y no se refiere específicamente a Costa Rica, sino a la generalidad de esta pandemia. Y si entré ahí, es porque quiero que mi carta sea leída por la mayor cantidad posible de costarricenses: que decidan por ellos mismos. Además, porque ¡no acostumbro "tirar la piedra y esconder la mano"! De todos modos, desde que descubrí la existencia del Dr Páez hace un tiempo, encuentro que sus escritos son MUY congruentes con lo que he encontrado "afuera". Con respecto al periódico mismo, no le podría dar una evaluación: desde la guerra del golfo dejé de ver

noticias (y ud y yo sabemos que el conglomerado oficial -mundial- de noticias es controlado por los señores Rupert y James Murdoch, que tienen ENORMES e inextricables nexos con GSK info@tpuc.org y CFR -ver lista): no es precisamente algo que me incite a confiar en su transparencia .... por lo que no me parece particularmente útil discutir de la validez relativa de los medios alternativos, si ya sabemos ¡lo que son los oficiales!

Por cierto, Cochrane Collaboration también dijo recientemente que le preocupa que ahora le estén enviando los -muchísimos- millones de vacunas no deseadas al "tercer mundo", en que las condiciones -latitudinales- de sol hacen que la gente tenga menos problemas con la gripe misma, que con diversas condiciones más bien relacionadas a malas condiciones generales (yo sé que los costarricenses no comemos tan mal -aparte de los sempiternos agroquímicos que están ¡hasta en la miel de abeja!- y que somos muy higiénicos, relativamente, pero ¿quién no tiene un precario cerca?), y que en tales casos, pues, el tipo de ingredientes en las vacunas arriesgan causar más daño que beneficio.

En fin. Como le decía, ¡tengo mis opiniones, ud tiene las suyas! ... y eso no va a cambiar tan fácilmente, ¿no? Si quiere, podemos seguir así bastante rato, pero personalmente -y con todo respeto- no creo que vayamos a llegar a ninguna parte.

Cordialmente me despido, con un saludo.

Claudia Calvo.

THE FLU CASE

Le ministre français de la Santé convoqué
au tribunal pour la campagne de vaccination contre la grippe porcine

The Flu Case, 6 janvier 2010.
https://web.archive.org/web/20100220012057/http://www.theflucase.com/index.php?option=com_content&view=article&id=2475%3Aeyewitness-account-of-french-health-ministers-appearance-in-court-over-the-swine-flu-jab-campaign-in-english-and-french&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Madame Roselyne Bachelot,
Ministre de la Santé, était assignée à comparaître en référé devant le Tribunal
de Grande Instance de Paris le lundi 4 janvier
The Flu Case, 5 January 2010

Madame Roselyne Bachelot, Ministre de la Santé, était assignée à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

Cette procédure judiciaire a été engagé, devant le «danger imminent» encouru par la population, par l'Association Cri-Vie (Coordination de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées-Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue.

Une "grand'mère provinciale" rapporte:

Ayant négocié la circulation du lundi matin jusqu'à Paris, je n'avais de pas de carte professionnelle de journaliste, donc j'ai dû me joindre à la queue de sécurité à l'entrée pour le public au Tribunal de Grande Instance de Paris, où des supporteurs de la cause, des gens de tous horizons, de simples citoyens en bonnets de laine et mitaines, ont fait connaissance pour la première fois dans le froid glacial, et après un délai inexpliqué de 15 minutes environ, nous nous sommes dirigés vers la salle allouée pour cette audience.

Cependant, ayant grimpé les marches du perron du Palais of Justice et traversé l'immense "Salle des Pas Perdus", nous avons découvert que la salle d'audience avait été changée et que tout le monde venait juste de disparaître au bout du couloir vers une quelconque autre salle. Des policiers trapus nous ont empêché de les suivre le long de ce couloir en disant qu'ils ne savaient même pas quelle salle avait été choisie pour l'audience et que nous devions laisser la cour "travailler en paix".

La location de l'audience ayant été identifié au bout de 10 minutes, les mêmes trois policiers trapus nous ont barré le chemin à une autre porte dans la "Salle des Pas Perdus" qui ouvrait sur encore une autre couloir nous séparant effectivement de l'audience, en nous disant qu'il n'y avait plus de place assise (deux personnes y étant restés debout, ce qui était strictement parlant interdit). Une fois qu'une salle était pleine, ils ne pouvaient plus laisser passer personne, même pour s'approcher de la porte, pour des raisons de sécurité (le feu etc) Plusieurs personnes parmi ayant insisté que les portes devaient rester ouvertes pendant l'audience, et que nous avions légalement accès à ces portes OUVERTES, les policiers sont restés fermes en disant que ce n'était pas leur problème, et qu'ils ne faisaient que leur «devoir».

Un avocat qui passait par là est allée gentiment vérifier la chose, et nous a rapporté qu'effectivement 40 personnes environ assistaient à l'audience, et que la salle était donc bien pleine. Mais Maître Ouarti (l'avocate de Christian Cotten) nous a dit plus tard que nous aurions dû tambouriner sur les portes qui étaient censées rester ouvertes et que ce refus de rendre l'audience ouverte au public pouvait être utilisé pour faire prononcer toute décision de la Cour nulle.

Entretemps, en doutant de nos droits, telle une troupe de nains dociles au pied des colonnes imposantes du Palais de Justice, nous avons échangé nos adresses email en discutant de l'affaire avec un journaliste solitaire (du journal mensuel TOP ALERTE) près du kiosque d'accueil surmonté d'un pyramide en verre..

Vers 10h30, Christian Cotten et Marc Vercoutère se sont émergés du couloir «interdit» avec leurs avocats, Maître Malika Ouarti et Maître Jean-Pierre Joseph. Entourés de partisans équipés de caméscopes, Christian Cotten était clairement consterné d'annoncer à ses auditeurs anxieux que l'objectif n'avait pas été atteint, à savoir, que la campagne de vaccination serait poursuivie en France parce que le juge ne s'estimait probablement pas compétent.

Il a ajouté que la décision du tribunal serait le 25 Janvier, donc si les gens n'ont pas tenu compte des avertissements que lui et d'autres ont déjà essayé de communiquer, il y aurait des dégâts dans les semaines à venir, et il ne pouvait rien pour empêcher cela. Absolument exaspérés par ces tactiques typiquement bureaucratiques pour gagner du temps, dans cette situation d'urgence où chaque jour pourrait nuire à la santé du public et même coûter des vies, il s'écria dans son style spontané habituel:

"Tant pis pour eux, ces hauts fonctionnaires qui ont beaucoup de pouvoir ! Que les hauts fonctionnaires stupides se fassent vacciner ! Ca écoulera les doses !"

Après cette effusion de colère démentie par sa détresse visible à l'idée même que les "hauts fonctionnaires" soient vaccinés, en faisant un grand effort pour voir le bon côté des choses, il a constaté tout de même des éléments très positifs :

"Les deux avocats ont très bien fait leur job. Marc a très bien dit ce qu'il avait à dire. J'ai fait passer dans les pièces (puisque c'est une procédure pénale), un texte très clair et très simple au Président [du référé] en mettant en évidence sa responsabilité morale, politique (je ne sais pas si j'ai rajouté « spirituel » mais j'aurais pu), et juridique. Il a une véritable responsabilité, il est interpellé au nom de la santé publique, au nom de la sauvegarde de l'intégrité de la population et de nos corps. C'est bien une liberté fondamentale, l'intégrité du corps de chacun d'entre nous.

Il est interpellé sur un problème qui est un dossier pénal. Nous sommes de toute façon dans un dossier pénal : plusieurs procédures au long cours devant des juges d'instruction à Grenoble, à Nantes, à Paris, à Evry, Pau, à Créteil… (Je n'arrive plus à toutes les suivre, c'est super !) Il y a des procédures au long cours qui sont ouvertes, et qui vont perdurer, enfin qui vont se travailler dans la durée, cinq ans, dix ans, mais ils feront vivre ce dossier. Vraisemblablement un jour il y aura un procès en correctionnelle aux Assises devant la Cour de Justice de la République. Il y aura forcément un procès après une inscription.

Nous sommes dans une affaire pénale parce que nous sommes dans une opération internationale d'utilisation des institutions de la République par des organisations privées qui ont mis en œuvre un plan qui relève du crime organisé, en bande organisée : tentative d'empoisonnement, atteinte à l'intégrité, distribution de produits hautement toxiques.

C'est très clair, les vaccins sont hautement toxiques, de par en particulier les conservateurs, de par en particulier les adjuvants, de par la manière d'utiliser des morceaux de virus, dont on dit qu'ils sont atténués, sauf qu'ils se recombinent à d'autres morceaux de virus et à un moment ils deviennent toute autre chose que des virus atténués.

Le Tamiflu. Il est aujourd'hui très clairement exposé par les scientifiques et les journalistes scientifiques que toutes les études fournies par le Laboratoire Roche ont été intégralement bidonnées de A à Z par les directions marketing et par des sociétés de relations publiques externes qui ont été payées pour fabriquer des études bidons démontrant une pseudo efficacité du Tamiflu. Le Tamiflu non seulement n'est pas réellement efficace, et cela les médecins compétents le démontrent très bien, mais il est hautement toxique. Vraisemblablement, un grand nombre de morts attribués à la grippe H1N1, notamment pour des enfants doivent en réalité être attribués au Tamiflu, qui est utilisé de manière totalement délirante.

Alors, il n'y aurait pas les victimes - parce qu'il y a des victimes des vaccins aujourd'hui, il y a des victimes du Tamiflu - personnellement je trouverait ça très drôle, parce que nous sommes dans une situation ou des gangsters internationaux organisés utilisent les hauts fonctionnaires de l'OMS en les rétribuant. C'est très clair aujourd'hui. Une enquête va être lancée par le Parlement du Conseil de l'Europe. Ce n'est pas le Parlement Européen, contrairement à ce que disent certains journalistes, c'est le Conseil de l'Europe, qui réunit 47 pays. A la tête de la Commission , 61 médecins allemands particulièrement compétents, qui disent les chosent extrêmement clairement. Ils parlent très clairement des liens d'intérêt et de la corruption de l'OMS sur cette opération : vaccins et Tamiflu. Ces gens-là utilisent l'OMS et utilisent les institutions de la République Française dans un détournement du service publique pour gagner de l'argent. Je m'arrête là sur le pourquoi de toute cette opération, mais au minimum, c'est pour gagner beaucoup d'argent.

Et donc nous ne sommes plus dans un état de droit à partir du moment où il y a une utilisation abusive de l'Etat et c'est là que le Président du Référé aujourd'hui de ce Tribunal est interpellé, c'est sur ce point là.

Alors quelle sera sa décision ? Je ne me fais pas plus d'illusion que cela. En même temps il y a parfois des miracles en début d'année. Nous verrons. De toute façon, l'argumentaire juridique qui conduit le parquet et la partie adverse à dire que les parties devraient aller voir la justice administrative, bien entendu, c'est prévu. Nous y allons demain après-midi déposer un référé suspension et une requête en annulation devant le Conseil d'Etat.»

Il était environ 11h00 lorsque M. Cotten et M. Vercoutère ont quitté le tribunal avec leurs avocats et quelques « supporteurs » pour se rassembler dans un café à proximité autour d'une boisson chaude avant d'être interviewé par FR3, interview diffusée le soir même en région Acquitaine (Pau, Toulouse et Bordeaux), car l'Association "Cri-Vie" est basée à Pau.

Maître Malika Ouarti et Maître Jean-Pierre Joseph m'ont alors accordé un bref interview avec mon caméscope pour les gens dans ma ville en province (où certains ont refusé de croire que l'audience allait réellement avoir lieu aujourd'hui même lorsque je leur ai montré le communiqué de presse).

Maître Ouarti a dit que les deux associations avaient assignée Madame Bachelot pour demander :

- via l'Article 809 du nouveau code de procédure civile qu'il y ait un arrêt de la vaccination
- la nomination d'un comité d'experts pour examiner les effets secondaires de Tamiflu
- les possibilités de curatives et préventives naturelles et allopathiques contre la grippe A.

«L'avocat qui représentait Roselyne Bachelot n'a pas évoqué le débat de fond et s'est contenté de répéter que le juge judiciaire n'était pas compétent, qu'il fallait s'adresser au Tribunal administratif, car selon lui il n'y aurait pas d'atteinte aux libertés puisque le juge judiciaire est effectivement compétent uniquement quand il y a une voie de fait, c'est-à-dire une atteinte aux libertés fondamentales, et également, disons, un détachement de la fonction du ministre de l'exercice de son pouvoir normal.

Nous avons plaidé évidemment qu'au contraire, la liberté était menacée puisque, comme vous le savez, il n'y a pas une réelle liberté d'information, il n'y a pas de transparence. Nous avons prouvé que certains mensonges ont été indiqués dans la presse via le ministère. Il y a d'ailleurs un tabou puisque aujourd'hui la presse nationale n'est pas là alors que c'est quand même une audience importante. Le procureur, lui, a considéré que la liberté d'information n'était pas une liberté fondamentale (!!!) Il y a une collusion certaine entre le procureur et l'avocat de Madame Bachelot.

Bien entendu, Madame Bachelot, via son avocat a réitéré deux choses : 1) que les produits avaient reçu l'anm et 2) que les vaccinations étaient facultatives.

Le problème n'est pas là pour nous. Il est évident qu'un choix doit être libre et éclairé. Le choix de se faire vacciner n'est pas éclairé à cause des incohérences concernant le nombre des vaccinations à faire, concernant le contenu des vaccins, concernant la manière dont la vaccination est faite, la réquisition de locaux, des personnes non compétentes pour vacciner ont indiqué aux deux associations Cri-Vie et Politique de Vie que des libertés fondamentales sont en jeu.Ca c'est le premier point.

Quant au Tamiflu, il y a un vrai danger, parce que les effets secondaires du Tamiflu apparaissent de plus en plus difficiles à traiter. Le Docteur Marc Vercoutère, qui dirige l'association Cri-Vie, a établi une notice, où il indique que le Tamiflu est toxique, carrément toxique, et donc il y a un vrai problème puisque actuellement le Tamiflu est prescrit, par des médecins, certes, mais est délivré gratuitement en pharmacie, prescrit par des médecins sans même que le test pour la grippe A soit effectué, parce que ce test coûte cher (200€). Donc les médecins maintenant, quand il y a des symptômes grippaux prescrivent relativement facilement du Tamiflu. A l'hôpital aussi on en prescrit et le Docteur Vercoutère pense que les effets secondaires seront malheureusement importants à moyen et court terme.

La décision sera rendue le 25 janvier prochain. Nous verrons à ce moment là ce que les associations feront face à cette décision. Nous avons argué du fait que le juge judiciaire était le juge des libertés donc nous espérons que la justice nous suivra dans ce domaine car c'est vraiment un enjeu important.»

Maître Jean-Pierre Joseph, auteur de l'ouvrage "Vaccins, on nous aurait menti?" déplore qu'on est dans un dialogue des sourds.

« Les gens qui prônent les vaccins disent que nous sommes dans une religion, ce qui est assez extraordinaire, parce que justement, on a découvert au bout de plusieurs années qu'il y avait un gros problème concernant les vaccins en général, et c'est nous qui sommes taxés d'être dans une religion. Tout cela parce qu'il y a dans ce pays des espèces de dogmes, des certitudes absolues sur lesquelles on ne revient jamais, et on récite des litanies religieuses qu'on ne vérifie jamais de toute façon, malheureusement.

Moi, le message que j'essaye de faire passer, c'est que j'ai découvert, par des dossiers et par mon expérience personnelle, mes voyages et par des lectures nombreuses scientifiques que les vaccins en général sont totalement inefficaces, tous, et je l'affirme. Il y a des dizaines de publications qui sont sorties là-dessus, qui sont très claires et très précises, il suffit de regarder les courbes du Ministère de la Santé de toutes les épidémies du monde entier depuis le début du 20ème siècle, sans aucune exception. Les vaccins ne servent à rien, c'est très clair. Si on n'a pas compris cela, dans cinquante ans on y est toujours. Que ce soit avec ou sans adjuvant, c'est un faux débat, les vaccins ne servent à rien.»

Hier et aujourd'hui, à part FR3 en Acquitaine, il est clair que les médias en France ont boudé cette audience, préférant annoncer la résiliation des commandes de 50 millions de doses de vaccins, ainsi que le recours aux médecins généralistes, et les vaccinations prévues désormais au sein des entreprises, chez Michelin en particulier.

THE FLU CASE

Eyewitness Account of French Health Minister's Appearance in Court over the Swine Flu Jab Campaign

The Flu Case, 6 janvier 2010.

https://web.archive.org/web/20100220012057/http://www.theflucase.com/index.php?option=com_content&view=article&id=2475%3Aeyewitness-account-of-french-health-ministers-appearance-in-court-over-the-swine-flu-jab-campaign-in-english-and-french&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Carolyn Dunning in Paris gives an eyewitness account of the appearance in court on Monday of the French Health Minister Roselyne Bachelot -- represented by a lawyer -- following charges brought by Dr Marc Vercoutere and Christian Cotten concerning the mass swine flu vaccination campaign.

The court is due to give its verdict on January 25th.

Following charges by Maîtres Malika Ouarti (Barreau de Paris) and Jean-Pierre Joseph (Barreau de Grenoble), Mrs. Roselyne Bachelot, Minister of Health was represented by her lawyer at a hearing before the Tribunal de Grande Instance of Paris on Monday, January 4, 2010 at 9 am, the aim of the assignation being for putting an end as soon as possible to the campaign of vaccinations against influenza H1N1".

This litigation was initiated before the "imminent danger" faced by the people, by the Association “Cri-Vie” (Coordination of Research and Independent Information regarding Health), chaired by Dr. Marc Vercoutère (Pau-Pyrenees Atlantiques) and “Politique de Vie”, a political party from the extreme centre, chaired by the psychologist Christian Cotten (St-Aubin, Essonne).

A "provincial grandmother” reports:

Having driven through New Year Monday morning traffic to Paris I did not have a professional reporter's card so had to join the security check queue at the public entry door to the Tribunal de Grande Instance de Paris, where supporters of the cause, people from all walks of life, simple citizens with woolly hats and mittens, met each other for the first time in the bitter cold and after an unexplained standstill of about 15 minutes, we moved on to find the allotted room for the hearing.

However, having climbed the huge steps to the Palais de Justice and traversed the immense "Salle des Pas Perdus", we were informed that the room for the hearing had been changed and that everyone had just disappeared round the bend of the corridor to some other room. Burly policemen prevented us (a sensible group of about 25 polite and peaceable people) from following them down this corridor, saying they did not even know which room had finally been chosen for the hearing and that we should leave the court to carry on its work in peace, I quote: “il faut les laisser travailler en paix”.

The actual location of the hearing having been identified 10 minutes later, the same three burly policemen then barred the way through another door from the "Salle des Pas Perdus" to yet another corridor separating us from the hearing, saying that there were no more seats left and that two people were standing up, which was not strictly allowed. Once a room was full they could not allow anyone else to even approach the door, for security reasons (meaning fire etc). Several people among us insisted that the doors had to remain open to the hearing and that we could legally go up to these OPEN doors, but the policemen were adamant and said it was not their problem, they were only doing their "duty".

A passing lawyer agreed to go through the doors and down to the end of the corridor to check for us, then reported that there were indeed about 40 people present at the hearing and that the room was really full. But Maître Ouarti (Christian Cotten's lawyer) said afterwards that we should have banged on the doors because they are supposed to be left open and that this failure to render the hearing open to the public could be used to nullify the court's decision.

In the meantime, obediently doubting our rights, our little band of docile dwarfs gathered at the foot of the imposing columns of the Court of Justice to exchange email addresses and discuss the case with a lone reporter (from the monthly magazine TOP ALERTE) near the reception kiosk topped by a glass pyramid..

At about 10h30, Christian Cotten and Marc Vercoutère emerged from the "out of bounds" corridor with their lawyers, Maître Malika Ouarti and Maître Jean-Pierre Joseph. Surrounded by friendly supporters filming with their cam recorders, Christian Cotten was clearly dismayed to announce to his anxious listeners that the aim of putting an end to the vaccination campaign had not been achieved, and that it would therefore continue in France because the judge was esteemed to be "incompetent" to deal with the particular nature of the accusations.

He added that the court's decision would be on 25th January, so if people did not heed the warnings he and others have already tried to communicate, there would be casualties in the coming weeks, which he could do nothing to prevent. Absolutely exasperated by these typical bureaucratic tactics of playing for time, in this urgent situation where every day may damage the health of the public and even cost lives, he exclaimed in his usual spontaneous style:

"*Tant pis pour eux, ces hauts fonctionnaires qui ont beaucoup de pouvoir ! Que les hauts fonctionnaires stupides se fassent vacciner ! Ca écoulera les doses !" (Too bad for the bureaucrats wielding power at the top! Let the stupid high ranking officials (civil servants) go and be vaccinated themselves! That will get rid of the doses*!)

After this angry explosion belied by his visible distress at the idea of even the "high ranking bureaucrats" having to be vaccinated, making a considerable effort to look on the positive side of things, he admitted that:

"The two lawyers did a very good job. Marc said everything he had to say very well. I presented the evidence (since this is a penal procedure), a very clear and simple text, to the interim president [of the Tribunal de Grande Instance]

highlighting his moral, political (I do not know if I added "spiritual" but I could have done), and legal responsibility. He has a real responsibility; he is challenged on behalf of public health, in the name of preserving the integrity of the population and our bodies. That is a fundamental freedom, the bodily integrity of each one of us.

He is challenged on an issue that is a criminal case. We are dealing with a criminal case: multiple procedures of lengthy duration before magistrates in Grenoble , Nantes , Paris , Evry, Pau , Créteil .. (I can no longer keep up with them all, which is just great!) These lengthy procedures are now launched and will continue, that is to say, work will be engaged in the long term, five years, ten years, but they will keep this issue alive. Most probably one day there will be a trial in the correctional Assize Court of Justice of the Republic. For after registration, there will necessarily be a trial.

We are in a criminal case because we are witnessing an international operation using the Republic's institutions for private organizations who have implemented a plan that is organized crime, by an organized gang: attempted poisoning, damage to integrity and distribution of highly toxic products.

It is very clear, the vaccines are highly toxic, especially due to the preservatives, due to the adjuvants and due to the way of using pieces of viruses, which are said to have been attenuated, except that they recombine with other pieces of virus and after a while they become anything but attenuated viruses.

It is now clearly exposed by scientists and science journalists that all the studies provided by Roche Laboratory were fully rigged from start to finish by the Marketing Department and external PR companies paid to make studies demonstrating Tamiflu's pseudo effectiveness. Tamiflu is not only ineffective (and competent doctors demonstrate that very well), but it is also highly toxic. We can presume that a large number of deaths hitherto attributed to H1N1 influenza, particularly those of children, should actually be attributed to Tamiflu, which is used in a completely delusional manner.

If it weren't for the victims - because there are victims of vaccines today, there are victims of Tamiflu - personally I would find it laughable because we're in a situation where organized international gangsters use senior WHO officials and remunerate them. It's very clear today. An investigation will being launched by the Parliament of the Council of Europe. This is not the European Parliament, contrary to what some journalists say, it is the Council of Europe, which brings together 47 countries.

At the head of the Commission, 61 particularly competent German doctors, who say things quite clearly. They speak very clearly of links of interest and of the corruption of the WHO in this operation: vaccines and Tamiflu. These people use the WHO and institutions of the French Republic, diverting public service to earn money. I shall refrain to go further as to the reason behind this whole operation, but at the very minimum, it is to earn lots of money.

And so we're not in a state of law from the moment there is a misuse of the State and that is why the interim President of this Court is challenged today, it is on that precise point.

So what will be his decision? I am under no illusion about that. At the same time a miracle can happen, at the start of the New Year."

Mr Cotten and Mr Vercoutère left the Court around 11h15 with their lawyers and several supporters to gather in a nearby café around a warm drink before an interview for FR3 TV channel which was diffused the same evening in the Acquitaine region (Pau, Toulouse and Bordeaux), because the Association "Cri-Vie", chaired by Marc Vercoutère is based in Pau.

Maître Malika Ouarti and Maître Jean-Pierre Joseph agreed to let me interview them with my camrecorder for people in my provincial bourgeois home town (where people refused to believe that a real court hearing would be held today even though I showed them the press release).

Maître Ouarti said that the two associations had assigned Madame Bachelot to request:
- via Arti cle 809 of the new Code of Civil Procedure, that the vaccinations should cease;
- that a committee of experts be appointed to examine the side effects of Tamiflu;
- possibilities for curative and preventive, natural and allopathic remedies against influenza A.

Me Ouarti noted that the lawyer who represented Roselyne Bachelot "did not address the case in depth and simply repeated that the judge had no jurisdiction, that they should contact the Administrative Tribunal, because he said there is no infringement of freedom, and that the judge is competent only when there is an assault, that is to say an attack on fundamental freedoms, or a detachment from the Minister's function in the exercise of his normal power.

We argued that on the contrary, freedom is threatened because, as you know, there is no real freedom of information, no transparency. We have proved that certain lies were indicated in the press via the Ministry. There is, moreover a taboo today as the national press is not here today, at an

important audience. The prosecutor asserted that freedom of information was not a fundamental liberty (!!!) There is some collusion between the prosecutor and counsel for Ms. Bachelot. Of course, Ms Bachelot, via her lawyer, reiterated two things: 1) that the vaccines were ANM and 2) that the vaccinations were voluntary.

The problem does not lie there for us. It is obvious that a choice must be free and informed consent. The choice to be vaccinated is not informed because of inconsistencies in the number of vaccinations to be done, in the content of vaccines, in how the vaccine is made, the requisitioning of premises and of persons who are not competent to vaccinate, all of which have indicated to the two associations Cri-Vie and Life Policy that fundamental freedoms are an issue. That is the first point.

As for Tamiflu, the danger is real, because the side effects of Tamiflu are becoming more difficult to treat. Dr. Marc Vercoutère, who heads the association Cri-Vie, has established a notice in which he indicates that Tamiflu is toxic, downright toxic, and therefore there is a real problem now because Tamiflu is prescribed by doctors, without even testing for influenza A, because this test is expensive (200 €) and Tamiflu is sold over the counter by chemists. So when there are flu-like symptoms, doctors now prescribe Tamiflu relatively easily. At the hospital they also prescribe Tamiflu and Dr. Vercoutère believes that side effects will unfortunately be significant in the medium and short term.

The decision will be published on January 25. We shall see then how the associations face this decision. We have argued that this judge (juge judiciaire) was the judge of freedom so we hope that justice will follow us in this area because it is really an important issue."

Maître Jean-Pierre Joseph, author of "Vaccins on nous aurait menti?" regrets that everyone is speaking at cross purposes.

"People who favour the vaccine say that we are in a religion, which is extraordinary because it was discovered after several years that vaccines in general were problematic, and yet we are the ones who are accused of being in a religion. All that because in this country there are dogmas and certainties no-one ever goes back on, and people recite religious litanies that are never checked anyway, unfortunately. The message I'm trying to convey is that I have discovered through my files and personal experience, my travels and extensive scientific reading that all vaccines in general are totally ineffective. There are dozens of publications which are very clear and very precise. Just look at the curves of the Ministry of Health of any epidemic outbreaks worldwide since the early 20th century, without exception and you'll see that vaccines are useless, it's very clear. If you do not understand that, in fifty years we'll have made no progress. Whether with or without adjuvant, is a false debate, vaccines are simply useless."

Blind eye on this hearing, preferring to announce the cancellation of the orders for 50 million doses of swine flu vaccine, as well as the permission for GPs to vaccinate in their surgeries, and that vaccinations could begin within firms, such as Michelin.

yahoo!actualités

Grippe: Roselyne Bachelot répondra aux députés devant la commission des affaires sociales, selon Accoyer

Fr.News, Yahoo, 6 janvier 2010, 10h52

https://web.archive.org/web/20100220012115/http://www.theflucase.com/index.php?option=com_content&view=article&id=2480%3Afrench-health-minister-to-be-grilled-by-parliamentary-committee&catid=1%3Alatest-news&Itemid=64&lang=en
http://fr.news.yahoo.com/3/20100106/r_t_ap_pl_other/tpl-grippe-a-h1n1-vaccination-bachelot-a-cfb2994_1.html?printer=1 (deleted)

La ministre de la Santé Roselyne Bachelot sera interrogée sur la grippe A/H1N1 à l'occasion de la prochaine réunion de la commission des affaires sociales qui se tiendra sur l'évolution de la pandémie, annonce le président de l'Assemblée nationale.

Alors que le Parti socialiste et le Nouveau centre ont réclamé une commission d'enquête parlementaire sur le sujet, Bernard Accoyer souligne dans un communiqué que la commission des affaires sociales a déjà auditionné la ministre sur cette question à trois reprises, en septembre, novembre et décembre derniers.

Roselyne Bachelot a fait savoir mardi qu'elle était prête à accepter le principe d'une commission et s'est dite à la disposition des députés pour répondre à leurs questions.

Le président de l'Assemblée nationale précise que la prochaine réunion de la commission des affaires sociales sur la grippe "sera élargie à l'ensemble des députés et ouverte à la presse. D'autres réunions identiques pourront être organisées". AP

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THE FLU CASE

French Health Minister to be Grilled by Parliamentary Committee

The Flu Case, 6 January 2010, 12:04

https://web.archive.org/web/20100220012115/http://www.theflucase.com/index.php?option=com_content&view=article&id=2480%3Afrench-health-minister-to-be-grilled-by-parliamentary-committee&catid=1%3Alatest-news&Itemid=64&lang=en

French Health Minister Roselyne Bachelot is set to be cross-examined by a parliamentary committee to answer questions about the swine flu pandemic and the mass vaccination campaign, the president of the National Assembly has said.

Bachelot's appearance in front of the committee on social affairs will be open to all deputies and also to the media, reports AP.

THE FLU CASE

Le ministre français de la Santé convoqué au tribunal pour la campagne de vaccination contre la grippe porcine

The Flu Case, 6 janvier 2010.
https://web.archive.org/web/20100220012057/http://www.theflucase.com/index.php?option=com_content&view=article&id=2475%3Aeyewitness-account-of-french-health-ministers-appearance-in-court-over-the-swine-flu-jab-campaign-in-english-and-french&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Madame Roselyne Bachelot, Ministre de la Santé, était assignée à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier
The Flu Case, 5 January 2010

Madame Roselyne Bachelot, Ministre de la Santé, était assignée à comparaître en référé devant le Tribunal de Grande Instance de Paris le lundi 4 janvier à 9 h, aux fins de mettre un terme dans les plus brefs délais à la campagne de vaccination contre la grippe H1N1.

Cette procédure judiciaire a été engagé, devant le «danger imminent» encouru par la population, par l'Association Cri-Vie (Coordination de Recherche et d'Informations Indépendantes en matière de Santé), présidée par le Dr Marc Vercoutère (Pau, Pyrénées-Atlantiques) et le parti politique d'extrême-centre Politique de Vie, présidé par Christian Cotten (St-Aubin, Essonne), psychosociologue.

Une "grand'mère provinciale" rapporte:

Ayant négocié la circulation du lundi matin jusqu'à Paris, je n'avais de pas de carte professionnelle de journaliste, donc j'ai dû me joindre à la queue de sécurité à l'entrée pour le public au Tribunal de Grande Instance de Paris, où des supporteurs de la cause, des gens de tous horizons, de simples citoyens en bonnets de laine et mitaines, ont fait connaissance pour la première fois dans le froid glacial, et après un délai inexpliqué de 15 minutes environ, nous nous sommes dirigés vers la salle allouée pour cette audience.

Cependant, ayant grimpé les marches du perron du Palais of Justice et traversé l'immense "Salle des Pas Perdus", nous avons découvert que la salle d'audience avait été changée et que tout le monde venait juste de disparaître au bout du couloir vers une quelconque autre salle. Des policiers trapus nous ont empêché de les suivre le long de ce couloir en disant qu'ils ne savaient même pas quelle salle avait été choisie pour l'audience et que nous devions laisser la cour "travailler en paix".

La location de l'audience ayant été identifié au bout de 10 minutes, les mêmes trois policiers trapus nous ont barré le chemin à une autre porte dans la "Salle des Pas Perdus" qui ouvrait sur encore une autre couloir nous séparant effectivement de l'audience, en nous disant qu'il n'y avait plus de place assise (deux personnes y étant restés debout, ce qui était strictement parlant interdit). Une fois qu'une salle était pleine, ils ne pouvaient plus laisser passer personne, même pour s'approcher de la porte, pour des raisons de sécurité (le feu etc) Plusieurs personnes parmi ayant insisté que les portes devaient rester ouvertes pendant l'audience, et que nous avions légalement accès à ces portes OUVERTES, les policiers sont restés fermes en disant que ce n'était pas leur problème, et qu'ils ne faisaient que leur «devoir».

Un avocat qui passait par là est allée gentiment vérifier la chose, et nous a rapporté qu'effectivement 40 personnes environ assistaient à l'audience, et que la salle était donc bien pleine. Mais Maître Ouarti (l'avocate de Christian Cotten) nous a dit plus tard que nous aurions dû tambouriner sur les portes qui étaient censées rester ouvertes et que ce refus de rendre l'audience ouverte au public pouvait être utilisé pour faire prononcer toute décision de la Cour nulle.

Entretemps, en doutant de nos droits, telle une troupe de nains dociles au pied des colonnes imposantes du Palais de Justice, nous avons échangé nos adresses email en discutant de l'affaire avec un journaliste solitaire (du journal mensuel TOP ALERTE) près du kiosque d'accueil surmonté d'un pyramide en verre..

Vers 10h30, Christian Cotten et Marc Vercoutère se sont émergés du couloir «interdit» avec leurs avocats, Maître Malika Ouarti et Maître Jean-Pierre Joseph. Entourés de partisans équipés de caméscopes, Christian Cotten était clairement consterné d'annoncer à ses auditeurs anxieux que l'objectif n'avait pas été atteint, à savoir, que la campagne de vaccination serait poursuivie en France parce que le juge ne s'estimait probablement pas compétent.

Il a ajouté que la décision du tribunal serait le 25 Janvier, donc si les gens n'ont pas tenu compte des avertissements que lui et d'autres ont déjà essayé de communiquer, il y aurait des dégâts dans les semaines à venir, et il ne pouvait rien pour empêcher cela. Absolument exaspérés par ces tactiques typiquement bureaucratiques pour gagner du temps, dans cette situation d'urgence où chaque jour pourrait nuire à la santé du public et même coûter des vies, il s'écria dans son style spontané habituel:

"Tant pis pour eux, ces hauts fonctionnaires qui ont beaucoup de pouvoir ! Que les hauts fonctionnaires stupides se fassent vacciner ! Ca écoulera les doses !"

Après cette effusion de colère démentie par sa détresse visible à l'idée même que les "hauts fonctionnaires" soient vaccinés, en faisant un grand effort pour voir le bon côté des choses, il a constaté tout de même des éléments très positifs :

"Les deux avocats ont très bien fait leur job. Marc a très bien dit ce qu'il avait à dire. J'ai fait passer dans les pièces (puisque c'est une procédure pénale), un texte très clair et très simple au Président [du référé] en mettant en évidence sa responsabilité morale, politique (je ne sais pas si j'ai rajouté « spirituel » mais j'aurais pu), et juridique. Il a une véritable responsabilité, il est interpellé au nom de la santé publique, au nom de la sauvegarde de l'intégrité de la population et de nos corps. C'est bien une liberté fondamentale, l'intégrité du corps de chacun d'entre nous.

Il est interpellé sur un problème qui est un dossier pénal. Nous sommes de toute façon dans un dossier pénal : plusieurs procédures au long cours devant des juges d'instruction à Grenoble, à Nantes, à Paris, à Evry, Pau, à Créteil… (Je n'arrive plus à toutes les suivre, c'est super !) Il y a des procédures au long cours qui sont ouvertes, et qui vont perdurer, enfin qui vont se travailler dans la durée, cinq ans, dix ans, mais ils feront vivre ce dossier. Vraisemblablement un jour il y aura un procès en correctionnelle aux Assises devant la Cour de Justice de la République. Il y aura forcément un procès après une inscription.

Nous sommes dans une affaire pénale parce que nous sommes dans une opération internationale d'utilisation des institutions de la République par des organisations privées qui ont mis en œuvre un plan qui relève du crime organisé, en bande organisée : tentative d'empoisonnement, atteinte à l'intégrité, distribution de produits hautement toxiques.

C'est très clair, les vaccins sont hautement toxiques, de par en particulier les conservateurs, de par en particulier les adjuvants, de par la manière d'utiliser des morceaux de virus, dont on dit qu'ils sont atténués, sauf qu'ils se recombinent à d'autres morceaux de virus et à un moment ils deviennent toute autre chose que des virus atténués.

Le Tamiflu. Il est aujourd'hui très clairement exposé par les scientifiques et les journalistes scientifiques que toutes les études fournies par le Laboratoire Roche ont été intégralement bidonnées de A à Z par les directions marketing et par des sociétés de relations publiques externes qui ont été payées pour fabriquer des études bidons démontrant une pseudo efficacité du Tamiflu. Le Tamiflu non seulement n'est pas réellement efficace, et cela les médecins compétents le démontrent très bien, mais il est hautement toxique. Vraisemblablement, un grand nombre de morts attribués à la grippe H1N1, notamment pour des enfants doivent en réalité être attribués au Tamiflu, qui est utilisé de manière totalement délirante.

Alors, il n'y aurait pas les victimes - parce qu'il y a des victimes des vaccins aujourd'hui, il y a des victimes du Tamiflu - personnellement je trouverait ça très drôle, parce que nous sommes dans une situation ou des gangsters internationaux organisés utilisent les hauts fonctionnaires de l'OMS en les rétribuant. C'est très clair aujourd'hui. Une enquête va être lancée par le Parlement du Conseil de l'Europe. Ce n'est pas le Parlement Européen, contrairement à ce que disent certains journalistes, c'est le Conseil de l'Europe, qui réunit 47 pays. A la tête de la Commission , 61 médecins allemands particulièrement compétents, qui disent les chosent extrêmement clairement. Ils parlent très clairement des liens d'intérêt et de la corruption de l'OMS sur cette opération : vaccins et Tamiflu. Ces gens-là utilisent l'OMS et utilisent les institutions de la République Française dans un détournement du service publique pour gagner de l'argent. Je m'arrête là sur le pourquoi de toute cette opération, mais au minimum, c'est pour gagner beaucoup d'argent.

Et donc nous ne sommes plus dans un état de droit à partir du moment où il y a une utilisation abusive de l'Etat et c'est là que le Président du Référé aujourd'hui de ce Tribunal est interpellé, c'est sur ce point là.

Alors quelle sera sa décision ? Je ne me fais pas plus d'illusion que cela. En même temps il y a parfois des miracles en début d'année. Nous verrons. De toute façon, l'argumentaire juridique qui conduit le parquet et la partie adverse à dire que les parties devraient aller voir la justice administrative, bien entendu, c'est prévu. Nous y allons demain après-midi déposer un référé suspension et une requête en annulation devant le Conseil d'Etat.»

Il était environ 11h00 lorsque M. Cotten et M. Vercoutère ont quitté le tribunal avec leurs avocats et quelques « supporteurs » pour se rassembler dans un café à proximité autour d'une boisson chaude avant d'être interviewé par FR3, interview diffusée le soir même en région Acquitaine (Pau, Toulouse et Bordeaux), car l'Association "Cri-Vie" est basée à Pau.

Maître Malika Ouarti et Maître Jean-Pierre Joseph m'ont alors accordé un bref interview avec mon caméscope pour les gens dans ma ville en province (où certains ont refusé de croire que l'audience allait réellement avoir lieu aujourd'hui même lorsque je leur ai montré le communiqué de presse).

Maître Ouarti a dit que les deux associations avaient assignée Madame Bachelot pour demander :

- via l'Article 809 du nouveau code de procédure civile qu'il y ait un arrêt de la vaccination
- la nomination d'un comité d'experts pour examiner les effets secondaires de Tamiflu
- les possibilités de curatives et préventives naturelles et allopathiques contre la grippe A.

«L'avocat qui représentait Roselyne Bachelot n'a pas évoqué le débat de fond et s'est contenté de répéter que le juge judiciaire n'était pas compétent, qu'il fallait s'adresser au Tribunal administratif, car selon lui il n'y aurait pas d'atteinte aux libertés puisque le juge judiciaire est effectivement compétent uniquement quand il y a une voie de fait, c'est-à-dire une atteinte aux libertés fondamentales, et également, disons, un détachement de la fonction du ministre de l'exercice de son pouvoir normal.

Nous avons plaidé évidemment qu'au contraire, la liberté était menacée puisque, comme vous le savez, il n'y a pas une réelle liberté d'information, il n'y a pas de transparence. Nous avons prouvé que certains mensonges ont été indiqués dans la presse via le ministère. Il y a d'ailleurs un tabou puisque

aujourd'hui la presse nationale n'est pas là alors que c'est quand même une audience importante. Le procureur, lui, a considéré que la liberté d'information n'était pas une liberté fondamentale (!!!) Il y a une collusion certaine entre le procureur et l'avocat de Madame Bachelot.

Bien entendu, Madame Bachelot, via son avocat a réitéré deux choses : 1) que les produits avaient reçu l'anm et 2) que les vaccinations étaient facultatives.

Le problème n'est pas là pour nous. Il est évident qu'un choix doit être libre et éclairé. Le choix de se faire vacciner n'est pas éclairé à cause des incohérences concernant le nombre des vaccinations à faire, concernant le contenu des vaccins, concernant la manière dont la vaccination est faite, la réquisition de locaux, des personnes non compétentes pour vacciner ont indiqué aux deux associations Cri-Vie et Politique de Vie que des libertés fondamentales sont en jeu.Ca c'est le premier point.

Quant au Tamiflu, il y a un vrai danger, parce que les effets secondaires du Tamiflu apparaissent de plus en plus difficiles à traiter. Le Docteur Marc Vercoutère, qui dirige l'association Cri-Vie, a établi une notice, où il indique que le Tamiflu est toxique, carrément toxique, et donc il y a un vrai problème puisque actuellement le Tamiflu est prescrit, par des médecins, certes, mais est délivré gratuitement en pharmacie, prescrit par des médecins sans même que le test pour la grippe A soit effectué, parce que ce test coûte cher (200€). Donc les médecins maintenant, quand il y a des symptômes grippaux prescrivent relativement facilement du Tamiflu. A l'hôpital aussi on en prescrit et le Docteur Vercoutère pense que les effets secondaires seront malheureusement importants à moyen et court terme.

La décision sera rendue le 25 janvier prochain. Nous verrons à ce moment là ce que les associations feront face à cette décision. Nous avons argué du fait que le juge judiciaire était le juge des libertés donc nous espérons que la justice nous suivra dans ce domaine car c'est vraiment un enjeu important.»

Maître Jean-Pierre Joseph, auteur de l'ouvrage "Vaccins, on nous aurait menti?" déplore qu'on est dans un dialogue des sourds.

« Les gens qui prônent les vaccins disent que nous sommes dans une religion, ce qui est assez extraordinaire, parce que justement, on a découvert au bout de plusieurs années qu'il y avait un gros problème concernant les vaccins en général, et c'est nous qui sommes taxés d'être dans une religion. Tout cela parce qu'il y a dans ce pays des espèces de dogmes, des certitudes absolues sur lesquelles on ne revient jamais, et on récite des litanies religieuses qu'on ne vérifie jamais de toute façon, malheureusement.

Moi, le message que j'essaye de faire passer, c'est que j'ai découvert, par des dossiers et par mon expérience personnelle, mes voyages et par des lectures nombreuses scientifiques que les vaccins en général sont totalement inefficaces, tous, et je l'affirme. Il y a des dizaines de publications qui sont sorties là-dessus, qui sont très claires et très précises, il suffit de regarder les courbes du Ministère de la Santé de toutes les épidémies du monde entier depuis le début du 20ème siècle, sans aucune exception. Les vaccins ne servent à rien, c'est très clair. Si on n'a pas compris cela, dans cinquante ans on y est toujours. Que ce soit avec ou sans adjuvant, c'est un faux débat, les vaccins ne servent à rien.»

Hier et aujourd'hui, à part FR3 en Acquitaine, il est clair que les médias en France ont boudé cette audience, préférant annoncer la résiliation des commandes de 50 millions de doses de vaccins, ainsi que le recours aux médecins généralistes, et les vaccinations prévues désormais au sein des entreprises, chez Michelin en particulier.

=> English

THE FLU CASE

Eyewitness Account of French Health Minister's Appearance in Court over the Swine Flu Jab Campaign

The Flu Case, 6 January 2010 11:34

https://web.archive.org/web/20100220012057/http://www.theflucase.com/index.php?option=com_content&view=article&id=2475%3Aeyewitness-account-of-french-health-ministers-appearance-in-court-over-the-swine-flu-jab-campaign-in-english-and-french&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Carolyn Dunning in Paris gives an eyewitness account of the appearance in court on Monday of the French Health Minister Roselyne Bachelot -- represented by a lawyer -- following charges brought by Dr Marc Vercoutere and Christian Cotten concerning the mass swine flu vaccination campaign.

The court is due to give its verdict on January 25th.

Following charges by Maîtres Malika Ouarti (Barreau de Paris) and Jean-Pierre Joseph (Barreau de Grenoble), Mrs. Roselyne Bachelot, Minister of Health was represented by her lawyer at a hearing before the Tribunal de Grande Instance of Paris on Monday, January 4, 2010 at 9 am, the aim of the assignation being for putting an end as soon as possible to the campaign of vaccinations against influenza H1N1".

This litigation was initiated before the "imminent danger" faced by the people, by the Association "Cri-Vie" (Coordination of Research and Independent Information regarding Health), chaired by Dr. Marc Vercoutère (Pau-Pyrenees Atlantiques) and "Politique de Vie", a political party from the extreme centre, chaired by the psychologist Christian Cotten (St-Aubin, Essonne).

A "provincial grandmother" reports:

Having driven through New Year Monday morning traffic to Paris I did not have a professional reporter's card so had to join the security check queue at the public entry door to the Tribunal de Grande Instance de Paris, where supporters of the cause, people from all walks of life, simple citizens with woolly hats and mittens, met each other for the first time in the bitter cold and after an unexplained standstill of about 15 minutes, we moved on to find the allotted room for the hearing.

However, having climbed the huge steps to the Palais de Justice and traversed the immense "Salle des Pas Perdus", we were informed that the room for the hearing had been changed and that everyone had just disappeared round the bend of the corridor to some other room. Burly policemen prevented us (a sensible group of about 25 polite and peaceable people) from following them down this corridor, saying they did not even know which room had finally been chosen for the hearing and that we should leave the court to carry on its work in peace, I quote: "il faut les laisser travailler en paix".

The actual location of the hearing having been identified 10 minutes later, the same three burly policemen then barred the way through another door from the "Salle des Pas Perdus" to yet another corridor separating us from the hearing, saying that there were no more seats left and that two people were standing up, which was not strictly allowed. Once a room was full they could not allow anyone else to even approach the door, for security reasons (meaning fire etc). Several people among us insisted that the doors had to remain open to the hearing and that we could legally go up to these OPEN doors, but the policemen were adamant and said it was not their problem, they were only doing their "duty".

A passing lawyer agreed to go through the doors and down to the end of the corridor to check for us, then reported that there were indeed about 40 people present at the hearing and that the room was really full. But Maître Ouarti (Christian Cotten's lawyer) said afterwards that we should have banged on the doors because they are supposed to be left open and that this failure to render the hearing open to the public could be used to nullify the court's decision.

In the meantime, obediently doubting our rights, our little band of docile dwarfs gathered at the foot of the imposing columns of the Court of Justice to exchange email addresses and discuss the case with a lone reporter (from the monthly magazine TOP ALERTE) near the reception kiosk topped by a glass pyramid..

At about 10h30, Christian Cotten and Marc Vercoutère emerged from the "out of bounds" corridor with their lawyers, Maître Malika Ouarti and Maître Jean-Pierre Joseph. Surrounded by friendly supporters filming with their cam recorders, Christian Cotten was clearly dismayed to announce to his anxious listeners that the aim of putting an end to the vaccination campaign had not been achieved, and that it would therefore continue in France because the judge was esteemed to be "incompetent" to deal with the particular nature of the accusations.

He added that the court's decision would be on 25th January, so if people did not heed the warnings he and others have already tried to communicate, there would be casualties in the coming weeks, which he could do nothing to prevent. Absolutely exasperated by these typical bureaucratic tactics of playing for time, in this urgent situation where every day may damage the health of the public and even cost lives, he exclaimed in his usual spontaneous style:

"*Tant pis pour eux, ces hauts fonctionnaires qui ont beaucoup de pouvoir ! Que les hauts fonctionnaires stupides se fassent vacciner ! Ca écoulera les doses !" (Too bad for the bureaucrats wielding power at the top! Let the stupid high ranking officials (civil servants) go and be vaccinated themselves! That will get rid of the doses*!)

After this angry explosion belied by his visible distress at the idea of even the "high ranking bureaucrats" having to be vaccinated, making a considerable effort to look on the positive side of things, he admitted that:

"The two lawyers did a very good job. Marc said everything he had to say very well. I presented the evidence (since this is a penal procedure), a very clear and simple text, to the interim president [of the Tribunal de Grande Instance]

highlighting his moral, political (I do not know if I added "spiritual" but I could have done), and legal responsibility. He has a real responsibility; he is challenged on behalf of public health, in the name of preserving the integrity of the population and our bodies. That is a fundamental freedom, the bodily integrity of each one of us.

He is challenged on an issue that is a criminal case. We are dealing with a criminal case: multiple procedures of lengthy duration before magistrates in Grenoble , Nantes , Paris , Evry, Pau , Créteil .. (I can no longer keep up with them all, which is just great!) These lengthy procedures are now launched and will continue, that is to say, work will be engaged in the long term, five years, ten years, but they will keep this issue alive. Most probably one day there will be a trial in the correctional Assize Court of Justice of the Republic. For after registration, there will necessarily be a trial.

We are in a criminal case because we are witnessing an international operation using the Republic's institutions for private organizations who have implemented a plan that is organized crime, by an organized gang: attempted poisoning, damage to integrity and distribution of highly toxic products.

It is very clear, the vaccines are highly toxic, especially due to the preservatives, due to the adjuvants and due to the way of using pieces of viruses, which are said to have been attenuated, except that they recombine with other pieces of virus and after a while they become anything but attenuated viruses.

It is now clearly exposed by scientists and science journalists that all the studies provided by Roche Laboratory were fully rigged from start to finish by the Marketing Department and external PR companies paid to make studies demonstrating Tamiflu's pseudo effectiveness. Tamiflu is not only ineffective (and competent doctors demonstrate that very well), but it is also highly toxic. We can presume that a large number of deaths hitherto attributed to H1N1 influenza, particularly those of children, should actually be attributed to Tamiflu, which is used in a completely delusional manner.

If it weren't for the victims - because there are victims of vaccines today, there are victims of Tamiflu - personally I would find it laughable because we're in a situation where organized international gangsters use senior WHO officials and remunerate them. It's very clear today. An investigation will being launched by the Parliament of the Council of Europe. This is not the European Parliament, contrary to what some journalists say, it is the Council of Europe, which brings together 47 countries.

At the head of the Commission, 61 particularly competent German doctors, who say things quite clearly. They speak very clearly of links of interest and of the corruption of the WHO in this operation: vaccines and Tamiflu. These people use the WHO and institutions of the French Republic, diverting public service to earn money. I shall refrain to go further as to the reason behind this whole operation, but at the very minimum, it is to earn lots of money.

And so we're not in a state of law from the moment there is a misuse of the State and that is why the interim President of this Court is challenged today, it is on that precise point.

So what will be his decision? I am under no illusion about that. At the same time a miracle can happen, at the start of the New Year."

Mr Cotten and Mr Vercoutère left the Court around 11h15 with their lawyers and several supporters to gather in a nearby café around a warm drink before an interview for FR3 TV channel which was diffused the same evening in the Acquitaine region (Pau, Toulouse and Bordeaux), because the Association "Cri-Vie", chaired by Marc Vercoutère is based in Pau.

Maître Malika Ouarti and Maître Jean-Pierre Joseph agreed to let me interview them with my camrecorder for people in my provincial bourgeois home town (where people refused to believe that a real court hearing would be held today even though I showed them the press release).

Maître Ouarti said that the two associations had assigned Madame Bachelot to request:
- via Arti cle 809 of the new Code of Civil Procedure, that the vaccinations should cease;
- that a committee of experts be appointed to examine the side effects of Tamiflu;
- possibilities for curative and preventive, natural and allopathic remedies against influenza A.

Me Ouarti noted that the lawyer who represented Roselyne Bachelot "did not address the case in depth and simply repeated that the judge had no jurisdiction, that they should contact the Administrative Tribunal, because he said there is no infringement of freedom, and that the judge is competent only when there is an assault, that is to say an attack on fundamental freedoms, or a detachment from the Minister's function in the exercise of his normal power.

We argued that on the contrary, freedom is threatened because, as you know, there is no real freedom of information, no transparency. We have proved that certain lies were indicated in the

press via the Ministry. There is, moreover a taboo today as the national press is not here today, at an important audience. The prosecutor asserted that freedom of information was not a fundamental liberty (!!!) There is some collusion between the prosecutor and counsel for Ms. Bachelot. Of course, Ms Bachelot, via her lawyer, reiterated two things: 1) that the vaccines were ANM and 2) that the vaccinations were voluntary.

The problem does not lie there for us. It is obvious that a choice must be free and informed consent. The choice to be vaccinated is not informed because of inconsistencies in the number of vaccinations to be done, in the content of vaccines, in how the vaccine is made, the requisitioning of premises and of persons who are not competent to vaccinate, all of which have indicated to the two associations Cri-Vie and Life Policy that fundamental freedoms are an issue. That is the first point.

As for Tamiflu, the danger is real, because the side effects of Tamiflu are becoming more difficult to treat. Dr. Marc Vercoutère, who heads the association Cri-Vie, has established a notice in which he indicates that Tamiflu is toxic, downright toxic, and therefore there is a real problem now because Tamiflu is prescribed by doctors, without even testing for influenza A, because this test is expensive (200 €) and Tamiflu is sold over the counter by chemists. So when there are flu-like symptoms, doctors now prescribe Tamiflu relatively easily. At the hospital they also prescribe Tamiflu and Dr. Vercoutère believes that side effects will unfortunately be significant in the medium and short term.

The decision will be published on January 25. We shall see then how the associations face this decision. We have argued that this judge (juge judiciaire) was the judge of freedom so we hope that justice will follow us in this area because it is really an important issue."

Maître Jean-Pierre Joseph, author of "Vaccins on nous aurait menti?" regrets that everyone is speaking at cross purposes.

"People who favour the vaccine say that we are in a religion, which is extraordinary because it was discovered after several years that vaccines in general were problematic, and yet we are the ones who are accused of being in a religion. All that because in this country there are dogmas and certainties no-one ever goes back on, and people recite religious litanies that are never checked anyway, unfortunately. The message I'm trying to convey is that I have discovered through my files and personal experience, my travels and extensive scientific reading that all vaccines in general are totally ineffective. There are dozens of publications which are very clear and very precise. Just look at the curves of the Ministry of Health of any epidemic outbreaks worldwide since the early 20th century, without exception and you'll see that vaccines are useless, it's very clear. If you do not understand that, in fifty years we'll have made no progress. Whether with or without adjuvant, is a false debate, vaccines are simply useless."

Blind eye on this hearing, preferring to announce the cancellation of the orders for 50 million doses of swine flu vaccine, as well as the permission for GPs to vaccinate in their surgeries, and that vaccinations could begin within firms, such as Michelin.

THE FLU CASE

H1N1: 4 députés centristes pour une commission d'enquête, le PS veut une mission

The Flu Case, 6 January 2010

https://web.archive.org/web/20100220012145/http://www.theflucase.com/index.php?option=com_content&view=article&id=2490%3Alikelihood-of-french-parliamentary-inquiry-into-swine-flu-vaccination-grows&catid=1%3Alatest-news&Itemid=64&lang=en

Quatre députés du Nouveau centre ont déposé une proposition de résolution demandant une commission d'enquête parlementaire sur la grippe H1N1, tandis que leurs collègues socialistes ont réitéré leur demande de mission d'information sur ce sujet.

Le groupe Nouveau centre décidera mardi prochain d'utiliser ou non, son droit de tirage, un nouveau droit constitutionnel permettant à un groupe de demander, une fois par session, une commission d'enquête, a précisé l'auteur de la proposition de résolution, Jean-Christophe Lagarde, lors d'un point de presse.

En principe, la demande de commission d'enquête ne peut être refusée que si les 3/5e des députés s'y opposent.

Le texte co-signé par M. Lagarde, Jean-Luc Préel, Maurice Leroy et Jean Dionis du Séjour, et déposé mardi soir, explique que "la France s'est montrée clairement en difficulté dans le dossier" de la vaccination contre la grippe H1NI.

Les 4 député jugent donc une commission d'enquête nécessaire, afin d'effectuer un "travail d'analyse transparent, public et contradictoire" pour "comprendre les dysfonctionnements du plan de vaccination et les améliorations à lui apporter".

"Il y aura un jour une pandémie plus mortelle, soyons prêt pour la prochaine fois", a expliqué M. Lagarde.

En revanche, le député centriste a jugé que la "polémique sur le nombre de vaccins était déplacée".

"La polémique du PS c'est une histoire de pognon", a-t-il dit. Mais le travail des parlementaires "c'est de dire que nous avons choisi la mauvaise voie et qu'il faut changer", a-t-il ajouté.

Mardi, Roselyne Bachelot (Santé) a indiqué qu'elle accepterait une commission d'enquête parlementaire et Jean-François Copé, le patron du groupe UMP "a dit qu'il ne s'opposerait pas" à son principe, a souligné M. Lagarde.

Il a par ailleurs critiqué la demande des députés PS d'une simple mission d'information, moins contraignante qu'une comission. Lundi, le porte-parole du PS, Benoît Hamon, avait demandé une "commission d'enquête" sur la grippe H1N1, tandis que le député PS de Paris Jean-Marie Le Guen avait réitéré sa demande de constitution d'une mission d'information.

A l'Assemblée, le groupe PS, qui a déjà utilisé son droit de tirage pour demander une commission sur les sondages, ne peut l'utiliser pour la grippe H1N1. "Mais les sénateurs PS pourraient le faire" sur la grippe H1N1, a fait valoir M. Lagarde.

"Il faut faire la clarté", a déclaré de son côté M. Ayrault lors de ses voeux à la presse. Selon lui, "il est urgent que l'Assemblée nationale et le Parlement fassent leur travail et que le gouvernement accepte une mission d'information parlementaire et pas seulement l'audition d'un ministre".

"Il faut l'installer dans les jours qui viennent", a-t-il lancé.

Pour sa part, le président de l'Assemblée nationale Bernard Accoyer (UMP) s'est dit "personnell-ement opposé" à une commission d'enquête, dans une interview au Quotidien du médecin.

Mercredi, il a simplement annoncé que Mme Bachelot répondrait aux questions de l'ensemble des députés à l'occasion de la "prochaine réunion de la commission des Affaires sociales".

"Il faudra que les gens qui refusent expliquent pourquoi", a répondu M. Lagarde.

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THE FLU CASE

Likelihood of French Parliamentary Inquiry into Swine Flu Vaccination Grows

The Flu Case, 7 January 2010 11:20

https://web.archive.org/web/20100220012145/http://www.theflucase.com/index.php?option=com_content&view=article&id=2490%3Alikelihood-of-french-parliamentary-inquiry-into-swine-flu-vaccination-grows&catid=1%3Alatest-news&Itemid=64&lang=en

A parliamentary inquiry into the swine flu vaccination campaign in France looks increasingly likely after four deputies belonging to the Nouveau Centre (New Centre) party deposited a submission on Tuesday evening, according to AFP.

Under the procedural rules, each political party is allowed to intitiate one parliamentary inquiry for every session.

The Nouveau Centre deputies Jean-Christophe Lagarde, Jean-Luc Préel, Maurice Leroy and Jean Dionis du Séjour said in their deposition that "France is clearly showing itself to be in difficulty in the matter of the vaccination against the swine flu."

The deputies said they considered a commission of inquiry necessary for a "transparent analysis" to "understand the disfunctions of the plan of vaccination and the improvements to be brought to it."

Jean-François Copé, head of the ruling UMP party headed by Nicolas Sarkozy, has said that he is not opposed to the inquiry in principle, according to Lagarde.

A parliamentary inquiry can only be blocked if three fifths of the deputies vote against the submission.

The Nouveau Centre centre-right party has 22 deputies in the national assembly and is part of the ruling coalition.

LA DÉPÊCHE

Vaccin contre la grippe A : Roselyne Bachelot sur le gril

La Dèpèche, 7 January 2010, 08:22
https://www.ladepeche.fr/article/2010/01/07/750323-vaccin-contre-la-grippe-a-roselyne-bachelot-sur-le-gril.html

Début d'année sous pression pour Roselyne Bachelot. Sa gestion de la grippe H1N1 n'en finit pas de susciter des remous. Quatre députés du Nouveau centre, dont Jean Dionis du Séjour, ont déposé une proposition de résolution demandant une commission d'enquête parlementaire sur la grippe H1N1, tandis que leurs collègues socialistes ont réitéré leur demande de mission d'information. Le Nouveau centre décidera mardi prochain d'utiliser ou non son droit de tirage qui permet à un groupe de demander, une fois par session, une commission d'enquête. Mardi, Roselyne Bachelot a indiqué qu'elle accepterait une commission d'enquête parlementaire. « Il faut faire la clarté », a déclaré de son côté le socialiste Ayrault lors de ses vœux à la presse.

Pour sa part, le président de l'Assemblée nationale Bernard Accoyer s'est dit «personnellement opposé» à une commission d'enquête. Hier, il a annoncé que Roselyne Bachelot répondrait aux questions de l'ensemble des députés à l'occasion de la «prochaine réunion de la commission des Affaires sociales».

De son côté, la commission des Affaires sociales du Sénat a indiqué hier qu'elle souhaitait elle aussi « entendre rapidement » la ministre de la Santé.

THE FLU CASE

Claudia Calvo

Costa Rica: Carta Abierta de una Ciudadana preocupada

The Flu Case, 7 January 2010 21:53
https://web.archive.org/web/20100324230216/http://www.theflucase.com/index.php?option=com_content&view=article&id=2499%3Acosta-rica-carta-abierta-de-una-ciudadana-preocupada-por-claudia-calvo&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Curridabat, Costa Rica, 1 de enero 2010.
De Parte de una Ticasolidaria - Preocupada por sus Compatriotas.

¡*Por Favor*! tómense el tiempo de leer esto, y reenviénlo a todos los que conozcan, a blogs, a donde sea: que cada ciudadano de Costa Rica tome su propia decisión libre… pero que sea una decisión *Informada*: esta carta es acerca de lo que dice en el folleto informativo de Panenza -la vacuna de gripe porcina que nos llega al país esta semana, como nos lo informó hoy Al Día. (Casi todos los enlaces marcados están traducidos al español en los adjuntos que vienen junto a esta carta, junto con unos más -resultó que esto coicidía con las últimas tandas… ¡por suerte!)

NOTA PRELIMINAR: Soy plenamente consciente de que esta cartita NO va ser del agrado de ciertos dirigentes -y de que en este país (y este mundo) nada es un secreto, por lo que el tratar de ocultar mi nombre sería totalmente absurdo ; (de por sí, el hecho de que yo soy la que he estado traduciendo toda esta información desde hace meses… es un secreto a voces.) Si no firmé mis envíos anteriormente, es porque todo lo que he estado mandando era traducción literal de lo escrito por otras personas ; pero esta carta es personal.

Ahora, hasta donde yo sé; y a menos que en algún momento hayan cambiado la Constitución Política sin avisarnos -que nunca se sabe en este siglo y milenio-… que yo sepa, pues, en Costa Rica tenemos aún Libertad de Expresión. Así que la voy a aprovechar ; ahí disculpen.

A Mucha Honra, Soy Costarricense, y de paso, NO me interesa particularmente la política. (Aunque, habiendo aclarado eso (y ¡hablando de decisiones informadas!… puede valer la pena exigir que Tu candidato preferido exprese -claramente- su posición oficial al respecto… porque -obviamente- Liberación Nacional ya mostró la suya.)

No soy médico; soy simplemente una guía turística.

Me involucré en este asunto porque trabajo con turistas extranjeros, y éstos (tanto los recientes como los de todos estos años -que permanecen en comunicación) me han estado contando desde hace meses de su preocupación por lo que está pasando en Europa, Canadá y EUA con respecto a estas vacunas -y a mandarme toneladas de información… pero no había nada en español para advertirles a los demás. Fue entonces cuando libremente decidí … que era mi responsabilidad no dejar que esto siga ignorándose, máxime tomando en cuenta la actitud “ignorantista” de nuestros medios de ¿comunicación? De ahí, las traducciones voluntarias de www.theflucase.com Gracias infinitas al Dr Agustín Páez -y a tantos otros- ¡por tomarlas en cuenta! Y -ni hablar- mil gracias a Jane Bürgermeister por confiar en mí.

En fin, quiero creer que la Libertad de Expresión todavía existe en mi adorado país -fuera de las clases de cívica… pero de no ser así, elijo saberlo ya -que de todos modos, siempre es algo que es importante saber, ¿o no? Muchas gracas a UDS por leerlo y compartirlo..

Claudia Calvo Louward, Curridabat, cédula 1-758-609, licencia ICT 436.

Nota adicional: si alguien del bando "vacunador" leyera esto, quiero que se sepa que aprecio a su justo valor, y de todo corazón, la preocupación de nuestra Ministra de Salud ¡por lograr conseguirnos a todos la "menos mala" de todas las vacunas de gripe porcina, Panenza, de Sanofi-Pasteur! ; no le debe haber sido nada fácil, y sé que las presiones globalistas de OMS-ONU-FMI, CFR, etc, son incomparablemente peores de lo que se piensa, máxime en los países en vías de desarrollo. Así que mis gracias infinitas y sinceras, Señora Ávila, por intentar no envenenarnos -tanto- y créame en verdad que entiendo su predicamento.
(Gracias, sí, pero aún así… ¡No, Gracias!)

Es Cierto que se supone que Panenza es la "menos peor" de todas las vacunas H1N1.

Pero también tiene su "tela que cortar", como verán. Y recuerden también que fueron las vacunas (pediátricas) de Sanofi, las 800.000 que fueron sacadas de circulación en EUA este diciembre…. http://www.cdc.gov/h1n1flu/vaccination/syringes_qua.htm porque -diz que- "ya no eran lo bastante fuertes"; ahora, la gente de Estados Unidos tiene que cambiar la segunda vacuna de sus hijos por un veneno tremendo.

De cualquier modo, por favor tómense unos minutos en hacerle números a esto:
El folleto informativo de Panenza está en http://www.who-umc.org/DynPage.aspx?id=85898 , buscar Panenza (casi al fondo) Está en francés, pero es bastante comprensible. De todas maneras, lo que sigue lo resume a grosso modo. Claro que todo esto le es muy rentable a Sanofi: se anotaron un sabroso aumento de "sólo" $500 Millones ¡para el último cuatrimestre del 2009! [See: Sanofi aims to double vaccine sales by 2013. – Reuters, 17 December 2009; http://www.reuters.com/article/idUSLDE5BG1RT20091217] y esperan que el 2010 siga creciendo a la misma tasa… Me alegra mucho por ellos que la crisis mundial no les esté afectando, ah dichosos… pero ¿tiene la Caja Costarricense de Seguro Social -léase todos nosotros- que pagarles tan feliz aumento?

Pero es que, cuando bajé el folleto para ver el detalle de "la vacuna más segura de todas las H1N1" resulta que tiene algunas contradicciones bastante raras…

Rareza 1: El mismo folleto que dice que "se puede usar sin ningún problema en embarazadas -en cualquier etapa- y en madres lactando"… te dijo una frase antes -en el mismo párrafo- ¡que no hay NINGÚN estudio sobre embarazadas o madres lactando! Ni hablar de que de ninguna manera se puede poner en niños menores de seis meses. (Lindo, pero… ¿uds conocen a muchos fetos que tengan… más de 6 meses de nacidos?)

Rareza 2: En los ingredientes te dice -y te repite más adelante- que es "sin adyuvantes ni productos tóxicos", y que básicamente, sólo contiene proteína de huevo con virus atenuado y agua destilada ; por ningún lado menciona formaldehído ni nada por el estilo. Sí, pero... en las contraindicaciones -un par de páginas después- te dice que no se te ocurra ponértela si sos hipersensible a los huevos (ok, es lógico) ¡pero también… al formaldehído (formalina), a la neomicina (antibiótico bactericida, pero que no sale listado en los ingredientes), o al octoxinol-9 (fuerte espermicida, según wikipedia)!

(Y ¿de dónde salió todo eso, entonces? Ahora bien, comprendo que la idea -de momento- NO es vacunar a las embarazadas o niños (gracias, INAMU y PANI -y AGECO, de paso- por entender la carta del dr Páez) ; pero la policía y demás gente de respuesta ¿querrán inyectarse con formalina y espermicidas? Porque lo más probable es que no les digan que vienen ahí… ya que ¡no los listan! Pero si "no están", ¿cómo es que te pueden causar alergia? ¿Qué más NO nos dirá el folleto, y que SI trae la vacuna?)
Rareza 3: También dice que no hay ninguna evaluación de la interacción de Panenza con otros medicamentos o vacunas, pero que sí te dará resultados falsos durante un par de meses en cualquier prueba -del virus que sea, no sólo de gripe- y que, al ser mezclado con otras medicaciones, los efectos negativos de ambos serán mucho más fuertes. Más adelante, te dice que no te vacunés con Panenza si esás tomando algún medicamento, recetado o no.
(Pero ¿quién no toma algún tipo de medicamento, hoy en día -aparte de mí?)

Rareza 4: Dice además que todo centro que las aplique debe imperativamente tener un equipo de resuscitación completo, por aquello de una severa reacción alérgica o de algún shock anafiláctico inesperado.
(Menos mal que es ¡¡¡"inofensiva"!!!)

Rareza 5: En otro lado dice que las dosis, o partes de dosis no-usadas deberán de ser muy cuidadosamente desechadas, al tratarse de material bacteriológico ; no vaya a ser que se nos contamine el medio ambiente.

(¡Excelente por el ambiente, gracias! Pero… ¿uds están seguros de que quieren meterse en el cuerpo algo… que de ninguna manera puede ir a dar al pobre río Tárcoles?)

Rareza 6: Advierte fuertemente que por ningún motivo puede entrar al sistema vascular.
(¡Qué salvada: los que se vacunan ¡seguro no tienen vasos sanguíneos en sus bíceps!)

Rareza 7: Aclara bien que NO hay datos de tolerancia después de su comercialización…
(¡Obvio: los datos los darán los Humanillos de Indias que se vacunen -si es que alguien permite que sus datos se reporten oficialmente ; como sea, esos datos todavía no existen!)

Rareza 8: Habla de que son muy frecuentes (1 en cada 10 vacunados)… migrañas, alergias, irritaciones, llanto continuo, dolor, mialgias, problemas circulatorios "transitorios", fuerte fiebre, eritema y cosas "leves" de ese tipo, por varios días.

Luego dice que -al ser similar en ingredientes a otras vacunas- siempre hay el riesgo de que "en algunos casos, pero sin tenerse datos reales de su frecuencia" -hablemos de eufemismos-, puede haber: trombocitopenia transitoria (tu sangre no coagula -ojo que si esto se te vuelve autoinmune, estás FRITO) y linfadenopatía transitoria (¡qué bonito! andar con TODOS los ganglios inflamados durante un par de semanas -si es que se quita).

También dice que se podrían dar casos de neuralgias, parestesia, convulsiones febriles, encefalomielitis, neuritis o Guillain-Barré (Sillas de ruedas ; buenas, bonitas y baratas, ¡2x1!) O a lo mejor vasculitis, a veces asociada con trastornos renales graves. (¿Voluntarios para una placentera diálisis?) Y reacciones cutáneas fuertes (muy sexy, andar con "sarna"…).

OJO: dice que las "pruebas clínicas exhaustivas" que sí se hicieron fueron ¡¡¡sobre 24 personas!!! Pero entonces, ¿qué va a pasar cuando nuestros 1.800.000 paisanos más confiados se dejen vacunar? Puede que se trate de una "selección natural" por criterio de inteligencia, pero NO es justo, máxime cuando la prensa nos tiene en la Luna y que la gente confía desde siempre en su amada Caja, cuyos miembros -a veces- ni siquiera saben lo que les están ordenando ponerles…

Rareza 9: Te dice todo esto en el folleto de la vacuna de jeringa de dosis única… que cuesta bastante más que $7.5 cada una -que es lo que está pagando la Caja. La que sí tiene un costo parecido a eso es la *multidosis* … pero resulta que esa, además, tiene… timerosal -léase mercurio, ¡una de las sustancias más tóxicas que se conocen en el mundo!

(*Qué bueno saber que ahora ¡por fin! nos vamos a poder poner al día con los EUA, en que los niños pasaron de 1 caso de autismo en 100.000… a 1 en 64 en 2009 ¡gracias al mercurio de sus vacunas! Porque en adultos también tiene cualquier cantidad de efectos deliciosos…*)
=> Vaccines are one Big Experiment causing Hundreds of Diseases in the Modern World. – Prevent Disease, 21 September 2009 http://preventdisease.com/news/09/092109_vaccines_responsible_for_all_diseases.shtml

Rareza 10: Te dice que hay que vacunarse dos veces -aunque NO existe estudio diferencial de anticuerpos entre gente vacunada una o dos veces ; en otro lado dice que NO está establecido si es necesario dar la segunda dosis…pero que tiene que darse después de 3 semanas. *(????)*

Y recalca bien claro que DE NINGUN MODO se puede hacer la segunda dosis con NINGUNA otra vacuna H1N1 que no sea Panenza…
(¿Será por el posible riesgo de recombinación de virus, usando a sus maltrechos cuerpos -ya debilitados por las vacunas- como incubadora? Ojo, conjetura mía: puede que me equivoque. Pero se basa en lo que dice el website de Jean-Jacques Crèvecoeur, y suele tener razón.)

*OK, pero ¿dice en algún lado de nuestros transparentísimos medios,de comunicación… si las otras dosis que llegarán en febrero y marzo… también serán Panenza? ¡Si ni siquiera se molestaron en decir que la "panacea" que nos llega esta semana es del laboratorio Sanofi-Pasteur -y que se les ocurrió sacar la noticia **EL** día que todos están en la playa -y "de goma" o borrachos todavía- (o sea, el peor día del año para vender periódicos)! Y también, recuerden lo que pasó al respecto en EUA (que no era primera vez con Sanofi).*

…

etc.

En Cuanto A Ustedes… Investiguen un Poco, Y Decidan Uds Mismos, A Consciencia.
Feliz Año… Y de Todo Corazón: Muy Buena Suerte.
Claudia Calvo.

Nachrichten.ch

Sammelklage in Italien wegen Schweinegrippe-Impfstoff

Nachrichten, 16 Januar 2010, 18:22 h
https://web.archive.org/web/20100121152156/http://www.nachrichten.ch/detail/423990.htm
http://www.nachrichten.ch/detail/423990.htm

Rom - Der italienische Konsumentenschutzverband Codacons hat eine Sammelklage gegen das Gesundheits- und Wirtschaftsministerium eingeleitet. Der Grund ist die grosse Menge von unverkauftem Schweinegrippe-Impfstoff.

Der Konsumentenschutzverband forderte die sofortige Auflösung der mit Pharmagesellschaften abgeschlossenen Verträge zur Lieferung des Serums an Italien. Den Italienern solle das Geld zurückerstattet werden, welches das Gesundheitsministerium für den Erwerb von 24 Millionen Dosen des Impfstoffs ausgegeben habe, da die Nachfrage deutlich unter den Erwartungen liege, so der Verband.

Lediglich 875'000 Personen liessen sich in Italien impfen. Codacons verlangt die Rückerstattung von 186 Millionen Euro, die Summe, die für nicht verkaufte Dosen ausgegeben wurden. Der Verband fordert hinzu eine «symbolische» Entschädigung von 50 Euro für jeden Italiener für einen Gesamtwert von 9,3 Milliarden Euro.

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THE FLU CASE

Italy's consumer Protection group demands 9.3 billion Euros damages over Swine Flu jab scam

The Flu Case, 17 January 2010 14:51
https://web.archive.org/web/20100401142038/http://www.theflucase.com/index.php?option=com_content&view=article&id=2583%3Aitalys-consumer-protection-group-demands-93-billion-euros-damages-over-swine-flu-jab-scam&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Italy's Codacons consumer protection group has taken legal action against the health and economic ministries to force them to cancel orders with pharmaceutical companies for swine flu jabs.

The group is also demanding 9.3 billion euros in compensation -- or 50 euros for every Italian -- as "symbolic" damages in addition to the reimbursement of all the money paid to the pharmaceutical companies as part of the swine flu jab scam.

Only 875,000 people in Italy took the swine flu jab leaving the government sitting on about 24 million swine flu jabs.

V armádě začalo očkování proti prasečí chřipce, vojákům se nelíbí

České Noviny, 26 ledna 2010, 17:16
https://web.archive.org/web/20100129121700/http://www.ceskenoviny.cz/zpravy/v-armade-zacalo-ockovani-proti-praseci-chripce-vojakum-se-nelibi/426210

Praha – Náčelník generálního štábu Vlastimil Picek nařídil několika tisícům vojáků a civilních zaměstnanců armády povinné očkování proti prasečí chřipce. Do života tak uvedl vládní usnesení z 11. ledna, které hovoří také o očkování policistů a hasičů. Pokud některý z vojáků neuposlechne, čeká jej trest včetně možného snížení platu. Vojákům se podobné nařízení nelíbí, napsal server iDnes.cz.

"*Nejsme pokusní králíci. Ať to nechají na naší volbě, jestli chceme být očkováni, či ne*," citoval server jednoho z vojáků.

"V rámci resortu obrany se očkování bude týkat přibližně 16.000 osob, jak vojáků, tak občanských zaměstnanců," sdělila ČTK mluvčí generálního štábu Jana Růžičková. O začátku očkování rozhodl podle ní hlavní vojenský hygienik. Současné období poklesu nákazy totiž označil za vhodnou dobu před možnou druhou vlnou chřipkových onemocnění. Picek a jeho nejbližší podřízení si pro injekci vakcíny přišli už minulý pátek.

Česká vláda v reakci na možnou pandemii prasečí chřipky rozhodla už loni o očkování osob nezbytných pro zajištění chodu státu. Očkováni jsou ale především lidé s nemocemi, které by chřipka mohla výrazně zkomplikovat. V lednu pak vláda okruh očkovaných osob rozšířila.

Česká veřejnost není očkování příliš nakloněna. Zatím se podle ministerstva zdravotnictví nechalo očkovat asi 30 procent lidí vybraných k očkování.

Vojákům se povinné očkování proti chřipce nelíbí

Denik.cz, 26 ledna 2010, 17:16
https://web.archive.org/web/20210506170743/http://www.denik.cz/z_domova/vojakum-se-povinne-ockovani-proti-chripce-nelibi.html

Praha - V armádě začalo povinné očkování proti prasečí chřipce. Některým z těch, jichž se to týká, však protestují. V případě neuposlechnutí je však může stihnou trest.

Náčelník generálního štábu Vlastimil Picek nařídil několika tisícům vojáků a civilních zaměstnanců armády povinné očkování proti prasečí chřipce. ... => see above

... Česká veřejnost není očkování příliš nakloněna. Zatím se podle ministerstva zdravotnictví nechalo očkovat asi 30 procent lidí vybraných k očkování.

THE FLU CASE

Leif Arnold

Calls for protest against swine flu vaccination

The Flu Case, 18 February 2010, 12:11
http://www.vaccinationsfaran.se/pdf/A%20protest%20against%20vaccination.pdf

"A Protest Against Vaccination

The public ought to protest. In March 2009 the World Health Organisation (WHO) and the Centers for Disease Control and Prevention (CDC) reported an outbreak of swine flu in Mexico and southern California. A few months later the outbreak spread, as a result of which the WHO declared a "Stage 6 pandemic" alert.

The WHO is required to act in such a way as to safeguard the health of all human beings. There is evidence that the WHO has abused its authority and is using its position in an improper way for the benefit of pharmaceutical companies and other interests. Governments and authorities all over the world have shown an unprecedented lack of competence by allowing themselves to be manipulated by the WHO and its ill-willed accomplices.

The experimental swine flu vaccine, which was produced in great haste and put into mass production without the usual procedures and tests, is a potential cause of DNA mutations, cancer, autoimmune diseases, mass death of cells, autism, schizophrenia and much more.

Alleged and poorly researched evidence of a pandemic frightened honest and unsuspecting people into having themselves and their children vaccinated with an experimental vaccine containing new substances that have not been tested to any significant extent or for a sufficient period of time. Furthermore, information that the vaccine consists of components of nano size, which means that the vaccine could have undesirable side effects on DNA levels, was withheld from the general public.

The National Institute for Occupational Safety and Health in England has demonstrated that components nano size can be extremely dangerous. In animal testing, where animals have inhaled nano particles, it was found that the animals developed inflammation of the lungs similar to that caused by asbestos fibre.

A recent article published in Der Spiegel magazine of October 22nd 2009 states that new EU directives are necessary for the registration of chemicals in products and that the same registration should also be applicable to products that consist of nano particles, the reason given being: "so that people have the freedom of choice". The article also states that studies show that components the size of nano can constitute a risk and that there is a hypothetical theory that nano particles may affect a person's DNA, which could lead to science fiction scenarios in the future. In addition, it has recently been discovered that a nano particle that comes into contact with tissue causes oxidative stress and various inflammatory processes, which, could as such lead to oxidative stress in the future. Animal testing has also demonstrated that nano particles that are injected or inhaled have passed the blood-brain barrier and reached the brain.

The WHO and its academic experts, the European Medicines Agency (EMEA), governments and authorities all over the world have, by duping people into taking this experimental vaccine, breached ethics policy for research, the Nürnberg Convention, the Helsinki Declaration of the World Medical Association (WMA), the Biological Weapons Convention, national constitutions, respect for the integrity of the individual and the basic human right of respect for a person, established ethical practice and social aspects. These breaches provide sufficient grounds for immediately prosecuting the WHO and those involved.

The HPV vaccine "Gardasil" is another vaccine that has been approved for use on children. This vaccine has been produced by means of a hybrid DNA technology, the use of which can alter and combine DNA molecules. Bits of DNA can be cut out and mutated and transferred to other organisms or reintroduced into the genetic material of the host organism and become what is known as a transgenic organism. It is also unlawful from an ethical standpoint to dupe honest and unsuspecting people into taking this hybrid vaccine.

Certain people, in positions of authority, have demonstrated total callous ruthlessness, with respect to their indifference, toward the welfare of our most precious asset…our children. Our civilization is paying dearly for our indifferent acceptance of inadequately tested medical "advances". The safety and efficacy of vaccination has not been demonstrated by reliable, independent, unbiased, and competent scientific evidence. Vaccines are loaded with heavy metals, cancercausing substances, foreign DNA and RNA fragment, different viruses and proteins, prions and oncogenes, toxic chemicals, dangerous neurotoxins etc. Some are so deadly that they were used in Auschwitz-Birkenau to kill mentally ill people during World War II. The vaccine has also a host of unknown particles which come from the cells of chickens, monkeys and even from cancer cells.

Vaccines are extremely toxic and can have a numerous and unpredictable side effects, including behavioural disorders, learning disabilities, central nervous system disorders, autism, hyperactivity, dyslexia, depression, kidney disorders, liver and blood disorders, allergic reactions, mental retardation and epilepsy, diabetes, anaphylactic shock, nerve death, genetic damage, reproductive defects, mitochondrial dysfunction, impaired oxidative-reduction activity, degeneration, death in human neuronal and fetal cells, Alzheimer's and much more. Why are we vaccinating our children without enough scientific consensus? It is time to terminate the childhood vaccinations program, and start to investigate how our government and health agencies could cover-up this duplicity. The government and health agencies, which should protect our health, have obviously another agenda and have totally abdicated any semblance of professional integrity and ethical conduct.

The purpose of the protest is to disseminate valuable information and invoke public opinion against this onerous deception and prosecute those who are responsible, as was the case with the war criminals at the Nürnberg trials between 1945 and 1949.

The protest will continue until the goal has been achieved, that is until this odious vaccination farce has been resolved and those who are responsible are brought to trial at an international criminal court and prosecuted to the full extent of international law.

For this reason I urge you to support this protest by joining this group. It is an effective way to achieve change. Invite all your friends to join.

Application forms and information can be found on www.cmef.eu

Leif Arnold

THE FLU CASE

Legal action filed in Chile to stop Swine Flu Jabs
in Spanish

The Flu Case, 10 April 2010, 12:46
https://web.archive.org/web/20100613225221/http://www.theflucase.com/index.php?option=com_content&view=article&id=3254%3Alegal-action-filed-in-chile-to-stop-swine-flu-jabs&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Recurso de Protección
Recurrente: Miryam Andrea Salazar Gutierrez
Rut: 13.703.222-8
Recurrido: Miinisterio de Salud
Abogado: Margarita Cecilia Barberia Miranda
En Lo Principal: Recurso De Protección.
Primer Otrosí: Orden de no Innovar.
Segundo Otrosí: Acompaña Documento.
Tercer Otrosí: Solicita Diligencia.
Cuarto Otrosí: Téngase Presente.

Iltma. Corte
Margarita Cecilia Barberia Miranda, Abogada, con domicilio en Avenida Diagonal Paraguay número 461 oficina 4° E, Comuna de Santiago, a US. Itma. digo:

Que de acuerdo a las facultades concedidas por la Constitución Política de la República, interpongo recurso de protección en favor de doña ***Myriam Andrea Salazar Gutiérrez***, dueña de casa, con domicilio en Antonio Varas número 2171, departamento número 801, comuna de Ñuñoa, y dirijo esta acción en contra del Ministerio de Salud en atención a los antecedentes de hecho y de derecho que paso a exponer:

Los Hechos
Es de público conocimiento la crisis de salud que vivió el país, replicando la preocupación internacional por el desarrollo de una cepa de virus de gripe que los expertos epidemiólogos identificaron como A H1 N1, conocida como "Influenza Humana". El organismo internacional que se encarga de centralizar y orientar políticas públicas en el ámbito sanitario, la Organización Mundial de la Salud, calificó el evento como "Pandemia", grado que posteriormente bajó.

Diversos Estados en el mundo reclamaron por la inexistencia de un antídoto efectivo en contra del flagelo, situación que cambió a los dos meses de decretada la alarma mundial con la comercialización de un compuesto bioquímico que desarrolla y comercializa el laboratorio internacional "Sanofi Pasteur".

En ese contexto, la autoridad sanitaria nacional, el Ministerio de Salud, encargó un stock de dos millones de dosis, que se amplió en el mes de marzo del año en curso con otros dos millones, y se preparó una campaña para iniciar la vacunación haciendo especial hincapié en los sectores vulnerables como son las mujeres embarazadas, menores de edad y tercera edad, criterio que se refuerza en las zonas devastadas por la catástrofe de febrero de 2010.

Es un hecho de vasto conocimiento científico que la aplicación de la vacuna no es recomendable en el caso de las mujeres embarazadas, a menos que se trate de un caso de extrema necesidad.

La autoridad ha actuado de manera apresurada al implementar esta campaña y no entregar toda la información que de manera contundente ha circulado en distintos lugares del mundo y su actuar ha lesionado los derechos de la recurrente como se expondrá.

El Derecho

De acuerdo al artículo 20 de La Constitución Política, El Recurso de Protección procede respecto de los derechos que la protegida consideran vulnerados por el actuar de la autoridad, estos son el derecho a la libertad de información, reconocida por el numeral 12 del artículo 19 de La Carta Fundamental, el derecho a la vida y a la integridad física del que está por nacer, reconocidos estos por el primer numeral de la norma citada, así como el derecho de propiedad, consagrado por el numeral 24 y la prerrogativa que concede el numeral 26 del artículo en comento que garantiza la seguridad de que los preceptos legales que por mandato de la Constitución regulen o complementen las garantías que esta establece o que las limiten en los casos en que ella lo autoriza, no podrán afectar los derechos en su esencia, ni imponer condiciones, tributos o requisitos que impidan su libre ejercicio

En El Folleto de Información al Profesional de la Vacuna Monovalente Influenza A (H1N1), acompañado en otrosí de esta presentación, se señala en el primer numeral de la octava parte, referida al Uso en Poblaciones Específicas que se desconocen las consecuencias de la vacuna en mujeres embarazadas, pues no se sabe si la misma puede causar daño fetal.

Con la llegada del invierno, en el formato de la campaña de vacunación a los grupos de riesgo no se ha prevenido en forma adecuada a las mujeres embarazadas de la circunstancia en que se funda el recurso. Dañándose el derecho de las

Así mismo, la lesión de estos derechos, perturba el ejercicio del derecho de propiedad que tienen las protegidas sobre los derechos conculcados y perturba la seguridad que entrega la carta fundamental en el mencionado numeral 26 del artículo 19 en cuanto a que el ejercicio de los derechos reconocidos por la constitución no pueden ser afectados en su esencia.

En consecuencia, solicito en representación de la protegida que se ordene a la máxima autoridad Ministro de salud don JAIME MAÑALICH MUSÍ informe veraz y claramente, lo que a su vez el Instituto de salud Pública informa a los profesionales médicos sobre las recomendaciones a que hace alusión el folleto acompañado, en el que expresamente se informa que no existen estudios en mujeres embarazadas, por lo que las consecuencias de una vacunación masiva en este grupo, son inciertas

Por tanto de conformidad a lo establecido en el artículo 20 de la Constitución Política y de conformidad con lo establecido en el Auto Acordado de la E. Corte Suprema de 24 de junio de 1992 sobre tramitación y fallo del recurso de protección de las garantías

Sírvase Us. I. admitir a tramitación este recurso de protección y -previo el informe pedido en el segundo otrosí acogerlo, adoptando todas las medidas necesarias para restablecer el imperio del derecho y asegurar la debida protección de los derechos de la protegida.

Primer Otrosí. - *Sírvase Us* Itma. decretar Orden de no Innovar, a objeto de que se suspenda la vacunación masiva de mujeres en estado de gravidez, hasta tanto se informe adecuadamente de que no hay estudios respecto de las consecuencias que pudiera tener en la vida y la integridad física del que está por nacer.

Segundo Otrosí.- Sírvase Us. I. oficiar a la autoridad correspondiente del Ministerio de Salud, Ministro señor don Jaime Mañalich Musí, para los efectos de que señale como se fiscaliza que en los centros de salud, se de la información correspondiente al uso de la vacuna cuestionada en las mujeres grávidas.

Tercer Otrosí.- Sírvase Us. I. tener presente que acompañado, con citación el siguiente documento: Copia simple del folleto de Información al Profesional Vacuna Monovalente del la Influenza A(H1N1) Suspensión Inyectable.

Cuarto Otrosí.-. Sirvase Us. I tener presente que en mi calidad de abogado asumo personalmente el patrocinio de esta presentación.

<= See a copy of the legal action in Spanish above:

Legal action filed in Chile to stop Swine Flu Jabs

Andrea Santandar and a group of lawyer yesterday filed legal action in Chile to stop the mass swine flu vaccination campaign.

Lawyers filed a petition on behalf of a pregant woman, arguing that Chile's public health bodies have not given adequate information about the risk of the swine flu vaccines and so are violating a right of information anchored in the country's constitution.

The legal action asking for court protection against the dangerous jab has attracted significant media coverage in Chile where the mass swine flu jab campaign has just started.



naturalhealthschool

Thinking About a Flu Shot? Watch This First! Part 1 & 2

Natural Health School, 10 Septemer 2010
1st - https://www.youtube.com/watch?v=oWercnf_VKw
2nd - https://www.youtube.com/watch?v=p63AP_RKYek
3rd - https://www.youtube.com/watch?v=Ut5ZgCZ1DRk



Radio host Alex Jones talks with Dr. Sherri Tenpenny, an internationally renowned expert in alternative medicine. She has lectured abroad on health issues at numerous conferences, conventions, and universities. Tenpenny's DVD, Flu and Flu Vaccines: What's Coming through that Needle, explores the problems associated with annual flu shots.



The Right News at the Right Time

The PorteVille Post, 7 Feb 2009 – 18 Aug 2015
http://www.portervillepost.com/nwo/vac/deadly-virus-and-vaccines.html

A. L. "LUCKY" Lucketta
New World Order Exposed – 18 August 2015
Since there is so much at risk regarding the flu and vaccinations the Post decided to add this section. It's vitally important that you do as much research as you possibly can on these pharmaceuticals and pediatricians to make sure that you make the best possible choice for you and your family. The Post Prays that you will look at both sides before you settle on one.

...

Schizophrenia & Autism are the effects of Vac' stimulation in unborn – 19 April 2014
http://rinf.com/alt-news/latest-news/schizophrenia-autism-effects-vaccine-stimulation-unborn-children/
U.S.A. – Dr. Russell Blaylock, MD is one of the most knowledgeable neurosurgeons in the world and he is also one of the most outspoken ones when it comes to explaining the dangers that vaccines pose to children, women & everyone else. Dr. Blaylock has made it his mission, purposely or not, to warn people about the damage that vaccines cause on children's brains & how such damage affects neurological development. Some of the points Dr. Blaylock makes whenever he appears in public or during interviews with news media is that vaccines are indeed neuro-disruptors, and that the damage on the brain is more severe on children, because *their brains are not fully developed*. Brain tissue in children is more sensible to mercury, adjuvants, formaldehyde, and aluminum **used in vaccines**, than the average adult.

...

800 more children permanently harmed by vaccines – 15 February 2013
https://www.naturalnews.com/039116_children_harmed_vaccines.html
U.S.A. – More evidence has emerged showing that the GlaxoSmithKline (GSK) vaccine Pandemrix, which was widely administered throughout Europe during the 2009-2010 H1N1 influenza "pandemic," was responsible for causing serious and permanent side effects in many of the children that received it. At least 800 children, it turns out, many of whom live in Sweden, now have narcolepsy because of the vaccine, and some government officials are demanding answers.

...

H1N1 Vaccine Tied to Spike in Narcolepsy – 28 March **2012**
https://www.medpagetoday.com/infectiousdisease/uritheflu/31904
Finland – Cases of childhood narcolepsy spiked in Finland in 2010, and researchers there are suggesting the adjuvanted vaccine against the H1N1 pandemic flu might have been a trigger. Two related studies, appearing online in PLoS ONE, found that the incidence of narcolepsy rose markedly in children and adolescents, while remaining unchanged in those 20 and older. Most of the cases in children occurred after vaccination with the ASO3-adjuvanted flu vaccine Pandemrix, which was the only vaccine used in Finland during the pandemic.

Vaccine Propaganda Continues Despite Evidence of Harm – 2 September **2011**
https://web.archive.org/web/20150928111037/http://www.activistpost.com/2011/09/vaccine-propaganda-continues-despite.html
U.S.A. – A comprehensive evaluation of eight common childhood vaccines has found that any adverse effects from vaccines are very rare or very minor. The report, issued last week by a panel of experts assembled by the Institute of Medicine (IOM), said there is no evidence that childhood vaccines cause autism, diabetes, facial palsy or episodes of asthma. *They Are Lying* because scientifically it's impossible to conclude this. Several of the chemicals or heavy metals that are in vaccines are independently known to cause severe disease.

...

9 month old twins die minutes after measles vaccination – 13 December **2010**.
https://web.archive.org/web/20101216014640/http://www.naturalnews.com/030712_measles_vaccination.html#ixzz187mywh8d
India – A pair of nine-month old twin girls died within minutes of being given a measles vaccine at a private clinic in Ghaziabad, India. The girls were taken by their uncle, Akhil Sharma, to receive a measles vaccine at the Divya Nursing Home. "I took them for the vaccination around 6 p.m. on Wednesday," Sharma said. "They were given the vaccination around 7:15 pm. In 15 minutes, the children started breathing heavily."

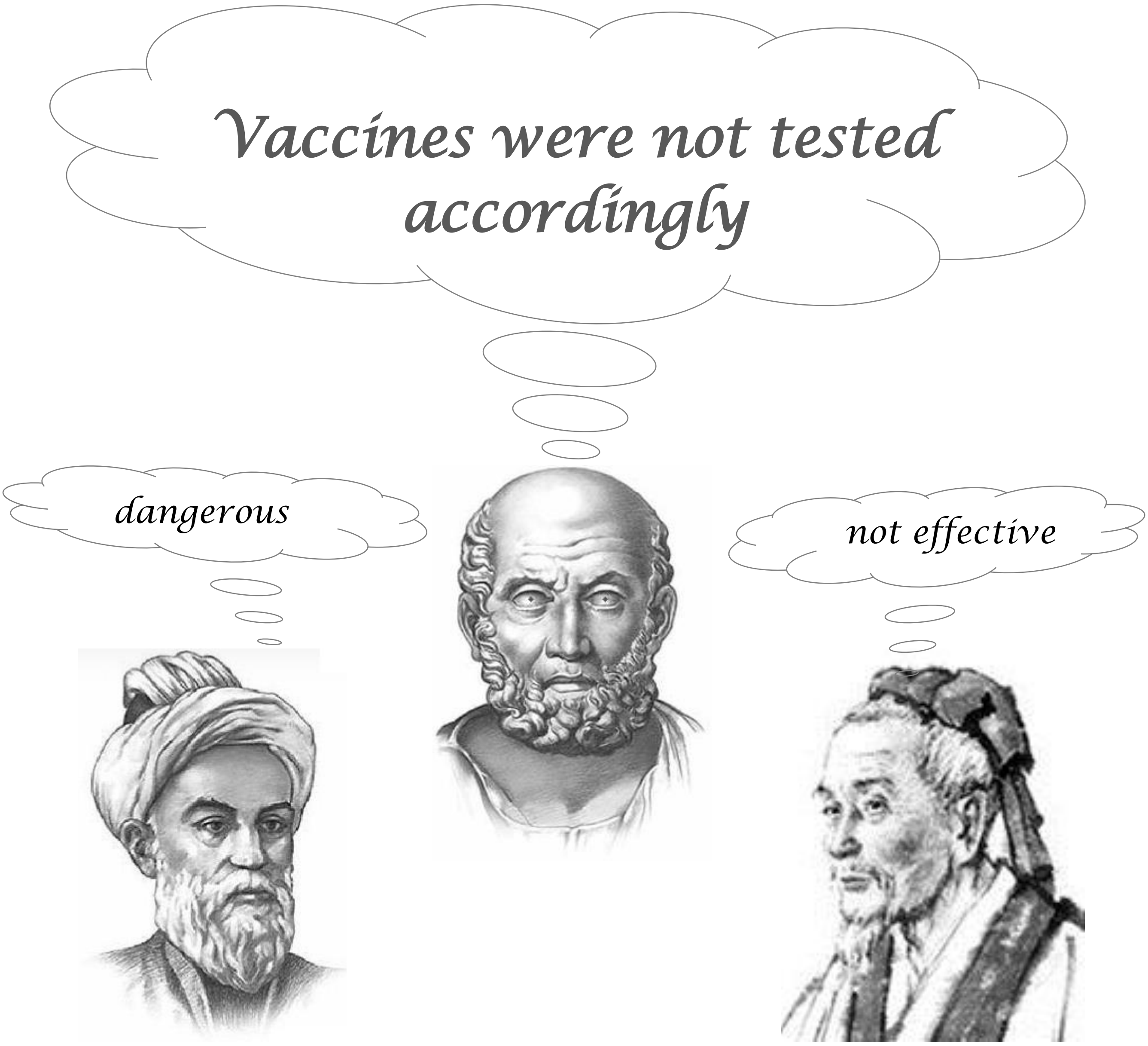
...

Profit Driven Swine Flu Propaganda – Pump up the Volume - Part 5. – 30 October **2009**
https://www.naturalnews.com/027372_mercury_flu_vaccine.html
U.S.A. - In the video commentary titled, Mild Swine Flu & Over-Hyped Vaccine, on the website for the National Vaccine Information Center, the group's co-founder and president, Barbara Loe Fisher, reports: "We are witnessing a roll-out of the largest, most expensive mass vaccination campaign in the history of our nation. A rollout that is bigger than even the polio vaccine campaigns of the 1950's." "If you or your child are injured from getting a flu swine flu shot, you are on your own," Fisher warns. "Because Congress shielded the vaccine manufacturers and any person giving swine flu shots from lawsuits if people get hurt," she says. "There is no funded government vaccine injury compensation program for swine flu vaccine."



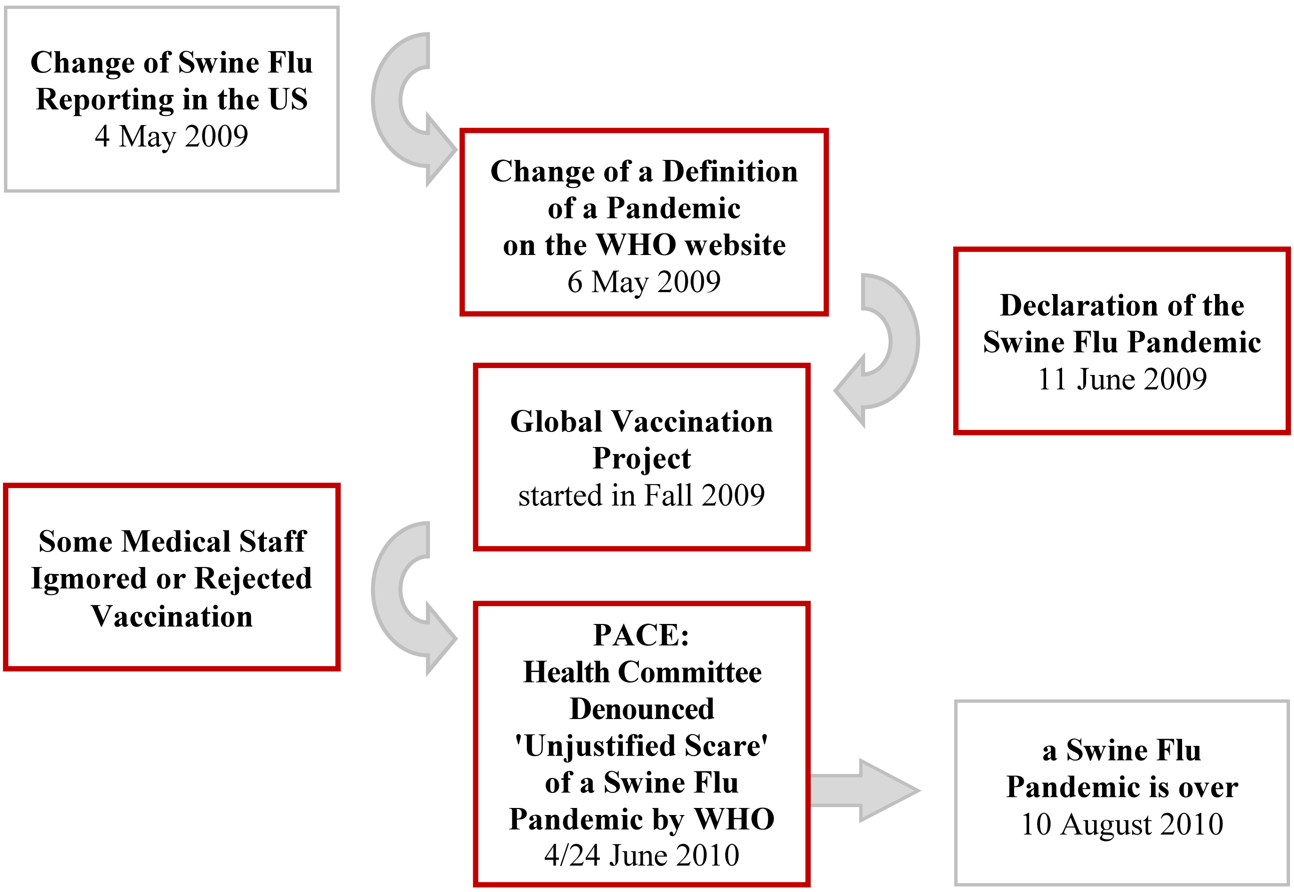
Chapter 12

Vaccine Hesitancy and Opposition to Vaccination by Medical Staff who had Knowledge and Experience



Roadmap
of the Swine Flu Pandemic

...



...

Why did

some Medical Staff
Reject Vaccination against Swine Flu virus?

Because
They got proper *Medical Education*
and they had *Knowledge* and *Experience*

Health Gem

Dr. Olson



Dr. Olson

Influenza Part 1:
Sorting Out the Flu Confusion

Our Firm Foundation, August 2009, 24(6): 26-29
https://dn720001.ca.archive.org/0/items/2009-olson-influenza-part-1-4/2009_Olson_Influenza_Part%201-4.pdf

Over the course of these next 3 articles, I would like to clear up some confusion surrounding the "normal" yearly flu, flu vaccination, swine flu, and take a look at some previous flu pandemics.

Just a couple weeks ago a new viral flu strain emerged, and already officials are concerned of a possible global pandemic. For those of you unfamiliar with the term, a pandemic is an epidemic (a disease that spreads rapidly and extensively) that reaches throughout an entire continent or possibly the entire globe. In less than 3 weeks according to the World Health Organization (WHO), 1,419 people are already confirmed infected in at least 21 countries and there are 30 confirmed deaths.

Define "Confirmed"

First, let's take a look at this "confirmed" business. For the record, just because some cases are "confirmed" in a lab does NOT mean that those are the only cases. So, according to the CDC's methods, if someone contracts what appears to be the swine flu (H1N1) or dies from what appears to be the swine flu, unless it has been confirmed in the labs of the CDC (Centers for Disease Control), it does not count. Ok, that's fair. So, forget about all the other possible swine flu infections and deaths, let's go with the CDC numbers and say that at least 1,419 people are infected and at least 30 people have died so far.

Well that's not bad, you say! All the reports going around are saying that the "regular" yearly flu kills 36,000 each year! But where does this number even come from? Interestingly enough, these 36,000 cases are "estimated" not "confirmed". Wait; didn't we just say that the CDC only counts cases based on a confirmation in their lab? Then those 36,000 must not count, right? That's not what they're saying. But it gets worse.

Turns out, even the "estimate" is pretty deceptive. "According to the CDC's own official records documented in National Vital Statistics Reports, only a few hundred people die from influenza (flu) on an average year. And many of these deaths occur in people with preexisting conditions, weakened immune systems, and the elderly... In 2001, just 257 people died from the flu. (Fifty-nine percent of these deaths occurred in people 75 years or older; 75 percent occurred in people 55 years or older.) To put these numbers in perspective, 3,454 Americans died from malnutrition in 2001 – 13 times greater than the number of flu deaths!" (1)

Only a few hundred? How did the number skyrocket from 257 to 36,000 and why? To bulk the number up, they have to count more deaths than what are actually caused by the flu. They add deaths from other causes. More than 34,000 of the 36,000 "flu deaths" are what officials estimate are "influenza-associated" pneumonic and cardiovascular deaths.

Keep in mind that the flu is a viral infection, while pneumonia is bacterial. So, even though people with the flu can get pneumonia, these are two totally different diseases and therefore should be listed as separate numbers on the death tally. But the pneumonia deaths far outweigh the flu deaths, so they add the number together to make the flu deaths seem more than they really are.

Billion-Dollar Products

So who would want the public to think they were more at risk for death from the flu than they actually are? Actual flu deaths each year typically range between 200-800, so why would someone want us to think it's 180 times higher? Who stands to benefit from this ridiculously inflated number of deaths? Think flu vaccine. Take a look at these quotes:

"Just a few years ago, the pharmaceutical industry was fleeing the vaccine field in droves because it just didn't pay. Global vaccine sales in 2004 were a mere $8 billion, less than those of some individual blockbuster drugs. But since then, the economics have changed dramatically.

"Vaccines used to be unprofitable, but they've now demonstrated they can be billion-dollar products," says Rahul Singhvi, CEO of Rockville (Md.) vaccine startup Novavax (NVAX)." (2)

"Vaccine sales are a bright spot in the drug industry, growing faster than sales of other prescription medicines." (3)

"The vaccine business segment currently generates the majority of our revenues and gross profit and has become an increasingly important part of our business model. Vaccine business segment revenues totaled $17.9 million, an increase of 278% over the prior year period when we initially launched vaccines." (4)

"Already vaccines have become big business for pharmaceutical giants like GlaxoSmithKline, Sanofi Pasteur and Merck & Co.. For e.g., GSK Bio, GSK's vaccines arm, accounted for 8.4 percent of GSK's pharmaceutical turnover in 2006. And it is expected that by 2012 companies like GSK, Sanofi-Aventis, Merck & Co., and Wyeth vaccines arm will fetch them more than 10 percent of sales from vaccine as a percentage of overall pharma sales." (5)

Sanofi-Aventis SA expects global vaccine sales to double to $34 billion by 2016 and will invest 6.2 billion by then to expand its production capacity to meet soaring demand, the head of the company's vaccine unit said. (6)

With this much money at stake, it would obviously benefit the pharmaceutical companies to cause patients (a.k.a. customers) to believe that there is more of a need for a vaccine than there actually is. More people taking the vaccine equals more sales for the company.

Harmful Ingredients

To make matters worse, not only are the numbers inflated and deceptive in order to generate profits, but flu shots actually contain a number of substances which may have adverse effects on health:

Mercury: Two-thirds of the vaccines made for the 2008-09 flu season contain full-dose thimerosal, an organomercury compound, 49% mercury by weight. It is used to disinfect the vaccine. Each of these flu shots contain 250 times more than the Environmental Protection Agency's safety limit. Mercury is a neurotoxin, with a toxicity level 1,000 times that of lead.

Formaldehyde: A known cancer- causing agent is used to inactivate the virus.

Aluminum: Added to promote an antibody response, is a neurotoxin that may play a role in Alzheimer's disease.

One investigator has reported that people who received the flu vaccine each year for 3 to 5 years had a ten-fold greater chance of developing Alzheimer's disease than people who did not have any flu shots. (7) The reason being that the flu vaccine contains aluminum and mercury. As these heavy

metals gradually build up in the brain they cause difficulty in multi-tasking, trouble with arithmetic, difficulty with thinking and language skills, and memory loss.

Who Really Needs a Flu Shot?

Not only are there harmful ingredients, but there is also a lack of evidence that young children and the elderly (those most susceptible to the illness) even benefit from flu shots.

“A systematic review of 51 studies involving 260,000 children age 6 to 23 months found no evidence that the flu vaccine is any more effective than a placebo”. (8)

“The influenza vaccine, which has been strongly recommended for people over 65 for more than four decades, is losing its reputation as an effective way to ward off the virus in the elderly. A growing number of immunologists and epidemiologists say the vaccine probably does not work very well for people over 70, the group that accounts for three-fourths of all flu deaths.” (9)

Is Flu Vaccine Effective?

And while these pertain to the young children and the elderly, it is becoming a more widely accepted view that the flu vaccine is often ineffective across the board for all ages.

The reason being this: “there are three main types of flu virus, and each type can mutate, or change, from year to year. Thus, there are literally thousands of possible strains. (Each strain is thoroughly analyzed and given a proper name, often a title associated with the place where it was initially discovered.) Every year health officials produce a new flu vaccine containing three mutated strains of flu virus. To determine which strains to use, officials travel to China at the beginning of the year to assess circulating flu viruses in that region of the world. They try to guess which strains will reach the United States by the end of the year.

Production begins, and the new vaccine is usually available by October. Flu “experts” often guess wrong. For example, in 1994 they predicted that Shangdong, Texas, and Panama strains would be prevalent that year, thus millions of people were vaccinated with a flu shot that contained these viruses. However, when winter arrived, the Johannesburg and Beijing strains of influenza circulated through society. The vaccine was ineffective. This happened again in 1996, and again in 1997.

More recently, the vaccine created for the 2003-2004 flu season contained flu strains that did not circulate through society that year. Officials were once again forced to admit that millions of people were vaccinated with an ineffective vaccine. Yet, flu fatalities did not increase during these years.” (10)

So if the vaccine was admittedly completely ineffective, how was there no increase in flu deaths from previous years when the vaccine was supposedly “effective”? Unless, it really has little to no effect.

Who Really Benefits from the Flu Shots?

So, knowing all this information, why would the CDC continue to not only promote the flu shot heavily, but widen the “recommended” ages for the shot? “The CDC's 15-member Advisory Committee on Immunization Practices (ACIP) makes recommendations each year on who should be vaccinated. Ten years ago, for the 1999-2000 season, the committee recommended that people over age 65 and children with medical conditions have a flu shot. Seventy-four million people were vaccinated.

Next season (2000-01) the committee lowered the age for universal vaccination from 65 to 50 years old, adding 41 million people to the list. For the 2002-03 season, the ACIP added healthy children 6 months to 23 months old, and for 2004-05, children up to 5 years old. For the 2008-09 season the committee has advised that healthy children 6 months to 18 years old have a flu shot each year. Its recommendations for influenza vaccination now cover 256 million Americans – 84 percent of the U.S. population. Only healthy people ages 19-49 not involved in some aspect of health care remain exempt.”

So we're looking at a possibly completely ineffective vaccine, now being suggested for 84% of the U.S. population. So the question is asked, why? The answer: Turns out, almost all the ACIP members who make these recommendations have financial ties to the vaccine industry.

Are Doctors and Nurses Immune?

“The CDC mounts a well- orchestrated campaign each season to generate interest and demand for flu shots. Along with posters for the public, flyers, and health care provider materials, it encourages doctors to “recommend/urge flu shots.” Medical groups, non-medical organizations (like the YMCA), and the media trumpet CDC-released messages on influenza, notably: “Flu kills 36,000 per year,” “This could be a bad/serious flu year,” and “Flu vaccine is the best defense against flu.” (11)

“Every fall, the public is barraged by messages from doctors, nurses and other health care providers to get a flu vaccination to protect against the influenza virus. But the truth is, some doctors and nurses might talk the talk without walking the walk.

According to the most recent data from the Centers for Disease Control and Prevention, a significant chunk of health care professionals declined to get vaccinated against the influenza virus during the 2006-07 flu season, with only about 40 percent opting for a jab.” (12)

Why in the world would doctors and nurses being exposed to the flu virus on a regular basis turn down a flu shot? We’re not talking a few here and there, but 60% of our doctors and nurses. Unless, they know something they’re not telling us.

This national mass vaccination policy reaps millions in profits for drug companies. In fact flu vaccine makers depend heavily upon the success of the CDC’s marketing campaign, which instills fear and anxiety in the population as its main strategy for persuading all Americans to grab their children, run to the nearest hospital, and beg for the shot.

Was There Life before Flu Vaccine?

So what did people do before flu vaccines? From the way the medical world makes you feel each year about the shot, you’d think that without it humankind would most certainly go extinct! But of course, that’s not true.

“In the old days, everybody got the flu that was going around that year and developed antibodies the old fashioned way. And then when that type of flu came around again a few years or decades later, immunological memory served as buffer so those who had already had experience with it either didn’t get it again or it was a lot milder. The flu vaccine marketers are using fear tactics to try to take away all immunological memory with type A and type B flu from our population. What will that make us? Vaccine dependent, of course.” (13)

If all this isn’t enough, not only are they recommending getting one flu shot this year, but since the recent Swine Flu outbreak, “the Obama administration is considering an unprecedented fall vaccination campaign that could entail giving Americans three flu shots – one to combat annual seasonal influenza and two targeted at the new swine flu virus spreading across the globe. If enacted, the multibillion-dollar effort would represent the first time that top federal health officials have asked Americans to get more than one flu vaccine in a year, raising serious challenges concerning production, distribution and the ability to track potentially severe side effects.” (14)

If 3-5 flu shots over a 10 year period increases your chances of Alzheimer’s 10% (as quoted above), can you imagine what all 3 together at the same time might do? Keep in mind the numerous reported side effects from taking the flu shot (including the paralytic illness Guillain-Barre) and the ever-present possibility of tainted drugs [like the batch just weeks ago produced by pharmaceutical company, Baxter, that was found tainted with live Avian Flu virus (15)]. Does anyone know what would happen if we took 3 shots at once? No. There hasn’t been enough time or testing to tell, yet the government (along with the pharmaceutical industry) is considering doing this. Can you say “guinea pig”?

What to Do, What to Do?

So, what should you do this year? If you are one of the many people opting out of a (possibly completely ineffective) flu shot, is there anything you can do? Of course! There are many natural ways (without harmful chemicals, side effects, or live virus) that will actually boost your immune system and help stave off the influenza virus. Making sure you get plenty of rest, eating plenty of fresh fruits & vegetables, getting out in the fresh air and sunshine, staying hydrated with pure water, whole food vitamin C supplements like C-Blast, immune boosters like Mighty Immune Plus, and, if you do start to come down with something, natural antivirals like Ultra Fighter can help your body to heal faster and get you back on the road to health in no time.

Oh, and remember I said a batch of flu vaccines made by Baxter were tainted with live virus a few weeks ago? Guess who has been chosen to head up efforts to produce a new vaccine for the recent Swine Flu? You guessed it, our pals at Baxter. But I'm sure that wouldn't happen again. Or would it...?

Wait! What about the Swine Flu? Is it the same as the "regular" flu that goes around each year? Is there really anything to worry about? Stay tuned next month to find out!

*Ask your health provider (MD, Naturopath, or other health professional) about flu shots, and make your decision based on that. Hope For Health does not dispense medical advice. The point of the article is to show that there are conflicting opinions about vaccines, flu shots, and other treatments.

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Canadian Arm Against Forced Vaccinations

Info explosion 2009 Jane Burgermeister Story

Jane Burgermeister

Dr. J. Anthony Morris, former Chief Vaccine Control Officer and research virologist, US FDA, the whistle on the first swine flu vaccine, has warned about the dangers of harmful vaccines being pushed on a population to make profit

Canadian Arm Against Forced Vaccination, 6 August 2009
https://whoflu666canada.wordpress.com/category/uncategorized/

Dr. J. Anthony Morris, former Chief Vaccine Control Officer and research virologist, US FDA, the whistle on the first swine flu vaccine, has warned about the dangers of harmful vaccines being pushed on a population to make profit.

"There is a great deal of evidence to prove that immunization of children does more harm than good." – Dr. J. Anthony Morris, former Chief Vaccine Control Officer and research virologist, US FDA

"There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know that they are worthless, but they go on selling them, anyway." – Dr. J. Anthony Morris (formerly Chief Vaccine Control Officer at the FDA)

Does virus vaccine increase the risk of cancer?

Bild, 7 August 2009, 15:29 UHR

https://www.bild.de/news/bild-english/does-virus-vaccine-increase-risk-of-cancer-9295686.bild.html

The swine flu vaccine has been hit by new cancer fears after a German health expert gave a shock warning about its safety.

Lung specialist Wolfgang Wodarg has said that there are many risks associated with the vaccine for the H1N1 virus.

He has grave reservations about the firm Novartis who are developing the vaccine and testing it in Germany. The vaccination is injected "with a very hot needle”, Wodarg said.

The nutrient solution for the vaccine consists of cancerous cells from animals and "we do not know if there could be an allergic reaction".

But more importantly, some people fear that the risk of cancer could be increased by injecting the cells.

The vaccine - as Johannes Löwer, president of the Paul Ehrlich Institute, has pointed out - can also cause worse side effects than the actual swine flu virus.

Wodrag also described people’s fear of the pandemic as an "orchestration": "It is great business for the pharmaceutical industry,” he told the ‘Neuen Presse’.

Swine flu is not very different from normal flu. "On the contrary if you look at the number of cases it is nothing compared to a normal flu outbreak,” he added.

The chairman of the health committee in the European Council has urged for a careful and calm reaction to the virus.

Up until now, the producers of the vaccine did not know how many orders they would have by the autumn, but the German Government is now a guaranteed customer.

Even the pharmaceutical companies are trying to exploit the fear of the swine flu pandemic.

NBC NEWS

Maria Cheng

Half of health workers reject swine flu shot

NBC News, The Associated Press, 26 August 2009, 7:01 AM +08
https://www.nbcnews.com/id/wbna32558789

About half of Hong Kong's health workers would refuse the swine flu vaccine, new research says, a trend that experts say would likely apply worldwide.

In a study that polled 2,255 Hong Kong health workers this year, researchers found even during the height of global swine flu panic in May, less than half were willing to get vaccinated.

Most said they would pass on the swine flu shot, which is not yet available, because they were afraid of side effects and doubted how safe and effective it would be.

Doctors and nurses are on the swine flu front lines — and if they become infected, they may not only spread the disease to patients, but their absence from work could cripple health systems.

The World Health Organization recommends countries vaccinate their health workers. Many Western countries including Britain, Spain, and the U.S. have said doctors and nurses will be among the first to get swine flu shots.

The study results, published online in BMJ, formerly known as the British Medical Journal on Wednesday, suggest that carrying out those plans may be tricky.

"A good argument can be made that health workers have an ethical obligation to be vaccinated, not to protect themselves, but to protect their patients," said George Annas, a bioethics expert at Boston University. "But if they don't believe that vaccine to be safe and effective, it will be a hard sell."

Several drug makers are testing their swine flu vaccines. So far, officials say that among the few thousand people who got the injections no one has reported anything more serious than a sore or swollen arm.

It is unlikely any rare side effects will pop up until the vaccine is given to millions. That might include things like Guillain-Barre syndrome, a temporary paralyzing disorder, which was seen after the 1976 swine flu vaccination campaign, and happens fewer than once every 1 million vaccinations

Researchers at the University of Hong Kong surveyed doctors and nurses in public hospitals this year from January to May, asking them if they would get a pandemic vaccine based either on bird flu or swine flu. About 35 percent of health workers were willing to get a bird flu vaccine, versus 48 percent for swine flu.

Experts were surprised *so few of Hong Kong's health workers were willing to be vaccinated*, since the city was hit hard during the 2003 outbreak of SARS, or Severe Acute Respiratory Syndrome.

Paul Chan of the Chinese University of Hong Kong, one of the study authors, thought the results would be similar elsewhere. Fewer than 60 percent of health workers in most countries get vaccinated against regular flu, thought to be a reliable indicator of whether they might get a swine flu shot. In the U.S., about 35 percent of health workers get a regular flu shot, while in Britain, only about 17 percent do.

Annas said health workers were ultimately like everyone else when it comes to getting vaccines. "Like the lay population, they assume they won't need the shot because they don't think they will get the flu."

thebmj

Josette S Y Chor, Karry LK Ngai,
William B Goggins, Martin C S Wong, et al.

Willingness of Hong Kong healthcare workers to accept pre-pandemic influenza vaccination at different WHO alert levels: two questionnaire surveys

BMJ, 26 August 2009; 339 doi:
https://doi.org/10.1136/bmj.b3391

Abstract

Objective To assess the acceptability of pre-pandemic influenza vaccination among healthcare workers in public hospitals in Hong Kong and the effect of escalation in the World Health Organization's alert level for an influenza pandemic.

Design Repeated cross sectional studies using self administered, anonymous questionnaires

Setting Surveys at 31 hospital departments of internal medicine, paediatrics, and emergency medicine under the Hong Kong Hospital Authority from January to March 2009 and in May 2009

Participants 2255 healthcare workers completed the questionnaires in the two studies. They were doctors, nurses, or allied health professionals working in the public hospital system.

Main outcome measures Stated willingness to accept pre-pandemic influenza vaccination (influenza A subtypes H5N1 or H1N1) and its associating factors.

Results The overall willingness to accept pre-pandemic H5N1 vaccine was only 28.4% in the first survey, conducted at WHO influenza pandemic alert phase 3. No significant changes in the level of willingness to accept pre-pandemic H5N1 vaccine were observed despite the escalation to alert phase 5. The willingness to accept pre-pandemic H1N1 vaccine was 47.9% among healthcare workers when the WHO alert level was at phase 5. The most common reasons for an intention to accept were "wish to be protected" and "following health authority's advice." The major barriers identified were fear of side effects and doubts about efficacy. More than half of the respondents thought nurses should be the first priority group to receive the vaccines. The strongest positive associating factors were history of seasonal influenza vaccination and perceived risk of contracting the infection.

Conclusions The willingness to accept pre-pandemic influenza vaccination was low, and no significant effect was observed with the change in WHO alert level. Further studies are required to elucidate the root cause of the low intention to accept pre-pandemic vaccination.

The LAKELAND TIMES
Minocqua, Wisconsin

Richard Moore

Mass H1N1 vaccination program could cost $18 billion

Lake Land Times, 28 August 2009, 11:01 AM
https://web.archive.org/web/20160418114548/http://www.lakelandtimes.com/main.asp?SectionID=9&SubSectionID=9&ArticleID=10046

British doctors question safety, balk at taking shot.

The United States government is set to undertake the most extensive vaccination program in American history this fall as it prepares to inoculate at least 160 million Americans against the swine flu, at a cost of as much as $18 billion in a worst-case scenario.

Inoculating half the population - the Obama administration's current goal - could still cost taxpayers about $9 billion.

Meanwhile, as the American government steps up its campaign, two surveys last week in the United Kingdom showed doctors decidedly reticent about taking the shots themselves - almost 50 percent in one poll said they would not take the shot, based on fears about safety and inadequate testing - and other physicians and experts have cautioned the public "to take a deep breath" about the swine flu pandemic.

The White House was doing anything but taking a deep breath. On Tuesday, the Obama administration fired off its latest salvo to persuade Americans to take the shot when it becomes available, releasing an assessment by the President's Council of Advisors on Science and Technology that up to 90,000 Americans could die from the virus this season.

"As the nation prepares for what could be a challenging fall, it is crucial that our public health decisions are informed by the very best scientific and technological information," said John P. Holdren, Assistant to the President for Science and Technology and a co-chair of PCAST.

The group's prime recommendations include accelerating the preparation of flu vaccine for distribution to high-risk individuals and pursuing "communication strategies" to broadcast public health messages. Those dispatches include a $4.8 million multimedia campaign to encourage people to get vaccinated, delivered in radio and television public service announcements, print ads, and on the Internet.

Harold Varmus, a PCAST co-chair and president of Memorial Sloan-Kettering Cancer Center, praised the administration for its efforts so far.

"The federal government's response has been truly impressive and we've all been pleased to see the high level of cooperation among the many departments and agencies that are gearing up for the expected fall resurgence of H1N1 flu," Varmus said.

The PCAST report to Obama said the H1N1 virus would likely infect 30 to 50 percent of the U.S. population this fall and winter, with symptoms occurring in approximately 20 to 40 percent, or 60 to 120 million people. The scientists also warned the virus could lead to as many as 1.8 million hospital admissions, and cause between 30,000 and 90,000 deaths in the United States, primarily among children and young adults.

Even before the report was released, the Obama administration had wasted no time in mass producing a vaccine. The government has already paid in the neighborhood of $2 billion to purchase 195 million doses, officials reported in July, and is prepared to buy enough vaccine for the entire population, if necessary.

That's 608 million doses - experts say two shots will be needed - and could push the vaccine costs alone to almost $6 billion.

And that doesn't include the cost of delivery. According to the Association of State and Territorial Health Officials and the National Association of County and City Health Officials, an extended and severe flu outbreak would cost public health agencies up to $3 billion for a 12-week response and another $9 billion in mass vaccination costs.

The $12-billion estimate does not include the cost of the vaccine or of tracking the vaccines administered, maintaining reminder/recall systems to ensure second doses are administered, or following up with individuals who experience an adverse event, the organizations stated.

Calmer heads

Despite the crisis-like environment brewing within the medical establishment and within the administration, others are not jumping on the bandwagon so readily.

In a Pulse Magazine survey last week of 115 general practitioners in Great Britain, 49 percent said they had decided against vaccination, 41 percent said they would take the shot and just under 10 percent were undecided.

In a separate GP newspaper survey of 216 general practitioners, 29 percent said they would not take the shot, and another 29 percent were undecided. Of those not getting the shot, 71 percent cited concerns about safety and lack of adequate testing.

Barbara Loe Fisher, president of the National Vaccine Information Center, has also weighed in, saying the vaccine has had less testing than Gardasil, the HPV vaccine given to young girls to prevent cervical cancer. A government report recently inked Gardasil to 32 deaths and other serious side effects, such as blood clots and fainting.

"And now, today, we have swine flu vaccines that are being rushed to market with even less testing that the fast-tracked Gardasil vaccine had, with the justification that there is a public health emergency," Fisher said on the NVIC website. "What public health emergency?"

Fisher said drug companies and the government were pushing the public toward hysteria.

"Why are we letting employees working for government agencies and pharmaceutical companies stampede us into taking vaccines that may not be necessary, safe or effective and - certainly - are not properly monitored for safety after they are given to tens of millions of children and adults?" she asked. "It is time to demand that government officials and drug companies stop conducting national vaccine experiments on the American people."

Others make more explicit claims about the links between the pharmaceutical industry and the government's stark assessments about the disease's potential deadliness and the need for mass vaccinations.

For example, Obama's co-chair of PCAST, Harold Varmus, has consulted with pharmaceutical companies, and as head of the National Institutes of Health in the 1990s dismantled the firewall between government research and pharmaceutical companies.

According to the Los Angeles Times, in late 1995, Varmus allowed agency directors to accept consulting payments from pharmaceutical companies, and ended a $25,000 annual cap on the amount of money an NIH employee could accept from outside employers, reporter David Willman wrote. Willman also said Varmus permitted NIH employees to accept stock or stock options from the industry.

Varmus is a well-known supporter of vaccinations. He is featured in a video on the Pfizer company website discussing, according to the company, "how a wider use of the new HPV vaccine could lower death rates."

How about the virus itself

Conflicts aside, just how dangerous is the H1N1 virus? So far, by all accounts, about as dangerous as any other influenza virus.

Some medical experts, such as Peter Collignon, an infectious diseases physician, microbiologist and professor at the School of Clinical Medicine at the Australian National University, says everyone should take a deep breath.

"Swine flu is not hyper-virulent," Collignon wrote in May. "While it spreads relatively easily it does not appear to be any more virulent that the strains we have circulating every year around the world."

Collignon has also said he believes the swine flu death rate is inflated - so far, it officially has been slightly higher than that of the regular flu, and the White House estimates the death rate will be between one in 1,000 and three in 1,000 - simply because many states reduced or stopped consistently testing for swine flu earlier this year and because many people with the disease never sought treatment.

The CDC itself estimates that there may have already been more than 1 million swine flu infections in the U.S., which would lower the death rate dramatically.

But will it mutate and become far more lethal this time around?

"It is argued by some that this strain could change tomorrow and become much more virulent," Collignon wrote. "This is always possible, but so can the strains that recirculate very year now."

So far, CDC officials said this week, the virus has not shown any signs of mutation.

The CDC had been concerned about mutation as the virus made its away across the Southern Hemisphere during its flu season, which is underway now, but in a briefing officials said that had not happened, and the number of cases seems to be dropping.

Meanwhile, concerns continue about the vaccine itself. The U.S. says it won't use doses containing additives called adjuvants, which boost immune system response, unless they are vitally necessary. Adjuvants have been linked to dangerous side effects and are not approved for use in the United States.

However, the U.S. has purchased 120 million doses just in case.

The lack of sustained clinical trials is also a concern, as the British doctors survey responses indicated.

Clinical trials of the vaccines only began July 22, and only then in adults, and while officials said last week they saw no red flags, they also acknowledged it was much too soon to assess long-term implications.

Taken seriously, after all these years

At least one epidemiologist, Tom Jefferson of the Cochrane Collaboration, a nonprofit group that studies the effects of health care interventions, says he's amazed at how bad pandemic predictions have been, and yet the media takes them seriously over and over again.

"One of the extraordinary features of this influenza - and the whole influenza saga - is that there are some people who make predictions year after year, and they get worse and worse," he told the publication Spiegel International in July. "None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur."

And just who might that industry include?

"The WHO and public health officials, virologists and the pharmaceutical companies," he said. "They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions. And all it took was one of these influenza viruses to mutate to start the machine grinding."

Asked if he was worried about the swine flu and if he and his family were taking precautions, Jefferson said he was taking no chances.

"I wash my hands very often," he said.

YNN Rochester

Casey J. Bortnick.

Local Nurse Won't Comply with State Vaccination Order

Your News Now, 6 September 2009
https://www.youtube.com/watch?v=sRpI3TDYCdQ
https://educate-yourself.org/cn/stearnsletternysna06oct09.shtml



A vaccine for the H1N1 virus, or swine flu, is still a month away at best. But health care workers are already being bumped to the front of the line.

Those who work in health care are being strongly urged by the federal government to get immunized once the swine flu vaccine is available. The state of New York is taking it one step further by making vaccination a requirement.

Health care professionals do have an obligation to protect their patients, but at what cost? For one health care worker the new state directive intended to stop the spread of H1N1 goes too far.

Just a word like pandemic is enough to scare anyone in the health care field. For registered nurse Deborah Gerhardt, there are words even scarier.

"*Whenever you hear mandatory required, you start to get a little bit anxious*," says Gerhardt.

She's been a nurse for 15 years and has never had a flu shot.

"I feel that everyone should have a choice," says Gerhardt.

She recently learned she doesn’t have a choice.

"It was just one day we were told you will receive the flu injection," says Gerhardt.

The New York State Department of Health is ordering tens of thousands of health workers be immunized against seasonal and swine flu.

"As a parent, as a doctor, as a public health professional please get your vaccine," New York State Commissioner of Health Dr. Richard Daines asked during a news conference last week.

The commissioner says refusal to be immunized against H1N1 could increase the spread of the virus and stress and already overwhelmed medical system. He says when a vaccine is approved, there's no reason to believe it won't be safe.

"It goes through that same system and the testing so I'll have every confidence the Food and Drug Administration and the Centers for Disease Control put in it," says Daines.

After her own research, Gerhardt isn't as confident in a potential vaccine.

"It's left a lot of questions for me," she says.

Questions that have left her with one final decision.

"I so strongly don't want a vaccine that I'm not comfortable having injected into my body," says Gerhardt. "If I refuse I can' work in nursing."

It's a choice she wishes she didn't have to make.

"This is just so surreal right now," says Gerhardt. "I don't know what I will do."

Gerhardt says she's never had the flu and practices simple preventative measures like hand washing and simple sanitation techniques. She believes that's even more effective.

She realizes she could lose her job for speaking out, but says it's important since she knows others in the health care field have the same concerns.

CTV NEWS

Could seasonal flu vaccine increase H1N1 risk?

CTV News // The Canadian Press, 23 September 2009, 9:01PM PDT
https://bc.ctvnews.ca/could-seasonal-flu-vaccine-increase-h1n1-risk-1.437108?cache=zviomxnayn%2F7.632366

Unpublished Canadian data are raising concerns about whether it's a good idea to get a seasonal flu shot this fall and fuelling a drive by some public health officials in Canada to delay, reduce or scrap altogether campaigns to vaccinate against seasonal flu this year.

Drawn from a series of studies from British Columbia, Quebec and Ontario, the data appear to suggest that people who got a seasonal flu shot last year are about twice as likely to catch swine flu as people who didn't.

A scientific paper has been submitted to a journal and the lead authors -- Dr. Danuta Skowronski of the British Columbia Centre for Disease Control and Dr. Gaston De Serres of Laval University – are consequently constrained about what they can say about the work. Journals bar would-be authors from discussing their results before they are published.

=> D. Skowronski, et al. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

Skowronski, who initially declined to speak after news of the findings leaked to the media, said it's important that the work gets the expert scrutiny the journal peer-review system provides.

"Good scientists know that methods can influence results," she said Wednesday night from Vancouver.

"For me, it's very important that we respect the peer-review process as good scientists. Because the implications ... are important. And if there are methodologic flaws, we need to be assured that every stone was turned over to make sure what we're reporting is valid."

"Epidemiologists are taught there a limited number of explanations for results," she continued. "Either they're real, they're due to chance or they're due to bias or to confounding. And so it's going to have to be in one of those categories and that's true of any study conducted anywhere."

While few people appear to have actually seen or read the study, the puzzling findings have been a poorly kept secret and many in the public health community in Canada have heard about them.

The findings are causing consternation abroad as well, with officials at public health agencies and even at the World Health Organization worried the alleged link will deter people from getting vaccinated in a fall when many are being urged to get both seasonal and pandemic flu shots.

The Public Health Agency of Canada was informed of the findings some time ago and has been seeking help here and internationally to try to figure out if the effect is real or if the studies are flawed.

"An arms-length review of the various methods is currently underway to assess the validity of the studies relative to that observation," Dr. David Butler-Jones, Canada's chief public health officer, said via email.

"We are also examining other data that will help to understand what if any association there is. We look forward to the results of the review and other data to inform our recommendations as we go forward."

The U.S. Centers for Disease Control also knows of the work. It said it has looked for similar evidence in the United States but sees none.

"It is difficult to speak about a study that has yet to be published, however, as this is an important issue involving the subject of seasonal influenza and the fast moving global pandemic of 2009 H1N1 influenza it is important to note the scientists at the Centers for Disease Control and Prevention have not seen this effect in systems we have reviewed in the United States," spokesperson Joe Quimby said by email.

A number of influenza and infectious diseases experts know of but are unwilling to speak publicly about the paper. But several were quick to note that British and Australian researchers haven't seen the phenomenon either. The lack of corroboration in other jurisdictions is "a red flag," said one expert, who believes the findings will be shown to be due to a study flaws.

Another flu expert who was willing to speak on the record said they do not make sense to him either.

"I cannot think of a good reason why this is biologically likely, especially since we have sufficient evidence now that ... there is priming in the population by the way the vaccine is working," said Dr. Arnold Monto, of the University of Michigan.

He was referring to the fact that studies of swine flu vaccine show a single dose induces a strong and likely protective response in teens and adults. That suggests humankind's long exposure to seasonal H1N1 viruses has "primed" or awakened our immune systems to recognize the new virus and fight it off.

Dr. Donald Low, chief microbiologist at Toronto's Mount Sinai Hospital, was reserving judgment on the findings. But he said this kind of effect of previous exposure raising the risk of future illness is seen in some diseases, like dengue fever.

"We don't see that in flu," Monto countered.

Low said it is important to get to the bottom of the issue, but in the meantime, delaying the use of seasonal flu vaccine makes sense for logistical reasons. Swine flu activity is on the upswing in the U.S. and in parts of British Columbia, and focusing on speeding delivery of that vaccine makes more sense now, he said.

"If we're going to try to protect people, this is the virus we should be trying to protect them against," Low said, suggesting decisions on whether to try to vaccinate against seasonal flu can be done later in the season.

He admitted the controversy could undermine the public's willingness to be vaccinated against influenza.

"This is obviously difficult for public to be able to digest this," he said. "There's a crying need here for a prospective randomized controlled study."

That type of study – which is not the kind on which the findings are based -- is considered the gold standard of medical evidence. They are also costly and Skowronski said it wouldn't be feasible to mount one in time to help public health officials faced with the current dilemma of whether to push seasonal flu vaccine this year or not.

"If it was possible, we would have attempted it," she said.

=> D. M. Skowronski, etc. Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada. - PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.10002

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

CTV NEWS

[Graham Richardson]

Study raises questions about flu shot

CTV News // The Canadian Press, 24 September 2009, 8:05 AM PDT // Last May 18, 2012
https://bc.ctvnews.ca/study-raises-questions-about-flu-shot-1.437356?cache=xceuacapshbcr%3FclipId%3D104059

An unpublished scientific study is raising questions about whether getting a seasonal flu shot raises the risk of contracting H1N1, but the evidence is unconfirmed and few have actually read the report.

"It appears to be that for people who got seasonal influenza vaccine last year, they were at greater risk of getting H1N1 disease this year," Dr. Donald Low, an infectious diseases expert at Toronto's Mount Sinai Hospital, told CTV News.

The study is based on research in British Columbia, Ontario and Quebec. Health organizations around the world are watching the results carefully, including the U.S. Centers for Disease Control.

"It is difficult to speak about a study that has yet to be published, however, as this is an important issue involving the subject of seasonal influenza and the fast-moving global pandemic of 2009 H1N1 influenza it is important to note the scientists at the Centers for Disease Control and Prevention have not seen this effect in systems we have reviewed in the United States," spokesperson Joe Quimby told The Canadian Press in an email.

The study is still being peer reviewed in an unnamed journal, and it's not clear when it will be published.

It could change how health officials in Canada and around the world plan their responses to a potential swine flu outbreak.

Need for seasonal flu shot questioned

As it stands, it appears that swine flu will likely "crowd out" all other flu viruses this fall, meaning Canadians are more likely to get the H1N1 virus. As such, some health officials wonder if a seasonal flu shot is still necessary.

Is it realistic, they say, to expect Canadians to head to flu clinics twice for two different vaccines, one for seasonal flu and one for swine flu? Young children might even be recommended to get four flu shots, since children usually need two flu vaccinations given a few weeks apart, to give their immature immune systems full protection. This year, they'd need to double up twice.

However, Ontario health officials tell CTV News that the province will provide a seasonal flu vaccination in the next few weeks for anyone aged 65 or older. An announcement is expected Thursday.

Officials also say they will provide H1N1 shots for high-risk groups – including pregnant women, children and health workers – in November. Then, the rest of Ontario's population can be vaccinated.

In Quebec, health officials say they're putting the seasonal flu shot program on standby.

"For the moment, it's on hold," said Karine White, a media relations liaison with the Ministry of Health and Social Services in Quebec told The Canadian Press.

Delaying the seasonal flu shot program would allow health workers to concentrate on getting swine flu vaccine into the arms of those who most at risk of complications from swine flu.

Another option would be a more limited seasonal flu shot campaign, one that would target seniors and those with weakened immune systems, who are traditionally at highest risk of seasonal flu, but allow younger Canadians to skip it.

A third option would be to scrap the seasonal flu program altogether.

"All that is being studied now. But it should be decided rapidly," White told the Montreal Gazette.

She added that the decision will affect all Canadians: "It's not like Quebec won't vaccinate and Ontario will. It will be a pan-Canadian decision."

Provincial plans

Most provinces had planned to go ahead with their seasonal flu vaccination programs this October, as scheduled. Swine flu vaccination programs likely wouldn't begin until mid-November, the earliest that the vaccine manufacturer will have it ready, tested and approved.

But infectious disease expert Dr. Neil Rau wonders whether having two vaccine programs will confuse patients, who might wonder about which shot they need and which shots they've already gotten. He says holding off on seasonal flu vaccines might be the best way to go.

"I think the people in Quebec are making a good decision because if you start going after seasonal and swine flu all at once, you end up giving – especially kids – a huge number of needles," Rau told CTV News Channel Wednesday.

"I have a feeling that all of Canada is going to go this way and maybe other countries will do the same."

Meanwhile, there are still worries that the swine flu vaccination program won't be effective, since the vaccine is expected to arrive at clinics and doctors' offices after the flu's long-discussed "second wave" has already peaked. Swine flu activity is already picking up again in the southern United States and parts of Canada, including Vancouver Island.

And, it's still not certain whether seasonal flu viruses will continue to be "crowded out" by swine flu. While World Health Organization laboratories report they are not receiving many reports of seasonal flu infections, it may be too soon to say whether that will remain the case.

The dilemma of whether to advise Canadians to get two flu shots will likely take care of itself by next year. Flu experts who advise the World Health Organization are now urging vaccine manufacturers in the Southern Hemisphere to drop one of the older strains of flu from the seasonal flu vaccine for next year's winter, to include the new swine flu pandemic H1N1 strain.

Manufacturers in the Northern Hemisphere would likely follow suit, depending on the flu activity by then.

THE CANADIAN PRESS

Helen Branswell

Study linking flu shots, swine flu raises concern abroad, prompt changes at home

The Canadian Press, 25 September 2009
https://web.archive.org/web/20090928040118/http://www.google.com/hostednews/canadianpress/article/ALeqM5g-jBo3N9xWt8pxrXRQvzljFetL0g



Toronto – An unpublished Canadian study that suggests seasonal flu shots raise a person's risk of catching swine flu is raising concern abroad and triggering changes to flu vaccine program schedules at home.

The data, referred to as "the Canadian problem" by some scientists outside this country, are reported to link getting a flu shot last year with double the risk of contracting swine flu this year.

The link, if real, is to mild disease. One person who has seen the study says it seems to suggest that those who got a seasonal flu shot were less likely to develop severe disease if they became infected than those who hadn't received the shot.

Though few people appear to have seen the data, word of the findings has spread like ripples in a pond in recent weeks. Provincial and territorial public health authorities planning two mass vaccination programs for this fall have been struggling with whether to let the unconfirmed findings influence the timing of their flu shot delivery efforts.

Earlier this week some expressed hope of a pan-Canadian approach. But that hope faded by Thursday as it became clear Canada's various jurisdictions were headed in a variety of different directions.

Ontario announced it would vaccinate seniors against seasonal flu in October, but delay the bulk of its seasonal program until later in the winter. Saskatchewan said it may cancel its seasonal campaign altogether. And Manitoba said it is planning for the seasonal program to run as scheduled, but building in the capacity to change course if need be.

"When we look at the overall big picture, we believe that the strategy that we are offering is the safest and (most) effective strategy in terms of moving forward," Dr. Arlene King, Ontario's chief medical officer of health, said as she unveiled Ontario's approach.

Her counterpart from Manitoba, Dr. Joel Kettner, said his province would prefer not to go that route. "The start-stop, start-stop process is not my favourite option," he said from Winnipeg. "What I say is: Keep going boldly forth, ready to stop on a dime."

Kettner voiced what is likely a commonly held sentiment - a regret that the whole matter has come up at all. "This is not my favourite way to do public health practice - in the middle of an evolving outbreak, to have to consider preliminary research as an influence on decision making," he said, though he added that he appreciates that if scientists think they've found something of public health significance, they have a duty to air it.

"I fully understand why the authors decided to share this with some people and some people decided to share it with other people. I understand why they might have thought that was an important or good thing to do. But it does create problems."

And not just in Canada. The work, which has been the topic of hours of teleconferences, is causing consternation internationally as well, a senior official of the World Health Organization said Thursday.

Dr. Marie-Paule Kieny, who heads the WHO's vaccine research initiative, said there's a keen interest, internationally, to go through the data in the study and see whether the research is correct or flawed. "There's really intense international discussions on that," Kieny told The Canadian Press in an interview. "Because now that it's out, everybody feels that we must go to the bottom of it and see what's real there."

She noted in a news conference that Canadian officials are putting together an expert panel to assess the data. Dr. David Butler-Jones, Canada's chief public health officer, said the panel is being conducted at arms-length from the agency and the work is already underway.

Health Minister Leona Aglukkaq acknowledged the data are troubling.

"Of course it's a concern," she said in Winnipeg, where she was meeting with First Nations leaders.

"We'll continue to look at the situation and monitor the situation. Once we have the information, we'll share that information with Canadians."

Drawn from a series of studies from British Columbia, Quebec and Ontario, the work is led by Dr. Danuta Skowronski of the British Columbia Centre for Disease Control and Dr. Gaston De Serres of Laval University.

They have submitted the paper to an unnamed scientific journal and are therefore constrained about what they can say about the work. Journals bar would-be authors from discussing their results before they are published. "For me, it's very important that we respect the peer-review process as good scientists. Because the implications ... are important," Skowronski said in an interview Wednesday.

"And if there are methodologic flaws, we need to be assured that every stone was turned over to make sure what we're reporting is valid."

Complicating the issue is the fact that scientists elsewhere have looked for a similar effect but have failed to see it. The U.S. Centers for Disease Control has said it finds no evidence of this and Kieny said British and Australian researchers have also drawn a blank when they searched their data.

Kieny said it is important to study the data with an open mind. "If there is something, it's better that it comes out. I think one needs to keep open eyes and a fresh mind and look in all fairness to the results."

Still, she, like others, struggled to come up with a reason for why getting a seasonal flu shot would elevate a person's risk of catching swine flu, noting there is no evidence to suggest that getting the flu shot one year raises a person's risk of catching flu the next.

"The plausibility seems sort of in question," she said.

"It may be a study bias. It may be that something is real," Kieny said during the news conference.

"But certainly the WHO as well as the regulators in all of these countries are looking forward to be able to see the data, to study the data and come with a better understanding of whether this has any chance of indeed putting people at risk, the fact that they have received a seasonal vaccination."

=> D. M. Skowronski, etc. Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada. - PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.10002

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

=> Janjua NZ, Skowronski DM, et al. Seasonal influenza vaccine and increased risk of pandemic A/H1N1 - related illness: first detection of the association in British Columbia, Canada. Clin Infect Dis. 2010 Nov 1;51(9):1017-27. doi: 10.1086/656586. https://pubmed.ncbi.nlm.nih.gov/20887210/

Mike Adams

Evidence emerges that seasonal flu vaccine increases risk of H1N1 swine flu

Natural News, 25 September 2009
https://web.archive.org/web/20101015053934/http://www.naturalnews.com/027102_vaccines_H1N1_flu_shot.html

To hear it from the vaccine makers, their vaccines are perfectly safe and have no side effects. A person can receive an unlimited number of vaccines (10, 100 or even 1000) and have absolutely no ill effects, they claim. This is the quack science mythology upon which mass vaccination policies are currently based. But new evidence is emerging that people receiving a *seasonal flu shot* are made *more susceptible to H1N1 swine flu* as a result.

CBC News in Canada is now reporting disturbing findings you need to know about: "Four Canadian studies involved about 2,000 people, health officials told CBC News. Researchers found people who had received the seasonal flu vaccine in the past were more likely to get sick with the H1N1 virus."

The story doesn't cite the percentage increase in H1N1 virus risk, but it's apparently enough to give pause to many doctors and infectious disease experts. "We don't know with this year's flu shot how it interacts with the pandemic flu shot, so it's a worry," said Dr. Michael Gardam in the CBC News article quoted below. He's the director of infectious diseases prevention and control at the Ontario Agency for Health Protection and Promotion.

The upshot of all this is that Canadian health officials are now scratching their heads, wondering whether the seasonal flu vaccines will actually make the H1N1 pandemic *worse!*

It's fascinating that this data is coming out of Canada, not the U.S. In the United States, the mainstream media has engaged in a virtual blackout of any information that questions the safety of vaccines, even while openly pushing outrageous lies about the swine flu vaccine
https://web.archive.org/web/20101005022331/http://www.naturalnews.com/027055_swine_flu_vaccines_swine_flu_vaccine.html

Vaccines weaken your immune system

What this information reveals is further evidence that flu shots damage or weaken your immune system, making you more susceptible to subsequent infections. Flu shots don't even work to reduce your risk of getting the flu that they're targeting! Most people who get the flu are the very same people who routinely receive flu shots.

This will hold true with H1N1 swine flu as well: The people getting the swine flu virus will be primarily those who routinely receive flu vaccinations.

You know why? Because a flu shot trains your immune system to be lazy. It exposes your immune technology to an artificially weakened virus, resulting in a lazy adaptive response from your immune technology. In much the same way that your leg muscles atrophy if you stop walking, your immune system begins to weaken if you don't exercise it. And this leads to an increased risk of being unable to defend against future exposure to infectious disease, which is exactly what we're seeing with this Canadian study.

Vaccines are the quackery of modern medicine. They not only don't work to protect people from the diseases they target; they also *increase* the risk of being infected with other diseases. And that doesn't even include the ways in which vaccine ingredients (adjuvants or preservatives) can cause permanent damage to your nervous system.



MikeHansonArchives

Forced Vaccines Refused by Nurses in New York

Mike Hanson, 25 September 2009

https://web.archive.org/web/20180222003556/http://www.youtube.com/watch?v=A7wBwOEsw2I





rense.com

Dr. Leonard Horowitz and Sherri Kane

Supermarkets' bloody vaccination campaign by Lethal Injections

Rense, 26 September 2009
https://web.archive.org/web/20100104193729/http://rense.com/general87/superm.htm

Wondering why food stores and pharmacies have replaced doctors offices and clinics as vaccination stations? Ask Steve Burd, the wizard behind Obama's Health Care Reform plan. Burd, the Chairman of Safeway Supermarkets (VONS, Pavilions, and more) is also the founder of the Coalition to Advance Healthcare Reform (CAHR) in the US, and Burd has his fingers in more pies than healthcare.

...

Experts believe that foul play is obviously behind the current pandemic as evidenced by the virus's genetics. The feared flu is a laboratory-recombinant of swine from Mexico, avian (bird) from Asia, and a human corpse contaminated with flu genes from the 1918 Spanish pandemic unearthed despite protests from scientists worldwide. The official explanation alleges an impossible, natural mating of genes from some Asian chicken, Mexican pig, and a dead-corpse buried for nearly a century.

Common sense and chilling documents sent to the FBI by these authors discredit official explanations for this pandemic, and this is not the first time this kind of accident has happened. The laboratory sourced 1977 outbreak of H1N1, a virus that went extinct for 20 years was recently acknowledged in the esteemed New England Journal of Medicine.   Boycott Safeway Now!

In many Safeway stores, persuasion begins at the door. A teen, knowing nothing about vaccines, hands you a flier encouraging you to visit the pharmacy for your "impulse flu shot." He excuses himself for his ignorance using the Nuremberg defense, "I'm just doing my job."

Safeway customers never learn their pharmacists know little about the H1N1 vaccine. Proprietary ingredients in these vaccines are purposely undisclosed by Burd's partners, the vaccine makers, including Novartis, CSL, Baxter, and Glaxo-SmithKlein. Thus, the inoculations contraindications are missing from Safeway's pharmacists brains.

When on a recent visit to Safeway, Ms. Kane asked the pharmacist if he would take the shot. He replied, I am not going to lie, no, I won't take the vaccine. Five minutes later the man pleasantly provided the flu shot to a customer conned by the promotion to save 10% on her next grocery bill; so the impulse inoculation would cost her less than $20. This recession savvy promotion at check-out got her to take the shot.

Discounted injections are most profitable as they secure people's dependency on the store's pharmacy. Common vaccine and drug side effects last for years, and prescribed medicines generate greater toxicity causing additional diseases. Experts shudder to think vaccine ingredients include toxic oils, heavy metals, poisonous chemicals, anti-HIV spermicides, and (in the UK) a cancer virus believed liked to the origin of AIDS called SV40.

Incredibly, the live genetically-engineered H1N1flu viruses in Safeway's vaccines are expected to mutate rapidly with other circulating viruses including flu strains, common cancer viruses like Epstein Barr, and even HIV, potentially yielding new more deadly pandemics rivaling AIDS and the 1918 Spanish Flu.

As far as medical doctors are concerned, Safeway stores are considered competitors or travel medicine providers (TMPs), according to the Infectious Diseases Society of America (IDSA). You get what you pay for, one official told us wishing to remain anonymous. Safeway is hiring these untrained and unqualified TMPs to administer these risky vaccines.

One of Safeway's former pharmacists explained that their best druggists are fired whenever they raise reasonable objections to vaccinations. Thus, Safeway's tenured pharmacists tend to remain lame.

For all the above reasons, an immediate lasting boycott of Safeway is indicated.

THE GLOBE AND MAIL | SCIENCE

Patrick White

Study prompts provinces to rethink flu plan
Report suggests people who get vaccinated are more likely to catch H1N1

The Globe and Mail, 27 September 2009, 8:52PM EDT
https://web.archive.org/web/20091015073525/http://www.theglobeandmail.com/news/technology/science/study-prompts-provinces-to-rethink-flu-plan/article1303330/

A "perplexing" Canadian study linking H1N1 to seasonal flu shots is throwing national influenza plans into disarray and testing public faith in the government agencies responsible for protecting the nation's health.

Distributed for peer review last week, the study confounded infectious-disease experts in suggesting that people vaccinated against seasonal flu are twice as likely to catch swine flu.

The paper is under peer review, and lead researchers Danuta Skowronski of the British Columbia Centre for Disease Control and Gaston De Serres of Laval University must stay mum until it's published.
=> D. M. Skowronski, etc. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

Met with intense early skepticism both in Canada and abroad, the paper has since convinced several provincial health agencies to announce hasty suspensions of seasonal flu vaccinations, long-held fixtures of public-health planning.

"It has confused things very badly," said Dr. Ethan Rubinstein, head of adult infectious diseases at the University of Manitoba. "And it has certainly cost us credibility from the public because of conflicting recommendations. Until last week, there had always been much encouragement to get the seasonal flu vaccine."

On Sunday Quebec joined Alberta, Saskatchewan, Ontario and Nova Scotia in suspending seasonal flu shots for anyone under 65 years of age. Quebec's Health Ministry announced it would postpone vaccinations until January, clearing the autumn months for health professionals to focus on vaccinating against H1N1, which is expected to the more severe influenza strain this season.

"By the time the H1N1 wave is over, there will be ample time to vaccinate for seasonal flu," Dr. Rubinstein said.

B.C. is expected to announce a similar suspension during a press conference Monday morning.

Other provinces, including Manitoba, are still pondering a response to the research.

New Brunswick is a lone hold-out, announcing last week it would forge ahead with seasonal flu shots for all residents in October, as originally planned.

So far, the study's impact is confined to Canada. Researchers in the U.S., Britain and Australia have not reported the same phenomenon. Marie-Paule Kieny, the World Health Organization's director of vaccine research, said last week the Canadian findings were an international anomaly and could constitute a "study bias."

An international panel is currently scrutinizing the research data. "The review process has been expedited, so we're hoping for a response within days," said Roy Wadia, spokesman for the B.C. Centre for Disease Control.

Dr. Rubinstein, who has read the study, said it appears sound. "There are a large number of authors, all of them excellent and credible researchers," he said. "And the sample size is very large – 12 or 13 million people taken from the central reporting systems in three provinces. The research is solid."

The vaccine suspensions do not apply for people over 65. Seniors are considered more susceptible to severe seasonal flu symptoms. At the same time, they carry antibodies from a 1957 pandemic that seem to neutralize the current version of H1N1.

Even if the statistical link is proven, the medical link between seasonal flu shots and H1N1 remains mysterious. One hypothesis suggests seasonal flu vaccine preoccupies the cells that would otherwise produce antibodies against H1N1.

But, according to Dr. Rubinstein, the research shows that people who received the seasonal shot during the 2007-08 flu season remained vulnerable to swine flu well into 2009 – an interval that should provide most immune systems ample restoration time. "We don't understand the mechanism," Dr. Rubinstein said. "At the present time it is quite perplexing."

=> See: D. M. Skowronski, etc. Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada. - PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.10002

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

New York State NURSES ASSOCIATION

Rick Stearns

Stopping the forced "H1N1 vaccination"
Letter sent to NY State Nurses' Association District Presidents

A Letter, 28 September 2009
https://educate-yourself.org/cn/stearnsletternysna06oct09.shtml

To current and recent NYSNA District Presidents:

As the husband of a New York State RN, I recently learned of the state "requirement" for a seasonal flu shot, as well as the H1N1 vaccine, for NY health care workers. News reports indicate that the NYSNA and similar organizations were duly opposed to this but were overruled, effectively ignored, by the NY health board.

Well-informed individuals such as Dr. Gary Null are rallying to our cause. However, various polls and blogs reveal a frequent attitude among health care workers that might be summarized as follows: "They shouldn't be forcing anyone, it's unethical, but people should be encouraged to voluntarily consent to these shots."

The unwritten postscript is: "We may need the shots anyway, so I won't make too much noise about it."

This attitude reflects a completely misinformed assessment of vaccines and a serious ignorance of the purpose of Constitutional law.

The NYSNA web site outlines many cogent points against the state's egregious violation of human rights (www.nysna.org/advocacy/testimonies/mandated_shots.htm). However, the comments carry the underlying presumption that vaccines in general actually prevent disease. This claim has been in extreme dispute by physicians and scientists for more than a century, whom we rarely if ever see in popular (i.e. highly funded) media. More importantly, no mention is made of the known harmful, often deadly contents of most vaccines (e.g. thimerosal, squalene, live viruses) and especially this particular vaccine.

The historical point we should stick in the state's veins is this: Vaccines are far more likely to cause pandemics. Put another way: mass acceptance of the H1N1 vaccine, and quite possibly the seasonal flu shot (this year), will be the only way a real H1N1 pandemic can actually occur.

Even if there were a true pandemic of deadly, rapidly spreading disease killing millions worldwide (a virtual impossibility today without deliberate human interference), under no circumstance would such a toxic concoction as the "H1N1 vaccine" save us – it would be like pouring gasoline on a fire. Natural supplements are always the safest, most effective solution, certainly where influenza is concerned, and it is our fundamental right to choose them. Vitamin D3, among others, is a logical (and cheap) choice in this case.

As many researchers have concluded, disease eradication came primarily from modern living conditions and nutrition, not vaccines. No matter what statistics the multi-billion dollar health industry cites to support the effectiveness of vaccines, the evidence exposing their danger, not to mention their financiers' ulterior motives, is legion – especially recently. Vaccines are debilitating to the immune system and in many cases, fatally harmful. Religious and philosophical objections are legitimate enough, but the scientific and legal objections are paramount.

Legally, forced vaccination (and forced quarantine relocation) violates the First Amendment, Fourth Amendment, Fifth Amendment, Fourteenth Amendment, the Geneva Accords, and the Nuremberg code, at minimum. Calling it a "regulation" in the context of state health care makes it no less illegal than if Congress had passed it and called it "law." The primary purpose of human rights laws is to protect the individual against force and fraud on the part of the state. (It is not about "personal preference," Commissioner Daines.) When we couple this arbitrary violation of fundamental rights with federal liability protection for vaccine makers, and when we consider the pharmaceutical cartel dominance of funding for all major media, alarm bells should be going off in everyone's mind.

When someone on a major news network actually tells viewers, "Get your damn vaccine," alarm bells should be going off in everyone's mind.

Even if they intended to inject us with saline, they cannot be allowed to set the precedent of dictatorial "medicine" from an unaccountable global body, the WHO, financed by admitted eugenicists such as the Rockefellers and "advised" by pharmaceutical bosses.

I have included several web references at the closing of this letter. It is heavy information, and each individual must process it at his or her own pace. But all health care professionals deserve to know this information exists. Not everything on the web is true, but most truth is on the web. Vast numbers of honest online reporters have little to no financial motivation and often a great deal to lose by exposing scams like this one. For certain, nothing blasted in unison across the hyper-funded major media, particularly "declared emergencies," is scientifically reliable. The major news media is a corporate and government funded product, owned and agenda driven by powerful interests, singing from controlled song sheets, not to mention dumbed down to an elementary school level. There is no law requiring them to tell the truth – and they don't. You cannot find enough accurate information without wading through the Internet.

I will expand on a few highlights. I apologize if I am preaching to the choir, but I would rather err on that side. As mentioned, the general health care worker population could use some stronger informational weapons in its peaceful-protest arsenal.

"Swine flu" is a composite of swine flu, avian flu, and human flu strains from around the globe. The chance of this combination occurring naturally is so remote it defies consideration. In fact both the virus (Medimmune) and the alleged vaccine (Novartis) were patented prior to the "new virus" outbreak in April 2009 (see source under References). Yet this particular virus has failed to kill in large numbers, forcing the media to hype it to maintain the illusion of real danger. The laws of nature weaken viruses as they spread, Hollywood fantasies like "Outbreak" notwithstanding. Under modernized, sanitary conditions, as mentioned, only deliberate human action can kill millions via disease.

Never in recent history has there been a major "pandemic" except those caused by vaccines. Typhus vaccinations in conjunction with unsanitary conditions caused the 1918 "flu" pandemic. Smallpox vaccinations caused the 1920s resurgence of smallpox, complete with media lies driving the panic then as now. The AIDS explosion in Africa had vaccinations written all over it. The explosion in autism (a pandemic the media labels a "hoax") has been shown in laboratory experiments to be directly related to thimerosal in MMR vaccines. Gulf War Syndrome (another denied pandemic) has

been conclusively traced to squalene in anthrax vaccines. Lymerix (a response to the man-made Lyme Disease) led to a class-action lawsuit for its debilitating effects (I know one sufferer personally). Gardasil is now causing all sorts of terrible "side effects" in young girls while failing to protect against HPV.

Do vaccines really have the kind of track record that warrants the blanket presumptions of safety and effectiveness we see from so-called experts today? No they don't, and word is getting out despite the pathetic talking heads on TV. Little wonder, then, that vaccine makers suddenly need compliant government officials to force people to take their poisons.

This particular "H1N1 vaccine" **contains more squalene** than is found in those anthrax shots responsible for Gulf War Syndrome, as well as the thimerosal of MMR-autism fame. It boasts a laundry list of other toxins, not the least of which is the live engineered, patented virus itself. Even among vaccine supporters, does anyone seriously believe that such an apparently novel, mysterious virus can lead to hundreds of millions of "effective vaccine" doses within a few months (or years)? To make matters worse, the first version of "H1N1 vaccine" will reportedly be a nasal spray. This harkens back to the disaster of the oral polio vaccine and is a perfect formula for spreading the live virus contents all over schools, offices and hospitals – thus justifying the injectable, even more poisonous incarnation. If this goes forward, no one will be safe around anyone who has been vaccinated.

In 1976 we experienced Swine Flu Take One, replete with TV media propaganda advising the population to "Get a shot of protection. The swine flu shot." Many who took the shot suffered irreparable harm to their bodies (such as developing Guillain-Barre Syndrome) or died. The government became embroiled in million-dollar lawsuits, while this "swine flu" was never conclusively shown to exist beyond a single military base.

The current media hype is equally devoid of substance. Most "swine flu" deaths have turned out to be caused by some other complication, one or two paragraphs beneath the screaming headline. People have even died from other diseases as a direct result of misdiagnosis with this misnamed disease. Probably more convincing "swine flu" death reports will surface in the coming weeks to ratchet up the fear. There is a worldwide trend toward labeling any cold-like sickness "swine flu" without any testing. The worst wave to date will likely occur once people start taking the live virus nasal vaccine, but this too will be reported as "naturally occurring swine flu." The point here is that the dishonest and sloppy reporting to date, coupled with the arrogant dismissal of scientifically proven vaccine dangers, alternative natural therapies, and the manufactured nature of this virus, is clear evidence of an agenda.

In early 2009, Baxter Corporation was caught mixing live avian flu virus with regular seasonal flu shots, thanks to diligent testers in the Czech Republic. The subject ferrets dropped like flies, which strongly suggested this was a form of weaponized flu virus. Baxter admitted it, claimed it was a mistake and refused to allow an investigation. Such a lethal "mistake" is virtually impossible given the normal safety measures that separate such "research" from "seasonal flu" vaccine tests (see http://www.torontosun.com/news/canada/2009/02/27/8560781.html and many other sources). These tainted vaccines had already shipped to over a dozen countries. That such a company even remains in business shows how much alphabet-soup agencies like WHO are really out to protect us.

No, the FDA, CDC and WHO (and CNN) do not exist for our best interests, despite well-meaning individuals working at the lower levels of these organizations. At the points of actual power, they form revolving doors with pharmaceutical corporations and even worse powers-that-be who have no concern for ordinary people, to put it mildly. Populations are waking up to the unified tyranny and eugenics programs of governments worldwide. This awakening is a huge factor in why we now see such extraordinary coordination across different countries (France, Greece, China,

Canada, USA) rolling out this "mandatory vaccination" insanity. However, here in the USA they are doing it more by stealth and increment than by outright declaration. One suspects they are testing us and know full well they lack the physical means to enforce this unless a majority of the people acquiesce.

This is why I am raising hell about it. Health care workers are among the first lines of defense and possibly the last. It is essentially impossible to educate the millions of TV-mesmerized, terrorized Americans already brainwashed into believing a pandemic exists and vaccines are the only solution. But even the ignorant will intuitively take cues from doctors and nurses. In the post-9/11 smallpox scare, the federal government attempted to declare that inoculation mandatory as well, but after several health care workers sickened or died from it and an overwhelming majority refused, the media hype died and their magic word "mandatory" lost all its power. Of course there was never a threat in the first place. This time around is no different; the powers-that-be are simply more meticulous in their manipulation, more outrageous in their lies, and more extensive in their military preparations.

New York is one of the worst offenders so far in terms of actual policy passed. But again, the state has no way to physically force all health care workers to do this. We cannot let this stand under any circumstances. We must reject their poison vaccines and refuse their illegal fines. We must engage in civil disobedience, a statewide strike, lawsuits, and whatever practical measures we can devise to stop this murderous, bullying agenda in its tracks. Rallies in Albany by a small minority of nurses may help to wake more people up, if there is any press coverage, but these centralized approaches essentially consist of begging a criminal government to suddenly turn lawful. Mass awareness and civil disobedience at the individual level will be far more effective.

Feel free to distribute this letter and the below references to as many medical personnel as possible. Many will reflexively dismiss the information as "conspiracy theory" or worse, but this sadly programmed attitude is largely how we got into this mess in the first place. A lot of people are getting hungry for the truth in today's climate of perpetual deception masquerading as news. We should have 90% opposition to this deadly farce, not 30%. And a critical mass could form well below that percentage. I appreciate your prompt attention to this matter.

Sincerely,

Rick Stearns
Red Hook, NY

Hi Ken,

On 9/28/09 I sent the following letter to as many district presidents of the New York State Nurses' Association (NYSNA) as I could find emails for. Thus far I have received no response from NYSNA, but in 48 hours my wife told me a co-worker at her hospital had received a forwarded copy with at least 50 others on the send list. (Hotmail has now flagged my IP address for spam.) We are peacefully pushing the hospitals to back off, based on losing too many employees. If they do not back off, my wife will leave her job anyway. As further trial balloons pop up around the country, this letter may also serve as a template for others to modify for a particular locale or target audience.

Cheers,

Rick Stearns
Red Hook, NY

CBSNEWS

Declan McCullagh

Health Care Workers Protest Mandatory H1N1 Vaccination

CBS News, 29 September 2009, 11:28 AM
https://web.archive.org/web/20091002124613/http://www.cbsnews.com/blogs/2009/09/29/taking_liberties/entry5349581.shtml

Health care workers are planning to take to the streets Tuesday at a rally in front of the Albany, N.Y. state capitol to protest mandatory vaccination.

The rally is intended to call for "freedom of choice in vaccination and health care" and to protest mandatory vaccination for influenza and the H1N1 swine flu. "This vaccine has not been clinically tested to the same degree as the regular flu vaccine," Tara Accavallo, a registered nurse on Long Island, told Newsday. "If something happens to me, if I get seriously injured from this vaccine, who's going to help me?"

While physicians, nurses, and medical technicians may not be known for their willingness to march on state capitols, a recent New York Department of Health requirement has sparked an unusually intense response. The August 13 regulations say that all health care workers who "could potentially expose patients" must be vaccinated for influenza by November 30 unless it would be "detrimental" to the recipient's health. (Any reprieve would be temporary and last only until injection with the vaccine would "no longer be detrimental.")

This raises an obvious and important question: Under what circumstances can government officials order mandatory vaccination? And could the general public be ordered to roll up their sleeves for injections, even if there might be side effects beyond a sore arm or mild fever? The concern in New York also comes as skepticism of vaccination in general seems to be on the rise.

First, some stipulations. Let us stipulate that that routine vaccination has virtually wiped out, at least in developed countries, once-rampant diseases like mumps and whooping cough. The horrors of smallpox – variola major, which slays about a third of its victims, and the less deadly variola minor – have vanished, thanks to a successful worldwide vaccination campaign. Even where mandatory vaccination can cause complications, the overall side effects in a population of millions will almost certainly not be as harmful as the infectious disease itself.

On the other hand, let us stipulate that not all vaccines are created equal; some may be safer than others. Out of lack of knowledge or fear, officials may order mandatory vaccinations when the vaccine has not been proven completely safe. And we should remember that the history of our own government when it comes to vaccines is not without its low points (more on this below).

Perhaps the best overview of the legality of mandatory vaccination lies in a 2005 report prepared for the U.S. Congress by the Congressional Research Service. It notes that while the federal government does have the power to order quarantines, public health has historically been the states' responsibility. The CRS report adds: "Generally, federal regulations authorizing the apprehension, detention, examination, or conditional release of individuals are applicable only to individuals coming into a State or possession from a foreign country... Any federal mandatory vaccination program applicable to the general public would likely incorporate similar jurisdictional limitations."

In terms of state authority, there's an important 1905 U.S. Supreme Court case called *Jacobson vs. Massachusetts*, which was affirmed in 1922. It arose out of a challenge to the state's requirement to obtain a free smallpox vaccine or pay five dollars. The majority voted to upheld the law, saying:

> We are not prepared to hold that a minority, residing or remaining in any city or town where smallpox is prevalent, and enjoying the general protection afforded by an organized local government, may thus defy the will of its constituted authorities, acting in good faith for all, under the legislative sanction of the state. If such be the privilege of a minority, then a like privilege would belong to each individual of the community, and the spectacle would be presented of the welfare and safety of an entire population being subordinated to the notions of a single individual who chooses to remain a part of that population.

That seems pretty clear. So are the state laws regarding vaccinations for children attending school – every state requires vaccines such as measles, rubella, and polio, although medical and religious exemptions do exist. A 2007 Texas executive order suggests that young schoolgirls receive the Human Papillomavirus (HPV) vaccine, which appears to have recently killed a 14-year old girl in England, while providing parents with the right to opt out.

Back to New York for a moment. State Health Commissioner Richard Daines, who is probably feeling a bit of political pressure after deciding that the Empire State will go where no other state has, released a lengthy open letter last week that concludes: "We, as health care workers, owe it to our patients and to society in general to demonstrate our confidence in those scientific standards. Even more importantly, we should reconfirm our noble commitment to the tradition of putting patients' interests first by supporting the mandatory influenza vaccination requirement." He's also holding a media availability after Tuesday's protest.

While no state has gone as far as New York, many other institutions have grappled with the concept of mandatory vaccination. The University of Iowa required all staff to be vaccinated for H1N1, but then backed down in the face of a union lawsuit. The University of Alabama requires proof of meningitis vaccination, without any obvious exceptions. Protests are planned in London on October 3 against mandatory vaccination.

All members of the U.S. military will receive the H1N1 vaccine starting in October, according to an American Forces Press Service article. Massachusetts is encouraging its health care workers to be vaccinated against seasonal influenza by December 15, but isn't mandating it; its public health commissioner has even sent out a statement trying to "dispel rumors" about "forced vaccination."

An article last year in the Harvard Law Review suggests that vaccination should be viewed as two different types: inoculation against easily-transmitted airborne diseases, and inoculation against diseases where the person can more easily prevent infection, such as sexually transmitted diseases. There are stronger arguments for mandatory vaccination in the first category than the second, the article argues:

> "It makes sense to create this two-tiered system in which medically necessary vaccines are linked with narrower exemptions and practically necessary vaccines are instead linked with generous exemptions. So, vaccine laws could explicitly state that parents can exempt their children from hepatitis B and HPV vaccines with no questions asked, unlike vaccines for diseases listed elsewhere in the statute."

In general, critics of mandatory vaccination tend to center their objections around side effects, which the Centers for Disease Control and Prevention acknowledge exist, albeit in mild forms. Critics worry about the possibility of a link to autism and the use of a thimerosal, a substance containing mercury that is being phased out, as a preservative; others object on general we-should-decide-this-

for-ourselves principles. The Association of American Physicians and Surgeons, a more conservative counterpart to the American Medical Association which opposes mandatory vaccinations for schoolchildren, notes that the vaccine approval process in general has "been contaminated by flawed or incomplete clinical trials."

An article in the British Medical Journal from October 2008 (published as part of a debate) argues that: "Although the physical harms from influenza vaccine are generally minor, there are potential psychosocial harms. Mandatory immunisation infringes civil liberty and autonomy." And the free-market Heartland Institute in Chicago, Ill., argues that mandatory vaccination can violate the Hippocratic Oath: "There is no question of the great benefit of general vaccination for such scourges as poliomyelitis, diphtheria, smallpox, etc. But can we say the same for greatly self-limited rotavirus diarrhea in infants, chickenpox for children, or for the sexually transmitted hepatitis B for both?"

One example of governmental overreaction to infectious disease came in 1976, when an outbreak of swine flu struck Fort Dix Army base in New Jersey. After a 19-year-old private died, President Gerald Ford ordered a nationwide vaccination program that eventually reached 40 million people, or about 24 percent of the United States population at the time.

Without the vaccine, Health Secretary F. David Matthews solemnly predicted at the time: "We will see a return of the 1918 flu virus that is the most virulent form of the flu. In 1918 a half million Americans died. The projections are that this virus will kill one million Americans in 1976."

The vaccination program turned out to be a mistake. Reports soon surfaced about the vaccine causing a neuromuscular disorder called Guillain-Barré syndrome, and vaccinations were halted about two months after they began. One million Americans never died.

CBS NEWS

Declan McCullagh

Open Letter to New York State over mandatory vaccination

CBS News, 30 September 2009, 1:18 PM
https://www.cbsnews.com/news/open-letter-to-new-york-state-over-mandatory-vaccination/

September 29, 2009

Commissioner Daines and People of New York State:

This letter is from healthcare workers. You see us every day. We are your neighbors. We are your friends. You say peace to us in church. Our children play soccer together. We minister to you. We minister to your family. We coach you through grueling labors as you struggle to have your children. We help you believe in your personal strength as you gain the confidence needed for parenting. We kneel on the hard floor next to you, working relentlessly to help your baby learn to breast feed. We work 12-hour shifts, and sometimes we never even stop for a bathroom break, because you need us.

We are there for you in surgery, listening to your anxieties patiently and offering soothing reassurances. We hold your hand when you are scared, offering a quiet assurance that you are not alone. We care for your mothers and fathers with a sense of respect and compassionate effort to help them maintain their dignity. We listen to you about their idiosyncrasies, and manage to individualize their plans of care. We set goals with you in rehabilitation, and work by your side to help you achieve these goals. We are right next door to you. We don't live on some commune eating alfalfa leaves with our "crazy ideas." We are everyday people -- you have seen us, you have trusted us, and you know we have been passionate about the care we have provided to you. We love our professions and the opportunity they give us to minister to you.

Now, we need your help. As a group of healthcare workers, we are being mandated by a new New York state law to receive the seasonal flu vaccine and H1N1 vaccines. If we do not receive these vaccines by November 30th, that inaction is to be considered our resignation. We must sign a consent for the vaccines prior to their administration. The manufacturers have been granted immunity by the government; they cannot be sued for untoward effects.

We do not want to receive these vaccines. Our educated studies of risks versus benefits conclude that the risks of the vaccine are greater than the possible benefits. You know us -- you know we live by, "First, do no harm." We have many times extended ourselves to you, but our research concludes these vaccinations are not a safe choice for us. For many of us, being forced to receive the vaccine would be being forced to compromise our religious principles. All health care workers with direct patient care are mandated to receive the vaccine, so the coercion is real -- we cannot just go find a job "somewhere else." And the job market of 2009 does not offer opportunity in a different arena where we could still feed our families.

We understand the fear that swine flu and influenza has generated. While our sources of information indicate that swine flu is not a pandemic, we know that the slanted research fed by the media offers results intended to frighten the public. We do not have the power to stop the fear that mass hype is able to generate. However, we can wear masks and continue to practice our aggressive hand washing during peak flu seasons if that is what assures you. We hear the hype you are fed. We do not want to bring you harm, but we should not be forced into harm's way ourselves.

The seasonal flu vaccine is a guess as to what epidemiologists think will present the coming year as flu. Many times, the guess is wrong. And each year the vaccine is loaded with toxins and preservatives injected into muscle tissue which is not meant to filter toxins. It has clear risks. We have healthy immune systems which God gave us to fight disease. The seasonal flu vaccine is new every year – so can you tell us how well it is tested?

In that respect, the H1N1 vaccine has been rushed out with minimal testing. Testing was to occur over a three-week period, and in the rush to be the fastest providers of the vaccine, manufacturers were funded for production before that brief period was even concluded. The results – ask the dead squirrels – did not matter. They will be using an adjuvant in the H1N1 vaccine that had been pulled off the market because of its association with Gulf War Syndrome but is now allowed to get this vaccine out to the public. In the 1970's, they released a vaccine for H1N1 that was pulled off the market because it resulted in a significantly high incidence of Guillain-Barre Syndrome. Healthcare workers will be the clinical test. We will be enrolled in a clinical trial without consenting to be research subjects.

This law should never have passed through a governing body in the United States of America. It violates the Bill of Rights. It declines our freedom to practice our religion and expects us to compromise our moral code by penalizing us with loss of employment. It mandates consent under duress, which makes the consent itself invalid. It obtains us as human research subjects in a clinical trial that we do not consent to. It denies us our right to refusal of a medication by putting us under duress. We are being put in a situation of coercion and assault. We fear loss of employment by exercising our freedom of speech and speaking out against this injustice. The United States is a different governing body than the democracy we learned about as children.

We are your brothers and sisters as citizens of New York State and we are beseeching your help. The government has created a law that should have no legal standing, but we will lose our jobs unless we yield to the law. We do not want these injections in our bodies and should have that freedom of choice. We should be allowed to practice our freedom of religion in which we place our trust in God, not medical establishments and political agendas.

Please do not let New York state proceed with this law. It will only become a precedent for further violations of our freedoms. We are everyday people and we do not have the monetary means to fight this individually, it is a huge battle. The New York State Nurses' Association had already spoken out against mandated vaccines when the law was just a bill, but their voice was not considered. We do not have time to wait for "someone else" to fight this battle, we need every individual's help to make a large public voice so the government will repeal this law or at the very least, gain an injunction to stop the mandating so there is time for the law to be reviewed by the courts and be found unconstitutional.

We have made it our profession to help and would like to continue to practice in New York state. We have been placed in a situation that is terrifying us. Commissioner Daines, you tell us we should not let us fear infringe patient safety. Please do not insult us. We take care of HIV patients during their post partum hemorrhages; we provide VRE (vancomycin-resistant enterococci) wound care and suction. We work 13 hours non-stop putting our patient desires above even our basic body needs. There is a reason 60 percent of educated health care workers historically decline the seasonal vaccine, and there is even more opposition to the H1NI.

It seems you'd like to use your position to threaten ours and play God with our lives. You are not our God, Commissioner Daines. We are perfectly willing to wear masks around our patients during the peak influenza season. We beg you to reconsider before New York state loses another group of dedicated health care workers. We will find our united voice and New York state will have a health care crisis on December 1 without us. Please come to reason.

Jennifer McLogan

N.-Y. Health Care workers Revolt over H1N1 Vaccine

WCBSTV, 30 September 2009, 6:09 am US/Eastern
https://web.archive.org/web/20091002191044/http://wcbstv.com/topstories/swine.flu.h1n1.2.1216352.html

Saying They Should Be Given A Choice, Employees Rally In Albany, Around State, Chant "No Forced Shots!" Protesters Hold Signs That Read: "The State Doesn't Own My Body."

Stony Brook, N.Y. (CBS) – They're upset over an ultimatum from the health department. Workers are being told to either get the swine flu vaccine or lose their jobs.

New York is the first state in the country to mandate flu vaccinations for its health care workers. The first doses of swine flu vaccine will be available beginning next week. Much of it is reserved for state health care workers, but there is growing opposition to required innoculations.

Health care workers in Hauppauge screamed "No forced shots!" as they rallied Tuesday against the state regulation requiring them to roll up their sleeves.

"I don't even tend to the sick. I am in the nutrition field. They are telling me I must get the shot because I work in a health clinic setting," said Paula Small, a Women, Infants and Children health care worker.

Small said she will refuse, worried the vaccine is untested and unproven, leaving her vulnerable. In 1976, there were some deaths associated with a swine flu vaccination.

Registered nurse Frank Mannino, 50, was also angry. He said the state regulation violates his personal freedom and civil rights. – "And now I will lose my job if I don't take the regular flu shot or the swine flu shot."

When asked if he's willing to lose his job, Mannino said, "Absolutely. I will not take it, will not be forced. This is still America."

The protest also shook Albany Tuesday. Hundreds of demonstrators demanded freedom of choice. After all, as health care professionals they argue they're already constantly washing their hands and aren't likely to transmit or contract the flu.

Around 500,000 health care workers are slated to receive the vaccine.

"It's certainly their prerogative to voice their opinion," said Dr. Susan Donelan of Stony Brook University Hospital. Donelan said most in the medical community see the benefits and safety of the shots and welcome them, and that hospitals must obey the law. – "Our hospital is committed to following the mandate to have our personnel vaccinated," she said.

The state said change was needed this year to save lives, typically only about 45 percent of health care workers take advantage of voluntary flu vaccines. More than 150 institutional outbreaks of seasonal and H1N1 flu are expected this year in hospitals, nursing homes and hospice centers.

New York and New Jersey will get their first doses of the swine flu vaccine next week. It will be the nasal mist, not a shot.

Health Gem



Dr. Olson

Influenza Part 4: The Facts on Tamiflu and Swine Flu Vaccine

Our Firm Foundation, September 2009, 24(9): 25-28
https://dn720001.ca.archive.org/0/items/2009-olson-influenza-part-1-4/2009_Olson_Influenza_Part%201-4.pdf

***Dr. Olson** comes from a long line of health professionals including MDs, naturopaths, and osteopaths. Having early wanted to help people, especially in the area of health, she was a missionary to Belize and Korea. A national speaker, an RN for years, a certified herbologist, and a naturopathic doctor, Dr. Olson is utilizing this experience and wealth of knowledge for the benefit of people all over the world*

...

Do your Homework and Make an Informed Decision

So, who is saying (and will be saying) that Tamiflu and the swine flu vaccination work? Why, the companies selling them, of course! Can we trust them? Well, in the past, drugs have been "proven" safe and effective, only later to show that they were not only ineffective, but also completely unsafe, with some being downright deadly. So do your homework and make an informed decision. Don't just take a drug "because the doctor says it's okay". The doctor said it was okay to take Vioxx, and you see how that turned out! The doctor usually only tells you whatever the drug representative from the drug manufacturer has told him. Think about it, take some time to research if you need to, and make your own informed decision as to what drugs you will take. ...

As far as the vaccine is concerned, I would suggest that you look at history and the facts and make that choice yourself. Keep in mind: vaccines are only useful against the specific viral strain that was available at the time of their manufacture. But influenza viruses mutate quickly, and as the WHO has already said, the real concern with H1N1 swine flu is that it will combine with seasonal flu (or heaven forbid, the Avian flu) in the fall, creating a new, deadly strain that will, of course, be immune to all available vaccines. If they are worried about the strains mixing in the fall, how would it even be possible to have a vaccine ready now?

Previous Flu Vaccines:

- 1918 Swine Flu – An H1N1 virus – Doctors recommended "vaccines" (who knows what was in them, yet they were still given) – They were completely ineffective. (5) The virus killed between 30-100 million people worldwide.

- 1976 Swine Flu – "In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers. Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of $135 million (some $500 million in today's money). Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly canceled the program on Dec. 16. The epidemic failed to materialize." (6)

- July 2005 – People can now file a claim for side effects from flu shot: "Flu vaccination can cause serious problems, such as severe allergic reactions, stroke, brain damage, encephalopathy, and/ or coma. As of July 1, 2005, people who think that they have been injured by the flu shot can file a claim for compensation from the National Vaccine Injury Compensation Program (VICP)." (7)

Avian Flu February 2009 – In what was called a "serious error", drug manufacturer Baxter International Inc. sends out Avian Flu vaccines that are tainted with live Avian flu virus. (8)

The FDA does not Test Drugs

Remember, drug companies are cleverly disguised marketing machines. It is their job to sell, not heal. And if you think the FDA is watching out for you, think again. According to the FDA's own website, the "FDA does not develop, manufacture or test drugs. Drug manufacturers *submit reports* of a drug's studies so that the Center can *evaluate* its data." (9) So, the drug company gives the FDA the data that supports the drug (after all, they are trying to get it approved to sell), and the FDA just reviews it. If information is omitted, the FDA may pass a dangerous drug unknowingly. Don't let the commercials, news stories, or advertisements fool you.

Do your homework, and be informed, so if need be, you will be able to stand up and refuse to be drugged, even if everyone around you is giving in, convinced that they need it! Before you say, "But my doctor said…", let's look at what "doctors" have recommended in the past:

...

As you're deciding about what treatment you will take, keep in mind that "medicine" changes over the years and the drugs that doctors once confidently stood behind have ended up being disastrous and deadly. And, remember, not all doctors are recommending vaccines anyway.

There are many doctors who boldly oppose the use of vaccines, whether for the flu or other:

"Take the profit out of the manufacture and administration of serums and vaccines and they would soon be condemned even by those who are now using them» - George Starr White M.D. (21)

"The only safe vaccine is a vaccine that is never used." - James A. Shannon, M.D. (21)

Swine Flu 2009 Vaccine Timeline:

- April 27: Drug companies say it will take 6-8 months to develop an effective vaccine. (13)

- April 30: "There is no vaccine currently that exactly matches the swine flu. The seasonal flu vaccine is not effective against swine flu, said Richard Besser, acting head of the CDC." (14)

- May 6: The Obama administration is considering an unprecedented fall vaccination campaign that could entail giving Americans three flu shots" (15) Drug companies (who happen to stand to profit from the sales of vaccines) are pushing for this, even though:

1. This has never been done.
2. An effective vaccine has not even been produced.
3. Possible side effects of doing this are not even known at this point.

- June 12: Miraculously only one and a half months later:

"Swiss pharmaceuticals company Novartis AG said Friday it has successfully produced a first batch of swine flu vaccine weeks ahead of expectations… The announcement comes a day after the World Health Organization declared swine flu… a pandemic." (16) Wow! Is that perfect timing or what? Does this sound a bit fishy to you?

- June 13: "Specialty drug maker Baxter International Inc. (see Avian Flu bullet point above) says it's in "full scale" production of a swine flu vaccine that will be commercially available in July." (17)

- June 27: "According to officials, an unprecedented 600 million doses of swine flu vaccine may be given this fall even though officials have not yet developed a way to administer such a large

number of shots… Tracking the vaccination side effects will also prove to be a difficult task. If both the swine flu vaccination, and the seasonal flu shot are given at the same time, it will likely cause issues determining which side effects are from which vaccination. This issue previously arose in 1976, when officials vaccinated for swine flu. Over 500 of those receiving the vaccinations came down with Guillain-Barre Syndrome, a paralyzing autoimmune disorder. Researchers still do not know what caused the side effect." (18)

- Fall // Winter 2009 – What will you choose?

I know time has passed and we seem to be in a lull from the swine flu - especially in the media. This was to be expected. Don't let your guard down and forget about the deadly potential of this bug. According to Michael T. Osterholm, Director, Center for Infectious Disease Research and Policy at the University of Minnesota, "An influenza pandemic of even moderate impact will result in the biggest single human disaster ever - far greater than AIDS, 9/11, all wars in the 20th century, and the recent tsunami combined. It has the potential to redirect world history as the Black Death redirected European history in the 14th century." (19)

The Greatest Prescription is a Saving Relationship with Jesus

One last (but no less important) note: I realize I have outlined many things here you can do to be prepared for the flu if it hits in pandemic proportions this fall, however, if it ever gets so severe that people who are infected in the morning are dead by evening, there is one thing that is more important than anything else: you must have a personal relationship with our Savior, Jesus Christ, and share His love with others so they can be prepared as well. You and your family can have a peace that few others will possess. You can be assured that regardless of the outcome, you will all be together again one day with Him in heaven, where there will be no more sickness, sadness, or death. And this is something that you can know every day, regardless of what is going on in the government, the economy, or whether or not there is a pandemic, etc. While the swine flu is dangerous, none of us are promised tomorrow. At any time, our life on this earth may end, whether it is the swine flu or a car accident. Give your heart to Christ and you will have nothing to fear, now or ever.

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Health Workers Resistant to H1N1 Vaccine Mandate

CBS2, 5 October 2009, 6:02 am US/Eastern
https://web.archive.org/web/20091015134046/http://wcbstv.com/health/h1n1.vaccine.mandate.2.1227444.html

New York (CBS) – Parents may have a choice when it comes to vaccinating their kids, but that's not the case for New York's health care workers.

It's a move that has some workers feeling sick.

Outside New York's Capitol, health care workers vowed to fight an unprecedented order from state health officials – a requirement for every health care worker to get seasonal and H1N1 flu shots, or face the possibility of getting fired.

Physical therapist Carole Blueweiss is weighing that risk.

"I'm healthy and I have a strong immune system, and I don't want to feel like someone is telling me what to put into my body to protect me," Blueweiss said.

But the state maintains that the objective is to reduce the possibility of infecting patients.

"Every flue season, in New York for example, we have about 160 outbreaks of flu inside health care institutions," Dr. Richard Daines, New York State Commissioner of Health, said.

In past years, when vaccinations were voluntary, only 40 percent of the state's 925,000 health care workers got vaccinated.

"That's kind of intolerable – that patients should come to a hospital and not know that the health care workers are vaccinated," Dr. Daines said.

But Blueweiss, who plans to give her son the seasonal vaccine, doesn't trust H1N1 for him or herself. In her 15 years as a physical therapist at a large New York hospital, she says she's never gotten a flu shot and never had the flu.

"We are health care workers, and we are not even given the credit or the respect to make the decision," Blueweiss said. "It's outrageous, and it feels criminal and anti-American."

While New York has the only state-wide mandate, a number of private and public hospitals are also requiring employees to take flu shots.

There is also a strong resistance to the vaccine from the general public. A new Harvard University poll shows that only four in 10 adults intend to take the vaccine themselves, and only six in 10 plan to give it to their children.

New York's mandate affects health care workers in hospitals, outpatient clinics and home care services.

Nursing Times

Steve Ford

Nurse confidence in swine flu vaccine falling

Nursing Times, 6 October 2009
http://www.nursingtimes.net/whats-new-in-nursing/swine-flu/nurse-confidence-in-swine-flu-vaccine-falling/5006950.article

Nurses' confidence in the safety of swine flu vaccination has fallen over the last two months, Nursing Times' latest survey suggests.

With the first doses of vaccine expected to arrive at trusts in the next week or two, just under half of frontline nurses say they do not intend to have the jab, according to a snapshot survey of nearly 1,700 readers.

The results suggest fewer nurses are likely to get vaccinated now than in August, when Nursing Times asked readers the same questions about immunisation against swine flu.

In August, 31 per cent of respondents said they would not get vaccinated while 35 per cent said they would. However, in the latest online survey, carried out last week, the percentage of nurses saying they will not get vaccinated has increased to 47 per cent. Those saying they will has fallen to 23 per cent

The main reason nurses cited for not having the vaccine was concern over its safety - the percentage of nurses saying this is the main reason they do not intend to get immunised has increased from 60 per cent in August to 78 per cent in now.

A sizeable minority – 25 per cent – said they do not consider the risks to their health to be great enough. The comments suggest many nurses hold both views - believing that the condition is not serious enough to warrant trying a relatively new vaccine.

Both vaccines ordered by the Department of Health have now been licensed, having undergone trials. But many nurses responding to the survey raised concerns that the approval process had been rushed.

One respondent said: "I don't believe that it has been tested properly and there is not enough information regarding side effects. It could come back and haunt us in years to come."

"I am not confident that it has been sufficiently tested. I would rather take the risk of getting the flu," another said.

Other common reasons cited by nurses for remaining unvaccinated were that the infection was mild enough for them not to bother, or that they had previously experienced flu-like illness after receiving the seasonal flu vaccine.

One respondent said: "I have worked on a swine flu isolation ward and have not become ill. I feel good barrier nursing with the correct masks has allowed me to build up my own resistance."

Both the RCN and Unison have publically encouraged NHS staff to get vaccinated. Last month Unison head of nursing Gail Adam said: "We are strongly recommending that all health workers have the swine flu vaccination."

INTERNATIONAL BUSINESS TIMES

Grippeimpfung verdoppelt möglicherweise Risiko von H1N1-Infektion

IBT, 9 October 2009, 00:53 CET

https://web.archive.org/web/20091008115703/http://www.ibtimes.de/articles/20091004/grippeimpfung-verdoppelt-risiko-von-h1n1-schweinegrippe-infektion.htm

Vorab bekannt gewordene Ergebnisse einer kanadischen Grippe-Studie und die Reaktion einiger Provinzen Kanadas platzen in die Vorbereitung der zweifachen Grippe-Massenimpfung in Deutschland.

Wie das Nachrichtenmagazin FOCUS meldet, wollen Seuchenexperten der Pazifikprovinz British Columbia entdeckt haben, dass die Gabe des saisonalen Impfstoffs das Risiko verdoppelt, sich mit H1N1 ("Schweinegrippe") zu infizieren.

Laut kanadischen Zeitungsberichten wollen die meisten Provinzen deshalb den normalen Grippeschutz vorerst nur über 65-Jährigen zugänglich machen.

Der "unerwartete" Befund sei "nicht überprüfbar", solange die Studie nicht vorliege, sagte der Leiter des Marburger Universitätsinstituts für Virologie, Stephan Becker, zu FOCUS.

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Previously announced results of a Canadian flu study and the reaction of some Canadian provinces are interrupting the preparation of the double flu mass vaccination in Germany.

As the news magazine FOCUS reports, disease experts in the Pacific province of British Columbia claim to have discovered that administration of the seasonal vaccine doubles the risk of becoming infected with H1N1 ("swine flu").

According to Canadian newspaper reports, most provinces want to make normal flu protection only available to people over 65 for the time being.

NY Nurse Sues to Block Mandatory Flu Vaccines

CBS 2, 10 October 2009

https://web.archive.org/web/20091013211452/http://wcbstv.com/topstories/mandatory.h1n1.vaccine.2.1240506.html

Dutchess County RN Files Lawsuit To Block Rule Mandating That State Health Workers Get Seasonal, H1N1 Vaccines

A registered nurse has asked a judge to block New York state's requirement that all health care workers get vaccinated against the flu.

An attorney for Suzanne Field, a nurse in Dutchess County, said she filed the lawsuit to protect the rights of nearly 60,000 medical workers covered by an emergency rule put in place in the wake of this year's swine flu scare.

This fall, New York became the first state to require most doctors, nurses and health care aides to get a vaccine for both the seasonal flu and the new swine flu if they want to stay on the job.

Flu can be deadly if spread in health care facilities among people already weakened by illness, but the mandatory inoculations have upset some workers with worries about the safety of vaccines.

Physical therapist Carole Blueweiss is weighing that risk.

"I'm healthy and I have a strong immune system, and I don't want to feel like someone is telling me what to put into my body to protect me," Blueweiss said.

Field's request for a restraining order is now before a judge in Manhattan. A hearing is planned for Wednesday.

State Health Commissioner Richard Daines said the rule is both legal and necessary to protect the public. Courts, he noted, have already upheld similar rules that require health care workers to get vaccinated for the measles and rubella.

But Blueweiss, who plans to give her son the seasonal vaccine, doesn't trust H1N1 for him or herself. In her 15 years as a physical therapist at a large New York hospital, she says she's never gotten a flu shot and never had the flu.

"We are health care workers, and we are not even given the credit or the respect to make the decision," Blueweiss said. "It's outrageous, and it feels criminal and anti-American."

Presently, between 30 percent and 40 percent of health care workers voluntarily get a flu shot each year.

The New York State Nurses Association has encouraged its members to get vaccinated voluntarily, but has opposed the new rule, saying there should be exemptions for people who don't want vaccines for religious or philosophical reasons.

"We're against our civil liberties being stepped on," said Barbara Crane, president of the National Federation of Nurses.

There is also a strong resistance to the vaccine from the general public. A new Harvard University poll shows that only four in 10 adults intend to take the vaccine themselves, and only six in 10 plan to give it to their children.

Bloomberg

Cary O'Reilly

Health Workers Sue to Void FDA Approval of Swine Flu Vaccine

Bloomberg, 10 October 2009 at 5:05 AM GMT+8
https://www.bloomberg.com/news/articles/2009-10-09/health-workers-sue-to-void-fda-approval-of-swine-flu-vaccine
https://archives.rep-am.com/2009/10/12/health-workers-sue-to-void-fda-approval-of-swine-flu-vaccine/

A group of New York doctors and health-care workers who are to be among the first inoculated against swine flu asked a federal judge to void U.S. approval of the vaccine until more safety tests are done.

Rima Laibow, a physician, nurse Suzanne Field and four other New York residents filed the suit Friday in federal court in Washington. They claim a state law requires them to get the vaccine, putting their health at risk from an unproven treatment and their livelihoods at risk if they refuse.

"This is an emergency action in a matter of significant public importance," Leslie Fourton, an attorney for the health workers, said in the lawsuit. The Food and Drug Administration "has approved or licensed the vaccines without definitive prerequisite safety testing, in clear violation of federal law."

The workers asked Judge Reggie Walton to issue an immediate order barring approvals of A/H1N1 vaccines until all legally required testing is conducted and an order preventing New York from firing them if they refuse to take it.

Doctors and hospital workers in Marion County, Ind., and Le Bonheur Children's Medical Center in Memphis, Tenn., were among the first to receive AstraZeneca Plc's nasal spray vaccine this week.

Swine flu, or H1N1, is spreading widely in most U.S. states. The first vaccines will be aimed at health-care workers, children, pregnant women and people with chronic conditions that put them at risk for complications. While the U.S. has ordered doses to cover all Americans, only half of U.S. adults plan to get the vaccine, according to a Harvard University poll.

Swine flu is responsible for more than 600 U.S. deaths since the virus was identified in April, according to the Centers for Disease Control and Prevention in Atlanta.

ÄrzteZeitung

Schweinegrippe: Berliner Ärzte wollen nicht impfen

Ärzte Zeitung, 12 Oktobre 2009
https://www.aerztezeitung.de/Wirtschaft/Schweinegrippe-Berliner-Aerzte-wollen-nicht-impfen-372625.html

Berlin (ami). Trotz offizieller STIKO-Empfehlung wollen Kassenärzte in Berlin vorerst keine Impfungen gegen Schweinegrippe vornehmen. Sie führen inhaltliche, praktische und finanzielle Gründe ins Feld.

Die Vertreterversammlung der Kassenärztlichen Vereinigung Berlin hat dem KV-Vorstand per Beschluss verboten, eine Vereinbarung mit dem Senat zu treffen, solange nicht das Mindesthonorar für eine Einfachimpfung laut Impfvereinbarung von 7,10 Euro gewährleistet ist. Die Impfungen seien eigentlich Aufgabe des Öffentlichen Gesundheitsdienstes (ÖGD), so der Orthopäde Dr. Hans-Detlef Dewitz. Er verwies auf eine Statistik des Berliner Senats, wonach eine Impfung durch den ÖGD im Jahr 2005 durchschnittlich 21,79 Euro gekostet habe. "Das ist dreimal so teuer, wie das, was die KV angeboten hat", so Dewitz.

Der Hausarzt-Internist Dr. Detlef Bothe vertrat die Auffassung, dass selbst der einfache Impfkostensatz "ein wahres Geschenk an den Senat" sei, da ein hoher Beratungsbedarf zu erwarten sei. Nicht nur finanzielle Gründe waren für die Ablehnung entscheidend. Die Vertreter äußerten zahlreiche inhaltliche Bedenken gegen die Impfung. Bei einer Spontanumfrage gaben nur drei von knapp 30 Ärzten im Saal offen an, dass sie sich selbst gegen Schweinegrippe impfen lassen wollen. Viele äußerten Zweifel, ob sie ihren Patienten zur Impfung raten sollten. Sie verwiesen unter anderem auf die fehlende Zulassung des Impfstoffes in den USA, mangelnde epidemiologische Daten und die in den Medien diskutierte "Verquickung der Ständigen Impfkommission mit der Pharmaindustrie".

Bothe sprach von einer "vorschnell geplanten Massenimpfung" und erinnerte an die ärztliche Maxime "Zuallererst nicht schaden". Dagegen appellierte die Allgemeinmedizinerin und KV-Chefin Dr. Angelika Prehn an "die Verantwortung der Ärzte, Krankheiten zu vermeiden".

Zweifel äußerten die Berliner Ärzte auch an der Machbarkeit der Impfung in den Arztpraxen. Vor allem die Kinderärzte sehen sich vor einer Herausforderung. Sie müssten nicht nur zehn, sondern 20 Impfdosen an einem Tag verbrauchen. "In einer normalen Sprechstunde ist das nicht zu verimpfen", so der Pädiater Klemens Senger. Die Praxen müssten dazu reine Impfsprechstunden einrichten. Solange keine Vereinbarung mit dem Senat besteht, kann die Impfung nach Auffassung des KV-Vorstands Burkhard Bratzke nur gegen Kostenerstattung in den Arztpraxen vorgenommen werden. Die Impfvereinbarung der KV Berlin mit den Berliner Krankenkassen enthält jedoch eine Bestimmung, wonach eine STIKO-Empfehlung automatisch eine Leistungspflicht der Krankenkassen auslöst. Ob dieser Passus auch bei der Schweinegrippe greift, werden KV, Kassen und Senat diskutieren müssen.

Doctors in Berlin refuse to launch massive swine flu vaccination campaign

The Flu Case, 14 October 2009
https://web.archive.org/web/20091017033111/http://www.theflucase.com/index.php?option=com_content&view=article&id=1063:doctors-in-berlin-refuse-to-launch-massive-swine-flu-vaccination-campaign&catid=41:highlighted-news&Itemid=105&lang=en

Doctors in Berlin, Germany, have said they are not going to launch a massive "swine flu" vaccination campaign in spite of an "official recommendation" and instructions to do so from the government's central vaccine committee.

Only three of the doctor's attending a key meeting in Berlin on whether to start the swine flu jab programme in the capital said they would take the jab.

The doctors expressed concerns over the safety record of the "swine flu" jab with adjuvants, the lack of clinical data, especially on pregnant women and children", and also criticised the "rush" to mass vaccinate people as well as the poor renumeration.

In addition, they brought up claims that the country's government vaccine committee was in the pocket of the pharmaceutical industry.

Bild

Erster Ärztekammer-Chef warnt vor Schweinegrippe-Impfung
Nebenwirkungen sind mir zu gefährlich

Bild, 13 Oktobre 2009, 00:12
https://www.bild.de/regional/ruhrgebiet/keine-impfung-10075250.bild.html

Ein Ärzte-Chef ist gegen die Massen-Impfung!
Der Präsident der Ärztekammer Westfalen-Lippe, Theodor Windhorst, will sich nicht gegen die Schweinegrippe impfen lassen. Der in Deutschland zugelassene Impfstoff "Pandemrix" sei mit zu vielen Risiken behaftet.

"Ich werde mich lediglich gegen die klassische Wintergrippe impfen lassen und nicht zusätzlich gegen die neue Grippe", sagte Windhorst, der auch Vorstandsmitglied der Bundesärztekammer ist.

Panik wolle er nicht verbreiten, er sei nur gegen eine Massen-Impfung, einen "großen Feldversuch" mit Millionen von Menschen, sagte ein Sprecher der Ärztekammer BILD. Dafür sei über den Impfstoff noch zu wenig bekannt, mögliche Nebenwirkungen seien nicht abzuschätzen. Es sei besser, erst einer kleineren Anzahl von Menschen das Mittel zu geben.

Auch der Virologe Alexander Kekulé äußert sich kritisch zum Impfstoff.
Er warf den Ländern vor, den falschen Impfstoff bestellt zu haben. Der Wirkstoff für die Zivilbevölkerung enthält nach seinen Angaben ein sogenanntes Adjuvans - einen Wirkungsverstärker - mit erheblichen Nebenwirkungen. Dieses Mittel sei gegen die Schweinegrippe "völlig übertrieben", sagte Kekulé dem Sender MDR Info.

Die Impfung gegen die normale Grippe sei aber wichtig, sagte Windhorst.
Jedes Jahr würden an der saisonalen Influenza bis zu 11 000 Menschen in Deutschland sterben. Aufgrund der Neuen Grippe habe es bisher zwei Tote gegeben. Diese Patienten, eine 36 Jahre alte Frau aus Gelsenkirchen und ein 5 Jahre alter Junge aus München, hätten aber zusätzlich erhebliche Vorerkrankungen gehabt.

Insgesamt haben sich in Deutschland nach Angaben des Robert-Koch-Instituts bisher 22 400 Menschen mit dem Erreger infiziert.

Die weitaus meisten Fälle gibt es mit mehr als 6000 in Nordrhein-Westfalen.

Most popular German newspaper features top doctor's warning over "swine flu" jab

The Flu Case, 14 October 2009
https://web.archive.org/web/20091018123408/http://www.theflucase.com/index.php?option=com_content&view=article&id=1062%3Amost-popular-german-newspaper-features-top-doctors-warning-over-qswine-fluq-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

One of Germany's most read mainstream newspapers, "Bild", yesterday reported a top doctor's warning about the "swine flu" jab as the revolt against the mass swine flu vaccination campaign accelerates.

On Monday, the German army announced it had changed its vaccination plans and was ordering a new "swine flu" jab, this one without mercury, the adjuvant, squalene, and a live virus, sparking fierce criticism from the German Health Ministry.

On Wednesday, Theodor Windhorst, the president of the doctor's chamber in Westfalen-Lippe, was featured by "Bild" newspaper, saying he would not take the swine flu jab.

He told "Bild", the swine flu jab had "side effects that were too dangerous for me."

Particularly risky, he said, was GlaxoSmithKline's Pandemrix jab, a vaccine classified as a bioweapon by EU and US regulators. He said he didn't want to spread "panic" but he was opposed to a "huge field experiment" with millions of people.

Windhorst is just the latest leading doctor in Germany to criticise the "swine flu" jab with virologist Alexander Kekule on Tuesday accusing the government of buying the "wrong vaccines."

Landeshauptstadt
Mainz

Stefanie Widmann

Streit um Schweinegrippe-Impfung - Ärzte sauer auf Krankenkassen

MAINZ, 13 Oktobre 2009
https://web.archive.org/web/20091019142049/http://www.theflucase.com/index.php?option=com_content&view=article&id=1069%3Akey-doctors-in-rheinland-pfalz-germany-withdraw-from-mass-qswine-fluq-vaccination-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

Die Kassenärztliche Vereinigung (KV) Rheinland-Pfalz wird sich nicht an der Organisation der Massenimpfung gegen die Schweinegrippe beteiligen. Dies erklärte am Dienstag KV-Vorsitzender Dr. Günter Gerhardt in Mainz.

Hintergrund ist, dass die AOK Rheinland-Pfalz sowie die IKK, die LKK und einzelne Betriebskrankenkassen im Gegensatz zu früheren Jahren die Impfung gegen die normale saisonale Grippe nur noch für Risikogruppen übernehmen wollen, obwohl laut Gerhardt Experten eine Durchimpfung gegen die Influenzaviren angesichts der Schweinegrippe für besonders wichtig halten.

Lediglich die Ersatzkassen und die Knappschaft wollen auch in diesem Herbst jedem, der den Grippeschutz will, diesen auch bezahlen. "Das ist schlechte Medizin", schimpfte Gerhardt über die Entscheidung der AOK und ihrer Mitstreiter. Je mehr Grippe-Infizierte es gebe, desto vorhersehbarer wäre auch die Ausbreitung der Schweinegrippe und die Wahrscheinlichkeit, dass die gegen das H1N1-Virus zur Verfügung stehenden Mittel verstärkt eingesetzt werden müssten, wodurch wiederum Resistenzen drohten. Während daher "internationale anerkannte Experten dringend eine umfassenden Grippeschutzimpfung" forderten, wie Gerhardt sagt, "rät" die Ständige Impfkommission Stiko nur dazu. Nur eine "Empfehlung" habe aber eine Kostenübernahme zur Folge.

AOK: "Kassenärztliche Vereinigung macht sich überflüssig"
Die AOK kritisierte die Entscheidung heftig und erklärte, die KV mache sich damit selbst überflüssig. Offensichtlich wolle die KV damit auch die AOK wegen ihrer Forderung nach einer Transparenzkommission im Zusammenhang mit der katastrophalen Honorarverteilung durch die Kassenärztliche Vereinigung im vierten Quartal 2009 abstrafen, mutmaßte AOK-Chef Walter Bockemühl und kündigte an, AOK-eigene Vertragsärzte, Kinderärzte und Arztnetze anzuschreiben, um dann die Schweinegrippe-Schutzimpfung selbst zu organisieren.

In den meisten Bundesländern war die Kostenübernahme zum Schutz gegen die saisonale Grippe sowieso schon restriktiver, so dass es keine Probleme wie in Rheinland-Pfalz gibt. "In Hessen wird seit Jahren nur nach der Stiko-Empfehlungen geimpft, das heißt nur Risikogrippen, das ist auch vertraglich zwischen Kassen und KV so festgelegt", sagte Silvia Herzinger, Pressesprecherin der KV Hessen.

A key doctor's association in Rheinland-Pfalz, Germany ...

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A key doctor's association in Rheinland-Pfalz, Germany, said on Tuesday it is not going to assist in organising the mass"swine flu" vaccination campaign due to start on October 26th.

The doctor's organisation is withdrawing from the "swine flu" vaccination campaign allegedly over a disagreement about payment for seasonal flu shots.

The decision by the doctors will be another blow to the German Health Ministry, determined to push through its mass vaccination campaign with the untested and toxic "swine flu" jab in record tempo.

Sofia Ström, Sebastian Chaaban

Fettdoktorn får sparken

Aftonbladet, 14 October 2009,
http://www.aftonbladet.se/nyheter/article5957251.ab

"Jag är fullständigt rättslös"

Fettdoktorn Annika Dahlqvist har nyligen varit i blåsvädret för flera kontroversiella uttalanden.

Och nu får hon sparken från jobbet som jourvikarierande läkare i Västernorrland.

Anledningen: hennes åsikter om vaccinering mot svininfluensan och mammografi.

Annika Dahlqvist blev under en föreläsning i Luleå i tisdags uppringd av en sköterska på en vårdcentral i Sundsvall.

Dahlqvist fick beskedet att primärvårdsdirektören Lennart Moberg beslutat att Dahlqvist inte längre ska anlitas som läkarvikare.

Hon får sparken för sina uttalanden om att en fettrik kost gör influensavaccination, cellprovtagning och mammografi onödiga.

– Det är ingen som talat med mig, jag känner mig fullständigt rättslös, säger Dahlqvist.

"Anmärkningsvärda synpunkter"

– Som jag förstår det är jag spärrad från alla arbetsplatser i primärvården i Landstinget Västernorrland. Det är väl ingen som vågar anställa mig på en vårdcentral nu.

Lennart Moberg, primärvårdsdirektör vid primärvården Västernorrland, säger att Dahqvist inte blivit uppsagd – eftersom hon inte har någon anställning.

– Men efter hennes anmärkningsvärda synpunkter och ifrågasättanden av medicinskt evidensbaserade arbetsmetoder, som cellprovstagning, vill vi inte att hon fortsätter som timvikarie.

Famous Swedish doctor fired
because of negative statements against the "swine flu" mass vaccination

https://web.archive.org/web/20091020041917/http://www.theflucase.com/index.php?option=com_content&view=article&id=1076%3Afamous-swedish-doctor-fired-because-of-negative-statements-against-the-qswine-fluq-mass-vaccination&catid=1%3Alatest-news&Itemid=64&lang=en

Aftonbladet reports that the in Sweden famous Dr Annika Dahlqvist has been fired from her position because she has made statements against the mass vaccination of the Swedish population. She received no warning. Many Swedes listen to what this doctor says since she uses a lot of common sense and logical thinking. She is a big promotor of healthy living and diets, which contain low levels of sugars, to help loose weight - something which is debated in Swedish media.

" - No one spoke with me about this, I feel completely without legal rights", she says.

"- As I understand it, they have blocked me from taking any position within the public health system in the region where I live."

POLITIKEN.DK

Julian Isherwood (ed.)

Docs and cops decline H1N1 vaccine
Police officers, nurses and doctors are declining H1N1 vaccination

Politiken, 16 Oktobre 2009, kl. 09:02
https://web.archive.org/web/20091020112233/http://politiken.dk/newsinenglish/article810476.ece

A large number of those who have been chosen as primary recipients of the H1N1 vaccine are declining the injection, apparently because many Danes have the impression that swine flu is not as dangerous as first suggested.

Some 360,000 police officers, nurses, doctors and others deemed to be in key functions have been offered the vaccine but under a third have applied.

”After planning and and carrying out 12 seasons of mass vaccinations against influenza, I would think that at the moment only about 30 percent of those in key functions are prepared to take the vaccine,” says Danske Lægers Vaccinations Service (DLVS, Danish Doctors Vaccination Service) Chairman Karsten Østergaard.

The DLVS is Denmark’s largest vaccination agency, which is in constant contact wioth national and local authorities in connection with the vaccination of key personnel, and based on reporting from these authorities the service says only few want the vaccine.

A majority of police officers that Police Federation Head of Secretariat Hans Bundesen has been in contact with say they do not want the vaccine.

The Doctors’ Associaition and the Danish Nursing Council have advised their members to be vaccinated, but are unsure how many members will actually have the injection.

Østergaard says that reticence is the result of National Board of Health and Health Minister Jakob Axel Nielsen’s statements that the H1N1 virus is not as dangerous as first thought.

”The National Board of Health’s evaluation is that the population in Denmark need not generally be worried about infection (with H1N1),” the Board says prominently on its webpage.

The National Board of Health says that a total of some 1.1 million Danes will be offered the H1N1 vaccine.

Dagens industri

Sanningen är att influensavaccinet innehåller farliga mängder kvicksilver

NewsMill, 18 Oktobre 2009
https://web.archive.org/web/20091021050148/http://www.newsmill.se/artikel/2009/10/18/sanningen-ar-att-influensavaccinet-innehaller-farliga-mangder-kvicksilver

"Eftersom vaccinet innehåller potentiellt farliga substanser i form av kvicksilver och skvalen tycker jag att det ska vara frivilligt att ta det, och att ingen propaganda ska föras om att vi ska vaccinera oss av solidaritet med andra" skriver **Annika Dahlqvist**.

Jag har blivit känd i Sverige för att jag förespråkar LCHF-kost, LowCarb-HighFat, för bättre hälsa för diabetiker och överviktiga, och många andra sjuka. Den kosten innebär mindre kolhydrater, vilka höjer blodsocker och insulin, vilket är skadligt - i stället mera naturligt fett - och mindre av livsmedelsindustrins alla kemikalier, inklusive margarinerna. Detta kostbudskap har spridit sig som en gräsbrand i Sverige, just för att det fungerar mirakulöst bra.

Jag har på senare år sporadiskt arbetat som vikarierande jourläkare på Primärvårdsjouren i Sundsvall, när vårdcentralerna inte har kunnat bemanna jourpassen med sina ordinarie läkare, på grund av läkarbrist.

Jag har under de senaste månaderna i min blogg uttalat mig negativt om massvaccination mot svininfluensa. Eftersom vaccinet innehåller potentiellt farliga substanser i form av Kvicksilver och Skvalen tycker jag att det ska vara frivilligt att ta det, och att ingen propaganda ska föras om att vi ska vaccinera oss av solidaritet med andra. Däremot tycker jag att alla som själva vill ta vaccinet ska göra det. Jag rekommenderar de så kallade riskgrupperna att vaccinera sig.

I slutet av augusti gjorde en journalist på Aftonbladet en telefonintervju med mig om vaccinationen. Jag redogjorde för min inställning till denna. Jag nämnde då i förbifarten att jag inte mammograferar mig eller gör cellprovtagning, eftersom jag bedömer att det är så viktigt att jag åker omkring i landet och informerar människor om hur de kan äta för att slippa bli sjuka av de aktuella kostråden från Livsmedelsverket, att jag inte ger mig tid att avsätta tid för att stanna hemma och mammografera mig.

Jag har skrivit i min blogg att jag dock rekommenderar andra att göra dessa undersökningar enligt programmet. Journalisten skrev om det i artikeln på ett sätt så att det kunde uppfattas som att jag avrådde från mammografi och cellprovtagning.

Jag fick häromdagen telefonbesked från en sköterska att jag har blivit avstängd som vikarierande jourläkare på primärvårdsjouren i Sundsvall. Primärvårdsdirektören Lennart Moberg hade tagit det beslutet, och uppgivit som orsak att jag har avrått från vaccination, mammografi och cellprovtagning. Det finns en utbredd kritik mot massvaccinationen både bland läkare och andra. Avrådande mot mammografi och cellprovtagning har jag aldrig uttalat.

Han har uppenbarligen tagit uppgifterna från Aftonbladet som underlag för sitt beslut, vilket jag anser vara ett undermåligt beslutsunderlag. Han har inte varit i kontakt med mig före beslutet, och inte heller personligen meddelat mig det efteråt.

Hans avstängning av mig innebär förstås i förlängningen svårigheter för mig att försörja mig på mitt yrke. Beslutet har skadat min heder, vilket kan innebära problem om jag ska söka arbete hos annan arbetsgivare.

Jag har mailat honom önskemål om uppgift om relevanta orsaker för att stänga av mig från arbete på jouren. Jag har aldrig avrått en patient från vaccination, mammografi eller cellprovtagning.
Jag har ännu inte fått något svar på mitt mail.

Dessutom uttalade sig Medicinalrådet Torsten Mossberg i Expressen. Jag skrev om det i min blogg: **- "Följer inte vetenskapen"**

- Det var troligen droppen för landstinget vilket jag har full förståelse för. Hennes uttalande följer inte vetenskapen och kan vara skadligt för stora patientgrupper, säger Torsten Mossberg, medicinalråd på Socialstyrelsen"

Är detta ett uttalande som är värdigt ett medicinalråd? På vilket sätt har jag plågat primärvården i Landstinget Västernorrland, så att de har anledning att tappa tålamodet med mig, så till den grad att de ställer mig utan försörjningsmöjlighet på hemorten?

Enligt min kunskap så måste man ha misskött sig grovt på arbetet för att det ska finnas skälig grund för avstängning. Åsikt om massvaccinering är inte rimligen förbjudet att ha. Vi är dessutom många som är negativa till massvaccineringen.

Till Aftonbladet hade jag sagt att jag inte såg någon anledning till att avsätta tid för min egen mammografi och cellprovtagning. Jag har aldrig avrått någon annan att göra dessa undersökningar.

Återstår frågan om diabeteskostråd. Stör det Torsten Mossberg att jag gör hundratals diabetiker i Sverige friska? Vilken vetenskap visar att LCHF är sämre för diabetiker än lågfett-högkolhydratkost?

Varför forskar inte etablissemanget på detta om de inte har bevis för att deras kostråd är bättre än LCHF?

THE FLU CASE

Johan Niklasson

Fired Swedish doctor: "Corruption at the highest levels of WHO!"

[ref. to the article, published above]
The Flu Case, 19 October 2009
https://web.archive.org/web/20091024100838/http://www.theflucase.com/index.php?option=com_content&view=article&id=1151%3Afired-swedish-doctor-qcorruption-at-the-highest-levels-of-whoq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The famous Swedish doctor, Annika Dahlqvist, was fired last week because of her statements about the Swedish mass vaccination campaign. She claimed that she would not take the vaccine and that there are better ways to protect oneself from an influenza virus. She has also expressed that she personally have little interest in mammography and cell tests. But is is clear that it was her stance against the mass vaccinations that made her lose her job.

In an article published by Newsmill, "The truth is that the flu vaccine contains dangerous amounts of mercury", she writes:

"Since the vaccine contains potentially dangerous substances in the form of mercury and squalene I think it should be voluntarily taken, and that no propaganda should be made that we all should vaccinate ourselves out of solidarity with others". "To have an opinion about the mass vaccination can not reasonably be forbidden. We are many that are negative towards the mass vaccination."

In an article in Expressen, one of the four large newspapers in Sweden, she states "It might well be that the damages [from the vaccine] are worse than the disease itself." "I suspect that the The Medical Products Agency (läkemedelsverket) are influenced by the vaccine manufacturers. There are enormous financial interests at play here."

She continues: "- I do not want to have that poison in my body." "To state that there is a pandemic when there is no pandemic is completely absurd. There might well be corruption at the highest levels of WHO (World Health Organization)".

Ref. to the article, published above:

Sanningen är att influensavaccinet innehåller farliga mängder kvicksilver. – NewsMill, 18 Oktobre 2009.
https://web.archive.org/web/20091021050148/http://www.newsmill.se/artikel/2009/10/18/sanningen-ar-att-influensavaccinet-innehaller-farliga-mangder-kvicksilver

SPIEGEL Wissenschaft

Veronika Hackenbroch, Gerald Traufetter

Immun gegen die Impfung

Spiegel, 19 Oktober 2009.
https://www.spiegel.de/spiegel/a-655762.html

Kinderärzte rebellieren, Frauenärzte warnen: Die Impfkampagne gegen die Schweinegrippe gerät in Verruf. Sind die Deutschen Versuchskaninchen in einem gigantischen Pharmaexperiment?

Immunsystem

Auf der onkologischen Station von Chefarzt Wolf-Dieter Ludwig liegen vor allem Patienten mit Blutkrebs, bösartigen Lymphomen und anderen Tumoren. Viele haben eine Chemotherapie hinter sich, ihr Immunsystem ist ausgezehrt.

Grippe

"Diese Menschen gehören eigentlich zur Hochrisikogruppe, die würde man als Erste gegen eine pandemische Grippe impfen", sagt Ludwig, Chefarzt am Helios Klinikum in Berlin-Buch.

"Eigentlich", Ludwig spricht dieses Wort sehr langsam und nachdenklich aus. Immer wieder redet er in diesen Tagen mit seinen Patienten auch über die Schweinegrippe. "Die sind natürlich sehr besorgt, weil sie um ihre Infektionsanfälligkeit wissen", erzählt der 57-jährige Arzt. "Ich kläre sie auf über Nutzen und bekannte Risiken", sagt Ludwig, "aktiv empfehlen kann ich ihnen den Impfstoff aber derzeit nicht."

Ludwig ist nicht irgendwer im deutschen Gesundheitssystem. Als Vorsitzender der Arzneimittelkommission der deutschen Ärzteschaft ist er eine Autorität in der Bewertung von Medikamenten. Und dieses Mal fällt sein Urteil vernichtend aus: "Wir sind unglücklich über diese Impfkampagne." Sie werfe zahlreiche Probleme auf, und ihr Nutzen sei ungewiss, zürnt Ludwig: "Die Gesundheitsbehörden sind auf eine Kampagne der Pharmakonzerne hereingefallen, die mit einer vermeintlichen Bedrohung schlichtweg Geld verdienen wollten."

Während die Landesgesundheitsministerien dieser Tage die letzten Vorbereitungen für das Verteilen der Grippe-Vakzinen treffen, herrscht Verwirrung, Unsicherheit und Chaos. Angelegt ist sie als größte Impfmaßnahme in der Geschichte der Bundesrepublik. 50 Millionen Dosen des von GlaxoSmithKline (GSK) produzierten Impfstoffs Pandemrix werden von diesem Montag an von einem geheimen Ort in der Nähe der traditionsreichen Dresdner Serumwerke in Lastwagen geladen. Gut gekühlt rollen sie dann in die Bundesländer, von dort in Arztpraxen und Gesundheitsämter - und sollen schließlich in die Oberarme zunächst von Bediensteten des Gesundheitswesens sowie Risikopatienten gespritzt werden.

Die Impfstrategie der Behörden bricht binnen kurzem in sich zusammen

Doch unter Ärzten, Pharmaexperten und Politikern flammt Widerstand auf gegen die gewaltige Impfaktion, die den Staat und die Krankenkassen mindestens 600 Millionen Euro kostet.

Die Verwirrung begann, als die Ständige Impfkommission (Stiko) in der vorvergangenen Woche für Schwangere einen anderen Impfstoff empfahl. Einen, der keinen Wirkverstärker ("Adjuvans")

enthält. Dieser stachelt das Immunsystem besonders an. Deshalb kann er helfen, den Impfstoff zu strecken, so dass aus einer bis zu vier Impfdosen gemacht werden können.

Doch Vakzinen ohne Zusatzstoffe haben die Behörden nicht, und jetzt muss der zuständige Staatssekretär im Bundesgesundheitsministerium, Klaus Theo Schröder, als Bittsteller rund um die Welt telefonieren: "Es laufen derzeit Gespräche mit Herstellern sowie den Gesundheitsministerien in Frankreich und den USA mit dem Ziel, für Schwangere auch nichtadjuvantierten Impfstoff zu beschaffen", sagt Schröder. Ob er ihn bekommt, kann er noch nicht sagen. Denn die Lager der Hersteller sind leer. Die weltweite Produktion, allein bei GSK 440 Millionen Dosen, ist fast vollständig verkauft.

Binnen kurzem ist die ganze Impfstrategie der Behörden in sich zusammengebrochen. Denn immer mehr Ärzte raten nicht nur Schwangeren von der Impfung ab und begründen das einerseits mit dem unkalkulierbaren Risiko durch die Adjuvantien, andererseits aber auch mit dem eher geringen Nutzen der Impfung: Das Schweinegrippe-Virus nämlich hat sich keineswegs als jener große Killer entpuppt, der beim Ausbruch im Frühjahr in Mexiko angekündigt worden war.

Der Gedanke an eine Massenimpfung verblasst

Sogar die Stiko, sonst ein der Pharmaindustrie wohlgesinntes Gremium, lässt in ihrer Impfempfehlung Zweifel durchscheinen. Plötzlich verblasst der Gedanke an eine Massenimpfung: Bevor die gesunde Bevölkerung dazu aufgerufen wird, wolle man sich spätestens Mitte November noch einmal zusammensetzen, die Lage bewerten "und diskutieren, ob wir es dem Rest der Bevölkerung empfehlen", so Stiko-Mitglied Ulrich Heininger.

Offene Rebellion herrscht dagegen unter Allgemeinmedizinern und Kinderärzten. Der Präsident der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin, Michael Kochen, empfiehlt den deutschen Hausärzten, nicht zu impfen. "Das Schadensrisiko überwiegt den Nutzen", sagt der Göttinger Professor.

Wolfram Hartmann, Präsident des Bundesverbands der Kinder- und Jugendärzte, wirft der Bundesregierung "wissenschaftliche Falschaussagen" vor. Wie bei Schwangeren so gelte auch für Kinder unter drei Jahren: "Der Impfstoff ist an ihnen noch überhaupt nicht getestet, deshalb ist das Risiko einfach zu groß, ihn jetzt bedenkenlos einzusetzen."

Dabei sei gerade diese Altersgruppe speziell gegen die Schweinegrippe zu schützen: Besonders Kinder mit chronischen Krankheiten, so weiß man aus Ländern mit hoher Schweinegrippe-Durchseuchung, leiden unter einem schweren Infektionsverlauf.

Dem Impfstoff ist ein Konservierungsstoff beigefügt

Hartmann kann einfach nicht verstehen, wie die Behörden einen Impfstoff kaufen konnten, der Wirkverstärker enthält. "Kinder haben ein Immunsystem, das zu Überreaktionen neigt, und genau die könnten durch Adjuvantien ausgelöst werden." Und zusätzlich sei dem Impfstoff auch noch ein Konservierungsstoff beigefügt, eine Quecksilberverbindung. "Das Zeug hat man in heutigen Impfstoffen für Kleinkinder bewusst herausgehalten", sagt Hartmann.

Entsprechend perplex reagierte die Öffentlichkeit, als vergangene Woche bekannt wurde, dass sich die Bundeswehr für nichtadjuvantierten Impfstoff der Firma Baxter entschieden hat. Das Absurde dabei: Der Baxter-Impfstoff ist zwar adjuvansfrei. Dafür ist er aber noch weniger erprobt als die Spritze von GSK.

Doch nicht nur im Verteidigungsministerium kämpft man mit eigenen Waffen gegen die Pandemie. Auch das Bundesinnenministerium hat für die Mitglieder der Bundesregierung, der Ministerien und nachgeordneter Behörden eine spezielle Lieferung bestellt. "Wir haben 200.000 Dosen des nichtadjuvantierten Impfstoffs Celvapan der Firma Baxter gekauft", gab Ministeriumssprecher Christoph Hübner gegenüber dem SPIEGEL zu: Nicht nur für die Kanzlerin ist also ein anderes Mittel vorgesehen

als für das gemeine Volk, sondern auch für die Mitarbeiter des Paul-Ehrlich-Instituts (PEI), die für die Zulassung von Impfstoffen zuständig sind.

Für Arzneimittelkommissionschef Ludwig ist das "ein Skandal", der den Menschen kaum zu vermitteln sei. Auch Angela Spelsberg von der Anti-Korruptionsinitiative Transparency International empört sich: "Die Sache stinkt zum Himmel." Ein parlamentarischer Untersuchungsausschuss müsse die Vergabe des Auftrags an den Impfstoffhersteller GSK überprüfen.

Angesichts dieser Debatten zeigen sich immer mehr Deutsche immun gegen die Impfung. Es zeichnet sich ab, dass die teure Aktion zum Flop werden dürfte. Auf den Fall jedenfalls, dass Impfstoff übrig bleibt, hat man sich bereits vorbereitet: Er soll als milde Gabe in Entwicklungsländern gespendet werden.

Eine willkommene Marktbelebung in finsterer Krisenzeit

Neben den Armen dieser Welt dürften sich aber vor allem die Pharmamultis freuen. Für sie ist die Schweinegrippe schon jetzt das, was für die Autoindustrie die Abwrackprämie war: eine willkommene Marktbelebung in finsterer Krisenzeit.

Die Arzneiunternehmen plagt zudem ein ganz grundsätzliches Leiden: Ihre Entwicklungs-Pipelines sind bedrohlich leer, neue Blockbuster kaum in Sicht - während zugleich viele der derzeitigen Kassenschlager in den nächsten Jahren ihren Patentschutz verlieren und somit billige Nachahmerpräparate auf den Markt drängen werden.

Bei Impfstoffen hingegen gibt es keine Nachahmerpräparate. Und so sind die Vakzinen für die Pharmaindustrie längst kein Nischengeschäft mehr, sondern ein Heilsbringer für bedrohte Bilanzen. Immer mehr große Konzerne wollen auf sie ihre Zukunft bauen.

Die Zeiten, in denen pro Spritze nicht mehr als ein paar müde Mark zu verdienen waren, sind ohnehin längst vorbei; die neuartige Impfung gegen Gebärmutterhalskrebs etwa kostet in Deutschland pro Dosis stolze 159 Euro.

Auch könnten Impfungen bei vielen großen Krankheiten der Welt - Aids, Alzheimer, Malaria etwa - helfen, den Ausbruch zu verhindern. Der Blockbuster-Status wäre garantiert - und ein gutes Image dazu, nicht unwichtig für die ständig unter Beschuss stehende Pharmabranche.

Wer im Impfgeschäft erfolgreich sein will, muss auf neue Techniken setzen

Analysten sagen der Impfstoffindustrie ein jährliches Wachstum von 18 Prozent voraus, im Vergleich zu 4,4 Prozent für die Pharmabranche insgesamt. Nachdem dieses Jahr bereits der Pharmagigant Pfizer den Impfspezialisten Wyeth aufgekauft hat, verkündeten vor wenigen Wochen gleich drei weitere Pharmariesen - Abbott Laboratories, Johnson & Johnson und Merck -, Anteile oder Rechte an Impfstoffproduzenten kaufen zu wollen.

Eines allerdings ist dabei allen klar: Wer im Impfgeschäft erfolgreich sein will, muss auf neue Techniken setzen. Und neben der Gentechnik sind dabei gerade die Wirkverstärker die Hoffnungsträger schlechthin, weil sie die Immunabwehr des Menschen zu Höchstleistungen anspornen. "Die Adjuvantien bieten Lösungen für die großen Probleme der Impfstoffforschung", sagt etwa der Mediziner Ruprecht Schmidt-Ott vom Fachbereich Impfstoffe bei GSK in München. Nicht nur in der umstrittenen Schweinegrippe-Spritze, auch im GSK-Impfstoff Cervarix gegen Gebärmutterhalskrebs sei ein verstärkender Zusatz enthalten. Ein entsprechender Tuberkulose-Impfstoff befinde sich in der klinischen Erprobung. "Und wir hoffen, dass wir in wenigen Jahren den ersten Malaria-Impfstoff der Welt, der ein weiteres Adjuvans enthält, auf den Markt bringen können."

Tatsächlich könnten die Wirkverstärker die Impfstoffentwickler genau dort voranbringen, wo sie bislang gescheitert sind: bei jenen Krankheiten, bei denen sich das Immunsystem nicht so leicht gegen den Übeltäter aufwiegeln lässt: Malaria, Aids, Alzheimer, Krebs, Herpes oder Magengeschwüre, wie sie das Bakterium Helicobacter pylori auslöst.

Kein Wunder, dass die neuen Substanzen geradezu bejubelt werden. "Der Traum wird wahr", schwärmte das sonst so nüchterne Fachblatt "Human Vaccines"; "Neue Horizonte" tun sich für "Trends in Immunology" auf. Der Durchbruch in eine neue Impfstoffära schien geschafft.

Die Gefahr überschießender Immunreaktionen wird zu groß eingeschätzt

Ausgerechnet die US-Arzneimittelzulassungsbehörde FDA jedoch zeigt sich bislang sehr skeptisch gegenüber den Wundersubstanzen. Kein einziger Impfstoff mit neuartigem Adjuvans ist dort bislang zugelassen. Zu groß schätzt die FDA die Gefahr überschießender Immunreaktionen ein.

Auch bei der GSK-Vakzine treten Nebenwirkungen häufiger auf als bei einem einfachen Pandemie-Impfstoff ohne Adjuvans, so zeigte eine Vergleichsstudie: Es gab mehr Rötungen, Schwellungen und Verhärtungen an der Einstichstelle, öfter Fieber, mehr Glieder- und Kopfschmerzen. Aus Tierstudien mit verschiedenen Adjuvantien sind auch schmerzhafte Gelenkentzündungen als Nebenwirkung bekannt. Trotz verlockender Möglichkeiten fiel für die FDA die Nutzen-Risiko-Bewertung deshalb bislang immer negativ aus.

Auch als es darum ging, einen Schweinegrippe-Impfstoff zu entwickeln, setzten die USA, wie einige Jahre zuvor bereits bei der Vogelgrippe, ganz bewusst auf Altbewährtes. Inzwischen sind vier Präparate in den USA zugelassen, keines davon enthält einen Wirkverstärker. Auch ein Lebendimpfstoff, der abgeschwächte Viren enthält und als Nasenspray verabreicht wird, ist ein herkömmliches Produkt. Für den Fall, dass der Impfstoff nicht reicht und verdünnt werden muss, kaufte die US-Regierung zwar Adjuvans ein; dieses wird jedoch erst einmal nur eingelagert.

Die Vorsicht der Amerikaner erklärt sich unter anderem auch mit den hohen Haftungssummen, die in den USA bei Impfschäden fällig sind. "Die Beweislast liegt dabei nicht auf der Seite der Betroffenen, so wie das bei uns der Fall ist", sagt Wolfgang Becker-Brüser vom pharmakritischen "arznei-telegramm".

So ließen sich in Europa die Verantwortlichen von Anfang an von den Versprechungen der Adjuvantien verzaubern, allen voran Johannes Löwer, in Kürze scheidender Chef des für Impfstoffe zuständigen Paul-Ehrlich-Instituts und oberster Vakzin-Berater der Regierung.

Erfindung des Musterzulassungsverfahrens

2005, in Erwartung einer Vogelgrippe-Pandemie, plädierte er dafür, zur Abwehr ganz auf Wirkverstärker zu setzen - und er kritisierte scharf den konservativen Ansatz der USA. Nur mit Hilfe eines Adjuvans könnten schnell genug ausreichend viele Dosen hergestellt werden. "Der H5N1-Impfstoff, der gerade in Amerika getestet wird, würde der deutschen Bevölkerung im Pandemie-Fall alles andere als helfen", erklärte er in der "Frankfurter Allgemeinen Sonntagszeitung" - und sieht sich nun von der Realität widerlegt: In den USA läuft die Schweinegrippe-Impfaktion mit klassischen Vakzinen bereits seit zwei Wochen.

Löwers Sonderweg sah anders aus: Im Auftrag der Regierung, so der PEI-Chef vor zwei Jahren, habe sein Institut nach Gesprächen mit Herstellern eine alternative Strategie entwickelt.

Das Massensterben bei einer Vogelgrippe-Pandemie vor Augen, wurde dazu ein Musterzulassungsverfahren erfunden: Die Hersteller dürfen ihre Impfstoffe demnach bereits vor Eintritt einer Pandemie genehmigen lassen. Im Ernstfall muss dann nur noch das Antigen ausgetauscht werden. Inzwischen sind in Europa drei Pandemie-Impfstoffe nach diesem Verfahren endgültig zugelassen worden. Zwei davon enthalten Adjuvantien, einer wächst, auch dies ein neuartiges Verfahren, auf Zellkulturen. Keiner setzt auf altbewährte Technik.

Im Fall eines Killers wie der Vogelgrippe hätten die neuartigen Substanzen durchaus Vorteile geboten, die die Risiken vermutlich bei weitem aufgewogen hätten. Auch bei Malaria, Tuberkulose, Aids, Krebs oder anderen Geißeln der Menschheit könnten Adjuvantien durchaus segensreich sein. Bei der zumindest derzeit meist mild verlaufenden Schweinegrippe jedoch wäre eine völlig neue

Nutzen-Risiko-Abwägung notwendig gewesen. "Doch die Behörden kamen aus den Musterzulassungsverfahren nicht mehr heraus", kritisiert Becker-Brüser.

Die Deutschen als Versuchskaninchen für den US-Markt

"Gerade in einer solchen Pandemie-Situation, in der zig Millionen Menschen geimpft werden, hätte man auf bewährte Mittel setzen müssen", kritisiert Frank Ulrich Montgomery, Vizechef der Bundesärztekammer. Löwer hingegen steht zu seiner alten Überzeugung: "Es war eine richtige Entscheidung, das Konzept der Musterzulassungen zu etablieren."

Für die Konzerne geht es bei der Schweinegrippe-Impfung auch darum, dass sie nun mit ihren neuartigen Techniken Erfahrungen im großen Stil sammeln können. Erst Anfang Oktober schrieben Novartis-Forscher im Fachblatt "Science": "Die H1N1-Pandemie ... stellt auch die Gelegenheit dar, unseren bisherigen Ansatz zur Behandlung von Influenza zu überdenken und wirkungsvollere Impfstoffe zu entwickeln."

GSK und Novartis werden die Erfahrungen, die sie während der Massenimpfungen in Europa sammeln, gut brauchen können, um weitere adjunvantierte Impfstoffe zu entwickeln. Vor allem aber könnten sie ihnen helfen, die FDA doch noch vom Nutzen der Zusatzstoffe zu überzeugen.

Den Preis dafür könnten am Ende die Europäer zahlen. "Die Deutschen", meint jedenfalls Pharmakritiker Becker-Brüser, "sind so etwas wie die Versuchskaninchen für den US-Markt."

THE FLU CASE

E. Beeth, O. Bernard, Q. Blonda, P. Coomans, R. Delaunoy, et al.

Belgian doctors, lawyers and citizens warn against receiving the so-called swine flu vaccine

The Flu Case, ASANAT, 20 October 2009
https://web.archive.org/web/20091023154802/http://www.asanat.org/

Nine reasons for you not to get vaccinated against the swine-flu virus A H1N1

1. The swine-flu virus is contagious yet should be no more a threat than normal seasonal influenza. At the end of winter 2009, the toll of victims in New Zealand or Chile is negligible. There was no vaccination.[a]

2. The reputable international pharmacological monitoring NGO Cochrane Collaboration, drawing on 40 years of research gives anti-flu vaccines a poor rating in terms of their effectiveness and of tolerance for them. It has found that (a) in the case of over-65s, their performance is particularly unimpressive (b) in healthy young adults, there is a lack of any proof of their effectiveness (c) in children, the available data does not permit verification of tolerance to different types of vaccines (d) in health professionals, there is no credible evidence that their administering vaccines mitigates the complications suffered by flu victims in their care. [b]

3. Recently, a Canadian survey drawing on 12 million observations would have come to the provisional conclusion that people vaccinated against flu during the course of the past two years stood double the chance of succumbing to the H1N1 virus. By the same token, were the virus to mutate, those vaccinated with the H1N1 vaccine could run an even greater risk of falling ill. This study awaits confirmattion. [c]

4. The new H1N1 vaccines are still in an experimental stage. They have not been subjected to proper, long-term clinical testing. Neither their effectiveness nor absence of risks have been established, particularly vis-à-vis sicknesses with a long gestation period.

5. The vaccines in 10-dose phials contain mercury (thiomersal) as a preservative. Thiomersal has been implicated in the onset of autism. The American Academy of Pediatrics (60,000 members) in 1999 demanded that it be removed from vaccines.[d] [e] [f]

6. The vaccine contains an additive, squalene which strongly compounds the immune response. Although naturally present in the body and can be ingested without problem, squalene if injected is suspected of triggering auto-immune diseases (eg. MS, Amyotrophic Lateral Sclerosis, Fibromyalgia) or various neurological and rheumatic disorders. [g] The FDA in the United States forbids its use in flue vaccines.[h]

7. It was the squalene present in the anti-anthrax vaccine that was suspected of causing Gulf War Syndrome in over 25% of the veterans (with a marked presence of antibodies to squalene). The concentration of squalene in H1N1 vaccine is substantially greater. Using squalene enables the dose of antigen to be reduced and larger quantities of vaccine to be produced. [i]

8. According to an EU ruling on 15/09/09, manufacturers and doctors administering this experimental vaccine may be exempted from all civil responsibility. In the event of side-effects linked to the vaccine, there will be no basis for legal action.

9. Finally, there is a whole range of other natural means, scientifically proven, of strengthening your immune system and of fending off or minimising complications linked to flu. For example, vitamins C, D and E, certain amino acids, minerals, polyphenol antioxidants, essential oils…The government is neglecting its duty to provide the population with correct information on this subject.

THE FLU CASE

E. Beeth, O. Bernard, Q. Blonda, P. Coomans, R. Delaunoy, et al.

Des médecins, des avocats et des citoyens belges mettent en garde contre le vaccin contre la grippe porcine

The Flu Case, ASANAT, 20 October 2009
https://web.archive.org/web/20091023154802/http://www.asanat.org/

Neuf raisons de ne pas vous faire vacciner contre la grippe A H1N1

1. La grippe A H1N1 est contagieuse mais resterait sans gravité par rapport à la grippe saisonnière. Au sortir de l'hiver, le bilan en victimes en Nouvelle Zélande et au Chili est très faible. Sans vaccination. [a]

2. Des organismes indépendants, comme la très respectée Cochrane Collaboration, font un bilan accablant de l'efficacité ou de la tolérance des vaccins anti-grippaux sur base de 40 années d'études: (a) chez les plus de 65 ans, leur effet est particulièrement modeste ; (b) chez les adultes jeunes en bonne santé, il manque des preuves de leur efficacité (c) chez les enfants, les données disponibles ne permettent de vérifier la tolérance des différents types de vaccins ; (d) chez les professionnels de santé, il n'existe pas de preuve crédible que leur vaccination modifie les complications grippales des personnes dont ils ont la charge.[b]

3. Une étude canadienne portant sur 12 millions d'observations aurait abouti à la conclusion provisoire que les gens ayant été vaccinés au cours des deux dernières années contre la grippe présentaient un risque deux fois plus élevé de tomber malade du virus H1N1. En cas de mutation du virus, il se pourrait donc que les personnes vaccinées avec le vaccin H1N1 courent un risque plus élevé de tomber malade. Cette étude attend confirmation. [c]

4. Les nouveaux vaccins H1N1 sont des produits expérimentaux. Ils n'ont pas fait l'objet d'essais cliniques approfondis à long terme. Ni leur efficacité ni leur absence de risques n'ont été prouvées, en particulier vis-à-vis de maladies à évolution lente.

5. Le vaccin en flacons de 10 doses contient du mercure (thiomersal) comme agent conservateur. Le thiomersal est suspecté d'être à l'origine de cas d'autisme. L'Association Américaine des Pédiatres (60.000 membres) a demandé en 1999 qu'il soit retiré des vaccins.[d] [e] [f]

6. Le vaccin contient un additif, le squalène, augmentant très fortement la réponse immunitaire. Bien qu'il soit naturellement présent dans l'organisme et qu'il puisse être ingéré sans problème, le squalène injecté est suspecté d'induire des maladies auto-immunes (ex. sclérose en plaque, sclérose latérale amyotrophique, fibromyalgie) ou différents troubles neurologiques et rhumatismaux. [g] Son usage pour les vaccins anti-grippaux reste interdit par la FDA aux Etats-Unis [h].

7. Le squalène dans le vaccin contre l'anthrax est suspecté responsable du Syndrome de la Guerre du Golfe chez plus de 25% des vétérans (avec une nette présence d'anticorps au squalène). La concentration de squalène dans le vaccin H1N1 est largement supérieure. L'utilisation de squalène permet de sous-doser l'antigène et de produire rapidement de plus grandes quantités de vaccins. [i]

8. Selon une régulation européenne du 15/09/09, les fabricants et les médecins qui administreront ce vaccin expérimental pourront être exemptés de toute responsabilité civile. En cas d'effets secondaires liés aux vaccins, vous n'aurez donc pas la possibilité de porter plainte.

9. Enfin, il existe de multiples autres moyens naturels, scientifiquement fondés, pour renforcer votre système immunitaire et prévenir ou limiter les infections et les complications liées à la grippe. Par exemple, les vitamines C, D et E, certains acides aminés, des minéraux, des polyphénols, des huiles essentielles… Le gouvernement néglige son devoir d'informer correctement la population à ce sujet.

Süddeutsche Zeitung

Interview:
Barbara Galaktionow – Angela Spelsberg

Ein unhaltbarer Zustand

Süddeutsche Zeitung, 20 Oktobre 2009, 10:39
https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-ein-unhaltbarer-zustand-1.43320
https://web.archive.org/web/20100614031713/https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-ein-unhaltbarer-zustand-1.43320

Wenn die Behörden mit der Pharmaindustrie: Korruptionsexpertin Spelsberg über die Fehler der Bundesregierung und den fraglichen Nutzen der Impfung.

Sueddeutsche.de: Wie glaubwürdig ist die Empfehlung der Ständigen Impfkommission (Stiko) für die Schweinegrippe-Impfung? Wurden hier Nutzen und Risiken adäquat gegeneinander abgewägt?

Angela Spelsberg: Ganz klar: nein. Das Problem ist die neue Impfstrategie von 2003/2004 der "Vaccine Working Party" der europäischen Zulassungsbehörde Emea. Die Zulassung eines neuen Impfstoffs ist nun innerhalb von drei Tagen möglich, weil sogenannte Mock-up-Impfstoffe (engl. für "Attrappe", Anm. d. Red.) hergestellt werden. Der Impfstoff gegen die Schweinegrippe basiert auf einem, der eigentlich für die Vogelgrippe H5N1 entwickelt und jetzt nur mit den Antigenen der Schweinegrippe H1N1 versehen wurde. Diese Modell-Impfstoffe sind wesentlich niedriger dosiert als die herkömmlichen. Kein Mensch weiß, ob und wie lange sie wirklich funktionieren. Hinzu kommt, dass die Wirkverstärker, die Adjuvantien, nicht ausreichend getestet wurden.

Sueddeutsche.de: Welche Verbindungen gibt es zwischen der Stiko und den Impfstoffherstellern?

Spelsberg: Zahlreiche. Die Mehrzahl der 16 Mitglieder hat Kontakte zu den wichtigsten Impfstoffherstellern. Es gibt Mitglieder, die in der Stiko sitzen und gleichzeitig Impfstoffe testen. Andere halten Vorträge für die Hersteller von Impfstoffen oder sind für das von Produzenten von Impfstoffen finanzierte "Forum Impfen" tätig. Und einige waren mal Mitglied der Stiko und sitzen jetzt in Pharmakonzernen.

Sueddeutsche.de: Auch um die Unabhängigkeit der europäischen Zulassungsbehörde Emea ist es laut Ihrer Organisation Transparency International schlecht bestellt...

Spelsberg: Die Vorgänge bei der Emea sind ein noch größeres Problem. Hier werden die Impfstoffe ja zugelassen. Transparency kritisiert schon seit Jahren, dass diese Behörde der Generaldirektion Wirtschaft der EU-Kommission unterstellt ist und nicht der Generaldirektion Gesundheit und Verbraucherschutz. Zudem wird die Emea zu fast zwei Dritteln von der Pharmaindustrie finanziert. Das ist ein unhaltbarer Zustand. Es zeigt sich, dass die Mechanismen der Kontrolle nicht mehr funktionieren.

Sueddeutsche.de: Hat Ihrer Ansicht nach auch die Bundesregierung Fehler gemacht?

Spelsberg: Das Problem ist vor allem, dass sie nicht auf das veränderte Bedrohungsszenario reagiert. Zu Beginn des Ausbruchs wurde die Gefährlichkeit des H1N1-Erregers überschätzt und es

gab wenig gesicherte Daten. Inzwischen ist der weltweite Verlauf der sogenannten "Schweinegrippe" im Vergleich zur üblichen saisonalen Grippe als mild zu beschreiben, nicht nur in Deutschland, sondern auch auf anderen Kontinenten. Die Todesrate bei Menschen, die sich mit dem Erreger angesteckt haben liegt weltweit bei etwa 0,2 Prozent. In Deutschland starben bislang zwei Menschen am Schweinegrippe-Erreger (noch viel weniger als die bei der angegeben Todesrate zu erwartenden potentiellen 46 Todesfälle) – beide waren gesundheitlich vorbelastet. Trotzdem laufen die Maßnahmen gegen eine Pandemie unvermindert weiter. Der Nutzen und das Risiko einer Impfung werden nicht erneut gegeneinander abgewogen. Es gibt in Deutschland keinen Plan, wie man eine Pandemiewarnung wieder zurückfährt.

Sueddeutsche.de: Gut, das Szenario mag nicht mehr so bedrohlich sein, aber der Impfstoff wurde nun mal bestellt und das Geld dafür ausgegeben. Wird die Impfung deshalb durchgezogen?

Spelsberg: Gesundheitsfragen können nicht nach marktwirtschaftlichen Kriterien behandelt werden. Bei einer Impfung muss der Nutzen größer sein als der mögliche Schaden. Und wenn der Schaden gering erscheint, muss halt auch der Nutzen sowie das mögliche Risiko neu bewertet werden.

Sueddeutsche.de: Müssen die Verantwortlichen mit Konsequenzen rechnen, falls es zu schweren Negativfolgen einer Schweinegrippe-Impfung kommt?

Spelsberg: Nein, und das ist ja Teil des Skandals. Die Impfstoffhersteller haben sich ausbedungen, dass sie für mögliche Nebenwirkungen nicht verantwortlich zu machen sind.

Sueddeutsche.de: Können Sie einen Tipp geben, an wessen Empfehlung man sich nun halten kann - die der Ärzte?

Spelsberg: Die Glaubwürdigkeit der eigentlich zuständigen Kommission, der Stiko, ist auf alle Fälle in Zweifel zu ziehen. Die Ärzteschaft ist, was die Schweinegrippe-Impfung angeht, komplett gespalten. Und das ist gut. Denn die Notwendigkeit der Impfung und ihre Begleitumstände müssen öffentlich ausdiskutiert werden. Die Stiko und das Robert-Koch-Institut müssen darlegen, warum sie an ihrer positiven Haltung gegenüber der Impfung festhalten. Und da reicht ein Hinweis auf eine mögliche Mutation des Virus' nicht. Schon bei der Vogelgrippe wurde mit diesem Was-ist-wenn-Szenario operiert. Das ist alles vollkommen überzogen.

Sueddeutsche.de: Was muss jetzt getan werden? Sie fordern unter anderem, ein parlamentarischer Untersuchungssausschuss müsse die Vergabe der Impfstoffherstellung an den Konzern GlaxoSmithKline (GSK) untersuchen...

Spelsberg: Nicht nur bezüglich der Vergabe an GSK. Außerordentlich fragwürdig ist doch auch die jetzt bekannt gewordene Bestellung eines anderen, nicht adjuvantierten Impfstoffes für die Bundeswehr und für Regierungsangehörige und Bundesbeamte. Dokumente und Sitzungsprotokolle, das muss alles auf den Tisch. Es kann nicht sein, dass so folgenreiche und kostenintensive Entscheidungen unter Ausschluss der Öffentlichkeit gefällt werden. Parlamentarische Kontrolle ist in solchen Gesundheitsfragen enorm wichtig - auch für die Zukunft.

[Angela Spelsberg ist Vorstandsmitglied bei Transparency International. Die Ärztin und Epidemiologin leitet das Tumorzentrum Aachen. Sie beschäftigt sich mit der Bedeutung von Einflussnahme und Korruption im Gesundheitswesen].

THE FLU CASE

German doctor calls for parliamentary inquiry into "swine flu" jab scandal

The Flu Case, 21 October 2009
https://web.archive.org/web/20100704074634/http://www.theflucase.com/index.php?option=com_content&view=article&id=1261%3Agerman-doctor-calls-for-parliamentary-inquiry-into-qswine-fluq-jab-scandal&catid=1%3Alatest-news&Itemid=64&lang=en

A German doctor has called for a parliamentary inquiry into the decision by the German government to purchase GlaxoSmithKline's Pandemrix vaccine and the recommendation of the national vaccine advisory board and Robert Koch Institute in favour of the untested "swine flu" jabs.

Dr Angela Spelsberg, head of a tumour center in Aachen and a member of Transparency International, said in an interview in the mainstream newspaper Die Sueddeutsche Zeitung that key control mechanisms to protect the general public against dangerous vaccines have stopped functioning.

The exposure of people to dangerous vaccines by the government is "a situation that cannot go on," she said.

She noted that many of the people who sit on the national vaccine advisory board, STIKO, have financial links with the pharmaceutical industry; some are involved in clinical trials on vaccines; some are paid for holding talks on vaccines.

In addition, the European Medicines Agency, the EU drug regulator, derives two thirds of its money from pharma companies, and is subordinated to the business directorate and not the public health directorat of the European Commission.

Spelsberg said that the "swine flu" jabs were not adequately tested. The vaccines were based on so-called mock up vaccines which used much lower amounts of antigens than standard vaccines, and it was not clear how these vaccines functioned or for how long.

In addition, the jabs had adjuvants that were not tested.

She said it was a "scandal" that pharma companies had been given immunity.

She said parliamentary control was vital to stop these kind of scandals occuring in the future.

RP ONLINE

Berliner Ärzte verweigern Schweinegrippe-Impfung.

RP.OnLine, 21 Oktobre 2009, 20:06
https://web.archive.org/web/20091025165344/http://www.rp-online.de/public/article/panorama/deutschland/772947/Berliner-Aerzte-verweigern-Schweinegrippe-Impfung.html

Berlin (RPO). Die Schweinegrippe-Impfung in Berlin droht sich wegen eines Honorarstreits zwischen Ärzten und Senat zu verzögern. "Wir führen die Impfung nicht durch", sagte die Vorstandsvorsitzende der Kassenärztlichen Vereinigung Berlin, Angelika Prehn, in einem Interview.

Statt der üblichen Vergütung von 7,10 Euro für eine Einfachimpfung will der Berliner Senat den Ärzten die Schweinegrippe-Impfung laut Prehn nur mit 5,50 Euro vergüten. Für die Zweitimpfung soll es 4,50 Euro geben. Die Vertreterversammlung der Kassenärztlichen Vereinigung lehnte dies nun ab.

Die Berliner Ärzte bestehen nun auf einem höherem Honorar. "Allein die Beratung der Patienten wird viel Zeit in Anspruch nehmen, da die Menschen verunsichert sind. Das muss gerecht entlohnt werden", forderte Prehn in der Tageszeitung "B.Z.".

Impfmüdigkeit in Deutschland

In Deutschland herrscht angesichts der Schweinegrippe weiterhin eine große Impfmüdigkeit vor. Wie eine am Mittwoch veröffentlichte Umfrage der AOK Hessen unter 1650 Versicherten ergab, wollen nur 28,6 Prozent sich impfen lassen. Mehr als 60 Prozent schließen eine Impfung derzeit noch aus.

Nach Angaben der Krankenkasse stehen vor allem Menschen mit einem hohen Bildungsniveau der Impfung gegen die Schweinegrippe skeptisch gegenüber. So wollen sich nur 25,6 Prozent der Menschen mit Abitur sich immunisieren lassen, aber 55 Prozent der Menschen ohne Schulabschluss. Betrachtet man die unterschiedlichen Altergruppen, so nimmt die Zahl der Impfskeptiker mit dem Alter zu. So ist nach AOK-Angaben in der Altersgruppe der Menschen bis 30 Jahre die Impfbereitschaft mit 36,4 Prozent am höchsten.

Impfaktion startet nicht überall am Montag

Die Massenimpfaktion gegen die Schweinegrippe beginnt nicht in allen Bundesländern bereits am kommenden Montag. In Niedersachsen werde die Aktion erst Mitte bis Ende kommender Woche anfangen, teilte das Landesgesundheitsministerium am Mittwoch in Hannover mit. Trotzdem liege man voll im Plan. Die Politik rief unterdessen die Bevölkerung zur Teilnahme an der Impfung auf. Viele Menschen wollen sich nach wie vor nicht gegen die Schweinegrippe impfen lassen.

In Niedersachsen soll der Impfstoff Pandemrix Mitte der Woche in 400 ausgewählten Apotheken ankommen. Danach können sich chronisch Kranke, medizinisches Personal, Feuerwehrleute und Polizisten impfen lassen. Der Grund für die Verzögerung liegt im Impfstoffwerk in Dresden, wo nicht so viel Impfstoff produziert werden kann wie ursprünglich gedacht, wie der Sprecher des Thüringer Gesundheitsministeriums, Thomas Schulz, sagte. Der Freistaat hat derzeit den Vorsitz in der Gesundheitsministerkonferenz.

Der Sprecher betonte aber: "Das Schlüsselpersonal wird überall versorgt." Dazu gehören Arzte, Krankenschwestern, Polizei und Feuerwehr. Weil bei dieser Gruppe die Impfbereitschaft auch eher verhalten ist, kommen wahrscheinlich auch viele chronisch Kranke an die Spritze. Die normale Bevölkerung wird sich voraussichtlich ab Mitte bis Ende November impfen lassen.

Der nordrhein-westfälische Gesundheitsminister Karl-Josef Laumann appellierte unterdessen an die Bürger, sich den Impfstoff trotz vieler gegenteiliger Stimmen verabreichen zu lassen. Man dürfe sich von den Diskussionen der vergangenen Tage nicht verunsichern lassen, sagte der CDU-Politiker in Düsseldorf.

Selten Nebenwirkungen

"Ich bin davon überzeugt, dass eine rechtzeitige Impfung der beste Schutz gegen die sich unverändert ausbreitende neue Grippe ist", erklärte dagegen Gesundheitsminister Laumann. Der Impfstoff Pandemrix sei auf Wirksamkeit und Unbedenklichkeit geprüft worden. Grundsätzlich könne zwar niemand ausschließen, dass bei einer breiten Anwendung eines neuen Arzneimittels bislang unbeobachtete Nebenwirkungen auftreten. Dies sei erfahrungsgemäß aber sehr selten.

Am Wochenende wurde bekannt, dass der Bund einen anderen Impfstoff bestellt hat. Die Bevölkerung soll das Medikament Pandemrix mit Verstärkern (Adjuvanzien) gespritzt bekommen. Spitzenbeamte, Minister und Soldaten sollen dagegen das Mittel Celvapan erhalten, das ohne Wirkverstärker auskommt und von einigen Experten daher als weniger risikoreich betrachtet wird. Andere Wissenschaftler halten dagegen Celvapan für nicht ausreichend getestet.

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Deborah Dupre

H1N1 vaccine parent alert:
Dr. Mercola and NVIC's BL Fisher expose disinformation and dangers

Examiner, 21 October 2009, 12:44 PM
https://web.archive.org/web/20100430234007/http://www.examiner.com/x-10438-Human-Rights-Examiner~y2009m10d21-H1N1-vaccine-parent-alert-Dr-Mercola-and-NVICs-BL-Fisher-expose-disinformation-and-dangers

Today, Dr. Mercola released his new interview (below) with Barbara Loe Fisher in an H1N1 vaccine alert in which America's two most popular and trusted health experts expose disinformation about the new flu, the vaccine and the work of the National Vaccine Information Center (NVIC).

Both Fisher and Mercola are noted internationally as intellectually honest health experts of integrity, empowering the public.

The interview was prompted after the recent *60 Minutes* TV program about the H1N1 'swine flu.'

According to Fisher, the H1N1 'swine flu' has now been proven to be less virulent than regular flu. In the Southern Hemisphere, it has caused no more serious cases than regular flu, unlike what TV and newspapers are repeatedly portraying.

To vaccinate or not: exercise free will

In the new interview about today's so-called "pandemic," the two leaders in the field of prevention, Fisher and Mercola address numerous points concerning parents about their decision to vaccinate or not.

The bottom line of this decision, as health workers are taught, is one of informed consent, **a** *basic human right of exercising free will.*

"Don't let anyone tell you what to do," says Fisher.

To have courage to best protect self and children, Fisher recommends that parents empower themselves with information and speak only to trusted health workers.

"You have the right, the responsibility and the ability to look at this issue, become informed, and make wise health care choices for you and your children," says Fisher.

Dr. Mercola comments that *60 Minutes,* his favorite TV show, disappointingly provided an infomercial on the H1H1 swine flu vaccine that he further discusses in his H1N1 swine flu alert.

TV is a major tool in the government's multi-million dollar covert marketing campaign to repeatedly scare people to become vaccinated, similar but more sophisticated than the 1976 TV ad campaign convincing Americans to vaccinate for the flu.

The 1976 flu vaccine caused more deaths and disabilities than the flu.

Between the new ad campaign and doctors intimidating patients to be vaccinated as numerous parents have written or spoken to the author indicating is regularly happening, parents are coerced to vaccinate their children.

The legal definition of coerce is, "*The intimidation of a victim to compel the individual to do some act against his or her will by the use of psychological pressure, physical force, or threats..*"

Coercion violate the basic human right of practicing free will.

Paradigm shift

"What we're seeing is a paradigm shift is occurring towards a more natural approach to achieving good health," states Fisher who recognizes that those holding onto the old, pharmaceutical model of "health" are doing everything within their power to halt or reverse the shift.

The numbers of people stating they will take the swine flu vaccine is dropping.

This is "showing that more people are using analytical approaches," says Fisher. The government using the, "You do what I say and don't ask any questions, those days are gone," she says.

But this isn't happening easily. Fisher calls the treatment of people working to provide accurate information to the public "persecution."

Dr Mercola extends a hearty thanks to Fisher for her role in public education about the truth and reality about the vaccine issue.

Mercola also commends other people involved in the struggle of exposing the truth about vaccines. He reminds the public that "we are winning" because people who had never thought too much about vaccines are thinking, seeing and realizing this flu is a mild viral infection, not causing tremendous mortality and asking why the government is not expsoing the truth or being held accountable for this.

To see Dr. Mercola's full report associated with the video below of the unique and important interview of Fisher, visit mercola.com.

Fisher wrote the first American book questioning vaccines, *Shot in the Dark.* For over twenty-five years, Fisher, the Co-founding Director of NVIC, has consistently provided accurate information about vaccines and right to choose, in direct opposition to individuals with vested interest in the pharmaceutical military industrial complex.

Süddeutsche Zeitung

Schweinegrippe-Impfung:
"Das Virus ist unter uns"

Süddeutche Zeitung, 22 Oktobre 2009, 12:33
https://www.sueddeutsche.de/wissen/schweinegrippe-impfung-das-virus-ist-unter-uns-1.31257

Trotz meist milder Krankheitsverläufe und ungeklärter Impfrisiken ruft das Gesundheitsministerium zur Impfung gegen die Schweinegrippe auf. Denn die Zahl der Infektionen in Deutschland steigt.

Ungeachtet der Debatte um verschiedene Impfstoffe, milde Krankheitsverläufe und ungeklärten Impfrisiken appelliert das Bundesgesundheitsministerium an die Bürger, sich möglichst zahlreich gegen die Schweinegrippe impfen zu lassen.

Der wirksamste Schutz gegen die neue Grippe sei die Impfung, sagte der Staatssekretär im Gesundheitsministerium, Klaus Theo Schröder, in Berlin. Das Ministerium wünsche sich eine "hohe Impfbeteiligung" und halte diese auch für "dringend geboten". Die Impfungen sollen am kommenden Montag beginnen.

Bisher verlaufe die Grippe zum Glück mild, sagte Schröder. Es sei aber im Herbst und Winter mit einer stärkeren und intensiveren Ausbreitung zu rechnen. Nach Angaben des Robert-Koch-Instituts (RKI) gab es bislang 25.000 Schweinegrippe-Fälle in Deutschland, darunter zwei Todesfälle.

Die Ansteckungszahlen steigen laut RKI-Präsident Jörg Hacker derzeit wieder an. Hacker verwies zudem darauf, dass mehr als 90 Prozent der Menschen das Virus in Deutschland und nicht wie noch im Sommer im Ausland bekommen hätten. "Das Virus ist unter uns. Es verbreitet sich in Deutschland", sagte Hacker.

Bei Untersuchungen des Erbmaterials des Virus' seien bislang keine Mutationen gefunden worden, die zeigten, dass sich der Erreger in Richtung einer Resistenz entwickle. Entwarnung geben wollte Hacker dennoch nicht: Das seien immer nur Momentaufnahmen.

Auch die Entstehung von Mischviren könne für die Zukunft nicht ausgeschlossen werden, sagte der Institutschef. Diese entwickelten sich allerdings meist nicht in Menschen, sondern in Tieren.

International stellt sich nach den Worten Hackers die Situation ähnlich dar wie in Deutschland. In vielen europäischen Ländern und in den USA gebe es eine steigende Anzahl von Schweinegrippefällen.

Nur auf der Südhalbkugel würden die Zahlen derzeit sinken. Dies erklärte Hacker damit, dass der Beginn der Schweinegrippe hier zunächst mit dem Beginn der saisonalen Influenza zusammengefallen sei. Sowohl in den USA als auch auf der Südhalbkugel gebe es eine lebhafte Nachfrage nach dem Impfstoff.

Ärger um Impfung in Berlin

Andrea Laslop sagte für die europäische Zulassungsbehörde Emea, dass die Behörde nach der Prüfung der drei verfügbaren Impfstoffe - Pandemrix, Celvapan und Focetria - zu dem Schluss gekommen sei, "dass der erwartete Nutzen einer Impfung das mögliche Risiko übersteigt".

In Berlin könnte sich derweil wegen eines Streits zwischen Ärzten und Gesundheitsbehörden die Schweinegrippe-Impfung verzögern. Die Ärzte sind einerseits unzufrieden mit dem niedrigen Honorar für die Impfung, wie die Zeitung B.Z. meldete. Nach einem Bericht der Berliner Zeitung sorgen sie

sich zudem über einen Haftungsausschluss des Impfstoffherstellers bei gesundheitlichen Schäden durch das Serum.

"Die Herstellerfirma GlaxoSmithKline ist vertraglich von der Haftung für ihr Produkt freigestellt", zitiert das Blatt aus einem Bericht der Kassenärztlichen Vereinigung (KAV) Berlin. Bei etwaigen Schäden müsste also nicht die Pharmafirma, sondern der Staat oder gar der Arzt dafür aufkommen, warnt die Ärztevertretung.

Das Bundesgesundheitsministerium habe zwar erklärt, ein solcher Haftungsausschluss sei gängig. Die KAV bestreite dies aber. Nötig sei zudem eine gewissenhafte Beratung der Patienten. Denn die Impfung sei nicht so erprobt und unbedenklich wie die gebräuchlichen Standard-Impfungen, zitiert das Blatt weiter.

THE FLU CASE

Berlin doctors worried they could have to pay compensation for "swine flu" jab damage

The Flu Case, 23 October 2009

https://web.archive.org/web/20091027213141/http://theflucase.com/index.php?option=com_content&view=article&id=1321%3Aberlin-doctors-worried-they-could-have-to-pay-compensation-for-qswine-fluq-jab-damage&catid=1%3Alatest-news&Itemid=64&lang=en

Doctors in Berlin are concerned that they will be forced to pay compensation to patients who suffer death or damage from the "swine flu" shot because pharmacuetical companies have been given immunity under existing contracts.

Doctors say that the "swine flu" jab is not as well tested and safe as the "flu jab" and that the clause giving pharma companies immunity is new.

The German government is pushing doctors to give as many patients the "swine flu" jab as possible.



Annika Dahlqvist

Mera om influensan

Doktor Dalquists Blogg, 22 oktobre 2009, kl 08:54
https://web.archive.org/web/20091025105225/http://blogg.passagen.se/dahlqvistannika/entry/mera_om_influensan

Som ni förstår så får jag många mail om influensan och vaccinationen. En del av dem innehåller uppgifter om hur det nya svininfluensaviruset och vaccinet kom till.

Detta virus består av genmaterial från säsongsinfluensa-, svininfluensa- och fågelinfluensavirus.

Virus kan inte i naturen blanda sig på detta sätt. Virus kan mutera, men de har ingen sexuell förökning som kan blanda genmaterial. Detta innebär att det nya viruset är tillverkat i laboratorium, sannolikt av läkemedelsföretag. Sedan planterar de viruset på strategiska ställen i världen så att det utbryter epidemier. Sedan kan fabrikanterna förmå sina kontakter i WHO att utfärda pandemiförklaring. De aningslösa politikerna i världens länder drar på med massvaccination av befolkningen. Vaccinfabrikanterna tjänar många miljarder pengar på alltihop, med ganska låga insatser.

Media älskar influensan och massvaccinationen. Jag läser idag i en krönika av Rolf Elmér i Sydsvenskan. Han skriver: "Följden av ett misslyckat vaccinationsprogram i Sverige skulle i värsta fall kunna vara en långsiktigt försämrad folkhälsa och återkomsten av forna tiders farsoter."

På vilket sätt skulle en lägre vaccinationsgrad långsiktigt försämra folkhälsan?

Och tror han uppriktigt att man med omfattande massvaccination kan utrota ett virus så att det inte kommer tillbaka? Det är sanslöst naivt tycker jag.

Fired Swedish doctor suspects the WHO

The Flu Case, 24 October 2009
https://web.archive.org/web/20091028005410/http://www.theflucase.com/index.php?option=com_content&view=article&id=1352:fired-swedish-doctor-suspects-the-who&catid=41:highlighted-news&Itemid=105&lang=en

"As you can imagine, I get many emails about influenza and vaccination. Some of them contain information about how the new swine flu virus and the vaccine was created. This virus consists of genetic material from seasonal flu, swine flu and avian flu viruses. Viruses can not mix in this way in nature. Viruses can mutate, but they have no sexual reproduction that can mix genetic material. This means that the new virus was made in a laboratory, probably by pharmaceutical companies. The virus is then planted in strategic places around the world to cause an epidemic outbreak. After that, manufacturers persuade contacts in the WHO to issue a pandemic declaration. The unsuspecting politicians in countries around the world start mass-vaccinations of the population. And vaccine manufacturers makes billions off the whole thing, with relatively little input.

Media loves influenza and mass-vaccination. I read today in a chronicle by Rolf Elmer in Sydsvenskan. He writes: "The consequence of an unsuccessful vaccination program in Sweden would at worst be a long-term deterioration of public health and the resurgence of epidemics of the past."

How would a lower vaccination rate cause long-term deterioration of public health? And does he seriously believe that extensive mass-vaccination can eradicate a virus so that it will not come back? It is unbelievably naive, I think.

Bild

BILD.de-Moderatorin Hadnet Tesfai (30) noch immer müde

BILD, 23 Oktober 2009, 22:02 Uhr
https://www.bild.de/news/2009/hadnet-tesfai-tag-2-nach-impfung-10204664.bild.html

Deutschland droht eine Schweinegrippe-Welle ungeahnten Ausmaßes – doch nur ein Bruchteil der Bürger scheint die Gefahr ernst zu nehmen. Viele fürchten sich mehr vor eventuellen Nebenwirkungen der Impfung, als vor dem Killer-Virus selbst!

BILD wollte es genau wissen – und hat den Impfstoff für die "gemeine" Bevölkerung schon mal vorab getestet.

Ergebnis: Leichte Schmerzen an der Einstichstelle, Müdigkeit, leichter Schüttelfrost. Gravierende Folgen? Bislang Fehlanzeige!

BILD.de-Moderatorin Hadnet Tesfai (30) führt darüber hinaus exklusiv einen Video-Blog über die Folgewirkungen.

Auch sie fühlt vor allem Müdigkeit, die Muskelschmerzen haben stark nachgelassen. Dafür erwartet unsere Kollegin morgen ein echter Härtetest ...

THE FLU CASE

Bild journalist reports tiredness and pain after "swine flu" jab test

The Flu Case, 25 October 2009
https://web.archive.org/web/20091028004001/http://www.theflucase.com/index.php?option=com_content&view=article&id=1362:bild-journalist-reports-tiredness-and-pain-after-qswine-fluq-jab-test&catid=1:latest-news&Itemid=64&lang=en

A reporter from Germany's Bild newspaper who took the "swine flu" jab as a guinea pig has said she still "feels tired above all, but the muscle pain is much less in the meantime."

30-year-old Hadnet Tesfai tested the "swine flu" vaccine planned for use on "lowly commoners", as Bild puts it, referring to the fact that high government officials are getting a different jab without mercury and adjuvants.

The results: light pain at the injectin site, tiredness, light shaking and trembling, reports Bild.

DAGENS Medicin

Simon Rothelius

Skeptiska läkare förbjuds att prata om massvaccinering

Dagens Medicin, 23 Oktobre 2009
https://web.archive.org/web/20091026094751/http://www.dagensmedicin.se/nyheter/2009/10/23/lakare-forbjuds-uttala-sig/index.xml

Chefer inom primärvården i Norrbotten tillåts inte att uttala sig negativt om massvaccineringen mot svininfluensan.

För drygt två veckor sedan skrev Meta Wiborgh, chef för Bergnäsets vårdcentral i Luleå, och Björn Olsson, distriktsläkare vid Örnäsets vårdcentral i Luleå och krönikör i Dagens Medicin, under en debattartikel i Svenska Dagbladet. Där riktade de kritik mot att hela Sveriges befolkning ska erbjudas vaccin mot den nya influensan, A(H1N1).

Utspelet retade upp primärvårdsledningen i Norrbotten, som menade att läkarna kan göra patienterna osäkra om de uttalar sig negativt om de nationella rekommendationerna.

– Hur skulle det se ut om de 32 cheferna för vårdcentralerna går ut och säger sin mening, säger Bo Westerlund, divisionschef för primärvården i Norrbottens läns landsting, till tidningen Dagens Samhälle.

Efter flera veckors öppen konflikt i de lokala medierna har parterna nu nått en överenskommelse. Meta Wiborgh och Björn Olsson tillåts svara sanningsenligt på frågan om de tänker vaccinera sig själva. Däremot får de inte uttrycka någon kritik mot själva vaccinationskampanjen om en patient frågar.

– Jag hänvisar till den officiella information som finns och säger att det är ett ställningstagande du måste göra själv, säger Meta Wiborgh till Dagens Samhälle.

Simon Rothelius

Sceptical Swedish doctors forbidden to talk about the mass vaccinations

The Flu Case, 23 October 2009
https://web.archive.org/web/20091027012325/http://www.theflucase.com/index.php?option=com_content&view=article&id=1347:sceptical-swedish-doctors-forbidden-to-talk-about-the-mass-vaccinations&catid=1:latest-news&Itemid=64&lang=en

Managers in primary care in Norrbotten are not allowed to say anything negative about the mass vaccinations against swine flu.

Two weeks ago, Meta Wiborgh, head of Bergnäset health center in Luleå, and Björn Olsson, district medical officer at Örnäset health center in Luleå and a columnist for Dagens Medicin, signed a debate article in Svenska Dagbladet. In the article, the two doctors voiced their criticism about vaccinating the whole Swedish population against the new influenza, A(H1N1).

The move angered the primary care management in Norrbotten, who said that doctors can make patients uncertain if they speak negatively about the national recommendations.

- How would it look like if the 32 heads of health centers go out and voice their opinions, says Bo Westerlund, division manager for primary care in Norrbotten County Council, to the newspaper Dagens Samhälle.

After several weeks of open conflict in the local media, the parties have now reached an agreement. Meta Wiborgh and Björn Olsson are allowed to answer truthfully when asked if they intend to vaccinate themselves. By contrast, they are not allowed to express any criticism of the vaccination campaign if a patient asks.

- I refer to the official information available, and say it is a position you have make yourself, Meta Wiborgh tells Dagens Samhälle.

Medical Microbiology and Immunology

Sucharit Bhakdi, Karl Lackner, Hans-Wilhelm Doerr.

Possible hidden hazards of mass vaccination against new influenza A/H1N1:
have the cardiovascular risks been adequately weighed?

Med Microbiol Immunol, 23 October 2009, 198: 205-209
https://doi.org/10.1007/s00430-009-0130-9

Abstract

Programs for vaccination against the new influenza A/H1N1 targeting many hundred million citizens in Europe and the USA are to be launched in the fall of this year.

The USA is planning to employ a non-adjuvanted vaccine, whereas European nations are opting for inclusion of MF59, the adjuvant contained in an alternative seasonal flu vaccine, or the related adjuvant AS03 that is contained in a recently developed H5N1 vaccine.

We draw attention to unappreciated hazards of using adjuvanted vaccine in Europe. Evidence from animal experiments in conjunction with clinical epidemiological data indicates that, quite irrespective of cause, stimulation of the immune system may accelerate atherogenesis.

Application of adjuvanted flu vaccines to individuals at risk may therefore aggravate the course of underlying atherosclerotic vessel disease with all the clinical consequences. The same may hold true for other widespread diseases that are propelled by deregulated immune mechanisms.

Safety trials conducted to date have not specifically taken these possible side effects into account, and unexpected serious adverse effects thus may follow in the wake of a general vaccination program.

A prudent consequence would be to establish careful survey systems alongside with mass application of new adjuvanted vaccines, or to hold mass vaccination in reserve for use only in situations of true need, such as would arise with the emergence of a more virulent new H1N1 virus strain, or to use non-adjuvanted vaccines in individuals who are potentially at risk for adverse side effects.

Background

The current flu pandemic that originated in Mexico in April 2009 has triggered a global reaction of unprecedented dimension in science and society [1, 2]. Fortunately, the H1N1 virus has not yet transformed itself into the dreaded killer, although well over 300.000 infections have been documented [3]. The probability that such a transformation will ever take place is thus obviously small, but a single event could have dire consequences. With high priority, vaccination programs were accordingly conceived and are already on the verge of implementation [4, 5]. Vaccination is also expected to reduce the death toll and costs for hospitalization incurred by H1N1. Somewhat oddly, the same arguments have not been made to implement a similar vaccination program against seasonal flu, which would appear reasonable. Instead, at least 1.000.000.000 Euros are planned to be spent to vaccinate one-third of the German population against H1N1, and troubled discussions are ongoing behind the scenes as to how this is to be financed.

...

Mass H1N1 vaccination: to do or not to do

The authors do not question the necessity of developing effective vaccine strategies against H1N1. There is no intent to criticize, and less still to blame any of the decision-makers for the course the program has taken thus far. Quite to the contrary, it is recognized that the preparations undertaken to face the H1N1 as well as the H5N1 threat set impressive standards for the future [19–21]. Of ultimate importance now is wise timing of the next move.

Foremost, the question to be answered is whether the hazards of conducting mass vaccinations at the present stage might outweigh the expected benefits. One argument in favor of mass vaccination derives from observational studies reporting reductions in all-cause mortality in older persons who had been vaccinated against seasonal flu vs. non-vaccinated individuals [22–28]. At present, however, H1N1-related mortality is very low in Europe, and whether it will rise to the extent observed with seasonal flu in winter simply cannot be predicted.

To quote EMEA (European Medicines Agency): "Public confidence in vaccination programs may only be maintained if it is considered that competent authorities will access the safety of vaccines in a timely and adequate manner and take appropriate action. This includes investigation of rare and unexpected adverse events, increases in the occurrence of known adverse reactions and careful analysis of theoretical concerns”. Now, should any of the thoughts expressed here contain just a grain of truth, this cannot but be uncovered by the sheer numeric power of the program. If, in retrospect, vaccination should turn out to have been unnecessary because a virulent H1N1-virus never emerged, consequences for the responsible parties can be foreseen, and public faith in preventive medicine will be shaken to the roots.

Must these risks be taken? The production of sufficient H1N1 vaccines is guaranteed, and the world is now armed to conquer the hypervirulent virus, should it ever emerge. Surveillance programs have been installed to ensure that the new foe is quickly tracked down, and action could then be immediately taken.

So why play out a trump prematurely? Man has already won the first round in the race against this adversary. Why not hold mass vaccination in reserve? Or, if the vaccination program is implemented, would it not be prudent to use non-adjuvanted vaccine in individuals at risk? We have focused on cardiovascular disorders but the arguments would extend to other diseases that harbor immuno-pathological components. Finally, if the decision is still made to uniformly employ adjuvanted vaccines, careful survey systems should be implemented to clearly establish that the concerns expressed here, in particular the potential of adjuvanted vaccines to precipitate cardiovascular events, are nothing more than theory.

THE FLU CASE

German doctors refuse to be bullied by authorities into giving "swine flu" jab

The Flu Case, 24 October 2009 11:52
https://web.archive.org/web/20091027012335/http://www.theflucase.com/index.php?option=com_content&view=article&id=1354:german-dcotors-refuse-to-be-bullied-by-authorities-into-giving-qswine-fluq-jab&catid=1:latest-news&Itemid=64&lang=en

Fredrich Hoffmann, the head of Germany's national vaccine commission, has told doctors that they should give the untested "swine flu" jab to their patients no matter what their opinion about it might be, but German doctors are refusing to bow down and be bullied.

The German national vaccine commission is made up of members with financial and other ties to pharmaceutical companies, and so it does not come as a surprise that Hoffmann is putting pressure on German doctors to give patients the lethal "swine flu" jab even though those same doctors will be liable to pay compensation for any damage and death caused by the jabs because the pharma companies have been given immunity.

However, doctors in Germany are refusing to be bullied by the authorities in league with big pharma into roll ingout a "swine flu" jab campaign that will make billions for vaccine companies.

Dr Jürgen Seefeldt, a specialist in internal medicine from Paderborn, sent an open letter to the Dr Susanne Stöcker, an official from the German drug regulator, the Paul Ehrlich Institute, pointing out the reason why her statement in the media that the "swine flu" jab was not risky was an "infamous lie".

Seefeldt systematically lists the dangers of squalene and mercury citing relevant scientific literature. He also notes that these toxic ingredients are not necessary for making a vaccine.

"You should desist in future in the interest of the rest of the population from making false statements of this kind and to put your efforts and energy into making swine flu vaccines withotu squalene and mercury," he writes.

This is his letter in German:
Dr. med. Jürgen Seefeldt
Winfriedstr.7
Facharzt für Innere Medizin
33098 Paderborn

Sehr geehrte Frau Dr. Stöcker,

Sie wurden im Westfalen-Blatt Nr. 230 vom 03.10.09 mit den Worten zitiert, "die Schutzimpfung gegen die Neue Grippe ist unbedenklich..."
Ich möchte Sie dringend ersuchen, diese infame Lüge zu unterlassen! Sie sind in dieser Aussage durch von mir unten genannte Medline-gelistete Aufsatz-Literatur inhaltlich damit einer Falschaussage überführt.
Alle deutschen Schweinegrippe-Impfstoffe, einschl.
Pandemrix enthalten: See: =>

https://web.archive.org/web/20091027012335/http://www.theflucase.com/index.php?option=com_content&view=article&id=1354:german-dcotors-refuse-to-be-bullied-by-authorities-into-giving-qswine-fluq-jab&catid=1:latest-news&Itemid=64&lang=en

SvD

Alexandra Hernadi

Vårdpersonal tveksam till vaccin

Svenska Dagbladet, 27 Oktober 2009, 13.57
https://web.archive.org/web/20100413015612/http://www.svd.se/nyheter/inrikes/vardpersonal-tveksam-till-vaccin_3712585.svd

Bland vårdpersonal finns invändningar mot att vaccinera sig mot den nya influensan, visar SvD:s rundringning. Det är bland annat risken för biverkningar som oroar. Men hittills är biverkningsrapporterna som Läkemedelsverket fått in enligt förväntan.

På Universitetssjukhuset MAS i Malmö är man besviken på att antalet anställda som vill vaccinera sig inte är högre. Av sjukhusets cirka 5 000 anställda som arbetar med patienter är det hittills 60 procent som vaccinerat sig.

– Vi hade hoppats på fler. Vi har märkt att en del är skeptiska, säger Sven Haidl, infektionsläkare till SvD.se.

Bland invändningarna märks att influensan inte verkar så farlig samt rädsla för att biverkningar.

Även på Sahlgrenska universitetssjukhuset i Göteborg har man märkt tveksamheter bland en del av personalen.

– Många har frågor och undrar om det verkligen är nödvändigt att vaccinera sig, säger chefläkare Mats Tullberg till SvD.se.

Sjukhusets policy är att personalen ska vaccineras för att skydda både sig själva och patienterna, men beslutet är upp till var och en.

– Jag tycker att vi har fått en olycklig debatt där argumenten emot och biverkningar fått stort utrymme. I själva verket är biverkningarna mycket lindrigare än influensan, säger chefläkare Mats Tullberg till SvD.se.

Han oroar sig för hur de anställda ska få vaccinet om de inte tar det under de två veckor som man genomför vaccineringen.

– Det finns ju risk att folk vill vaccinera sig senare i höst när influensan slår till ordentligt. Då är det inte lika enkelt, säger han till SvD.se.

På Södersjukhuset i Stockholm har man ännu inte fått vaccin men planerar att påbörja vaccineringen av personalen i nästa vecka. På Karolinska universitetssjukhus börjar man att vaccinera personalen idag.

– Att döma av de frågor vi fått hittills och de doser vaccin vi beställt är det en stor del av personalen som kommer att vaccinera sig, säger Ann-Britt Bolin, chefläkare till SvD.se.

Annika Linde, statsepidemiolog på Smittskyddsinstitutet har förståelse för invändningarna mot vaccinet, men menar att riskerna en influensa kan innebära är farligare än de biverkningar som hittills rapporterats.

– Vaccinet är i princip kroppsnaturligt. Kvicksilvret var nödvändigt men det handlar om mycket små mängder, säger Annika Linde som tycker att en del av skriverierna kring biverkningar är olycklig.

– Det är många som har uttalat sig utan sakkunskap. Det är naturligtvis bra att den här sortens saker debatteras men en del av rapporteringen är ganska förödande för möjligheten att vaccinera befolkningen, säger Annika Linde till SvD.se.

På Läkemedelsverket som har i uppdrag att sammanställa biverkningarna av vaccinet har man hittills fått in fler än 350 rapporter om biverkningar – majoriteten är milda influensasymtom som muskelvärk, huvudvärk och trötthet.

– Tidigare studier visade att biverkningar som de här är vanligare i det nya vaccinet, så det var inte oväntat, säger Gunilla Sjölin-Forsberg, enhetschef på Läkemedelsverkets biverkningsenhet till SvD.se.

Bland rapporterna som lämnats in av både privatpersoner och sjukvården finns 5 dödsfall. Ingen av dessa har dock kunnat kopplas till vaccinet.

– Samtliga har varit multisjuka med kroniska sjukdomar.

Läkemedelsverket har även fått in rapporter om allergiska reaktioner på vaccinet.

Majoriteten av de inrapporterade fallen där biverkningar uppstått tillhör riskgrupperna.

– Riskgrupperna har ju prioriterats så det är inte så konstigt att de fall vi får in nu är de med sjukdomshistoria, säger Gunilla Sjölin-Forsberg.

DEUTSCHER BERUFSVERBAND KLINISCHER UMWELTMEDIZINER E. V.

Schweinegrippe-Impfstoff für Patienten mit chronischen Multisystemerkrankungen ungeeignet

DBU, 26 Oktober 2009

https://web.archive.org/web/20091116134339/http://www.dbu-online.de/index.php?id=203&tx_ttnews[tt_news]=100&tx_ttnews[backPid]=13&cHash=44f00c0446

Pandemrix® stellt wegen fehlender Sicherheitsnachweise ein erhebliches Gesundheits-risiko bei Massenimpfungen dar. Wegen der Haftungsfrei-stellung des Herstellers durch die Bundesregierung liegt das Risiko von Nebenwirkungen und/oder bleibenden Schäden durch den Impfstoff letztlich beim Patienten.

Der Deutsche Berufsverband der Umweltmediziner dbu hat trotz der in den Medien von Seiten der Regierung, des Paul-Ehrlich-Instituts wie des Herstel-lers geäußerten Unbedenklichkeitsbeteuerungen ernsthafte Bedenken gegen den von der Bundesregierung als einzigem für die breite Massenimpfung gegen die "neue Grippe" zur Verfügung gestellten Pandemieimpfstoffes "Pandemrix®" der Fa. GlaxoSmithKline (gsk).

Der dbu diskutiert an dieser Stelle weder den medizinischen Nutzen von Impfmaßnahmen im Allgemeinen noch die Notwendigkeit solcher Maßnahmen im bisher eher milden Verlauf der Schweinegrippepandemie.

Unsere Kritik richtet sich allein gegen die Pandemievaccine Pandemrix®.

- Es bestehen erhebliche Zweifel an der Wirksamkeit des Impfstoffes: in der Zulassungsphase wurde ein Impfstoff mit einem um 40% höheren Anteil an Virusantigen (5,25 µg) als die jetzt ausgelieferte Vaccine (3,75 µg) getestet. Es besteht noch kein eindeutiger Konsens ob die Impfung einmalig oder zweimalig pro Saison erfolgen soll!!!
- Es bestehen erhebliche Zweifel an der Unbedenklichkeit des adjuvantierten Wirkverstärkers, da dieser erstmals verwendet wird. Der Impfstoff enthält 27,4 mg AS03, eine Emulsion aus Polysorbat, Squalen und Tocopherol. Ausreichende Studien dazu fehlen, da in der Erprobungsphase als Surrogatkriterium lediglich der Aufbau von Antikörpertitern bestimmt wurde und nicht etwaige Nebenwirkungen.
- Hersteller wie amtliche Stellen verschweigen, dass Squalen im Gegensatz zur oralen Aufnahme (Squalen ist u.a. als Naturstoff z.B. in Olivenöl enthalten) bei subkutaner oder intramuskulärer Anwendung ein proinflammatorisches immunaktivierendes Immunogen ist.
- Autoimmunkrankheiten können damit provoziert, bereits bestehende aktiviert werden. Squalen wird mit der Entstehung eines Guillan-Barré-Syndroms (GBS) in Zusammenhang gebracht und gilt heute als der Auslöser des Golf-Krieg-Syndroms (GWS). In Tierversuchen hat Squalen das Krankheitsbild einer rheumatoiden Arthritis ausgelöst.
- Squalen aus Nahrungsquellen wird im Organismus v.a. in Membranen eingebaut. Eine impfbedingte Bildung von Squalenantikörpern löst an den Membranen chronische Entzündungen aus, die Erkrankungen wie GWS, aber auch degenerative Nervenerkrankungen wie MS, ALS, CIDP und GBS erklären.
- Die Auslieferung des Impfstoffes in Mehrfachdosenampullen ist obsolet. In Einzeldosenampullen wären Quecksilber haltige Konservierungsstoffe wie das in enthaltene Thiomersal überflüssig. Auch Quecksilber löstÒPandemrix erwiesenermaßen Autoimmunkrankheiten aus.

• Da der Impfstoff weder an Kleinkindern noch an Schwangeren erprobt wurde (Einspruch der Ethikkommission), stellt die Forderung, gerade diese besonders gefährdete Bevölkerungsgruppe in der ersten Impfphase bevorzugt zu impfen, einen unzulässigen Feldversuch dar.

• Für Umweltpatienten und Immunsupprimierte (z.B. AIDS) stellt der Impfstoff ein höheres Risiko als die Schweinegrippe selbst dar.

• Der Hersteller GlaxoSmithKline (gsk) ist laut Vertrag mit der BRD weitgehend von der Haftung freigestellt. Im Falle eines Impfschadens wird der betroffene Impfling statt gegen gsk gegen die Regierung und somit gegen den deutschen Staat klagen müssen, ein im Regelfall aussichtsloses Unterfangen.

• Um nicht selbst in die Haftungsfalle zu geraten, muss der die Impfung durchführende Arzt den Patienten über alle Risiken der Impfung und des Impfstoffes sorgfältig aufklären. Es empfiehlt sich, diese Aufklärung im Beisein einer Helferin durchzuführen und mit einer Unterschrift vom Impfling bestätigen zu lassen. Die Aufklärung sollte auch die haftungsrechtlichen Besonderheiten umfassen. Auch der Hinweis darauf, dass andere, risikoärmere Impfstoffe in Europa existieren, diese aber wegen einer Fehlentscheidung der Bundesregierung für die deutsche Bevölkerung zur Zeit nicht zur Verfügung stehen, sollte in diesem Aufklärungsgespräch nicht fehlen.

Wegen den vorgenannten Gründen gibt der Vorstand des Deutschen Berufsverbandes der Umweltmediziner folgende Empfehlung heraus:

Aus allgemeinmedizinischen und umweltmedizinischen Überlegungen heraus rät der dbu dringend von der Durchführung einer Impfung mit Pandemrix® ab!

Dr.med. Hans-Peter Donate
Für den Vorstand des dbu
ViSdPG

Quelle: Pressemitteilung des Deutschen Berufsverbands der Umweltmediziner - dbu - vom 26.10.2009: "Schweinegrippe-Impfstoff" für Patienten mit chronischen Multisystemerkrankungen ungeeignet."

Umwelt & Gesundheit

"Schweinegrippe-Impfstoff" für Patienten mit chronischen Multisystemerkrankungen ungeeignet

NurVita, 28. Oktober 2009 um 13:53
http://admin.nurvita.com/cms/the-news/546-qschweinegrippe-impfstoffq-fuer-patienten-mit-chronischen-multisystemerkrankungen-ungeeignet

=>

THE FLU CASE

German doctors association issued warning about swine flu jab last week

The Flu Case, 17 November 2009 10:52
https://web.archive.org/web/20100102032500/http://theflucase.com/index.php?option=com_content&view=article&id=1836%3Agerman-doctors-association-issued-warning-about-swine-flu-jab-last-week&catid=1%3Alatest-news&Itemid=64&lang=en

The German Professional Assocation of Environmental Doctors, (Deutschen Berufsverbands der Umweltmediziner) issued a press release on November 9th warning of the "significant health risks" of using GlaxoSmithKline's Pandemrix for mass vaccinations in view of the lack of data on its safety, especially for pregnant women and children.

The press release predicted the kind of deaths that are now being reported in Germany as a result of people taking the Pandemrix jab. The BILD newspaper today admitted that at least seven people have died after taking the shot in Germany so far.

The DBU notes out that GSK and pharma companies have been given immunity for any deaths or damage that their vaccines cause by the government leaving patients to bear all the risks.

In addtion, the DBU states that the adjuvant squalene – illegal in the US and UK – causes a proinflammatory response, activates the immune system and is immunogenic when taken as a subcutaneous or intramuscular injection and can provoke autoimmune diseases such as those found among US and UK soldiers who took squalene as part of the anthrax vaccine.

Studies on squalene, carried out mainly by pharma companies and WHO, did not assess side effects and so do not give the full picture.

The German government and the Paul Ehrlich Institute have systematically ignored the huge body of scientific evidence indicating the swine flu jab is dangerous and so exposed people to an unacceptable risk.

WEB OF EVIDENCE

Leonard Horowitz and Sherri Kane

Obama's H1N1 Swine Flu National Emergency Evidences Vaccine "Market-Building" for Mass Murder

Web Evidence, 28 October 2009
https://clareswinney.wordpress.com/2009/10/28/obamas-h1n1-swine-flu-national-emergency-evidences-vaccine-market-building-for-mass-murder/

Los Angeles-President Obama's declared H1N1 emergency cannot be reconciled by either vaccine shortages or flu cases; only by medical "market-building," vaccination intoxications, and mass murder for population reduction says common sense and mounting evidence.

Over the weekend, initial reports from Reuters News Service and Fox News stated that the President's declaration was intended to prepare the country in case of "a rapid increase in illness that may overburden health care resources." The media quoted an unidentified administration official saying, "It's important to note that this is a proactive measure - not a response to a new development." This action was "similar to disaster declarations issued before hurricanes hit coastal areas," Reuters reported.

Why would the Obama administration anticipate an H1N1 "hurricane" to hit when Purdue researchers concluded last week the epidemic was expected to peak this week? In fact, too soon for vaccines to be helpful. Thus, most people getting vaccinated now risk side effects for NOTHING – no benefit what-so-ever!

Furthermore, CBS News determined last week the CDC's reported H1N1 cases had been overblown up to 97 percent. Only about 1,000 people have died of H1N1 since April's Mexican outbreak. That is merely 1/18th, or less than 6%, of expected deaths from a normal seasonal flu during the same time period.

It is highly suspicious that David A. Paterson, New York State's Governor, suddenly suspended "mandatory" H1N1 shots for health professionals citing vaccine shortages, not litigation exposures, as cause for the policy change.

Neglecting notice that more than 60 percent of nurses in New York State refused to take the H1N1 vaccines according to polls, and unions had filed lawsuits against New York and Washington State to gain injunctions against mandated injections, Paterson's yellow press blamed "limited vaccine supplies" as reason to inject pregnant women and children exclusively. Only two weeks earlier, New York State officials posted their first priority, "as established by the CDC," to vaccinate health care workers and emergency medical services personnel.

Oddly, all this talk about sudden vaccine shortages being the cause of a federal emergency grossly contradicts what many health officials were saying merely three weeks ago. United Press International (UPI) reported, for instance, Dr. Judy Monroe, Indiana's state health commissioner, said that an ample supply of the vaccine would be available for everyone by mid-October. Now, suddenly, there is an alleged shortage that compels mixed messages and general confusion.

"Shortage Marketing" Disease and Death

"This is called "shortage marketing," Dr. Leonard Horowitz explains. "It is an increasing trend in the industrial world to get consumers to purchase products that are unappealing, over-inventoried, or scarce."

For weeks preceding Obama's declaration of national emergency polls showed the vast majority of Americans, including health care workers, rejecting the seasonal and H1N1 flu vaccines. So with stockpiles high, despite allegations of manufacturing delays, the government's promotions and policy changes simply reflect "shortage marketing."

But this is a "superficial concern" according to Dr. Horowitz, who references neurobehavioral and neurocognitive disorders demonstrated in vaccine recipients who were normal before getting vaccinated. He credits the brilliant work of Andrew Moulden, MD, PhD, photographically detailing tremendous physical damage occurring following vaccinations. These previously unknown and unseen subtle changes in nerve function and physical appearance is now demonstrated in pictures by Dr. Moulden that are irrefutable in courts and the scientific world.

Dr. Horowitz, a Harvard-trained expert in behavioral science, media persuasion and public health education, has spent 20 years documenting drug industrialists' and health officials' criminal actions.

"The only way to reconcile President Obama's declaration of emergency, given the increasing risks of vaccine injuries, post-peak diminishing risks of H1N1, and the anticipated public health nightmare caused by live viruses "shedding" from those vaccinated to unvaccinated persons, is to follow the flow of money," Dr. Horowitz says. "In the process of shedding vaccination H1N1, the highly unstable shed virus is expected to pick up more lethal genes from other circulating viruses, including possibly H5N1 that kills nearly 60 percent of those infected."

Dr. Horowitz notes that authorities have been mum on the triple recombinant H1N1 produced in labs for use in the "active" vaccine. Experts know this is highly unstable, because it is a man-made laboratory creation that did not evolve naturally over the millennia. This unstable mutant more readily recombines with other circulating viruses when it is shed for up to 3 weeks, thus exposing non-vaccinated people who are infected with other viruses.

This is the best explanation for Obama's anticipated "hurricane," explains Dr. Horowitz, who criticizes the mainstream media for completely neglecting this greatest risk while falsely reporting vaccine "shortages." Something else is obviously happening behind the scenes that only seasoned investigators can discern, he says.

He diagnoses the alleged vaccine shortage as a profitable ploy used by those "who have outrageously obvious connections to the Population Council, the preeminent organization directing global depopulation, as encouraged by Obama's science czar, John Holdren.

Dr. Holdren is the co-author of the 1977 book, Ecoscience, which calls for massive global depopulation using sterilizing vaccinations.

Dr. Horowitz points to the fact that Nonoxynol-9, a spermicidal drug causing spontaneous abortions in pregnant women, and birth defects in infants, is one of the many new "adjuvants" banned in the United States, but used by the American-based Baxter Company in their H1N1 flu vaccines stockpiled by European nations.

Outrageous Conflicting Interests

Dr. Horowitz also suggests discerning conflicting interests between vaccine makers and the news sources that break the federal government's announcements, in this case Reuters and FOX news.

Reuters is directed by Thomas H. Glocer, a Merck & Co. director making money from H1N1 vaccine sales through Merck's subsidiary, CSL, Inc. Merck also sells Pneumovax, a vaccine suggested for use at the time influenza vaccines are given, yet contraindicated in people with active influenza infections.*

A "live" H1N1 vaccine infects those vaccinated with "active" viruses. Thus, Merck's suggested Pneumovax usage is contraindicated according to their own package insert!

If that's not bad enough, CSL, Inc. did its H1N1 vaccine safety testing on pregnant women, infants, and children at facilities financed by Rupert Murdoch and his family--the Royal Victoria Women's Hospital directed by Elisabeth Murdoch, and the Murdoch Children's Research Institute overseen by Rupert's daughter-in-law Susan Murdoch. So much for FOX News's impartiality.

The Wall Street Journal that announced "New York Ends Flu Shot Mandate for Health Care Workers" on October 23rd, is disqualified by way of its links to Merck also. . . . WSJ CEO Councilman, David Brennan, directs the AstraZeneca's Flumist manufacturer, Medimmune, Inc. AstraZeneca drafted Brennan from Merck & Company, and appointed him CEO in 2006.

This pattern of gross conflicting interests, and coordinated multi-media genocidal counterintelligence, expands with reading Thomas Glocer's article wherein Reuters plugs "an experimental new drug called peramivir, made by Biocryst Pharmaceuticals Inc."**

Peramivir is produced by Jon P. Stonehouse's BioCryst Pharmaceuticals, Inc. President and Chief Executive Officer, Stonehouse recently served as Senior Vice President of Corporate Development at (surprise, surprise) Merck. At Merck, Stonehouse was responsible for "leading strategic developments . . . [that] significantly changed the company," according to BioCryst's website.

The Partnership for New York City and Council for Depopulation

It is obvious that our H1N1 "intelligence" is being gathered and broadcast from the highest levels of the medical-media's mafia. As previously reported in Dr. Horowitz's "AFFIDAVIT," submitted to the FBI earlier this month, and filed last week in a lawsuit against federal officials in Washington State, David Rockefeller, Rupert Murdoch, Thomas Glocer, and other media moguls are partnered in the world's most powerful drug ring and biotechnology consortium. Its members include the government of New York State as well as the US Federal Government. Proof of these facts are available for inspection online at The Partnership for New York City (PFNYC). The site provides its members list and related pharmaceutical industry activities.

The Founder of PFNYC, David Rockefeller, wields tremendous influence over many of the foundations and institutions that direct the US Federal Government's policies and practices. American "health care reform" is currently directed, on behalf of the Democratic party, by Sen. Jay Rockefeller.

The Rockefeller Brothers Fund granted millions of dollars to the Population Council of the City of New York during its formative years. Rockefeller family members founded this Population Council, according to The Rockefeller Archive Center. The organization currently advances globally as the world's premier depopulation advocacy group. The US Federal Government and private institutions fund the Population Council at this time.

Summary and Conclusion

"Biopreparedness" for the 2009 H1N1 Swine Flu is all about mind manipulation and vaccination for population reduction.

In the past week, the swine flu situation went from near ending to causing a "National Emergency." People, aware of the dangers of H1N1 vaccinations, opted out and gained precedent-setting federal court prohibitions on mandatory vaccinations. CBS declared the numbers of H1N1 cases fraudulently overstated by the CDC, and additional lawsuits were filed exposing State and Federal officials for genocidal malfeasance.

Rather than admitting disgrace, government spin doctors integrated vaccine "shortage marketing" as a distraction for public consumption. New York State Health Commissioner, Richard F. Daines,

who said only a week ago that health workers must be vaccinated for the seasonal flu and the H1N1 virus, or risk discipline, said that scarce vaccines would be given exclusively to pregnant women and children.

Ironically, US Health and Human Services Secretary, Kathleen Sebelius, pledged 10 percent of vaccines would be donated to other countries.

All of this preceded Barack Obama's declaration of "National Emergency," thus, exercising Executive power to implement The Model State Emergency Health Powers Act affecting most of the 50 States.

Obviously, none of this makes much sense unless you examine the fundamental and overriding intoxication and depopulation agendas, and what the media moguls know that few commoners learn: the H1N1 vaccines contain "live" viruses that are highly unstable. As laboratory "reverse engineered" genetically spliced germs, they are expected to recombine with more deadly viruses, possibly H5N1, by January, 2010. These new strains, circulating the globe, are projected to kill nearly 3 billion people. This Lex Lutheresque evil is obviously orchestrated by David Rockefeller's family and friends that control vaccine manufacturing, "health care reform," mass media persuasion, and global depopulation industries.

Like it or not, you are advised to prepare for the worst.

*Thus, "live" H1N1 vaccinated viruses causing influenza-like symptoms in people simultaneously injected with Pneumovax is arguably medical malpractice.

**This article came out the same day as the Wall Street Journal article, synchronous with Obama's emergency declaration, on Friday, Oct. 23rd. Then the U.S. Food and Drug Administration (FDA) issued an emergency use authorization for peramivir encouraging intravenous used in patients who cannot take pills, Tamiflu, or Relenza.

LE SOIR .be

Ricardo Gutierrez

Grippe A/H1N1: la campagne de vaccination vire au pugilat

Le Soir, 29 Octobre 2009, 13:43
https://web.archive.org/web/20201124150256/https://www.lesoir.be/art/grippe-a-h1n1-la-campagne-de-vaccination-vire-au_t-20091029-00QM0E.html

Exclusif: L'Association belge des syndicats médicaux réclame la démission du commissaire interministériel Influenza, le virologue Marc Van Ranst. A la veille de l'ouverture, vendredi, du procès en référés qui oppose le collectif Initiative citoyenne à l'Etat belge. Jeudi matin, Marc Van Ranst a indiqué que le vaccin contre la grippe A/H1N1 choisi par la Belgique ne présente pas de danger pour les femmes enceintes. Par Ricardo Gutiérrez

Le Dr Roland Lemye, président de l'Absym, en est à se demander si le coordinateur fédéral de la campagne de vaccination (KUL) n'est pas «en train de masquer ses erreurs et sa gestion chaotique (…) en en répercutant la faute sur les médecins, qui reçoivent ordres et contre-ordres, fausses explications, quand ce n'est pas carrément des mensonges».

Le patron du principal syndicat de médecins n'hésite plus à réclamer à la ministre fédérale de la Santé, Laurette Onkelinx (PS), la démission du virologue, estimant que son comportement « fait douter de ses capacités à gérer l'événement et enlève toute confiance que le corps médical pouvait avoir en lui».

Comme pour charger le réquisitoire, un sondage publié, mercredi, par Le Journal du Médecin avance que plus de 75 % des généralistes et des spécialistes interrogés estiment que «la manière dont le Commissariat Influenza communique avec le corps médical sème la confusion». Plus de six médecins sur dix pensent même que le Commissariat « provoque la panique au sein de la population».

Après le personnel des hôpitaux, où l'accueil du vaccin reste mitigé, la seconde phase de la campagne volontaire de vaccination visera, dès le samedi 7 novembre, les «groupes prioritaires»: enseignants, personnel des crèches et maisons de repos, parents d'enfants de moins de six mois, femmes enceintes, certains malades chroniques (les diabétiques, ceux qui souffrent d'affections respiratoires, de pathologies cardiaques, d'insuffisance rénale, hépatique…).

Femmes enceintes: le bon vaccin ?

«Le problème, concernant les femmes enceintes, réagit un généraliste, c'est que le gouvernement a commandé, pour 100 millions d'euros, 12,6 millions de doses d'un seul type de vaccin, le Pandemrix, produit par GSK. Le Centre belge d'information pharmacothérapeutique (CBIP) relève qu'il entraîne "nettement plus d'effets indésirables mineurs que les vaccins classiques contre la grippe", essentiellement attribués à l'adjuvant qu'il contient, une substance qui dope la réaction immunitaire du patient vacciné.»

Problème? Alors que la Belgique ne dispose que d'un vaccin avec adjuvant, nombre d'Etats – les Etats-Unis, la France, l'Espagne, l'Allemagne… – recommandent aux femmes enceintes de lui préférer un vaccin sans adjuvant. Le Canada vient même de commander au laboratoire CSL, en Australie, 200.000 doses de vaccin sans adjuvant, spécialement destiné aux femmes enceintes.

Alors que le Commissariat Influenza continue à recommander le Pandemrix (avec adjuvant) aux femmes enceintes, pour la première fois, ce mercredi, une autorité sanitaire belge, le CBIP, a publié un avis nettement moins enthousiaste, invitant les médecins belges à «tenir compte» de la réticence française à traiter avec un vaccin « adjuvanté » certains groupes à risque, dont les femmes enceintes … Le CBIP cite le Haut Conseil français de la santé, qui déconseille clairement (sauf situation d'urgence) le recours au vaccin avec adjuvant.

«Pourquoi les femmes enceintes belges ne pourraient-elles pas se voir offrir le même vaccin sans adjuvant qui leur correspond le mieux ?, s'interroge Philippe Vanlangendonck, l'un des avocats du collectif Initiative citoyenne. Cette différence de traitement m'interpelle sur le plan juridique et éthique. S'agit-il de renforcer le Royaume comme "paradis bioéthique", sachant que la Belgique est le deuxième pays producteur de vaccins au monde?»

Pour Bertrand Bellier, spécialiste des pathologies immunitaires à la Pitié-Salpêtrière, cité par la presse française, «une chose est certaine : même si l'utilité de ces nouveaux adjuvants n'était finalement pas démontrée dans cette pandémie, elle aura constitué une bonne occasion pour les industriels».

THE FLU CASE

Belgian doctors call for sack of government virologist in row over swine flu adjuvant advice

The Flu Case, 29 October 2009, 14:37

https://web.archive.org/web/20100205022257/http://theflucase.com/index.php?option=com_content&view=article&id=1446%3Abelgian-doctors-call-for-sack-of-government-virologist-in-row-over-swine-flu-adjuvant-advice&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Belgian association of doctors has called for the government's interministerial commissioner for the flu, the virologist Marc Van Ranst, to be fired after he said on Thursday that the Pandemrix swine flu jab with the adjuvant squalene was safe for pregnant women, reports Belgian's Le Soir newspaper.

There are no clinical data on the swine flu vaccine with adjuvants on pregnant women. A trial on pregnant women has just started and involves a swine flu jab without adjuvants. Also, the trial will be finished until the end of next year long after the jabs are to be given.

German doctors have said pregnant women should not get a jab with adjuvants.

The row in Belgian comes after a group of citizens took legal action in a bid to force the government to inform people of the risks associated with the "swine flu" jab as part of free and informed consent.

A poll published Wednesday in Le Journal du Médecin shows that 75% of Belgian doctors think that the "manner in which the flu commissariat communicates with the medical body generates confusion."

More than six out of ten doctors thought that the Commissariat "was provoking pain in the heart of the population."

WELT ONLINE

Elke Bodderas

"Ich impfe mich nicht mit Pandemrix"

Die Welt, 3 November 2009, 04:00 Uhr
https://web.archive.org/web/20091106082612/http://www.welt.de/die-welt/wissen/article5065296/Ich-impfe-mich-nicht-mit-Pandemrix.html

Der Epidemie-Experte Michael Kochen über das Schweinegrippe-Serum, Fehler der Bundesregierung und die WHO.

Die Angst vor der Schweinegrippe geht um. Michael Kochen, Leiter der Allgemeinmedizin in der Uniklinik Göttingen und Chef der Deutschen Gesellschaft für Allgemein- und Familienmedizin hat einen Impfstoff-kritischen Ratgeber verfasst, den Ärzte in den Praxen auslegen können. Mit dem Professor sprach Elke Bodderas

Die Welt: Die Ukraine meldet 190 000 Schweinegrippe-Opfer, die WHO nur mehrere 1000 bestätigte Fälle. Was ist da los?

Michael Kochen: Keine Frage, dass mit der Zahl der Erkrankten auch die proportionale Zahl der Komplikationen ansteigen wird. Morgen werden vielleicht noch weitere 50 Länder um Hilfe rufen, das ändert aber nichts daran, dass wir es hier mit einem milden Erreger zu tun haben - insbesondere wenn wir ihn mit dem saisonalen Influenzavirus vergleichen, mit dem wir es seit Jahren zu tun haben.

Die Welt: In Deutschland ist jetzt eine ansonsten gesunde Frau gestorben ...

Kochen: Es ist eine mediale Schlacht, die hier ausgetragen wird. Dieses Virus ist bei Weitem nicht so gefährlich, wie es in manchen panikartigen Verlautbarungen dargestellt wird. Alle Verantwortlichen, die sich rationale Grundsätze auferlegt haben, werden schwach, weil die Presse schreibt, jetzt schon wieder zwei Tote. Bei der normalen Grippe sterben jedes Jahr zwischen 5000 und 11 000 Menschen, Natürlich sind das hauptsächlich ältere Menschen, es sterben daran aber auch Kinder, die völlig gesund und nicht chronisch krank sind. Das vergisst man immer wieder. Ich habe wenig Zweifel, dass wir bis Ende März vielleicht 50, vielleicht auch 120 Tote in Deutschland haben werden. Leider konfrontieren nur wenige diese Statistik mit den Zahlen, die die saisonale Grippe an Toten produziert.

Die Welt: Eltern beunruhigt: Bei der neuen Grippe sind hauptsächlich Jüngere betroffen und Kinder ...

Kochen: ... aber für kleine Kinder wird der adjuvantierte Impfstoff nicht empfohlen, für Schwangere erst recht nicht. Die Ständige Impfkommission sagt, schwangere Frauen sollen mit nicht adjuvantierten Impfstoffen geimpft werden. Wo aber sind die denn bitte schön? Erst nach massiver öffentlicher Kritik beginnt die Bundesregierung bei der Europäischen Arzneimittelbehörde die nicht adjuvantierten Impfstoff zuzulassen, die es ja etwa von Sanofi-Pasteur längst gibt.

Die Welt: Es gibt noch einen ohne Verstärker, und zwar Celvapan ...

Kochen: ... der übrigens von allen drei Impfstoffen der am schlechtesten erprobte ist und eine schlechtere Immunreaktion aufweist.

Die Welt: Was empfehlen Sie?

Kochen: Wenn man schon einmal akzeptiert, dass Europa - einmal abgesehen von Celvapan - nur zwei Impfstoffe mit Verstärkern zur Verfügung hat, dann würde ich statt für Pandemrix für Focetria von Novartis plädieren. Er ist zwar auch mit Wirkverstärkern versetzt, aber über 40 Millionen Mal erprobt worden. Zudem kommt er in Einzelspritzen und enthält nur Spuren des quecksilberhaltigen Konservierungsstoffes Thiomersal. Pandemrix hingegen kommt in Flaschen mit zehn Dosen, die sie innerhalb von 24 Stunden verimpfen müssen. Wenn der Arzt die nicht zusammenbekommt, muss er den Rest verwerfen. Aber versuchen Sie doch einmal, diese andere Vakzine in Deutschland zu bekommen. Selbst über internationale Apotheken ist sie nicht erhältlich, weil in allen europäischen Ländern diese Impfstoffe über die Regierungsschiene bestellt wurden. Sie müssen sich statt dessen schon nach Holland oder Italien begeben und versuchen, über persönliche Kontakte eine Dosis "abzustauben".

Die Welt: Wie reagieren die Hausärzte auf die Situation?

Kochen: Niemand ist glücklich. Die Hausärzte sind mit verschiedenen Verlautbarungen konfrontiert, aber wissen oft nicht, was sie ihren Patienten sagen sollen. Bis jetzt wollen sich nur wenige Menschen impfen lassen. Das wird sich natürlich ändern, wenn die Zeitungen jeden Tag die Meldung über einen Toten bringen. Viele Hausärzte impfen nicht, auch unsere Praxis bietet die Schweinegrippe-Impfung nicht an. Wenn sich bei uns jemand impfen lassen möchte, verweisen wir an Praxen, die die Spritze anbieten. Übrigens impft das örtliche Gesundheitsamt hier auch nicht. Eine Liste von Ärzten, die impft, war bis vor wenigen Tagen nicht verfügbar.

Die Welt: Das Robert-Koch-Institut rechnet mit einer gefährlichen zweiten Welle, die auf Deutschland zukommen wird.

Kochen: Die Erkrankungszahlen werden sicher ansteigen. Allerdings gibt es in keinem Land der Erde die vielfach heraufbeschworenen Anzeichen einer Mutation hin zu einer größeren Gefährlichkeit. Wir können seit Monaten in die Länder der südlichen Hemisphäre schauen. Dort hat sich nichts dergleichen abgespielt. Ich bin ein Impfbefürworter, ich bin ein richtiger Impffan. Aber ich impfe mich nicht mit Pandemrix, ebenso wenig wie unsere Praxismitarbeiter und meine Familie.

Die Welt: Sollte die Pandemie also zurückgestuft werden?

Kochen: Die Pandemie ist jetzt einmal ausgerufen und die nationalen Gesundheitsbehörden haben damit auch nicht besonders viel Spielraum. Wenn ich der WHO etwas raten dürfte, dann wäre das mehr Unabhängigkeit. Gerade in solchen Beamtenapparaten, wie die WHO einer ist, würde ich viel stärker darauf achten, dass meine Beratergremien unabhängig sind.

Russell Blaylock, M.D.

Dr. Russell Blaylock

"Swine Flu – One of the Most Massive Cover-ups in American History"

Russell Blaylock md, 3 Novemner 2009
https://web.archive.org/web/20091106110545/http://www.kauaitruth.com/

What experience and history teach is this – that people and governments never have learned anything from history or acted on principles deduced from it." G.W.F. Hegel

I have been following the evolving "pandemic" of H1N1 influenza beginning with the original discovery of the infection in Mexico in March of this year. In the course of this study I have tried to utilize as my sources high-quality, peer-reviewed journals, data from the CDC and accepted textbooks of virology.

As with all such studies one has to integrate and correlate previous experiences with epidemics and pandemics. As you will see, a great deal of my material comes from official sources, such as the Center for Disease Control and Prevention, the National Institutes of Health, the National Institutes of Allergy and Infectious Diseases and the *New England Journal of Medicine*. Thus my distracters cannot claim that I am using material that is not within the mainstream.

Pregnant Women NOT at Special Risk from Swine Flu

In the beginning, even before it was declared a level 6 pandemic by the World Health Organization (WHO), a group of "scientists" were sounding the alarm that this might indeed be the terrifying, deadly pandemic they had been expecting for over half a century.

Naturally, the vaccine manufacturers were doing all they could to fuel this fear and they were quietly making deals with WHO to be among the companies selected to manufacture the "pandemic" vaccine for the world. Being anointed by WHO would guarantee tens of billions in profits.

As the infection began to spread into the United States and then the rest of the world, its peculiar nature became obvious. Those born before 1950 seem to have a high degree of resistance to the infection and the disease seems slightly more pathogenic (disease causing) among those aged 25 to 49. Early on the official sources declared that pregnant women were at a special risk as compared to the seasonal flu.[1] As we shall see later, this was a grand lie.

Initial Studies Show H1N1 NOT Dangerous or Highly Contagious

Once the pandemic had been declared, virologists tested the potency of this virus using a conventional method, that is, infecting ferrets with the virus.[2] What they found was that the H1N1 virus was no more pathogenic than the ordinary seasonal flu, even though it did penetrate slightly deeper into the lungs. It in no way matched the pathogenecity of the 1917-1918 H1N1 virus. It also did not infect other tissues, and especially important, it did not infect the brain.

Next, they wanted to test the ability of the virus to spread among the population. The results of their tests were conflicting, but the best evidence indicated that the virus did not spread to others very well. In fact, an unpublished study by the CDC found that when one member of a family contracted the H1N1 virus, other members of the family were infected only 10% of the time - a very low communicability.

This was later confirmed in a study of the experience of New York State, in which only 6.9% of the population contracted the virus, far below the 50% predicted by the President's Council of Advisors on Science and Technology.[3] It is instructive to note that during the 1917-18 Swine flu epidemic the world infection rate was only 20%.[4]

They also predicted that 1.8 million people would need hospitalization and 300,000 would end up in the intensive care units (ICU). Further, they predicted that hospitals would be overwhelmed and that ICU units would not have enough beds to care for the sick and dying. Incredibly, they predicted that 90,000 people would die.

Much Fear Mongering

Not satisfied, they up the ante on fear mongering by peddling the idea that pregnant women were especially in danger as were small children. We were told daily that young, healthy people were dying, not just those with underlying medical conditions, such as heart disease, diabetes, cancer and other immune suppressive diseases. The Minister of Fear (the CDC) was working overtime peddling doom and gloom, knowing that frightened people do not make rational decisions – nothing sells vaccines like panic.

These same dire predictions were extended to Australia and New Zealand, which began to show an increase in their reported cases of H1N1 and associated hospitalizations as they entered their fall and winter. Recently, two major articles were released in the *New England Journal of Medicine*, which analyzed the American hospitalization experience[5] and the Australian/New Zealand ICU experience[6]. I will analyze these very interesting studies.

There is a dramatic disconnect between what the science is discovering about this flu virus and what is being broadcast over the media outlets. As you will see, this is a very mild flu virus infection for 99.9% of the population.

Australian and New Zealand Experience Prove U.S. is Wrong

As I stated, the countries in the southern hemisphere have already gone through their fall and winter, that is the seasons of peak flu infections. Epidemiologists and virologists have been surprised at how mild this flu pandemic has been in the Southern Hemisphere, with relatively few deaths and few hospitalizations in most areas.

The study reported in the *New England Journal of Medicine* on October 8, 2009, called the AZIC study, analyzed all ICU admissions in New Zealand and Australia, looking at a number of factors.[6] Here is what they found.

ICU Hospitalizations

Out of a population of 25 million people, 722 were admitted to the intensive care unit (ICU) with a confirmed diagnosis of H1N1 influenza. Overall, 856 people were admitted with a flu virus, but 11.3% were a type A flu that was not subtyped and 4.3% were seasonal flu.

They also analyzed the number of people admitted with viral pneumonia and found the following:

Number of People Admitted to the Hospital each Year with Viral Pneumonia[5]

57 people in 2005
33 people in 2006
69 people in 2007
69 people in 2008
37 people in 2009

So we see that in 2009 they had 32 fewer people admitted with actual viral pneumonia. The CDC and other public health agents of fear like to imply that mass numbers of people are dying from "flu", that is, actual influenza viral pneumonia, when in fact, most are dying from other complications secondary to underlying health problems -- either diagnosed or undiagnosed.

They also found that the average person's risk of ending up in the ICU was **one in 35,714** or about three thousandths of one percent (0.00285%), an incredibly low risk. When they looked at actual admission to the ICU, they found that it was people aged 25 to 49 who made up the largest number admitted. Infants from birth to age 1 year had the higher admission per population, and had a high mortality rate.

Majority of Children Respond POORLY to Flu Vaccine

It is interesting to note that babies this age respond poorly to either the seasonal flu vaccine or the H1N1 vaccine. One of the largest studies ever done, found that children below the age of 2 years received no protection at all from the seasonal flu vaccine.[7]

The recently completed study on the effectiveness of the new H1N1 vaccine reported by the National Institute of Allergy and Infectious Disease found that **75%** of small children below age 35 months received no protection from the H1N1 vaccine and that **65%** of children between the ages of 3 years and 9 years received no protection from the vaccine.[8]

Flu Vaccine DOUBLES Risk of Getting H1N1

It is also important to view this in the face of the new unpublished Canadian study of 12 million people that found getting the seasonal flu vaccine, as recommended by the CDC and NIH, doubles one's risk of developing the H1N1 infection. It would also make the infection much more serious. So much for expert advice from the government.

Obese at Six Times Higher Risk from H1N1 Complications

As stated, most authorities agree that the H1N1 variant virus is quite mild as far as flu viruses go. The vast majority of people (99.99%) are having very brief and mild illnesses from this virus.

Keep in mind that when I am discussing numbers and risk, this does not intend to understate the devastation experienced by the people who are experiencing serious illness or even death.

Any death is a tragedy.

What we are discussing here is - is the risk from this virus significant enough to justify draconian measures by the government and medical community? Should we implement mass vaccinations with a vaccine that is essentially an experimental vaccine, poorly tested and of questionable benefit?

The study also looked at the health risk of the people admitted to the ICU, but unfortunately did not look at the underlying health problems of those who died. We get a hint, since the American study did note that it was those over age 65 who were most likely to die, and that **100%** of these individual had underlying health problems before they were infected.

One of the real surprises from this study, and the American study, was that one of the more powerful risk factors for being admitted to the ICU and of dying was obesity. Obese people are admitted 6x more often than those of normal weight. As we shall see, obesity played a significant role in the risk to children and pregnant women as well, something that has never been discussed by the media, the CDC or the public health officials.

This study found that **32.7%** of those admitted to the ICU had asthma or other chronic pulmonary disease, far higher than the general population. The Australian and New Zealand study also had a large number of aboriginal patients and those from the Torres Strait. It is known that nutrient deficiencies are common in both populations, which means an impaired immune system.

Obesity is associated with a high incidence of insulin resistance and metabolic syndrome, both of which would increase one's risk of having a serious infection, even to viruses that are mildly pathogenic. (mild viruses).

H1N1 Vaccine is NOT Made the Same as Regular Flu Vaccine!!

I am really upset at the insistence by the CDC, medical doctors and the media that all pregnant women should be vaccinated by this experimental vaccine. The media repeats the manufacturers' mantra that this vaccine is produced exactly like the seasonal flu, when in fact it is not. Yes, they use chicken eggs, but the rest has been fast tracked and many shortcuts on safety procedures have been allowed.

There are 250,000 pregnant women in Australia and New Zealand combined. Only 66 pregnant women were admitted to the ICU, an incidence of 1 pregnant woman per 3,800 pregnant women or a risk of **.03%.**[6] Put another way, a pregnant woman in these two countries can feel comfortable to know that there is a **99.97%** chance that she will not get sick enough to end up in the ICU.

Pregnant Women NOT at Increased Risk, Obese Women Are!!

So, why did even 66 pregnant women end up in the ICU? As we shall see in the American study[5], a significant number of these pregnant women were either obese or morbidly obese and most had underlying medical problems. The Australian/New Zealand study[6] found that one of the major risk factors for pregnant women was indeed being obese and that obesity was associated with a high risk of underlying medical disorders.

They also found that death from H1N1 infection correlated best with increasing age, contrary to what the media says. They concluded the study with the following statement:

"The proportion of patients who died in the hospital in our study is no higher than that previously reported among patients with seasonal influenza A who were admitted to the ICU." [6]

In fact, they report that of those infected with the H1N1 variant virus who were sick enough to be admitted to the ICU, **84.5 %** went home and **14.3%** died and that of those admitted with seasonal flu **72.9%** were discharged and **16.2%** died. That is, **more died from the seasonal flu**.

Recent NEJM Study of the American Experience

In the same Oct, 8[th] issue of the *New England Journal of Medicine* they reported on the American experience with the H1N1 variant virus.[5] The study looked at data from 24 states with widespread influenza infection from April through June 2009. Remember, unlike most flu epidemics in the United States, this epidemic began early and by the end of September it was beginning to peak, with late October being the date it may begin to decline.

The study examined 13,217 cases of infection involving 1082 people who were hospitalized. Here is what they found:

Underlying Medical Conditions

Of the total hospitalized patients:

60% of children had underlying medical conditions
83% of adults had underlying medical conditions

They also found that **32%** of patients had at least 2 medical conditions that would put them at risk. We are constantly told that it is the young adult aged 25 to 49 who is at the greatest risk. Note that **83%** of these people had underlying medical conditions. This means that in truth only **292** "healthy" people out of **1082** in 24 states were sick enough to enter the hospital **-** that is 292 healthy people out of tens of millions of people, not much of a risk if you do not have an underlying chronic medical problem.

Underlying Medical Conditions Risk Factor for H1N1 Deaths

When they looked at people over age 65 years of age, that is, the folks who are most likely to die in the hospital, **100%** had underlying medical conditions -- all of them. So, there was not one healthy person over age 65 who has died out of 24 states combined.

What about the children, a special target of the fear mongering media and government agencies? This study found that **60%** had underlying medical conditions and that **30%** were either obese or morbidly obese.

A previous CDC study states that **2/3** of children who died had neurological disorders or respiratory diseases such as asthma.[3] If we take the **60%** figure, that means out of the 84 children reported to have died by October 24[th], 2009, only **34 children** considered healthy in a nation of 301 million people really died, not 84. It is also instructive to note that according to CDC figures, the seasonal flu last year killed **116** children.[9]

Remember, that is, 34 so-called healthy children out of a nation of **40 million children**. In 2003 it was reported by the CDC that **90 children** died from seasonal flu complications. Ironically, as shown by Neil Z. Miller in his excellent book -- ***Vaccine Safety Manuel*** -- once the flu vaccine was given to small children the death rate from flu increased **7-fold**.[10] Not surprising, since the mercury in the vaccine suppresses immunity.

Pediatric Flu Deaths by Year Made WORSE by Flu Vaccine

1999 – 29 deaths
2000 – 19 deaths
2001 – 13 deaths
2002 – 12 deaths
2003 – 90 deaths (Year of mass vaccinations of children under age 5 years)
2006 – 78 deaths
2007 – 88 deaths
2008 – 116 deaths (40.9% vaccinated at age 6 months to 23 months)[11]

Parents should also keep in mind that this study, as well as the Australian/New Zealand Study found that childhood obesity played a major role in a child's risk of being admitted to the ICU or dying. This is another dramatic demonstration as to the danger of obesity in children and that all parents should avoid MSG (all food-based excitotoxin additives), excess sugar and excess high glycemic carbohydrates in their children's diets. This goes for pregnant moms as well.

Every Parent Needs to Know Other Vaccines INCREASE Risk of H1N1

One major factor being left out of all discussion of these vaccines, especially those for small children and babies, is the effect of other vaccinations on presently circulating viral infections such as the H1N1 variant virus. It is known that several of the vaccines are powerfully immune suppressing. For example, the measles, mumps and rubella virus are all immune suppressing, as seen with the MMR vaccine, a live virus vaccine.[12, 13]

This means that when a child receives the MMR vaccine, for about two to five weeks afterwards their immune system is suppressed, making them highly susceptible to catching viruses and bacterial infections circulating through the population. Very few mothers are ever told this, even though it is well accepted in the medical literature.

In fact, it is known that the Hib vaccine for haemophilus influenzae is an immune suppressing vaccine and that vaccinated children are at a higher risk of developing haemophilus influenzae meningitis for at least one week after receiving the vaccine.[10,14] These small children receive both of these vaccines.

According to the vaccine schedule recommended by the CDC and used by most states, a child will receive their MMR vaccine and Hib vaccine at one year of age and both are immune suppressing.

At age 2 to 4 months, they will receive a Hib vaccine. Therefore at age 2 to 4 months, and again at age one year, they are at an extreme risk of serious infectious complications caused by vaccine-induced immune suppression. The New Zealand/Australian study found that the highest death in the young was from birth to age 12 months, the very time they were getting these immune-suppressing vaccines.[6]

The so-called healthy children and babies that have ended up in the hospital and have died may in fact be the victims of immune suppression caused by their routine childhood vaccines. We may never know because the medical elite will never record such data or conduct the necessary studies. Recall also that the seasonal flu vaccine, which is recommended for all babies 6 months to 35 months, is also immune suppressing because of the mercury-containing thimerosal in the vaccine.[15]

If parents allow their children to be vaccinated according to the CDC recommendations, that is 2 seasonal flu vaccines and 2 swine flu vaccines as well as a pneumococcal vaccine, that will increase the number of vaccines a child will have by age 6 years to **41**. This amounts to an enormous amount of aluminum and mercury as well as intense brain inflammation triggered by vaccine-induced microglial activation.[16]

Risk of Serious Illness from the H1N1 Mutant Virus

Their survey of 24 states found that a total of **67** patients out of tens of millions of people ended up in the ICU. That is, only **6%** of the people admitted to the hospital were so sick as to need intensive treatments. Of these 67 patients, 19 died (25%) and of these 67% had obvious underlying long-term medical illnesses. This means that only **6 patients** out of tens of millions of people in 24 states that were considered "healthy" before their infection, had died. Is this justification for a mass vaccination campaign?

Of the 1082 hospitalized patients, **93%** were eventually discharged recovered and only **7%** died, a very low death rate. Their analysis of these cases concluded that those who died fell in three categories:

They were older patients
Antiviral medications were started 48 hours after the onset of the illness
There was no correlation to having had seasonal vaccines

The last item is especially interesting because they assume that having had seasonal flu vaccine would have offered some protection – it offered none.

What they did find was that none who died had been given antiviral medications (Tamiflu or Relenza) within 48 hours of getting sick. Those given the antiviral medications within the golden 48-hour period rarely died. Relenza is far safer than Tamiflu. This was the only factor found to correlate with survival of severely ill ICU patients.

What about the Danger to Pregnant Women? The American Experience

Our media is inundating the public with scare stories of the danger this virus poses to pregnant women. Most of us visualize the pregnant woman as being healthy, young and without underlying medical diseases. The study is quite revealing, but omits some very important factors.

We are told that pregnant women are **6x** more likely to end up in the hospital than the general population. This figure is derived from the fact that it was estimated that pregnant women had a **7%** greater chance of requiring hospital admission than did the general public at **1%** (Even this is a far higher number than their own studies indicate – actually it is a very small fraction of 1%).

Dr. Michael Bronze, a professor of internal medicine at the University of Oklahoma Health Sciences Center, writing for emedicine medscape.com (WebMD), states that the risk of a pregnant women being hospitalized with the H1N1 infection is 0.32 per 100,000 pregnant women (which is 1 in 300,000 pregnant women).[17] One can safely say, based on the Australian/New Zealand experience (at the peak of their flu season) and the American data somewhere in the middle of their flu season, that pregnant women have about a **99.97%** chance they will not become so sick as to require hospital care at any level.

The death rate of pregnant women who were admitted to the ICU was **7.7%,** a fairly low figure for infectious ICU patients. Remember, most patients admitted to the hospital are admitted for hydration and are not that ill in terms of the infection itself.

Smoking and Obesity Increase Risk of H1N!

Now, most of us assume that these pregnant women are perfectly healthy as mentioned above, but the data shows something quite different. They found that greater than **30%** of the pregnant women were either obese or morbidly obese, as did the Australian/New Zealand study. Of these, **60%** had underlying medical conditions that put them at greater risk of overwhelming infections – both viral and bacterial.

It is unfortunate that they did not enter any information on smoking, either by the mother or by anyone living in the household. It is known that smoking greatly increases ones risk of severe complications from any flu virus.[18,19] This is for several reasons. One, smokers eat a much poorer diet than non-smokers.

Second, smoking destroys the cilia in the bronchial passageways that are essential for clearing mucus and debris – thus increasing the risk of developing pneumonia.[20] Finally, nicotine is a very powerful immune suppressant.[21] The combined effect of all three is enough to land anyone in the

ICU during even a mild flu season. Likewise, chronic smokers have low magnesium levels, which increase their risk of developing bronchiospasm that is resistant to normal drug treatments.[22-24]

They also failed to record possible illegal drug use, how many were living at poverty levels and how many were on prescription drugs known to suppress immunity or deplete nutrients essential for immune function. And, one must keep in mind, at this age, (age range of 15 to 39 years) many would have had numerous childhood vaccines and booster vaccines.

This was also not considered for obvious reasons. So, some critical information we all need to evaluate this "pandemic" is being excluded or purposely kept from us.

Bacterial Pneumonia and Swine Flu

The American study found that of the people admitted to the hospital, **40%** were found to have X-ray evidence of pneumonia. Of these, **66%** had pre-existing medical conditions, such as asthma, chronic obstructive pulmonary disease (COPD), immunosuppression for transplants or cancer or neurologic disorder.

We are not told how many were smokers or lived with smokers, again, something that puts people at great risk of having severe reactions to any infection. Smokers have much higher bacterial pneumonia rates every year. The CDC estimates that smokers have a **200%** increased risk of flu virus complications as compared to nonsmokers.

The CDC released in the September 29 issue of the MMWR an analysis of the lung tissue from 77 fatal cases of H1N1 infection.[25] Of these, **29%** had a secondary bacterial infection – pneumonia. This is an important study because the media and the CDC are telling adults they need to get a pneumococcal vaccine and that parents need to have their children vaccinated with the pneumococcal vaccine as well.

This adult study found that **only half** of the pneumonias were due to Streptococcus pneumoniae, the organism used in the vaccine. Half of the cases were due to other strains of streptococcus, staphilococcus or H. Influenza. Some **18%** of the people had multiple organism cultured from their lungs.

It is important to note that they found that **all of these autopsied patients** had previous, serious medical problems prior to becoming infected with H1N1 variant and that not all bacteria were examined, meaning that even those with Strep pneumoniae could have had multiple infections, for which the vaccines would have offered no protection.

Parents should also know that the vast majority of pneumonias found in these infected children were not due to Strep pneumoniae, but rather **Staph aureus**. Again, the pneumococcal vaccine would have offered these children no protection.

Pregnant Women Given Vaccine Have Babies with More Health Problems

It has always been a principle of medicine that one should not vaccinate pregnant women, except in extreme cases, because the risk to the baby is too high. Recently, we have seen two examples of violation of this policy. When the HPV vaccine **Gardasil** was first released the CDC and the manufacturer (Merck Pharmaceutical Company) recommended that it be given to pregnant women.

Shortly after beginning this dangerous practice it was ordered halted because a number of women were losing their babies and babies were **being born with major malformations**.[26]

It is known that stimulating a woman's immune system during midterm and later term pregnancy significantly increases the risk that her baby will develop autism during childhood and schizophrenia sometime during the teenage years and afterward.[27]

Compelling scientific evidence also shows an increased risk of seizures in the baby and later as an adult.[28] In fact, a number of neurodevelopmental and behavioral problems can occur in babies born to women immunologically stimulated during pregnancy.[29-32]

It is true that serious flu infections or E. coli infections during pregnancy are a major risk for all these complications, but a woman's risk of becoming infected, as we have seen, is a very small fraction of 1 %, yet they are calling for **all pregnant women** to be vaccinated with at least three vaccines, two of which contain mercury. There is also evidence to show that a large number of these women will gain no protection from the vaccine.

Dr. Bronze, quoted above, notes that animal studies have shown that vaccines harm unborn babies and that **no safety studies have been done in humans**. A recent study done by Dr. Laura Hewitson, a professor of obstetrics at the University of Pittsburg Medical Center, found that a single vaccine used in human babies, when used in newborn monkeys, caused significant abnormalities in brainstem development.[33] This mass vaccination program for H1N1 variant virus will be the largest experiment on pregnant women in history and could end as a monumental disaster.

How Many Cases are Really Swine Flu?

CBS, to their credit, conducted a three-month long investigation that indicates that we have all been hoodwinked by the governmental "protection" agency called euphemistically, the Center for Disease Control and Prevention.[34]

What they tried to learn from the CDC was just what percentage of the "flu cases" were in fact H1N1. The CDC did all they could to protect this information and only after filing a Freedom of Information request and waiting 2 months did they finally release the data. Now we know why they wanted it protected and why they stopped testing for the H1N1 virus in late July.

The data revealed that in fact very few cases reported as swine flu were in fact H1N1 variant virus. CBS examined the data in all 50 states. What they found, for example, was that in Georgia only **2%** of reported cases were H1N1 (97% negative for H1N1); in Alaska only **1%** of reported cases were H1N1 (93% negative for flu and 5% seasonal flu) and in California only **2%** of reported cases were H1N1 with 12% being other flu viruses and 86% negative for flu.

A recent release from the CDC found that their survey reported that of 12,943 specimens tested from around the country, only **26.3%** of cases tested positive for H1N1 variant virus, but that 99.8% of the specimens tested positive for some type of other flu virus, most of which were regular seasonal flu.

The CDC has now changed all data reporting on the flu effects. They did this by stopping viral typing and subtyping and rolled back all previous numbers based on prior data. The new system for collecting data now started on **August 30th, 2009**.

The only reason I can imagine they did this is that the prior data was clearly demonstrating that the H1N1 variant virus was causing a very mild illness in most people (99.99%) with fewer hospitalizations, fewer cases of pneumonia and fewer deaths for all ages and groups than the prior seasonal flu in past years. This was true for the United States and the Southern Hemisphere, which has gone though the worst of its flu season.

Now that they are no longer typing the virus, they can attribute all cases of pneumonia, hospitalizations and deaths to H1N1, even though the majority of cases appear to be from a long list of other causes. In fact, they can classify many cases of primary pneumonia as caused by H1N1.

Actually LESS Flu Deaths this Year

One must always keep in mind that the CDC has told us that **36,000** people die every year from influenza and influenza-related complications. Thus far, we have seen (accepting their data) about **900 deaths** and **21,829** cases of pneumonia.

This is far below the 36,000 figure. In fact, perhaps we should be breathing a sigh of relief that **35,000 fewer people** have died this year from flu-related disorders. This would go down on record as the fewest flu-related deaths in recorded history.

In fact, worldwide, according to CDC and WHO data, far fewer people have died form H1N1 than any seasonal flu in the past. This graph from the CDC showing the "Pneumonia and Influenza Mortality for 122 US Cities" also show that, so far, this year's flu mortality is far below that of 2008.

In fact, worldwide, according to CDC and WHO data, far fewer people have died form H1N1 than any seasonal flu in the past. So, one must ask, why is the government and their handmaidens, the media, fueling this panic mentality? Why are we once again talking about mandatory vaccination for every man woman and child in the nation?

And I can assure you that soon we will hear an announcement that the adjuvant MF-59 or ASO3 (squalene) will be needed to save lives.

Now, if the CBS data forced from the files of the CDC is correct, why are so many people dying from this flu? The answer is that no greater number are dying now, for any age group, sex or state of pregnancy than have died in any previous flu outbreak.

By statistical slight of hand they have created this pandemic and continue to do so. One cannot foretell the future, but based on the data now available from the United States, Canada, Europe and the Southern hemisphere, there is no justification for the fear mongering by the media and government agencies.

It is accepted that the cognitive portions of the human brain work less well under two conditions – **fear and anger**. Those who have survived deadly situations or who make their living surviving such situations tell us that controlling our fear is the most important thing in survival. More people have died from making poor decisions while overwhelmed by fear than have died as a result of the situation itself.

I am reminded of the poor elderly person who died several years back waiting in a very long line for a flu vaccine in the sweltering heat. It seems she passed out and struck her head on the hard asphalt.

She was standing in that line for hours because the CDC announced that that year's flu was going to be especially deadly for the elderly and there was a shortage of vaccine. As it turned out, that year they picked the wrong virus to make the vaccine -- so it was not only a dangerous vaccine, it would have given her no protection. But then, the vaccine manufactures got their blood money.

What Do They Not Know About This Vaccine?

Insurance companies in Australia would not insure doctors who gave the vaccine because it was a fast tracked vaccine and therefore experimental. They felt that the danger of complications was far too high to risk insuring the doctors. Unlike doctors in America, they did not have a special law that Congress would pass to insulate them from liability should severe complications arise from the vaccine.

It is also of special interest to note that tens of millions of babies were vaccinated with the Hepatitis B vaccine (providing no protection to the babies) only to learn later that it is linked to a **310% increased risk** of developing multiple sclerosis.[36]

One has to ask **- What else do they not know about this vaccine?**

Well, it turns out a lot.

Years after it was added to the recommended vaccine schedule, it was linked to a terrifying disorder called **macrophagic myofascitis**, which in children is associated with a severe dementia-like illness.

Then we have the case of the **Gardasil** vaccine. Millions of young girls were vaccinated and within several months pregnant women were losing their babies, babies were being born deformed, several of these very young girls died and a growing number have had serious reactions to the vaccine.

Once again we have to ask **- What else do they not know about this vaccine?**

Vaccine Safety Testing Only Done for ONE Week

Now we are being told that this new fast tracked, poorly tested vaccine is very safe and effective. The results of the testing on this vaccine were reported in the *New England Journal of Medicine*.[39] It is instructive to learn that the tests for safety and to assess complications lasted only **7 days** after the vaccine, an incredibly short period of follow-up. **Gullian Barre paralysis** can occur even months after a vaccine as can seizures, behavioral problems and neurodevelopmental disorders in children.

It is interesting to note that the authors of the safety study for our swine flu vaccine were **all employees of the maker of the vaccine CSL Biotherapeutics** and eight held equity interest in the company.[39] This admission is part of the disclosure policy of the *New England Journal of Medicine*.

It is always important to keep in mind when you hear about this vaccine being safe and produced just like the seasonal flu vaccine **-- What else do they not know about this vaccine that they will discover months, years or even decades later.** Once injected with the vaccine and you develop a complication there will be little that can be done to treat the life-long degenerative disorder it produces. You will just be a sad story on 60 minutes.

About Dr. Russell Blaylock:

Dr. Blaylock is a board certified neurosurgeon, author and lecturer. For the past 25 years he has practiced neurosurgery in addition to having a nutritional practice. He recently retired from both practices to devote full time to nutritional studies and research.

Dr. Blaylock has written and illustrated three books. The first book was on the subject of excitotoxins, Excitotoxins: The Taste That Kills,and how they are related to diseases of the nervous system.

His second book, Health and Nutrition Secrets That Can Save Your Life, covers the common basis of all diseases, nutritional protection against diseases of aging, protection against heavy metal toxicity, the fluoride debate, pesticide and herbicide toxicity, excitotoxin update, the vaccine controversy, protection against heart attacks and strokes.

His third book, Natural Strategies for Cancer Patients, was released in April, 2003 and discusses the ways to defeat cancer, enhance the effectiveness of conventional treatments and prevent complications associated with these treatments.

In addition, he has written and illustrated three chapters in medical textbooks, written a booklet on nutritional protection against biological terrorism and written and illustrated a booklet on multiple sclerosis. He has written over 30 scientific papers in peer-reviewed journals on a number of subjects.

Since the publication of his first book he has been a guest on numerous national and international syndicated radio programs.

References [+] Speaking to CBS' "60 Minutes," CDC Director Dr. Frieden said he has confidence that the vaccine will be safe and effective: "We're confident it will be effective we have every reason to believe that it will be safe."

However, the CDC recommendation for those who had "probable" or "presumed" H1N1 flu to go ahead and get vaccinated anyway means the relatively small proportion of those who actually did have H1N1 flu will be getting the vaccine unnecessarily. This exposes them to rare but significant side effects, such as paralysis from Guillain-Barre syndrome.

It also uses up vaccine, which is said to be in short supply. The CDC was hoping to have shipped 40 million doses by the end of October, but only about 30 million doses will be available this month.

Oulala

La face cachée des vaccins:
Interview du Dr Marc Vercoutère, président de l'association Cri-Vie,
sur les vaccins, de la grippe de 1976 à la vaccination contre la grippe A,
en passant par l'hépatite B.

Oulala,net, 3 novembre 2009
https://web.archive.org/web/20091117002358/http://www.oulala.net/Portail/spip.php?article4280

1. Première partie: Présentation
- Le jour où je me suis fait vacciner
- Hépatite B - grippe de 1976

2. Deuxième partie: les chiffres de l'OMS
- le risque de la rencontre H1N1-H5N1
- le cercle infernal de la mutation

3. Troisième partie: les ingrédients du vaccins de la grippe A
- Un vaccin sans adjuvants ?
- Les lobbies pharmaceutiques
- Les textes de loi sur la vaccination obligatoire
- Saisir la Justice avant le préjudice ?

THE FLU CASE

Interview with Dr Marc VercoutereThe Flu Case

4 November 2009, 14:10
https://web.archive.org/web/20091117002358/http://www.oulala.net/Portail/spip.php?article4280
https://web.archive.org/web/20100102020551/http://theflucase.com/index.php?option=com_content&view=article&id=1595%3Ainterview-with-dr-marc-vercoutere&catid=1%3Alatest-news&Itemid=64&lang=en

An interview with Dr Marc Vercoutère on the the 1976 swine flu vaccination campaign, WHO's pandemic statistics, the risk of H1N1 and H5N1 viruses combining and mutating, the ingredients of the vaccines, adjuvants, the pharmaceutical lobby groups, obligatory vaccination and legal action.

THE FLU CASE

Doctors protest Israel's decision to give toxic Focetria and Pandemrix jabs to people

The Flu Case, 5 November 2009, 10:55
https://web.archive.org/web/20100102013041/http://theflucase.com/index.php?option=com_content&view=article&id=1611%3Adoctors-protest-israels-decision-to-give-toxic-focetria-and-pandemrix-jabs-to-people&catid=1%3Alatest-news&Itemid=64&lang=en

Protests are growing over the decision by the Israeli Ministry of Health to give people in Israel the toxic and untested swine flu jabs Focetria and Pandemrix produced by Novartis and GlaxoSmithKline.

At least five people in Sweden have died shortly after receiving the intested Pandemrix swine flu jab, classified as a bioweapon by EU and US regulators.

The German army rejected the "swine flu" jab vaccine with mercury and squalene as too toxic for its soldiers .

The Polish Health Minister has said she will not allow the untested jab to be given to people without more evidence of safety.

Dr Daisy J Stern outlined her concerns in a letter to Professor Dan Engelhard.

The letter (below) comes as the Swiss-based Association Around Israel has produced a leaflet about the dangers of the swine flu jab. - (http://www.rund-um-israel.ch/)

Professor Dan Engelhard
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Jerusalem, Nov. 4th, 2009

Dear Professor Engelhard,

A few days ago I spoke to you on the phone, and expressed my serious concerns to you regarding the decision of the Ministry of Health in Israel to administer Focetria and PandemRix, the two adjuvanted H1N1 vaccines respectively from Novartis and GSK, to the unsuspecting population of Israel.

I reminded you of the squalene and polysorbate 80 contained in these vaccines, and about the dangers of auto-immune reactions, neurotoxicity, and infertility that these vaccines present. You responded to me that you were well aware of the dangers involved, but that you and your panel of physicians , specialists in their respective fields, had decided that benefits outweigh the risks, based on worldwide mortality statistics due to the H1N1 virus.

Professor Engelhard, please let me remind you of the following facts (I have included one or two references for each topic, but there are many, many more, some peer- reviewed, some not. Time is of the essence and unfortunately I do not have time to include them all at present).

Main points:

1.The statistics presented by the CDC and other monitoring bodies are severely distorted: the proven number of deaths due to the actual H1N1 virus is much smaller than previously reported: most cases were of patients who died of underlying, concomitant conditions, yet were labeled as H1N1 related deaths. Furthermore, a ;arge number of so-called H1N1 cases were never actually proven to be such, cases counted even including phone calls made to doctors by patients worried they might have the H1N1 virus. S. Attkisson. Swine Flu Cases Overestimated? – CBS News, 21 October 2009

https://web.archive.org/web/20091022182003/http://www.cbsnews.com/stories/2009/10/21/cbsnews_investigates/main5404829.shtml

2. H1N1 is a mild influenza virus, much milder even than regular, yearly seasonal influenza. The number of deaths is relatively small, compared to yearly influenza mortality rates.

http://articles.mercola.com/sites/articles/archive/2009/11/03/What-We-Have-Learned-About-the-Great-Swine-Flu-Pandemic.aspx

3. The Southern Hemisphere winter season passed without any major catastrophe. The flu season already peaked in the USA.

http://articles.mercola.com/sites/articles/archive/2009/11/03/What-We-Have-Learned-About-the-Great-Swine-Flu-Pandemic.aspx

4. There IS vaccine available that does not contain either adjuvant or thimerosal. That vaccine is being used on 250,000 German soldiers.

German Soldiers to Receive Different Swine Flu Vaccine Than German People. – Prison Planet, 13 October 2009.

https://web.archive.org/web/20091016235302/http://www.fightbackh1n1.com/2009/10/german-soldiers-to-receive-different.html

5. Squalene is highly neurotoxic and causes severe auto-immune reactions., even deaths.

Gary Matsumoto. Squalene adjuvant toxicity in animals. – Without Consent, 2009

https://web.archive.org/web/20091229153436/http://www.without-consent.com/media/SqualeneReferences-AnimalToxicology.pdf

6. The concentration of squalene in both Focetria and PandemRix is between half a million to a million times higher than the squalene contained in the anthrax vaccine administered to US soldiers in 1991, which was seriously implicated in the Gulf War Syndrome, and from which hundreds of thousands of soldiers suffered terribly, and many thousands died.

Jacobucci G. Million TIMES more Squalene in H1N1 Vax than caused GWI. – 26 August 2009

https://web.archive.org/web/20101222124044/http://uncensored.co.nz/2009/08/26/million-times-more-squalene-in-h1n1%20-vax-than-caused-gwi/

Ongoing administration of unlisted vaccines in the US military caused severe reactions and even deaths in thousands of people. The IDF also recently participated in illegal anthrax vaccine experiments on 716 unsuspecting Israeli soldiers ; administration of toxic substances by the US and Israeli government is nothing new.

Squalene: compound Summary – http://pubchem.ncbi.nlm.nih.gov/summary/summary.cgi?cid=638072
Target 5: Secret Shots - http://www.youtube.com/watch?v=Q7M_TZpQiIY

7. The unnecessary H1N1 vaccination campaign of 1976 caused many cases of Guillain-Barre, some of them permanent. Just as today, people were not informed of the potential dangers involved in taking these highly toxic substances…

Swine Flu Vaccine Dangers. - http://www.personalgrowthcourses.net/video/swine_flu_vaccine_2

8. Pandemrix has barely been tested on children at all, and has been banned from use in Switzerland below the age of 18, because of lack of clinical data. http://www.physorg.com/news176099207.html

Annex I: Summary of product characteristics:

https://web.archive.org/web/20091002210338/http://www.emea.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832en.pdf

Switzerland on Friday restricted the use of British drugs group GlaxoSmithKline's swine flu vaccine Pandemrix, excluding pregnant women, minors and people over the age of 60.

https://medicalxpress.com/news/2009-10-switzerland-restricts-glaxosmithkline-swine-flu.html#google_vignette

9. The only studies done with Focetria, containing the Marketable Product, were on a total of 132 people. Focetria: Summary information. – EMEA, 29 September 2009.
https://web.archive.org/web/20091001140020/http://www.emea.europa.eu/influenza/vaccines/focetria/focetria.html

10. The combination of squalene and polysorbate 80 in a buffered solution has been shown to be an excellent anti-fertility combination, in anti-fertility research performed by scientists for the WHO, who were assigned the job of developing anti-fertility vaccines to reduce world population. Giving these vaccines to our young population is tantamount to sterilizing them.
[Fertility Impairing Vaccine And Methods of Use' This application claims the benefit of U. S. Provisional Application No. 60/070,375, filed January 2,1998, U. S. Provisional Application No. 60/071,406, filed January 15,1998].
=> https://patentimages.storage.googleapis.com/a3/4a/72/105b4327d326dc/WO1999034825A1.pdf

11. Giving these vaccines to our population is equivalent to using them as guinea pigs for the rest of Europe, the world, and specially for pharmaceutical companies, as they have not yet been properly tested in children or adults in other countries.
See reference , article #8.

12. Because of the recombinant nature of the H1N1 antigen used in the manufacture of these vaccines, there is significant risk that the vaccine itself will lead to a much more serious pandemic, by reassorting itself with other viruses in the community.
Horowitz L, Kane S. Obama's H1N1 Swine Flu National Emergency Evidences Vaccine "Market-Building" for Mass Murder. – Web Evidence, 28 October 2009.
http://clareswinney.wordpress.com/2009/10/28/obamas-h1n1-swine-flu-national-emergency-evidences-vaccine-market-building-for-mass-murder/

I understand that, in accordance with W.H.O. directives, and with Prime Minister Benjamin Netanyahu's agreement, the goal of the Ministry of Health is to inject the whole population of Israel with these deadly vaccines by December 31st.

I urge you to cancel the decision to use PandemRix in our children ages 3-10, and desist as well from using Focetria in the rest of our population. The orders of the Ministry of Health significantly and unnecessarily endanger our whole population; the current risk of H1N1 pandemic clearly does not warrant such a step at this time. And even if there was a real need for a vaccine, using an adjuvanted vaccine that contains thimerosal is totally unwarranted and contraindicated.

Yours sincerely,
Daisy, J. Stern, MD
Family and Preventive Medicine.
USA and Israel.
Tel: 054-587-2756
http://www.rund-um-israel.ch/

Die Gefährlichkeit der H1N1-Schutzimpfung (Schweinegrippe)

Liebe Freunde und Bekannte

Die sogenannte Schweinegrippe ist immer noch aktuell. Mit der Gefährlichkeit dieser Krankheit wird aber sehr übertrieben. So ist es nun auch in vielen Ländern so, dass Massenimpfungen durchgeführt werden mit verschiedenen Substanzen. Es ist daher wichtig, sich mit dieser Impfung genauer auseinander zusetzen. Die Medien lassen Fachleute zu Wort kommen, welche die Nebenwirkungen bagatellisieren und sogar Falschinformationen liefern. Gerade in der Diskussion um die Zusatzstoffe werden Aussagen gemacht, die irreführend sind. Man spricht davon, dass schon immer Zusatzstoffe in den Impfungen waren. Allerdings unterschlägt man dabei die Tatsache, dass in der jetzigen Impfung neuartige und schwach erforschte Mittel verwendet werden. Lest daher diese Informationen gut durch.

Als erstes ein Bericht zum offiziellen Beipackzettel des Impfstoffes der Firma Novartis:
http://luegengrippe.blogspot.com/2009/09/beipackzettel-des-h1n1-impfstoff-warnt.html – has been deleted

etc.
https://web.archive.org/web/20100102013041/http://theflucase.com/index.php?option=com_content&view=article&id=1611%3Adoctors-protest-israels-decision-to-give-toxic-focetria-and-pandemrix-jabs-to-people&catid=1%3Alatest-news&Itemid=64&lang=en

THE FLU CASE

Iowa Union wins victory against forced vaccinations in hospital workplace

The Flu Case, 6 November 2009, 16:06
https://web.archive.org/web/20100102024116/http://theflucase.com/index.php?option=com_content&view=article&id=1662%3Aiowa-union-wins-victory-against-forced-vaccinations-in-hospital-workplace&catid=1%3Alatest-news&Itemid=64&lang=en

IN THE MATTER OF GRIEVANCE ARBITRATION
Between:
Board of Regents, State of Iowa, University of Iowa Hospitals and Clinics, PUBLIC EMPLOYER
and
Service Employees International Union, Local 199 as Grievant
CERTIFIED EMPLOYEE ORGANIZATION

GRIEVANCE

ARBITRATION AWARD
PERB No. 10-GA-070
Hearing Date: October 21, 2009
Briefs Filed: October 26, 2009
Award: November 2, 2009

Dennis A. Krueger
Impartial Arbitrator

APPEARANCES
For the Employer: Thomas Evans, General Counsel, Board of Regents
Aimee Clayton, Assistant Counsel, Board of Regents
Dr. Charles Helms, UIHC Witness
Ann Williamson, UIHC Witness
Dr. Daniel Diekema, UIHC Witness
Stephanie Holley, UICH Witness
David Bergeon, UIHC Witness
Brian White, UIHC
Laurance Reed, UIHC

For the Union: Nathan Willems, Counsel for SEIU, Local 199
Katherine Williams, SEIU Witness
Jim Jacobson, Staff Director for SEIU
Bradley VanWaus, SEIU Staff
Vicki Siefers, SEIU Witness
Matt Glasson, SEIU Witness
Becky Leven, SEIU Witness

DECISION AND AWARD

For the reasons cited above, the Undersigned concludes that the grievance is sustained. The University of Iowa Hospitals and Clinics as Employer has violated the Collective Bargaining Agreement at Article XIX - Section 2 and Section 4 with the creation of the Universal Influenza Vaccination Policy HR-03.29 which makes influenza vaccinations mandatory and institutes an

unpaid leave for non-compliance. UIHC is hereby ordered to continue the practice of providing influenza vaccinations at no cost to the employee on a voluntary basis. UIHC is additionally ordered to cease and desist from requiring employees in the bargaining unit to receive influenza (seasonal and/or H1N1) vaccinations or face related consequences of unpaid leave.

In arriving at this decision, I have considered all evidence, arguments and authorities submitted by the parties even if not specifically discussed in my decision. Respectfully submitted, 58% of the doctors and 90% of the medical staff at the Red Cross in Athens declared that they do not intend to be vaccinated, at a time when specialists are appealing to citizens to be vaccinated.

The president of the National Committee for the Influenza Pandemic, Eleni Giamarellou, in order to get across the message that there is no reason for anxiety about the possible side-effects of the vaccine against the new H1N1 flu, declared that she will be among the first to be vaccinated. The members of the National Committee nevertheless note that the vaccination is not compulsory.

The research carried out by the Red Cross indicates that not only the general public but also the country's medical personnel have NOT been persuaded by official statements in relation to the dangers from side-effects of the new vaccine. Similar studies carried out on the general population indicate that six out of ten people are thinking of staying away from the programme of mass vaccination.

The President of the National Committee for the Influenza Pandemic also emphasised the need to have immediately available the 150 beds in the Intensive Care Units, which are remaining unutilized. In the event of the scenario becoming a reality that 20% of the population will fall ill from the H1N1 virus, an additional 170 to 470 beds will be needed at Intensive Care Units. In the context of the attempt to find a solution there has been mention even of the possibility of requisitioning Intensive Care beds in private clinics.

41 cases of side effects

Since the beginning of October 1.4 million Swedes have been vaccinated, of whom 41 have come down with undesirable side-effects, including allergies. But none of the cases that have been detected have been serious and non-reversible, said Mrs Giamarellou immediately following yesterday's meeting of the Committee.

The president of the National Committee mentioned the necessity for pregnant women in the second or third month of pregnancy to be vaccinated, as they face greater risk than the rest of the population of suffering serious symptoms. She nevertheless pointed out that people allergic to eggs should not be vaccinated, something that does not apply for the regular flu vaccine. This is because Greece has been provided with vaccines that have been cultivated in eggs, not in cells.

Source: TA NEA newspaper

THE FLU CASE

Up to 90% of health workers in Greece do not want swine flu shot

The Flu Case, 6 November 2009, 16:59
https://web.archive.org/web/20100102003914/http://theflucase.com/index.php?option=com_content&view=article&id=1670%3Ahealth-workers-in-greece-reject-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A report sent in from Greece says that 58% of the doctors and 90% of the health personnel working for the Red Cross in Athens have said they do not intend to get the "swine flu" jab:

"58% of the doctors and 90% of the medical staff at the Red Cross in Athens declared that they do not intend to be vaccinated, at a time when specialists are appealing to citizens to be vaccinated.

The president of the National Committee for the Influenza Pandemic, Eleni Giamarellou, in order to get across the message that there is no reason for anxiety about the possible side-effects of the vaccine against the new H1N1 flu, declared that she will be among the first to be vaccinated. The members of the National Committee nevertheless note that the vaccination is not compulsory.

The research carried out by the Red Cross indicates that not only the general public but also the country's medical personnel have NOT been persuaded by official statements in relation to the dangers from side-effects of the new vaccine. Similar studies carried out on the general population indicate that six out of ten people are thinking of staying away from the programme of mass vaccination.

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41 cases of side effects

Since the beginning of October 1.4 million Swedes have been vaccinated [NOTE: 1.4 million doses have been distributed in Sweden but there are no Swedish government numbers on how many people have been vaccinated], of whom 41 have come down with undesirable side-effects, including allergies. But none of the cases that have been detected have been serious and non-reversible, said Mrs Giamarellou immediately following yesterday's meeting of the Committee.

The president of the National Committee mentioned the necessity for pregnant women in the second or third month of pregnancy to be vaccinated, as they face greater risk than the rest of the population of suffering serious symptoms. She nevertheless pointed out that people allergic to eggs should not be vaccinated, something that does not apply for the regular flu vaccine. This is because Greece has been provided with vaccines that have been cultivated in eggs, not in cells.

Source: TA NEA newspaper"

RADIO

Ein Arzt : "Ich werde mich nicht impfen lassen!"

Radio-Freie-Schweiz, 6 November 2019
https://web.archive.org/web/20091110085755/http://www.radio-freie-schweiz.ch/www.radio-freie-schweiz.ch/Blog/Eintrage/2009/11/6_Arzt_Ich_misstraue_dem_Impfstoff.html

Ein Arzt wendet sich in Gewissensnot an seine Patienten. Er beweist Zivilcourage und Mut. Seine Warnhinweise am Anfang des Filmes und seine sehr vorsichtig eingeleiteten, aber klaren Aussagen zeigen, dass ihm es nicht leicht gefallen ist sich öffentlich negativ zur Schweinegrippen-impfung zu äussern. Hut ab vor seiner Leistung!

"Ich werde mich nicht impfen lassen!"

"Ich misstraue dem Impfstoff, weil er völlig ungeprüft oder nur in sehr kurzem Zeitraum geprüft eingekauft wurde. Eingekauft von Menschen die .... vielleicht auch nicht besonders sachkundig... Ein Impfstoff also gekauft haben der neue völlig unwägbare Risiken enthält, die ich weder für mich, noch für mir anvertraute Menschen eingehen möchte..."

"...letztendlich verantwortlich sind Sie!..."

Er informiert seine Patienten über seine Gedanken zur Schweinegrippeimpfung. Er weisst auch in diesem Zusammenhang auf die jahrelang ignorierten Schäden z.B. bei der Anwendung von Contergan hin. Er äussert sich sehr vorsichtig, denn er ist ein zugelassener Arzt. Zulassung bedeutet immer Abhängigkeit, Kontrolle und Bevormundung...

THE FLU CASE

Swiss doctor talks about his concerns over "swine flu" jab in video

The Flu Case, 6 November 2009, 16:28
https://web.archive.org/web/20100102043114/http://theflucase.com/index.php?option=com_content&view=article&id=1665%3Aswiss-doctor-talks-about-his-concerns-over-qswine-fluq-jab-in-video&catid=1%3Alatest-news&Itemid=64&lang=en

A Swiss doctor is being applauded for his courage for risking his licence, the wrath of the pharmaceutical industry and Swiss Health Ministry and for talking about the dangers of the swine flu jab.

In a video posted on a blog, he says:
"I don't trust the vaccine because it is totally untested or bought after only being tested in a very short time.... Bought by people who are perhaps not especially informed...Have bought a vaccine with completely new, unknown risks that I would not give to myelf or to people for whom I am responsible..."

Many Italian physicians reject swine flu vaccine

Press.TV, 7 November 2009, 16:32:26 GMT
https://web.archive.org/web/20091108121437/http://www.presstv.ir/detail.aspx?id=110686&sectionid=3510212

Italian family physicians refuse to prescribe the A/H1N1 vaccine for their patients, claiming that the risks of the vaccine outweigh its benefits.

Latest figures revealed that swine flu has infected more than 540,000 individuals, claiming the lives of 30 in Italy.

The country has ordered some 48 million doses of the A/H1N1 vaccine, enough to immunize 24 million of its population, and plans to start a mass vaccination program in the coming weeks.

Italian media outlets have, however, claimed that many of these vaccines would be useless as the majority of Italians including the Deputy Health Minister Ferruccio Fazio and the Mayor of Rome Gianni Alemanno have decided against vaccination.

According to a recent survey conducted, six out of every ten Italian family physicians do not prescribe the A/H1N1 vaccine for their patients particularly those with heart diseases.

A member of the European Association for Quality in General Medicine(EQUIP), Gianluigi Passerini told *L'espresso* that he would not advise vaccination for his patients, adding, "This virus is not aggressive and there is no reason to force individuals to get immunized against the virus."

Mario Nejrotti, the director of *torinomedica.com*, similarly, stressed that healthcare workers should only be urged to get vaccinated based on the severity and spread of the virus.

He added that a similar vaccine manufactured in the US in 1976 had contributed to a considerable number of cases with a severe neurological disease known as Guillain-Barré syndrome.

LE MATIN.ch

Grippe A: une majorité d'infirmières refuse de se faire vacciner

Le Matin.ch, 7 Novembre 2009, 23:47
https://web.archive.org/web/20100102035534/http://theflucase.com/index.php?option=com_content&view=article&id=1699%3Amajority-of-swiss-nurses-do-not-want-the-jab&catid=1%3Alatest-news&Itemid=64&lang=en

«Se vacciner contre la grippe A pour se protéger et protéger les autres». Martelée ces derniers jours par l'OFSP (Office fédéral de la santé publique), cette phrase s'adresse en priorité au personnel soignant.

Seulement voilà. Dans la même proportion que le reste de la population, une partie des professionnels de la santé n'est pas du tout disposée à suivre les recommandations officielles. Alors qu'une majorité des médecins devrait s'y plier, les infirmiers et infirmières semblent particulièrement réfractaires au vaccin. Selon les chiffres récoltés cette semaine par Le Matin Dimanche, moins de la moitié acceptera de se faire vacciner. Un constat qui fait bondir Hans Binz, président de l'Association des médecins cantonaux de Suisse: «Il est irresponsable de la part du personnel soignant de ne pas se faire vacciner contre la grippe A.»

A l'ALSMAD (Association lausannoise pour la santé et le maintien à domicile), seuls 20% des 750 collaborateurs se sont inscrits pour la vaccination contre la grippe A, alors que le formulaire leur a été envoyé il y a plus d'un mois. «Nous recommandons vivement à notre personnel, qui est en contact avec une population fragile, de se faire vacciner. Mais nous n'avons pas les moyens de l'exiger», regrette une collaboratrice de la direction.

«Nous n'avons aucun recul»

Dans les hôpitaux, l'heure est au branle-bas de combat pour vacciner les employés. Mais dans tous les établissements contactés en Suisse romande, le fossé est grand entre les intentions de la direction et celles du personnel. Le bras de fer qui s'engagera ces prochains jours promet d'être corsé. «Dans mon équipe, seuls deux employés sur sept vont se faire vacciner», explique cette infirmière de Vevey (VD), sur la base d'un colloque qui s'est tenu vendredi dans son service. «Autour de moi, les soignants sont très réfractaires au vaccin», confirme une employée de l'Hôpital cantonal de Fribourg.

Une tendance qui s'observe chaque année avec les vaccinations contre la grippe saisonnière. Au CHUV comme dans de nombreux autres hôpitaux, seul 25% à 30% de l'ensemble du personnel se fait vacciner. «Nous estimons que ce sera de même pour la grippe A», ajoute Lucien Portenier, de l'Association suisse des infirmières et infirmiers (ASI). L'organisme, qui prône l'autonomie de ses collaborateurs, ne leur demande pas de suivre les recomman dations de l'OFSP.

Une attitude qui tranche avec celle de la FMH (Fédération des médecins suisses), qui a participé au plan de vaccination national. «Nous nous sommes concertés, et je peux affirmer que 100% des pédiatres de Neuchâtel seront vaccinés», témoigne par exemple Michel Giordano, médecin au Locle (NE).

Cette différence de point de vue entre médecins (homéopathes exceptés) et infirmières n'étonne pas Eric Masserey, médecin cantonal adjoint dans le canton de Vaud: «Est-ce parce que les médecins sont mieux renseignés ou parce qu'ils sont plus responsables? Je me pose sérieusement la question.»

Mais pourquoi do nc cette rebuffade du monde infirmier? Parmi les arguments avancés (lire ci-dessous), celui de la sécurité du vaccin est récurrent. «Nous n'avons aucun recul et ne connaissons pas les effets secondaires de ce produit», résume cette infirmière genevoise. Un argument que balaie Eric Masserey: «Ce débat est largement stérile. La production de ce vaccin ne présente aucune surprise par rapport à celui contre la grippe saisonnière, fabriqué chaque année».

Destinée en priorité au personnel soignant et aux personnes à risque, la campagne de vaccination a débuté hier en Suisse, dans le canton de Soleure. Elle devrait commencer dès mardi en Romandie.»

A Genève, les soignants doivent choisir entre le vaccin et le masque

Même si la protection des patients passe avant tout le reste, personne ne peut obliger un soignant ou une soignante à se vacciner pour ne pas risquer de transmettre la grippe A. Afin de répondre à ce dilemme entre responsabilité professionnelle et liberté individuelle, les Hôpitaux universitaires genevois (HUG) ont mis en place un système sans équivoque: «La vaccination est fortement conseillée, explique Chantal Bonfillon, médecin d'entreprise. Le personnel soignant qui ne souhaite pas se faire vacciner aura l'obligation de porter un masque dans les zones de soin durant toute la durée de l'épidémie. Comme pour la grippe saisonnière, le personnel vacciné portera un badge annonçant clairement qu'il est immunisé.»

Un badge et un masque montrant clairement la couleur: n'est-ce pas stigmatisant pour ceux qui ont fait le choix de ne pas se vacciner? «Non, car il n'est pas immoral pour un soignant de ne pas se vacciner, répond Samia Hurst, médecin et bioéthicienne à Genève. Ce qui est immoral, c'est de ne pas protéger ses patients. Des études ont montré que vacciner le personnel soignant contre la grippe saisonnière améliore la survie des patients. Le masque vise le même but, mais sans intrusion sur le corps. Il signale la même chose que le badge: que le porteur prend sa responsabilité au sérieux.»

THE FLU CASE

Majority of Swiss nurses do not want the jab

The Flu Case, 8 November 2009, 14:46

https://web.archive.org/web/20100102035534/http://theflucase.com/index.php?option=com_content&view=article&id=1699%3Amajority-of-swiss-nurses-do-not-want-the-jab&catid=1%3Alatest-news&Itemid=64&lang=en

A majority of nurses in Switzerland do not intend to get the swine flu jab, according to a recent poll reports Le Matin.

In some regions, as few as 20 % intend to take the vaccine citing safety concerns.
In Geneva, hospital health care workers can choose between the vaccine and a mask.

The Washington Post

Madonna Lebling

H1N1 injection (and spray) rejection
Some doctors are just saying no to the swine flu vaccine

The Washington Post, 8 November 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/11/07/AR2009110703116.html?wprss=rss_health
https://www.washingtonpost.com/wp-dyn/content/article/2009/11/07/AR2009110703116_2.html?wprss=rss_health&sid=ST2009110800126

The biggest frustration facing many doctors is the dearth of swine flu vaccine for their patients. But not Paula Soghomonian's pediatrician at Pediatric Village in the District. She is not recommending the shots - or the nasal spray.

"The senior doctor there doesn't believe in it and doesn't want it for her patients," Soghomonian said. "I think the feeling was it's just too new."

Soghomonian's doctor is one of a small cadre of outliers who remain skeptical about the government's unprecedented immunization campaign, citing doubts about the risks presented by the H1N1 virus or the safety of the vaccine, despite the fact that no worrisome reactions have been reported.

"My feeling is that this is all being over-hyped," said Laurence J. Murphy, a pediatrician in Burke who also will not inoculate his patients. "Most people who get this virus do beautifully. I believe the vaccine hasn't been tested enough. I just think the benefit of it at this point is not outweighed by the possible risk."

Such contrarian voices, through the megaphone of cable news or in the quiet of exam rooms, have forced federal health officials to play defense as well as offense in their campaign to encourage immunization.

Public health leaders are at a loss to explain the skeptical minority, except to say that it mirrors the chronically low percentage of health-care workers who get the seasonal flu vaccine every year. Officials worry that these doubters could have a disproportionate influence in an already frustrating and confusing situation, and stress that the studies conducted so far and the intensive monitoring underway indicate that the vaccine is as safe as any flu vaccine.

"I am very disappointed, deeply puzzled and very disturbed by this," said William Schaffner, president-elect of the National Foundation for Infectious Diseases. "The people for whom these doctors are not recommending this vaccine are clearly high-priority patients who could have very adverse outcomes if they get infected with the virus."

'Not enough data'

Although no one has surveyed doctors' views on the vaccine, polls show that people look to their physicians when deciding whether to get the shots or nasal spray. A nationally representative survey

of 1,042 adults in September found that 68 percent said they trusted the advice of their doctor or their child's pediatrician on this issue, far more than those who said they trusted top federal health officials and medical groups.

"People rely very heavily on their physician's judgments about whether or not they should take a vaccine," said Robert J. Blendon, a professor of health policy at the Harvard School of Public Health who conducted the survey. "They are at the top of the charts."

As a result, the naysayers have left patients torn between a doctor's long-respected advice, their own judgment and official recommendations.

"It's like total confusion for me to try to figure out what to do," Soghomonian said as she lined up with her 3-year-old daughter, Ally, on a recent morning at a District flu clinic.

"It's really been very frustrating and very scary," said Soghomonian, who eventually left after deciding to give her daughter only the seasonal flu vaccine. "I just want someone to tell me what to do, you know?"

Cheryl F. Edmonds, founder of the practice where Soghomonian takes her children, declined to be interviewed. But a member of her staff, who spoke on the condition of anonymity, characterized her concerns this way: "Her thing is there's just not enough data."

Murphy, the Burke pediatrician, said he has no reason to think the vaccine is unsafe – he, like many of the skeptics, said he generally supports vaccinations. But he wonders whether it was tested enough.

"They just didn't have the time to do that properly. They mean well and they are not doing anything to mislead people in any direct way. The reality is no one knows. I'm not pretending to know. I don't think they should pretend to know," he said.

'Jumping on the bandwagon'

Murphy is not alone. A smattering of obstetricians, family practice doctors, internists and other physicians nationwide who harbor doubts about safety of the vaccine or the danger the flu poses raise questions on blogs and during interviews, and counsel their patients not to get the immunization.

"What bothers me is pretty much every doctor in the country is jumping on the bandwagon and saying, 'This vaccine is completely safe' – even for the pregnant woman and the unborn baby," said Bob Sears, of Orange County, Calif. "But they can't give you a single study that backs up that statement."

Officials repeatedly have stressed that while no vaccine is completely safe, there is no reason to believe the swine flu immunization would pose any unusual risks, and so far no problems have emerged.

"I can understand the hesitancy and reluctance to take a vaccine that appears to be new and different. All we can do is provide the facts," said Thomas R. Frieden, director of the federal Centers for Disease Control and Prevention. "The facts are that this is the same manufacturing process, the same manufacturers, the same factories, the same safeguards as the seasonal flu vaccine that has been used for more than 100 million doses each year for many years and which has an excellent safety record."

But Meryl Nass, an internist in Bar Harbor, Maine, still has doubts, especially given that most people who become infected get only mildly ill.

"In this situation, when there's very little data, I don't think people – and children in particular – should be asked to bear the burden of being experimental subjects," said Nass, who has been blogging about her doubts. Nass also questions the assertion that the vaccine is safe for women in all stages of pregnancy.

"The CDC is telling women in all trimesters to go out and get vaccine. To my mind, this is reckless," said Nass, who is advising her patients to consider receiving the vaccine only in their second or third trimesters.

'Behind the curve'

Some doctors hear echoes of politics in the reactions to their concerns.

"You come out and offer some caution about the safety of the vaccine, and it becomes very political: Are you with us or are you against us?" said Kent Holtorf, whose Southern California practice specializes in treating chronic conditions. "It's almost like Republicans and Democrats, and no one wants to toe the middle ground, because it could help the other side."

Giuseppe Lancellotti, a pediatrician from Ephrata, Pa., argues that the vaccine has arrived too late to make a difference anyway.

"We're just way behind the curve," he said.

Government officials counter that it remains far from clear whether the second wave of infections currently sweeping the country has peaked. Even if it has, people will continue to become infected for months and another wave could hit later.

"The risk of not getting the vaccine is much greater than the risk from getting it," said Anthony S. Fauci, who is leading the government's ongoing testing of the vaccine at the National Institutes of Health.

Soghomonian was finally forced to make a snap decision when her husband took her 5-year-old son to get a seasonal flu shot and discovered the swine flu vaccine was available, too.

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Nevertheless, Soghomonian was among the first few dozen people to line up last week at Wilson High School in the District to finally get her daughter vaccinated.

"It's your pediatrician. Your children have been there since Day One. You feel like they know and you should listen to their advice. And here I'm going against it," she said.

"Ultimately, you have to make your own decision."

Influenza A? Un 'virus mediatico'.
I pediatri: "Allarme ingiustificato"

ADN Kronos, 8 Novembre 2009
https://web.archive.org/web/20091111002217/http://www.adnkronos.com/IGN/News/Cronaca/Influenza-A-Un-virus-mediatico-I-pediatri-Allarme-ingiustificato_3969239872.html

Roma - (Adnkronos) - Il presidente della commissione Vaccini della Sip: "Esposizione esagerata sui mass-media, la stagionale causa più morti". E avverte: "L'emergenza è l'assalto agli ospedali". A Napoli deceduta una bimba di 8 mesi. Le vittime (MAPPA). L'acquasantiera anti-virus diventa un business. E nel presepe spuntano le statuine con la mascherina. Gelmini: "Non farò il vaccino"

Roma, 8 nov. (Adnkronos) - "Questo è un virus mediatico. Non discuto il fatto che ci si trovi di fronte a una pandemia e che questa provochi vittime ma l'esposizione sui mass-media è ingiustificata. Basti pensare che l'influenza stagionale causa un numero di morti dieci volte superiore. E anche tra i bambini la normale influenza causa ogni anno decine di decessi che però non fanno notizia". Così Alberto Ugazio, presidente della commissione Vaccini della Società Italiana Pediatria ai microfoni di Cnrmedia.

"Anche le ipotesi di una mutazione del virus - rileva - sono scontate e creano solo allarmismo. I pericoli qui sono altri: cominciamo a vedere medici che negli ospedali non riescono ad assistere malati gravi perché i servizi essenziali sono assaliti da presunti malati. Ai genitori ripeto: se il vostro bambino ha la febbre, tenetelo a casa".

Da parte sua il vice ministro per la Salute Ferruccio Fazio , intervenendo in diretta telefonica a 'Domenica In-L'Arena' su Raiuno, sottolinea: "Mi rendo conto che le morti dei giovani colpiscono emotivamente. Non è più un'influenza ma una pandemia. Questa semmai è più leggera di quanto può essere l'influenza stagionale che lo scorso anno ha causato 8 mila morti".

Fazio ha spiegato che "parte dell'allarmismo è dovuto all'allarme che c'è stato in passato per altre pandemie, come l'aviaria e la Sars. Ci spaventano perché non le conosciamo e perché sono comunque molto contagiose". Il vice ministro alla Salute ha poi confermato di aver già raccolto l'appello lanciato in studio dal presidente dell'Ordine dei medici di Roma Mario Falconi, affinché le Regioni potenzino l'assistenza sanitaria.

"Se continua questo allarmismo - ha spiegato Falconi - succederà che si paralizzerà l'attività dei medici di base, che già non ce la fanno più". Fazio ha poi chiesto ai medici di vaccinare "i malati cronici perché sono gli unici che rischiano veramente".

=> Influenza A? Un 'virus mediatico'. I pediatri: "Allarme ingiustificato"
Blog Studio Medico, 9 Novembre 2009, 23:00
https://macogiu.com/2009/11/09/influenza-a-un-virus-mediatico-i-pediatri-allarme-ingiustificato/

adnkronos

Gelmini: "Farò il test antidroga ma non il vaccino per il virus A"

ADN Kronos, 8 Novembre 2009

https://web.archive.org/web/20091111003702/http://www.adnkronos.com/IGN/News/Politica/Gelmini-Faro-il-test-antidroga-ma-non-il-vaccino-per-la-nuova-influenza-A_3968736276.html

Roma - (Adnkronos/Ign) - Il ministro dell'Istruzione: "Credo che chi ha impegni pubblici debba avere il massimo della trasparenza". E sulla nuova influenza ribadisce: "La chiusura delle scuole creerebbe soltanto problemi enormi". Test antidroga, senatori e deputati non si tirano indietro. Di Pietro: "Controlli per tutti i parlamentari". **'Le Iene'** su droga e Parlamento (VIDEO). Arabia Saudita, il ministro della Salute si vaccina contro l'influenza A in diretta tv

Roma, 8 nov. (Adnkronos/Ign) - Dice sì al test antidroga ma non farà il vaccino contro l'influenza A. Parola del ministro per l'Istruzione, Mariastella Gelmini, che così si è espressa nel corso della registrazione de 'L'intervista' di Maria Latella, in onda oggi alle 11.35 su SkyTg 24.

"Non ho ancora pensato se fare o meno il test antidroga ma possiamo dire che lo farò" ha annunciato la Gelmini. "Credo sia un'iniziativa che ha il suo valore. Credo che chi ha impegni pubblici debba avere il massimo della trasparenza", è l'opinione del ministro.

Quanto all'influenza A, "la chiusura delle scuole creerebbe soltanto enormi problemi di gestione dei bambini da parte delle famiglie senza creare benefici. In collaborazione con il ministero della Sanità - dice - stiamo monitorando quanto accade all'interno delle scuole italiane. Il calendario delle vacanze di Natale non cambierà. Per ora non ci sono le condizioni di allarme per un cambiamento rispetto alla rotta che abbiamo intrapreso e che ci sta dando risultati puntuali".

"Non ho fatto il vaccino contro l'influenza A perché ritengo di essere una persona sana", ha poi aggiunto. "Non ho malattie croniche. Questa è un'influenza da non sottovalutare, ma credo - ha concluso - che non dobbiamo nemmeno esasperare i toni e creare inutilmente allarmismi".

The Washington Post

Rob Stein and Michael Laris

H1N1 injection (and spray) rejection;
Some doctors are just saying no to the swine flu vaccine

Washington Post, 8 November 2009.
https://web.archive.org/web/20150910112838/http://www.washingtonpost.com/wp-dyn/content/article/2009/11/07/AR2009110703116.html?wprss=rss_health
https://www.washingtonpost.com/wp-dyn/content/article/2009/11/07/AR2009110703116_2.html?wprss=rss_health

The biggest frustration facing many doctors is the dearth of swine flu vaccine for their patients. But not Paula Soghomonian's pediatrician at Pediatric Village in the District. She is not recommending the shots – or the nasal spray.

"The senior doctor there doesn't believe in it and doesn't want it for her patients," Soghomonian said. "I think the feeling was it's just too new."

Soghomonian's doctor is one of a small cadre of outliers who remain skeptical about the government's unprecedented immunization campaign, citing doubts about the risks presented by the H1N1 virus or the safety of the vaccine, despite the fact that no worrisome reactions have been reported.

"My feeling is that this is all being over-hyped," said Laurence J. Murphy, a pediatrician in Burke who also will not inoculate his patients. "Most people who get this virus do beautifully. I believe the vaccine hasn't been tested enough. I just think the benefit of it at this point is not outweighed by the possible risk."

Such contrarian voices, through the megaphone of cable news or in the quiet of exam rooms, have forced federal health officials to play defense as well as offense in their campaign to encourage immunization.

Public health leaders are at a loss to explain the skeptical minority, except to say that it mirrors the chronically low percentage of health-care workers who get the seasonal flu vaccine every year. Officials worry that these doubters could have a disproportionate influence in an already frustrating and confusing situation, and stress that the studies conducted so far and the intensive monitoring underway indicate that the vaccine is as safe as any flu vaccine.

"I am very disappointed, deeply puzzled and very disturbed by this," said William Schaffner, president-elect of the National Foundation for Infectious Diseases. "The people for whom these doctors are not recommending this vaccine are clearly high-priority patients who could have very adverse outcomes if they get infected with the virus."

'Not enough data'

Although no one has surveyed doctors' views on the vaccine, polls show that people look to their physicians when deciding whether to get the shots or nasal spray. A nationally representative survey of 1,042 adults in September found that 68 percent said they trusted the advice of their doctor or their child's pediatrician on this issue, far more than those who said they trusted top federal health officials and medical groups.

"People rely very heavily on their physician's judgments about whether or not they should take a vaccine," said Robert J. Blendon, a professor of health policy at the Harvard School of Public Health who conducted the survey. "They are at the top of the charts."

As a result, the naysayers have left patients torn between a doctor's long-respected advice, their own judgment and official recommendations.

"It's like total confusion for me to try to figure out what to do," Soghomonian said as she lined up with her 3-year-old daughter, Ally, on a recent morning at a District flu clinic.

"It's really been very frustrating and very scary," said Soghomonian, who eventually left after deciding to give her daughter only the seasonal flu vaccine. "I just want someone to tell me what to do, you know?"

Cheryl F. Edmonds, founder of the practice where Soghomonian takes her children, declined to be interviewed. But a member of her staff, who spoke on the condition of anonymity, characterized her concerns this way: "Her thing is there's just not enough data."

Murphy, the Burke pediatrician, said he has no reason to think the vaccine is unsafe – he, like many of the skeptics, said he generally supports vaccinations. But he wonders whether it was tested enough.

"They just didn't have the time to do that properly. They mean well and they are not doing anything to mislead people in any direct way. The reality is no one knows. I'm not pretending to know. I don't think they should pretend to know," he said.

'Jumping on the bandwagon'

Murphy is not alone. A smattering of obstetricians, family practice doctors, internists and other physicians nationwide who harbor doubts about safety of the vaccine or the danger the flu poses raise questions on blogs and during interviews, and counsel their patients not to get the immunization.

"What bothers me is pretty much every doctor in the country is jumping on the bandwagon and saying, 'This vaccine is completely safe' -- even for the pregnant woman and the unborn baby," said Bob Sears, of Orange County, Calif. "But they can't give you a single study that backs up that statement."

Officials repeatedly have stressed that while no vaccine is completely safe, there is no reason to believe the swine flu immunization would pose any unusual risks, and so far no problems have emerged.

"I can understand the hesitancy and reluctance to take a vaccine that appears to be new and different. All we can do is provide the facts," said Thomas R. Frieden, director of the federal Centers for Disease Control and Prevention. "The facts are that this is the same manufacturing process, the same manufacturers, the same factories, the same safeguards as the seasonal flu vaccine that has been used for more than 100 million doses each year for many years and which has an excellent safety record."

But Meryl Nass, an internist in Bar Harbor, Maine, still has doubts, especially given that most people who become infected get only mildly ill.

"In this situation, when there's very little data, I don't think people – and children in particular – should be asked to bear the burden of being experimental subjects," said Nass, who has been blogging about her doubts. Nass also questions the assertion that the vaccine is safe for women in all stages of pregnancy.

"The CDC is telling women in all trimesters to go out and get vaccine. To my mind, this is reckless," said Nass, who is advising her patients to consider receiving the vaccine only in their second or third trimesters.

'Behind the curve'

Some doctors hear echoes of politics in the reactions to their concerns.

"You come out and offer some caution about the safety of the vaccine, and it becomes very political: Are you with us or are you against us?" said Kent Holtorf, whose Southern California practice specializes in treating chronic conditions. "It's almost like Republicans and Democrats, and no one wants to toe the middle ground, because it could help the other side."

Giuseppe Lancellotti, a pediatrician from Ephrata, Pa., argues that the vaccine has arrived too late to make a difference anyway.

"We're just way behind the curve," he said.

Government officials counter that it remains far from clear whether the second wave of infections currently sweeping the country has peaked. Even if it has, people will continue to become infected for months and another wave could hit later.

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Soghomonian was finally forced to make a snap decision when her husband took her 5-year-old son to get a seasonal flu shot and discovered the swine flu vaccine was available, too.

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"Ultimately, you have to make your own decision."

Chicago Tribune

Michael Laris

A few doctors saying no to swine flu vaccinations

Chicago Tribune // The Washington Post, 9 November 2009, at 1:00 a.m.
https://www.chicagotribune.com/2009/11/09/a-few-doctors-saying-no-to-swine-flu-vaccinations/

The biggest frustration facing many doctors is the dearth of swine flu vaccine for their patients. But a small cadre remains skeptical about the government's unprecedented immunization campaign, citing doubts about the risks presented by the H1N1 virus or the safety of the vaccine.

"My feeling is that this is all being overhyped," said Dr. Laurence Murphy, a pediatrician in Burke, Va., who will not inoculate his patients. "Most people who get this virus do beautifully. I believe the vaccine hasn't been tested enough. I just think the benefit of it at this point is not outweighed by the possible risk."

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DOTmed HealthCareBusiness news

Astrid Fiano

Nurses Allowed Temporary Restraining Order in Required Vaccination Case

DOTmed News, 10 November 2009
http://www.dotmed.com/news/story/10708

A temporary restraining order has been granted in favor of union-represented employees working for Nevada health care facilities who were required to either have seasonal and H1N1 flu vaccines or wear a surgical mask for their shifts. The federal litigation involves defendants Southern Hills Medical Center, LLC and Sunrise Hospital and Medical Center, LLC of Clark County, NV. The facilities' policies would also require employees to wear markings on their badges to indicate their vaccination status. The defendants enacted the policy without first bargaining with plaintiff Service Employees International Union, Local 1107 (Union). The Union represents registered nurses and other employees of the facilities.

According to the complaint filed by the Union, Sunrise and Southern Hills had announced to their employees in August that employees who could infect a patient or be infected would be required to receive both a seasonal flu vaccination and a H1N1 vaccination. Those who declined the vaccinations would be required to wear a surgical mask for the entirety of their shift. The Union then filed grievances with Sunrise and Southern Hills for a final and binding arbitration decision on whether the facilities may unilaterally implement the immunization policy without first bargaining with the Union.

The Union applied for a temporary restraining order to prevent the defendant facilities from continuing the required immunization and masking policy in order to preserve the arbitration. The U.S. District Court, District of Nevada Judge Robert C. Jones has found that the parties in the case are bound to arbitrate the grievances, and that the plaintiff will suffer irreparable harm without injunctive relief. With the legal equities in the Union's favor, the Judge found that granting the injunction preventing the facilities from directly or indirectly taking any action to further implement the seasonal immunization and masking is in the public interest.

The Judge said without the injunction, the grievance-arbitration process would be frustrated, and the Union's members would be forced to receive an unwanted vaccine, expose their decisions regarding the decisions to the public, or be subject to termination. Once those policies were instituted, an arbitrator would then have great difficulty remedying them. The Judge pointed out that the facilities have already used a voluntary immunization process and had already delayed implementation of the new policy. Continuing the voluntary status quo would not hurt the defendants, as 80 to 90 percent of the employees have already voluntarily been vaccinated.

GIVE ME STRENGTH!

Αθανάσιος Καραμπέλης, διευθυντής Νοσ.Μεταξά:
Athanasios Karambelis, director of Metaxa Hospital:

«ΟΧΙ στον εμβολιασμό για τη νέα γρίππη»
"NO to vaccination for the new flu"

Anopetra-Eleos / Give me strength! – 10 Νοεμβρίου 2009
http://anopetra-eleos.blogspot.com/2009/11/blog-post_4629.html

Στο δελτίο ειδήσεων του ΑΛΤΕΡ ο διευθυντής της Β Παθολογικής Κλινικής του νοσοκομείου ΜΕΤΑΞΑ , κ.Αθανάσιος Καραμπέλης (παθολόγος-ογκολόγος) ήταν κατηγορηματικός:

Η θνητότητα της γρίππης των χοίρων είναι 0,1-0,2%.
Η Νέα Ζηλανδία και η Πολωνία δεν εμβολιάζουν συνολικά τους πολίτες τους περιορίζοντας τις σχετικές δράσεις στις ομάδες με αυξημένο κίνδυνο.
Ο ιός προήλθε από την εντατικής μορφής βιομηχανική κτηνοτροφία και σε αυτές τις επιχειρήσεις πρέπει να στραφεί το υγειονομικό ενδιαφέρον. Το εμβόλιο είναι ανεπαρκώς δοκιμασμένο και με ύποπτα για πρόκληση σοβαρών παρενεργειών πρόσθετα.
Η πρώτη αξιόπιστη κλινική έρευνα θα είναι έτοιμη τον Δεκέμβριο του 2010.

Είχε προηγηθεί ημερίδα συνδικαλιστικού φορέα Γιατρών την περασμένη Παρασκευή στη Νομική Σχολή με θέμα τη νέα γρίππη. Η αλήθεια για τη νέα γρίπη των χοίρων H1N1 και το εμβόλιό της.

Τις επόμενες ημέρες θα αρχίσει ο εμβολιασμός «των μαθητών, των υγειονομικών και των ευπαθών ομάδων» για την νέα γρίπη των χοίρων H1N1, και προτρέπεται ο πληθυσμός να εμβολιασθεί για την νέα μαζί και για την εποχιακή γρίπη, 'εθελοντικά', χωρίς τη γραπτή συγκατάθεσή του που αρχικά ήταν υποχρεωτική (Wink.

Πολλοί όμως αμφιβάλλουν για την ασφάλεια, αλλά και για την ανάγκη αυτών των εμβολιασμών, και μεγάλο ποσοστό, ακόμη και γιατρών διεθνώς, δηλώνουν ότι δεν θα εμβολιασθούν για την νέα γρίπη.

Πράγματι, η αμφιβολία είναι δικαιολογημένη, αφού η αλήθεια για την νέα γρίπη των χοίρων H1N1 και το εμβόλιό της έχει επιμελώς και διεθνώς αποσιωπηθεί από όλους τους εμπλεκόμενους οι οποίοι κερδίζουν από την συνωμοσία συγκάλυψης, δηλαδή τις Φαρμακοβιομηχανίες (εμπόριο της αρρώστιας), τα ΜΜΕ (εμπόριο του φόβου), το Ιατρικό ιερατείο και τους παρατρεχάμενους (ευκαιρία για καριέρα και «παράπλευρα οφέλη»), και τους Πολιτικούς - αυτοί πουλάνε προστασία.

Οι πολίτες δικαιολογημένα είναι πολύ επιφυλακτικοί και δύσπιστοι απέναντι σε όσους κερδίζουν οι ίδιοι, συμβουλεύοντας τους άλλους να πάρουν το ρίσκο.

Οι Γιατροί της ΑΡΣΥ, με σκοπό να σπάσουμε την σιωπή και να ενημερώσουμε όλους, και ιδιαίτερα τους Υγειονομικούς, τους Εκπαιδευτικούς όλων των βαθμίδων, τους Υγειονομικούς Συντάκτες και τα ΜΜΕ, για τα πραγματικά περιστατικά γύρω από τη νέα γρίπη των χοίρων H1N1, και για την ανάγκη ή όχι εμβολιασμού του πληθυσμού για αυτή τη νέα γρίπη των χοίρων H1N1, οργανώνουμε:

Συνέντευξη Τύπου των Γιατρών της ΑΡΣΥ στην ΟΕΝΓΕ, Μάρνης 30, 7ος όροφος, Τετάρτη 4/11/09, 12.30 -13.30;
και Ημερίδα των Γιατρών της ΑΡΣΥ,στο Αμφιθέατρο της Νομικής Σχολής Πανεπιστημίου Αθηνών, Σόλωνος και Μασσαλίας, 1ος όροφος, Παρασκευή 6 Νοεμβρίου 2009, 6-9 μμ,
=> in English

THE FLU CASE

Leading doctor tells Greek TV swine flu jab not tested

The Flu Case, 18 November 2009 15:13
https://web.archive.org/web/20100102004444/http://theflucase.com/index.php?option=com_content&view=article&id=1854%3Aleading-doctor-tells-greek-tv-swine-flu-jab-not-tested-&catid=1%3Alatest-news&Itemid=64&lang=en

Athanasios Karabelis, director, Metaxas Hospital, Athens: "No to the vaccine for the new flu" [http://anopetra-eleos.blogspot.com/2009/11/blog-post_4629.html]

10th November 2009: On the news bulletin of the ALTER channel in Greece, the director of the pathology clinic of the Metaxas hospital Athanasios Karabelis **(**pathologist-oncologist) was categorical:

"Mortality from swine flu is 0.1-0.2%. New Zealand and Poland are not carrying out comprehensive vaccinations of citizens, restricting the relevant action to high-risk groups. The vaccine is not sufficiently tested and includes adjuvants suspected of triggering serious side-effects. The first reliable clinical study is expected in December 2010."

On Friday 6th November the syndicalist organization of doctors ARSI held a public meeting on the subject of the new flu at the Law School of the University of Athens.

The truth about the new swine flu H1N1 and the vaccine.
In the coming days vaccination will begin for "school students, health workers and vulnerable groups" against the new H1N1 swine flu, and the population as a whole is urged to be vaccinated against both the new flu and the seasonal flu, on a voluntary basis, without the written consent which was originally mandatory.

But there are many who doubt both the safety of, and the necessity for, these vaccines, and a large proportion of people internationally, including doctors, are declaring that they will not be vaccinated against the new flu.

This doubt is indeed justified, because the truth about this new H1N1 swine flu and the relevant vaccination has been systematically concealed, internationally, by everyone concerned who has something to gain from the conspiracy of silence, that is to say the pharmaceutical companies (the sickness industry), the mass media (the fear industry), the medical hierarchy and the fellow-travellers (opportunity for a career and side benefits), and the politicians - salesmen of protection.

THE FLU CASE

Marc Girard

Vaccination antigrippale : réquisition des professionnels de santé

The Flu Case, 10 Novembre 2009.
https://web.archive.org/web/20100102041130/http://theflucase.com/index.php?option=com_content&view=article&id=1726%3Amarc-girard-advises-french-health-workers-to-practise-non-cooperation&catid=1%3Alatest-news&Itemid=64&lang=en

Plusieurs internautes ont sollicité mon conseil après avoir reçu un ordre de réquisition.

Sous réserve d'une analyse juridique actuellement en cours, quelques remarques de bon sens peuvent aider nos collègues à gérer la situation.

Avant toute chose, il convient de remarquer qu'en pareille espèce, la résistance a d'autant plus de chances d'être efficace qu'elle sera collective. Sanction de son improvisation : le gouvernement n'a cessé de reculer (on vient encore de le voir avec l'abandon d'un projet de vaccination obligatoire dans la gendarmerie), et il ne prendra pas le risque d'affronter publiquement une opposition organisée et, surtout, motivée.

Le second point, c'est qu'en aucun cas, semblable réquisition ne peut s'accompagner d'une vaccination obligatoire: actuellement en France, il n'y a aucune obligation vaccinale contre la grippe "porcine". Il s'agit donc de refuser tout net toute pression en ce sens.

D'un point de vue pratique, toute réquisition doit être confirmée par écrit. Ce prérequis ouvre déjà un vaste champ d'action car, compte tenu de la désorganisation actuelle de la Poste:
- une lettre peut toujours n'être pas arrivée à destination (récemment, un de mes correspondants, habitant à 500 km de chez moi, a vu un de mes courriers lui parvenir - après un délai certain - après passage par le Laos...) ;
- un professionnel de santé surchargé peut toujours renoncer à faire une heure de queue au bureau de poste du coin pour aller retirer un recommandé.

Ainsi, s'autoriser du désordre actuel de la Poste pour ne pas se soumettre à un ordre de réquisition sera doublement moral, car il s'agira:
- de résister au comportement honteux d'un gouvernement s'appliquant à soumettre le peuple français aux desiderata des lobbies pharmaceutiques ;
- de renvoyer le gouvernement à ses contradictions : à l'échelle d'un pays, c'est difficile de prétendre organiser quoi que ce soit dans l'urgence quand on s'est appliqué à en désorganiser systématiquement les services postaux...

La maladie, d'autre part, réalise une condition de force majeure permettant de ne pas se soumettre à la réquisition:
- par les temps qui courent, nul ne peut contester à quiconque le droit à une bonne gastro-entérite virale ou à une intoxication alimentaire;
- il suffira d'appliquer les critères hautement discriminatifs qui ont permis aux autorités sanitaires d'accréditer l'existence d'une pandémie (fièvre à 38°C, un peu de toux) pour

s'autodiagnostiquer une grippe porcine et justifier les mesures d'isolement qui en découlent (Madame Bachelot ne pouvant, alors, que se féliciter de voir les contrevenants contribuer à crédibiliser le mythe d'une pandémie en constante croissance - auquel est s'est tellement consacrée...)

Avant mercredi 11/11/09 au soir, une analyse juridique viendra compléter les remarques qui précèdent. Dans l'entre temps, il est recommandé aux internautes de faire circuler au maximum le présent article.

THE FLU CASE

Marc Girard advises French health workers to practise non cooperation

The Flu Case, 10 Novembre 2009
https://web.archive.org/web/20100102041130/http://theflucase.com/index.php?option=com_content&view=article&id=1726%3Amarc-girard-advises-french-health-workers-to-practise-non-cooperation&catid=1%3Alatest-news&Itemid=64&lang=en

Dr Marc Girard has advised health professionals in France who have received letters from the government ordering them to participate in the mass "swine flu" vaccination campaign to practise non cooperation.

He notes the importance of collective resistance and says that the French government has rolled back its vaccination plans whenever the protests have been strong enough; he also suggests that plans to make the swine flu jab compulsory for the French Gendarmerie/Police and their families could soon be abandoned by the government.

He says health workers who have got a notice ordering them to turn up for service in a "vaccine center" could say that they are sick.

For example, a high fever of 38 degrees could be detected and health professional could perform a self diagnosis and attribute their illness to the "swine flu", a pandemic virus that justifies isolation.

"[The French Health Minister] Madame Bachelot can only be overjoyed to see events contributing to the credibility ot the myth that there is a pandemic that is constantly growing - to which she is so devoted...", Girard writes.

JIM.fr JOURNAL INTERNATIONAL DE MEDECINE

Vaccination des professionnels de santé: ça ne se bouscule quand même pas!

Journal International de Médecine, 10 Novembre 2009
https://web.archive.org/web/20100102054409/http://theflucase.com/index.php?option=com_content&view=article&id=1740%3Aonly-10-of-french-doctors-and-nurses-take-the-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

… ne semble pas avoir l'optimisme arithmétique (...):

«On a parlé de désaffection des professionnels de santé pour la vaccination, de début poussif, certains ont même parlé d'échec, un de ces experts (…) a même parlé de bide. Qu'en est-il vraiment? Je vous laisse juge : ils seront ce soir plus de 80 000 praticiens hospitaliers, médecins et infirmiers de ville à être vaccinés. Je dis bien 80 000». Ces chiffres méritent-ils cependant tant d'être répétés? Au regard des 800 000 professionnels de santé principalement visés par la campagne et du million de soignants que compte la France, il semble que moins de 10 % des personnes visées aient pour l'heure répondu à l'appel.

34 praticiens libéraux immunisés pour un bassin de population de 300 000 personnes!

C'est d'ailleurs ce dont témoigne également des chiffres rendus publics la semaine dernière. Ainsi, mercredi 4 novembre, l'Assistance publique des hôpitaux de Paris recensait 7 000 vaccinations, soit moins de 10 % de ses effectifs. Le lendemain, dans un communiqué commun, MG France, la Coordination médicale hospitalière et le Syndicat national de médecins, chirurgiens, spécialistes biologistes et pharmacien des hôpitaux publics (SNAM-HP) indiquaient que seuls 7 % des professionnels de santé hospitaliers auraient choisi de se faire vacciner. Par ailleurs, des données officielles du ministère de la santé confirmaient que selon les établissements, la couverture vaccinale variait entre 2 et 10 %.

Sur le terrain, les informations délivrées par les praticiens responsables de la vaccination confirment ce que Roselyne Bachelot refuse de devoir appeler une «désaffection». Ainsi, le chef du service «microbiologie et hygiène» d'un établissement francilien, contacté par le JIM, indique qu'au sein de son hôpital comptant 1900 personnes, seules 91 avaient choisi de se faire immuniser vendredi 6 novembre, ce qui correspond à 4 % du personnel. Concernant les praticiens libéraux, le spécialiste soulignait qu'au vu des demandes de rendez-vous enregistrées et des personnes s'étant déjà présentées à l'hôpital, une trentaine serait vaccinée « avant l'ouverture des centres dédiés». Ces résultats concernent un établissement situé dans un bassin de population comptant 300 000 personnes… qui bénéficieront donc le 12 novembre de 34 praticiens libéraux immunisés !

Roselyne Bachelot vaccinée le 12 novembre!

A l'heure des questions des journalistes, ce matin, l'équipe de Roselyne Bachelot se montrait un peu moins triomphaliste. Ainsi, le directeur général de la Santé, Didier Houssin, confirmait qu'il s'agissait d'un «faible pourcentage», qu'il évaluait «autour de 10 %». Cependant, il soulignait qu'il était sans doute «un peu tôt pour juger de la couverture vaccinale». Dans la lignée de son directeur général de la Santé, le ministre tempéra également son enthousiasme en remarquant que si les chiffres

étaient «encourageants», ils n'étaient pas «satisfaisants». Elle tint cependant à rappeler que de nettes différences prévalaient en fonction des hôpitaux, non seulement en raison d'organisations logistiques diverses, mais aussi en fonction «de l'histoire de l'épidémie». «Je pense par exemple à cet hôpital où deux nourrissons et deux femmes enceintes ont été hospitalisés» souffrant de formes sévères de la grippe A (H1N1), et où «les demandes de vaccination ont été beaucoup plus importantes» observe-t-elle.

Quelques minutes plus tôt lors de son exposé, le ministre avait évoqué le «décès dramatique d'une patiente au CH de Nice la semaine dernière très vraisemblablement contaminée au sein même de l'hôpital [qui] doit rappeler chaque professionnel, chaque personne au contact des plus fragiles d'entre nous au sens des responsabilités». Et pour témoigner qu'elle n'hésite pas elle-même à prendre ses responsabilités, Roselyne Bachelot a annoncé qu'elle se ferait vacciner le jeudi 12 novembre. Elle confirmera ainsi qu'elle fait toute confiance aux premiers rapports de pharmacovigilance qui ne font apparaître aucun trouble majeur associé à la vaccination contre la grippe A (H1N1). Ainsi, pour 50 000 personnes immunisées, une trentaine d'effets indésirables «d'intensité bénigne à modérée» ont été rapportés.

=> in English

THE FLU CASE

Only 10% of French doctors and nurses take the swine flu jab

The Flu Case, 11 Novembre 2009

https://web.archive.org/web/20100102054409/http://theflucase.com/index.php?option=com_content&view=article&id=1740%3Aonly-10-of-french-doctors-and-nurses-take-the-swine-flu-jab&catid=1%3Alatest-news&Itemid=64&lang=en

As few as 2% of the health care workers in some hospitals in France have taken the swine flu jab according to the French Health Ministry in spite of intense media hype about the swine flu pandemic and government pressure for a 100 % of health workers to take the shot.

A total of 80,000 out of 800,000 doctors and nurses and health care workers took the jab in France in the first phase of the country's mass swine flu vaccination campaign, reports Journal International de Medecine.

The head of microbiology and hygene department reported that only 91 out of its 1,900 staff had taken the swine flu jab by November 6th, which amounts to about 4 %.

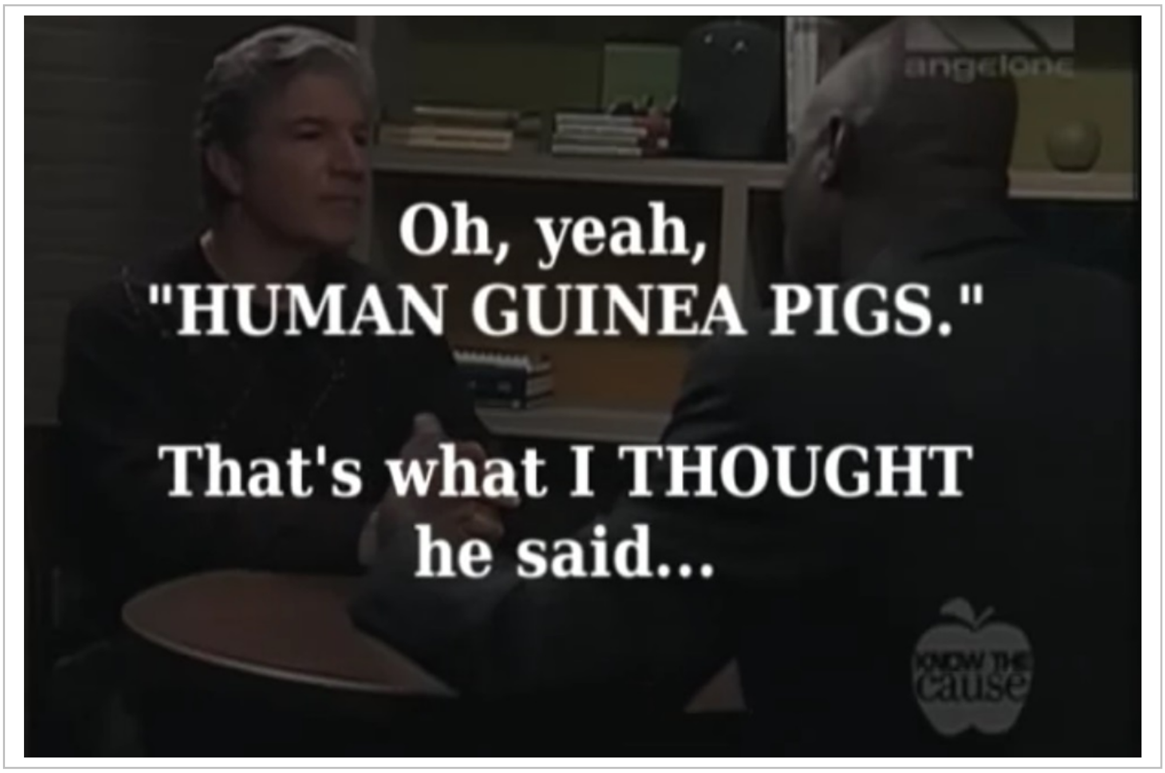
YouTube

Medical Doctor Retracts H1N1 Vaccine Advice After Reading Insert!

Medical Doctor Retracts H1N1 Vaccine Advice After Reading Insert!

You Tube, 13 November 2009
https://web.archive.org/web/20111118162836/http://www.youtube.com/watch?v=r051fXtfng8





=> ref: Medical Doctor Retracts H1N1 Vaccine Advice After Reading Insert

Kevin Copenhagen

Medical Doctor retracts H1N1 vaccine advice after reading insert

Raiva Escondida // Prisonplnet.com, 14 Novembro 2009
https://raivaescondida.wordpress.com/tag/swine-flu/
https://www.youtube.com/watch?v=r051fXtfng8

The following video highlights a retraction made by a medical doctor, **Dr. Roby Mitchell**, after he initially advised a group of nurses to take the H1N1 Swine Flu vaccine.

Once he had read the actual package insert which comes with the vaccine and realized that the vaccine makers themselves admit it is untested and may cause a myriad of disorders to include paralysis, neurological damage, possible sterilization and may cause fetal harm in pregnant women (one of the high priority groups targeted to get the vaccine), he retracted his advice so that they would have informed consent.

His reading of the insert also revealed that an adjuvant called MF 59, which is similar to the squalene molecule found in our normal nerve tissue, is indeed in the H1N1 vaccine after we've been told that adjuvants had been removed.

We need more doctors like this one in our country who use their common sense and not talking points from the media and pharmaceutical industry when giving advice to their patients and colleagues. My sincere compliments go out to Dr. Mitchell.



ΤΟΞΟΤΗΣ

Καταπληκτική στάση νοσηλευτών και γιατρών με αποχή στο "πρόγραμμα εμβολιασμού"

ViclyToxotis, 17 Νοεμβρίου 2009

https://web.archive.org/web/20101016121107/http://vickytoxotis.blogspot.com/2009/11/blog-post_9252.html

Σύμφωνα με διάφορα δημοσιεύματα τύπου, οι γιατροί και νοσηλευτές της χώρας μας ακολουθούν τη γραμμή που τήρησαν ήδη συνάδελφοι τους στην Ευρώπη και τις ΗΠΑ, απέχοντας από το πρόγραμμα εμβολιασμού για τη "νέα γρίπη". Η πλειοψηφία των γιατρών και του νοσηλευτικού προσωπικού των νοσοκομείων δεν προσήλθε για να εμβολιαστεί, δίνοντας το παράδειγμα στους υπόλοιπους πολίτες.

Βέβαια τα "ευχάριστα" για εμάς νέα, είναι αρνητικά για τις "αρμόδιες υπηρεσίες" που επί μήνες τρομοκρατούν τους πολίτες για να τους πείσουν με κάθε μέσο να εμβολιαστούν... κλασικό παράδειγμα η κ. Γιαμαρέλου που συνεχίζει να σνομπάρει τη στάση των γιατρών, μιλώντας για "έλλειψη επιστημονικής βάσης" για την επιφυλακτική στάση που τηρείται... με το μη-επιστημονικό επιχείρημα της "πως εμβολιάστηκαν -τάχα- εκατομμύρια άνθρωποι στον κόσμο και άρα δεν υπάρχει λόγος ανησυχίας"... Αμελεί φυσικά -εσκεμμένα- να αναφερθεί σε επιστημονικές έρευνες που αποδυκνίουν το γεγονός πως πολλές από τις άσχημες συνέπειες των εμβολίων εμφανίζονται μήνες ή και χρόνια μετά τον εμβολιασμό... Αλήθεια για τίνος το καλό κόπτεται η κυρία? της υγείας των πολιτών ή της τσέπης των φαρμακοβιομηχανιών και των σκοπιμοτήτων του ΠΟΥ?...

Γιατί δεν μπορούν πλέον να αρνηθούν πως δίχως την εναλλακτική ενημέρωση... ίσως και να είχαν πετύχει τα σκοτεινά σχέδια τους...

Ενδεικτικά διαβάζουμε στο in.gr:
Κατώτερη των προσδοκιών η ανταπόκριση στο πρόγραμμα εμβολιασμού κατά της νέας γρίπης

Όσον αφορά στο πρόγραμμα εμβολιασμού που ξεκίνησε τη Δευτέρα από το προσωπικό των νοσοκομείων, τα στοιχεία είναι μάλλον απογοητευτικά, αφού η πλειονότητα των ιατρών και των νοσηλευτών επέλεξαν να μην εμβολιαστούν.

Είναι αυτό που έλεγα παραπάνω: το δικό μας καλό μοιάζει "απογοητευτικό" για κάποιους άλλους ...

- Στο εμβολιαστικό κέντρο του Ερυθρού Σταυρού χορηγήθηκαν μόλις 79 εμβόλια -και από αυτά τα 20 έλαβαν χρόνια πάσχοντες που ανήκουν στην ομάδα υψηλού κινδύνου.
- Στο Γενικό Κρατικό εμβολιάστηκαν περίπου 50-55 γιατροί και νοσηλευτές και έξι πολίτες,
- ενώ στον Ευαγγελισμό -το μεγαλύτερο νοσοκομείο της Αττικής με περίπου 3.000 εργαζόμενους- εμβολιάστηκαν μόνο 60 γιατροί και νοσηλευτές.

Ανάλογη είναι η εικόνα και για τα νοσοκομεία της Θεσσαλονίκης.

- Στο νοσοκομείο ΑΧΕΠΑ προσήλθαν μόλις 40 εργαζόμενοι σε σύνολο άνω των 1.000, ενώ
- στο νοσοκομείο «Παπαγεωργίου» μόλις 10 από τους συνολικά 1.200 εργαζομένους.

Σημαντικός κρίνεται ο αντίκτυπος που είχαν δηλώσεις του προέδρου της Επιτροπής για την Πανδημία της Γρίπης του νοσοκομείου «Αγιος Παύλος» κ. Στρατή Πλωμαρίτη, ο οποίος παραιτήθηκε από τη θέση του εκφράζοντας σοβαρές επιφυλάξεις ως προς την αναγκαιότητα του εμβολίου.

Είναι χαρακτηριστικό πως στο νοσοκομείο «Αγ.Παύλος» δεν εμβολιάστηκε κανείς από τους συνολικά 750 εργαζομένους.

Μπράβο στον κύριο Πλωμαρίτη, που με την έντιμη στάση του σώζει τουλάχιστον 750 ανθρώπους από τον βέβαιο κίνδυνο των τοξικών εμβολίων! Μπράβο και σε όλους τους άλλους έντιμους λειτουργούς στο χώρο της υγείας που με το παράδειγμα τους δείχνουν στους πολίτες την ορθή στάση στο συγκεκριμένο ζήτημα. Μακάρι να είχαμε περισσότερους γιατρούς που να τιμούν τον όρκο τους... Λέμε εμείς βέβαια, γιατί οι "αρμόδιοι" του τρομο-εμβολιαστικού προγράμματος συνεχίζουν να εφησυχάζουν για την "δήθεν ασφάλεια" του τοξικού σκευάσματος και "ελπίζουν", όπως διαβάζουμε παρακάτω, να κάμψουν την εύστοχη άρνηση γιατρών και πολιτών να εμβολιαστούν.:

Οι υπεύθυνοι του προγράμματος εμβολιασμού ελπίζουν πως τις προσεχείς ημέρες η ανταπόκριση των ιατρών και των νοσηλευτών θα είναι μεγαλύτερη.

Η πρόεδρος της Επιτροπής Πανδημίας Γρίπης Ελένη Γιαμαρέλλου δήλωσε, από την πλευρά της, πως δεν υπάρχει επιστημονική βάση στις επιφυλάξεις που εκφράζονται.

«Οι Έλληνες είμαστε συγκριτικά με άλλους Ευρωπαίους σε ευνοϊκότερη θέση, δεδομένου πως ήδη έχουν εμβολιαστεί στο κόσμο εκατομμύρια άνθρωποι και άρα γνωρίζουμε πλέον πως δεν συντρέχει λόγος ανησυχίας» ανέφερε.

Τα "εύκολα" συμπεράσματα της κ. Γιαμαρέλλου, φανερώνουν την πλήρη συγκάλυψη της αλήθειας που τόσοι άλλοι γιατροί επισημαίνουν... (όπως στην αμέσως προηγούμενη ανάρτηση) και δεν χρειάζεται να πουμε πως δεν αξίζει να τα πιστεύουμε, αφού "καθήκον" των "αρμόδιων φορέων πανδημίας" είναι όχι η υγεία μας, αλλά η τυφλή προώθηση των εντολών που λαμβάνουν από τους "προϊσταμένους τους"...

=> English version

THE FLU CASE

Greek Doctors stay away from vaccination programme

The Flu Case, 17 November 2009
https://web.archive.org/web/20100102024152/http://theflucase.com/index.php?option=com_content&view=article&id=1848%3Agreek-doctors-and-nurses-shun-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

According to various news items appearing in the Greek media, the doctors and nurses of Greece are following the line already marked out by their colleagues in Europe and the USA, staying away from the vaccination programme for the "new flu". Most doctors and other medical staff at the hospitals have not gone to be vaccinated, setting the example for other citizens.

Of course, this news which is so pleasing to us is displeasing to the "authorities", who for months now have been trying to frighten citizens, pressuring them in every possible way to be vaccinated. The classic example is Mrs. Giamarellou, who is continuing to a deplore the stance of the doctors, speaking of a "lack of scientific foundation" for the doctors' present stance of reluctance, employing the unscientific argument that "millions of people in the world have been vaccinated, so that there are no grounds for anxiety." She neglects of course, apparently deliberately, to mention the scientific studies that indicate the fact that many of the unpleasant consequences of vaccines appear months and years after the vaccination. … Truly, whose benefit does this lady have in mind? Is she interested in people's health or the pockets of pharmaceutical companies and the agendas of the WHO?

Because it is undeniable that if it weren't for alternative information services, she may well have succeeded in her dark plans.

Response less than expected to the vaccination programme against the new flu.

As far as the vaccination programme is concerned, which started on Monday with hospital staff, the data appear disappointing, as most doctors and nurses chose not to be vaccinated.

(As indicated, what is good for us is "disappointing" for some others.)

- At the Red Cross vaccination centre only 79 vaccinations were administered – and of these 20 went to people belonging to the high-risk group.
- At the General State around 50-55 doctors and nurses were vaccinated and six members of the public.
- At the Evangelismos – the largest hospital in Attica, with around 3,000 employees, only 60 doctors and nurses were vaccinated.

The picture was similar in the hospitals of Thessaloniki.
- At the AHEPA hospital only 40 of the staff, of a total of 1,000, turned up to be vaccinated.
- At the Papageorgiou hospital 10 out of 1,200 turned up.

It is judged that the statements of the President of the Committee for the Influenza Pandemic at the St. Paul hospital, Stratos Plomaritis, had a significant effect. Dr. Plomaritis resigned from his position, expressing reservations as to the necessity for the vaccination.

It is characteristic that at the St. Paul hospital nobody was vaccinated, of a total staff of 750.

Congratulations to Dr. Plomaritis and to all the principled medical specialists who are respecting the vows they have taken.

But the "officials" of the "vaccinate in fear" programme are continuing to issue reassurances and to hope that the resistance of doctors and of the public will bend.

The President of the Committee for the Influenza Pandemic Eleni Giamarellou stated that there is no scientific foundation for the reservations being expressed.

"We Greeks are in a relatively favourable position compared to other Europeans, given that millions of people in the world have already been vaccinated, so that we know there are no grounds for anxiety."

=>

Greek Doctors and Nurses shun Swine Flu jab

The Flu Case, 17 November 2009 13:55
https://web.archive.org/web/20100102024152/http://theflucase.com/index.php?option=com_content&view=article&id=1848%3Agreek-doctors-and-nurses-shun-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Allgemeine Zeitung

Armin Burkart

Arzt lehnt Impfungen ab

Allgemeine Zeitung, 20 November 2009
https://web.archive.org/web/20091123072808/http://www.allgemeine-zeitung.de/region/alzey/alzey/7897806.htm

Schweinegrippe Vorsitzender des Gesundheitsnetzes nennt Wirkstoffverstärker als Grund.

Framersheim. Der Vorsitzende des Gesundheitsnetzes Alzey und Framersheimer Hausarzt, Dr. Friedel Rohr, lehnt Impfungen gegen die "Schweinegrippe" ab. "Ich impfe meine Patienten auf Wunsch gegen die saisonale Grippe und empfehle diese Impfung auch, biete aber keine Impfungen gegen H1N1 (Schweinegrippe) an", sagte Rohr.

Der Framersheimer Arzt begründet seine Ablehnung in erster Linie mit dem in dem "Schweine-geripppe-Impfstoff" enthaltenen Verstärker. Hier habe die alte Bundesregierung von Anfang an falsch informiert, "da ist massiv gelogen worden", protestiert Dr. Rohr. So sei die Behauptung unwahr, der Impfverstärker sei notwendig, weil die Pharmaindustrie sonst nicht ausreichend Zeit gehabt hätte, genügend Impfstoff zu produzieren. "Auf der ganzen Welt steht ausreichend Impfstoff ohne Verstärker zur Verfügung", behauptet Dr. Rohr. "Das Bundesgesundheitsministerium hat die Öffentlichkeit getäuscht. Für die Mitglieder des Bundestages wurde verstärkerfreier Impfstoff gefordert, während für die Bevölkerung der risikoreichere Impfstoff mit Verstärker bei der Pharmaindustrie bestellt wurde." Im Alzeyer Raum lehnten eine ganze Reihe von Ärzten ebenfalls die Impfung ab: "Nur fünf oder sechs Kollegen haben sich entschlossen zu impfen."

Dr. Rohr sieht inzwischen seine Skepsis bestätigt. In der Schweiz sei die Impfung für Kinder unter fünf Jahre und ältere Menschen verboten worden, in Deutschland werde inzwischen empfohlen, Schwangere nicht zu impfen. "Außerdem ist bekannt, dass bei 30 Prozent der Menschen die sich impfen lassen, Probleme auftreten", weiß Dr. Rohr. Er behandele seit drei Wochen in seiner Praxis eine Patientin, die nach der Impfung gegen "Schweinegerippe" an starken Nebenerscheinungen leide. "Diesen Risiken setze ich meine Patienten nicht aus, zumal die an `Schweinegrippe` erkrankten Personen, wenn sie direkt zum Arzt gehen, gut behandelt werden können."

Dr. Ralf Schneider, Alzey, bietet Impfungen gegen "Schweinegrippe" an und hat inzwischen etwa 150 Patienten geimpft. "Nur zwei waren danach bisher für einige Tage arbeitsunfähig", so Schneider. Täglich habe er jedoch auch sechs bis zehn Verdachtsfälle von Schweinegrippe in seiner Praxis. Ich selbst habe mich impfen lassen und hatte danach für zwei Tage leichtes Fieber", berichtet Schneider von seinen Erfahrungen.

"Bisher wissen wir, die Schweinegrippe verläuft meistens harmlos. Wir wissen auch, die Impfungen mit dem Impfverstärker haben mehr Nebenwirkungen als wir das aus bisherigen Immunisierungen kennen. Wir wissen aber nicht, was in den nächsten Monaten an Erkrankungen noch alles auf uns zukommt", so der Arzt. "Ich kläre prinzipiell meine Patienten über Nutzen und Risiken auf und dränge niemanden sich impfen zu lassen. Das muss jeder für sich selbst entscheiden", meint Dr. Schneider.

=> an English version

THE FLU CASE

German doctor accuses health ministry of "massive lies" concerning adjuvant squalene

The Flu Case, 20 November 2009, 15:37

https://web.archive.org/web/20100102054827/http://theflucase.com/index.php?option=com_content&view=article&id=1990%3Agerman-doctor-accuses-health-ministry-of-qmassive-liesq-concerning-adjuvant-squalene&catid=1%3Alatest-news&Itemid=64&lang=en

The head of the Health Net of Alzey und Framersheimer, GP Dr Friedel Rohr, has accused the German Health Ministry of deceiving the general public about the risks associated with the swine flu jab.

In a report in the local newspaper, Allgemine Zeitung, Alzey, Rohr said that there had been "massive lies" on the part of the German government concerning the jab and the adjuvant squalene.

He said it was not true to say that the adjuvant was needed by the pharmaceutical industry because there was too little vaccine to go round.

"There is sufficient vaccine without adjuvants in the whole world," he said.

Rohr also said that about 30 per cent of the people who took the swine flu jab developed problems.

He said he had been treating one woman for three weeks for serious side effects after taking the jab.

"I am not exposing my patients to this risk, especially as patients who become sick with the swine flu can be treated easily if they go directly to their doctor."

He said only five or six of his fellow doctors had decided to give the swine flu jab.

ThurgauerZeitung

Christina Weder

Der Impfwille hält sich in Grenzen

Thurgauer Zeitung, 20 Novembre 2009
https://web.archive.org/web/20091121151039/http://www.thurgauerzeitung.ch/thurgau/kanton/Der-Impfwille-haelt-sich-in-Grenzen/story/29896546

Die Schweinegrippe-Bilanz an den Spitälern: Zwei stationäre Patienten in Münsterlingen, acht Verdachtsfälle in Frauenfeld. Das Gesundheitspersonal gibt sich weiterhin impfkritisch.

Frauenfeld/Münsterlingen - Die Zahl der Grippefälle steigt in der Schweiz an. Im Spital Münsterlingen waren bisher zwei Patienten mit Schweinegrippe in Pflege, ein 40-jähriger Mann und vor Kurzem eine schwangere Frau. «Wir haben beide isoliert», sagt Infektiologe Martin Krause. Das Personal wurde mit Schürze und Mundschutz geschützt und hielt sich an eine «peinliche Handhygiene». Die Behandlung sei ohne Probleme verlaufen, beide konnten das Spital in der Zwischenzeit wieder verlassen. Im Spital Frauenfeld bestand in den letzten zehn Tagen bei acht Patienten der Verdacht auf Schweinegrippe.

220 Mitarbeiter geimpft

Die Spitäler appellieren an ihr Personal, sich impfen zu lassen, um eine Ausbreitung zu verhindern und die Ansteckung von Patienten zu vermeiden. Die Impf-Bereitschaft hält sich bis jetzt in Grenzen, ist aber grösser als bei der saisonalen Grippe-Impfung. Das belegen die aktuellen Zahlen. Seit zehn Tagen kann sich das Gesundheitspersonal im Thurgau gegen die Schweinegrippe impfen lassen. 220 Ärzte und Pflegepersonen des Spitals Frauenfeld haben dies bisher getan. Das sind 27 Prozent der Mitarbeiter, die mit Patienten in Kontakt stehen.

Es könnten noch mehr werden, da die Impfaktion noch nicht abgeschlossen ist. Personalarzt Philippe Rochat spricht schon jetzt von einer «erfreulichen Zahl». Denn bei der Impfung gegen die saisonale Grippe liegt der Prozentsatz um einiges tiefer – bei 18 Prozent. Im Kantonsspital Münsterlingen liessen aber auch gegen die Schweinegrippe nur 10 bis 15 Prozent der Mitarbeiter mit Patientenkontakt im Spital impfen. Für Kantonsarzt Max Dössegger ist dies zu wenig. Bei anderen Krankheiten sei eine Durchimpfrate von 85 Prozent erforderlich, um die weitere Ausbreitung zu stoppen. Er appelliert an die Berufsethik: «Mit der Impfung schützen die Pflegenden jene Menschen, die sie betreuen müssen.» Besonders in der Neugeborenen- und der Kinderabteilung sowie in der Frauenklinik sei es wichtig, dass das Personal geimpft sei.

«Frage der Verantwortung»

Während sich Ärzte eher impfen lassen, gilt insbesondere das Pflegepersonal als impfskeptisch. Katharina Linsi, Präsidentin der Ostschweizer Sektion des Berufsverbandes der Pflegefachfrauen und -männer (SBK), bestätigt diesen Eindruck. Sie hat sich unter Berufskolleginnen umgehört. Diese äusserten Bedenken, ob der Impfstoff genügend ausgetestet sei; dazu kommen Zweifel an der Wirksamkeit der Impfung und die Angst vor möglichen Nebenwirkungen.

Viele argumentieren auch, dass die Grippe für einen gesunden Menschen ja nicht so tragisch sei. «Die persönlichen Aspekte werden höher gewichtet als die professionellen», sagt Linsi, die selbst

geimpft ist. Für sie ist es eine Frage der Verantwortung: «Das Pflegepersonal hat täglich Kontakt zu vielen Menschen, die körperlich geschwächt sind. Je mehr sich impfen lassen, desto weniger verbreitet sich die Grippe.» Auch in Alters- und Pflegeheimen steht das Pflegepersonal der Schweinegrippe-Impfung kritisch gegenüber. Das sagt Dominique Nobel, Präsident von Curaviva Thurgau. Er rechnet mit einer tiefen Impfquote.

Die Impfung ist freiwillig. Dazu gezwungen werden kann niemand. Sollte sich die Pandemie-Lage verschärfen, sieht Kantonsarzt Dössegger Folgendes vor: «Man könnte das Personal anweisen, Masken zu tragen.» Eine andere Möglichkeit, die er in Betracht zieht, hat Genf gewählt. Dort tragen Pflegende einen Anstecker mit der Aufschrift: «Ich bin zu Ihrem Schutz geimpft.»

=>

THE FLU CASE

Swiss doctors and nurses shun swine flu jab in spite of pressure

The Flu Case, 21 November 2009, 13:37
https://web.archive.org/web/20100102031700/http://theflucase.com/index.php?option=com_content&view=article&id=2010%3Aswiss-doctors-and-nurses-shun-swine-flu-jab-in-spite-of-pressure&catid=1%3Alatest-news&Itemid=64&lang=en

Doctors and nurses in Switzerland have been told that they will not be forced to take the swine flu jab if the "pandemic" escalates but will be given the option of wearing a face mask or possibly a stick with the statement: "I have been vaccinated for your protection."

Uptake of the swine flu jab among Swiss doctors and nurses remains low in spite of huge pressure.

MERCOLA
Take Control of Your Health

Joseph Mercola

Swine Flu Vaccine: Physicians' Rejection of the Injection

Mercola.com, 26 November 2009
http://articles.mercola.com/sites/articles/archive/2009/11/26/Swine-Flu-Vaccine-Physicians-Rejection-of-the-Injection.aspx
https://web.archive.org/web/20100102042539/http://theflucase.com/index.php?option=com_content&view=article&id=2092%3Aswine-flu-vaccine-physicians-rejection-of-the-injection-by-dr-mercola&catid=1%3Alatest-news&Itemid=64&lang=en

One senior physician at Pediatric Village is refusing to recommend H1N1 shots or nasal spray to any of her patients. She is one of a small cadre of outliers who remain skeptical about the government's unprecedented immunization campaign, citing doubts about the risks presented by the H1N1 virus or the safety of the vaccine.

"My feeling is that this is all being over-hyped," said Laurence J. Murphy, a pediatrician in Burke who also will not inoculate his patients. "Most people who get this virus do beautifully. I believe the vaccine hasn't been tested enough. I just think the benefit of it at this point is not outweighed by the possible risk."

Murphy said he has no reason to think the vaccine is unsafe – he, like many of the skeptics, said he generally supports vaccinations. But he wonders whether it was tested enough.

"They just didn't have the time to do that properly. They mean well and they are not doing anything to mislead people in any direct way. The reality is no one knows. I'm not pretending to know. I don't think they should pretend to know," he said.

"What bothers me is pretty much every doctor in the country is jumping on the bandwagon and saying, 'This vaccine is completely safe' – even for the pregnant woman and the unborn baby," said Bob Sears, of Orange County, Calif. "But they can't give you a single study that backs up that statement."

Scientists working to understand the genetic makeup of the H1N1 virus that causes the disease have linked it to a virus behind a 1998 swine flu outbreak at an industrial hog farm in Sampson County, North Carolina's leading hog producer. A virus related to the current outbreak was first identified a decade ago at a farm in the eastern North Carolina County.

The 1998 North Carolina outbreak began with pregnant sows developing high fevers. A state microbiologist who tested nasal samples taken from the animals was surprised to encounter a virus he didn't recognize – and his alarm grew when he found that some of the sick animals had been immunized for ordinary swine flu.

The H1N1 virus behind the current flu outbreak contains genetic material from birds, humans and pigs, though it's called "swine flu" because it's a type of virus that typically infects hogs.

If nothing else, the latest swine flu outbreak should spur governments to begin building a safer, more sustainable agricultural structure. And they must reach across national lines to do so, since neither agribusiness nor viruses are held back by borders.

THE FLU CASE

Susie Stone

**Doctors are speaking out about the dangers of H1N1 vaccine ...
have you heard the news?**

The Flu Case, 2 December 2009, 2:54 PM

https://web.archive.org/web/20100102020608/http://theflucase.com/index.php?option=com_content&view=article&id=2170%3Adoctors-are-speaking-out-about-the-dangers-of-h1n1-vaccinehave-you-heard-the-news-&catid=1%3Alatest-news&Itemid=64&lang=en

The media doesn't cover it and the CDC isn't telling; but numerous medical professionals have warned health authorities and continue to warn the public about the dangers and ineffectiveness of the vaccine.

Pediatrician, Laurence J. Murphy, will not inoculate his patients with the H1N1 vaccine, saying,"My feeling is that this is all being over-hyped, most people who get this virus do beautifully. I believe the vaccine hasn't been tested enough. I just think the benefit of it at this point is not outweighed by the possible risk." (The Washington Post)

More and more Americans are researching on their own and more and more doctors are presenting the dangers of H1N1 vaccine. Why? Because our health officials are NOT being truthful or providing the facts to the public. Health officials cannot, in all honesty and integrity, announce that the vaccine is "safe and effective," when research and the manufacturer's inserts state otherwise.

If our health officials are as professional and prudent as we would like to think, wouldn't it be advantageous to make sure everyone is fully informed of ALL THE RISKS...You are the one taking all those risks!

The flu shot is no guarantee against getting the flu

Dr. Anthony Morris, a distinguished virologist and former Chief Vaccine Office at the U.S. Federal Drug Administration (FDA), states that "There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza" and that "The producers of these vaccines know they are worthless, but they go on selling them anyway." (reported by Richard Gale and Dr. Gary Null)

Dr. Palevsky, M.D., F.A.A.P. explains, "More studies are coming out to show that the proper studies haven't been done; antibodies are not the final way in which your body is protected, there is a difference between how children process material through air and food versus through injection, there are particles in vaccines that do accumulate in your body and cause impairments in your immune system, there are particles in the vaccines that get into your brain, and there are foreign DNA particles that get into your body."

"Remember, as tragic as any death is, the greater tragedy is using the few deaths that have occurred – which were in most cases not directly caused by the H1N1 virus – as fuel to get rid of useless vaccines that may do more harm than good," Dr. Mercola.

Stay informed, eat well, live well.

Ali Gorman

Hospital workers lose jobs over flu shot

ABC 6 Action News, 4 December 2009.
https://web.archive.org/web/20091213053046/http://abclocal.go.com/wpvi/story?section=news/health&id=7153869

Philadelphia – December 4, 2009 (WPVI) – This year, the Children's Hospital of Philadelphia made it mandatory for employees to get the seasonal flu shot. There were some exemptions made for medical or religious reasons, but some employees were denied that exemption and because they wouldn't get the shot they lost their jobs.

"We're very concerned because this is our livelihood, this is our main source of income, my husband and I, we have a mortgage; we have 5 children," terminated employee Tyrika Cowlay said.

Tyrika and her husband are among nine CHOP employees who as of today lost their jobs due to refusing to be vaccinated against the seasonal flu.

They refused the vaccine based on religious beliefs. They are not the only ones.

"I'm just standing up for what I believe in and it's hard, it really is," terminated employee Khadijah Muhammad said.

Officials at CHOP say some religious exemption requests were accepted, others were not.

Rodney Bond, a CHOP employee of more than 30 years who is now terminated, says this is not fair.

"How do you pick and choose what religion is credible?" Bond said.

Dr. Susan Coffin, an infectious disease doctor at CHOP, says the decisions were made on a case-by-case basis and looked at whether employees have had other vaccinations in the past. The employees we spoke with say they either don't recall getting other shots or have chosen not to recently due to new religious beliefs.

The terminated workers offered to wear masks, but Dr. Coffin says masks aren't enough.

"We just can't rely on a somewhat flimsy mask to provide all the protection our patients need when we have another option," Dr. Coffin said.

She also says the decision to let workers go was not an easy, but again was done to protect patients.

"It's not right for our patients to come to our hospital, have us look them in the eye and say we are doing everything possible to keep you healthy and safe here knowing we have people who walk through the hallways when they are making a choice not to get vaccinated," Dr. Coffin said.

This shot in quesion was the seasonal flu vaccine, not the H1N1. The hospital did not make that vaccine mandatory due to the low supply of doses.

Le Parisien

Les futurs infirmiers contre les réquisitions

Le Parisien, 5 Décembre 2009, 07h00
https://www.leparisien.fr/paris-75/paris-75007/les-futurs-infirmiers-contre-les-requisitions-05-12-2009-733625.php

VII e . «Etudiants réquisitionnés, on n'est pas des boulets», «la vaccination tue la formation».

Blouse blanche et masque chirurgical sur le visage, plusieurs centaines d'étudiants infirmiers, venus de toute l'Ile-de-France, ont manifesté hier devant le ministère de la Santé, dans le VII e.

Objectif: dénoncer les conditions dans lesquelles ils sont réquisitionnés pour participer à la campagne de vaccination contre la grippe A/H1N1.

«Des cours et des stages sont supprimés, alors que nous passons les examens dans quelques mois», détaille Edouard, 24 ans, élève de troisième année à la Pitié-Salêpetrière (XIII e).

Une délégation a été reçue par le cabinet de Roselyne Bachelot dans l'après-midi.

«On nous a promis que la participation se ferait uniquement sur la base du volontariat. Mais nous restons vigilants», estimait un délégué syndical à l'issue de l'entretien.



L'envers du décors des camps de vaccination - Au secours!

News of Tomorrow, 5 Décembre 2009
https://web.archive.org/web/20091222045008/http://newsoftomorrow.org/spip.php?page=imprimir_articulo&id_article=6962

Le mot d'ordre est de vacciner a tous prix, quelque soit les risques!

Aujourd'hui se tenait une manifestation d'étudiants infirmiers devant le ministère de la santé pour dénoncer la situation dont ils sont les victimes et l'organisation scandaleuse des centres de vaccinations.

Je me suis rendu à cette manifestation... Et j'ai appris des choses! Environ un millier d'étudiants et "professeurs" sont venus, une délégation a été reçue par le ministère, mais rien, comme d'habitude dans les médias (si, 5 secondes sur TF1 qui ne disent rien sur le problème de fond).

Donc voilà la situation: depuis le 12 novembre, les centres de vaccination ont ouverts. La vaccination est faite par des étudiants infirmiers de troisième année, au départ volontaires. Puis il a fallut faire plus, et les réquisitions ont commencées.

- Des réquisitions illégales: un simple mail, des listes collectives, un coup de téléphone de la DDRAS. Rien d'écrit alors que la loi exige un courrier nominatif, signé par le préfet, afin de clarifier les horaires, les modalités de l'action, etc (on parle de santé quand même!

- Des menaces envers les étudiants et leur diplôme: Pendant plusieurs semaines, les infirmiers réquisitionnés se sont rendus aux centres, et aujourd'hui ils ont l'impression de s'être fait avoir. Vous ne venez pas vaccinez? Alors vous serez recalé pour le diplôme d'État! Mais surtout, tous doivent cesser leur stage indispensable pour leurs études, ils ne peuvent plus suivre les cours, ou sinon réussir à terminer un mémoire ou préparer des examens après des heures de réquisitions... d'autant plus que les professeurs/encadrants sont aussi réquisitionnés. Et du coup, les premières année et deuxième années se retrouvent... sans professeur! Du coup la carotte est la suivante: vous venez vaccinez et vous aurez votre diplôme sans problème (il ne vaudra rien). Avec à la clé, la menace d'envoyer les gendarmes à domicile si l'on optempère pas!

- Les details: Normalement, il était prévu deux séances de vacations par semaine, et non vaccinez presque sept jours sur sept, de 8 heures à 22 heures! D'autant plus que les étudiants ne sont pas rémunérés, ils doivent prendre à leur charge les transports, et ils sont souvent envoyés à des dizaines de kilomètres de là où ils habitent.

- La situation dans les centres: De nombreux étudiants sont venus témoignés. Ils dénoncent, et ce n'est pas des cas isolés:
- le fait qu'il n'y ait pas de gant pour vacciner! ouch:
- le manque d'organisation généralisé
- le flou autour de la vaccination des jeunes enfants, pas de consignes claires, dose de 0,25 ou 0,50 ça change d'un jour à l'autre
- les aiguilles ne sont pas adéquates

- un enfant de 8 ans fait un malaise, rien pour y faire face, dans tout un gymnase un seul brancard, une seule fiole d'adrénaline...
- les horaires sont épuisants, leur travail non rémunéré, pas de possibilité de se restaurer ou de boire sur place
- au moindre accident ils seront les premiers à être accusés, non assuré (pas de papier officiel)
- vacciner à tous prix, même les enfants avec des vaccins adjuvantés!
- il n'y a aucun contrôle d'identité à l'entrée, vous ou moi pourrions nous présenter comme médecin ou comme infirmier, pas de problème!
- les chefs de centre de vaccination sont méprisants vis à vis des infirmières
- plusieurs cas de séquestration (si, si!): les vestiaires avec les affaires des infirmières étaient fermés a clé par les chefs de centre pour qu'elles ne puissent pas partir!

Il y a donc un ras le bol général, puisque aujourd'hui il y a eu confirmation grâce à la délégation envoyée, que les réquisitions devaient se faire en bonne et du forme, et plus à l'encontre de la loi! Pendant plusieurs semaines, ils se sont fait avoir mais maintenant le mot d'ordre est le suivant: ne plus répondre au coup de fil de la DRASS, ne rien signer, ne plus se rendre au réquisitions qui sont illégales.

=> see English version on the next page

THE FLU CASE

French student nurses protest Squalor and Terror in Army-run vaccine camps

The Flu Case, 9 December 2009, 13:31
http://newsoftomorrow.org/spip.php?page=imprimir_articulo&id_article=6962
https://web.archive.org/web/20100102043441/http://theflucase.com/index.php?option=com_content&view=article&id=2205%3Afrench-student-nurses-protest-squalor-andterror-in-army-run-vaccine-camps&catid=41%3Ahighlighted-news&Itemid=105&lang=en

About a thousand student nurses and teachers staged a demonstration outside the Ministry of Health in Paris, France, on Saturday against a government order compelling them to work in the country's 1,100 swine flu vaccine centers as reports of disorganization, squalor and intimidation emerge.

The student nurses say they are being forced to work in inhuman conditions having to put in 14-hour days without proper breaks under a decree that compels them to work in the centers for no pay. Students who refuse report being escorted to the centers by the police.

Though student nurses are not allowed to give injections because they are not fully qualified, they are being made to work such long hours that they are unable to attend their regular classes.

They have to work seven days a week including Sunday from 8 am until 10 pm with barely a break in between in what appears to be part of a well-known tactic to keep people so stressed that they have no time to organize a protest.

They have to pay for the costs of travelling often long distances to the vaccine centers out of their own pocket and are obliged to stay there until 10:30 pm.

The heads of the nursing school are reported to be putting intense pressure on the students to do their "duty" and give people jabs with the untested swine flu vaccine in the centers, the students say. Teachers are also being requisitioned, leaving the first and second years without instructors.

The students have been promised they will get their certificates without doing their exams as long as they work in the swine flu jab centers.

Students from the third year on were first asked to work in the vaccine centres on a voluntary basis but this changed in November, and now student nurses are being summoned to forced work by a phone call. The law on requisitions requires the summons to be delivered by a letter. However, the authority, DRASS phones students out of the blue with immediate demands.

Students working in the centers report chaos, the administration of arbitrary doses of swine flu vaccines as well as the absence of proper provisions to treat people who suffer a reaction to the jab.

A child of 8 who became sick after getting the jab could not immediately be helped because there were no adequate facilities with limited availability of even flowing water, one witness report.

The student nurses also say the doses they are ordered to give can vary from day to day for no apparent reason. People can wonder in and out of the vaccination zone with minimal security checks.

Babies are being given jabs with untested adjuvants. Nurses who resist are ordered to give the jab by their center's management.

The nurses report they are not allowed to rest or take a break; if there is a problem, they are the first to be accused.

Papers are also taken from them and put under lock and key.

The swine flu vaccine centers appear to be run by the army or branches of the police or fire services under the direction of the prefect of each department.

At least 100 to 150 army medical corps vaccination teams are reported to be already at work in the vaccine centers underling the military character of the vaccine campaign.

Family doctors have been systematically excluded from participating in the swine flu campaign on the orders of the government.

Very few nurses and doctors volunteered to work in the centers leading to the government requisitioning medical personnel to give the jab as well as units from the controversial army medical corps, which produces Tamiflu for Roche.

Only doctors can refuse the requisition order if they pay a fine of 3750 euros.

The mainstream media in France is not reporting the concerns of the nurses and doctors. TF1 showed only a clip of a few seconds of the nurses protest on Saturday outside the ministry of health when a delegation met government officials.

However, even the sanitized mainstream media clips of the vaccine centers portray as the vaccination campaign that resembles a military operation in an occupied country rather than a medical programme.

One video shows people standing in the freezing cold for up to four hours in the cold outside a center.



https://www.youtube.com/watch?v=TQkSs0Sus7Q



What appear to be security or army personnel open chained gates and wave people on with hand signals.

Inside the centers, people stand in overcrowded corridors.

Most of the sports hall is taken up with an administration area comprising metal barriers, a group of tables with numerous white tents that serve as the injection cubicles.

New arrivals are crowded together in the remaining portion having to wait in lines to register.

Another video shows the same long queues and overcrowding in a center in Lyon run by Lieutenant Colonel Claude Guillard, a high-ranking commander in the Rhone department firefighting services.



http://www.youtube.com/watch?v=bo-GV2A6do4

Nurses are seen wearing plastic overcoats and gloves. People are being shown injected with the swine flu vaccine sitting on a chair in front of desks covered with papers. There appear to be minimum hygiene provisions.

Many of the centres have security locks on the orders of the government, sparking fears that at some point the government is planning to make the vaccination compulsory.

The pictures of long lines of freezing people waiting for hours in the cold with their children are reminiscent of war zones.

The nurses are now protesting the illegal requisition orders made by phone and the illegal requirement to give toxic substances to their fellow human beings.

In a campaign of non compliance, they are refusing to go and refusing to sign any papers.

Criminal charges should be brought against DRASS, the management of nursing schools and vaccine centers, the government and the pharmaceutical companies for using illegal means to force student nurses to carry out illegal orders that potentially result in harm to other people.

THE FLU CASE

Are Doctors using their Ingenuity to avoid giving the soft Kill Jab?

The Flu Case, 18 December 2009, 12:03
https://web.archive.org/web/20100220010807/http://www.theflucase.com/index.php?option=com_content&view=article&id=2328%3Aare-doctors-using-their-ingenuity-to-circumvent-giving-the-soft-kill-jab&catid=1%3Alatest-news&Itemid=64&lang=en

Reports are coming in that doctors are using various methods to ensure that they do not give patients the toxic and untested swine flu jab in spite of orders from authorities.

This is a report from Europe:

"A friend of mine knows an [elderly] lady, who was addressed by the authorities to get vaccinated as she belongs to a risk group.

So, at the appointed time a woman-doctor (paid by the state) came to her home, prepared all the necessary stuff with syringe etc and held a ball of cotton-wool in her hand, which she positioned beside the spot where the injection should take place. The doctor only stang slightly and shortly into the skin - the lady did not feel any liquid entering her arm - and she supposes that the doctor had the whole lot of vaccine flow into the ball of cotton-wool outside .... a genius way for doctors, to do their duty without harming people .... in case there is no chip in the tip of the needle," emails a person.

Doctors advise not to vaccinate against influenza A (H1N1)

Ennahar, 31 December 2009 12:05:00

https://web.archive.org/web/20100105194601/http://www.ennaharonline.com/en/news/2754.html

Algiers. – The department of epidemiology and preventive medicine at the University Hospital of Beni Messous has not experienced rush to vaccinate against influenza A (H1N1). Apart from doctors and staff working in the health sector, few people appeared to be vaccinated.

It was eleven o'clock when we headed to the epidemiological and preventive medicine services where we had found only service employees whose opinions were divided between those for and those against. Those who have been vaccinated believe that the vaccine was effective to protect against the flu that kills.

Professor Soukhal Abdelkrim, head of epidemiology department was the first to be vaccinated. He declared that the vaccine is a need to guard against the epidemic spreading in recent times and that resulted in casualties. The influenza A (H1N1), according to the professor, attacks the immune system and lung cells in 24 hours because of its ability to multiply.

Poor regions are more vulnerable due to lack of conditions of life, including health. *Nutrition plays a very important role* as according to him and these regions are therefore more exposed to the dangers of the virus of swine influenza. The influenza A (H1N1), according to our interlocutor, can live up to 5 minutes in the palm of the hand, 12 hours on clothing and 48 hours on iron, which helps its quick spread. He added that the only way is to get vaccinated to stop the spread of this virus.

Mohamed, a nurse, decided not to get vaccinated, because he believes the department thinks about something else rather than take charge of their claims relating to health employees status and the issue of wages. Mohammed tells us that he and his family will be a prey to the virus because of malnutrition. He adds that their "rights are violated and the department has not deigned to take into consideration their social situation while it is concerned about the swine flu. "Hunger will kill us before the virus," he says.

In France they say it is not efficient

Soumia is also a nurse, she refused to be vaccinated regardless of conditions. She said she had followed the hype surrounding the vaccine campaign in France whose conclusion was that the evil was greater than the benefit of the vaccine. Prevention, she said, remains the best way to guard against swine flu.

Hamida, housewife: "My doctor recommended me not to be vaccinate"

Ali, a doctor in the service of Epidemiology: "I will immediately get vaccinated; I will not wait until I catch the disease to cure.

Expert Explains the Flu Vaccine Deception and the Swine Flu Hoax

Tandhälso-förbundet, 5 January 2010
https://www.tf.nu/artiklar/expert-explains-the-flu-vaccine-deception-and-the-swine-flu-hoax/

Dr. Shiv Chopra was a drug company insider, and also worked for what is now Health Canada -- the Canadian equivalent of the FDA. He is uniquely qualified to explain why no flu vaccine has ever worked, and that swine flu and avian flu are nothing more than hoaxes.

Expert Explains the Flu Vaccine Deception and the Swine Flu Hoax

Dr. Mercola's Comments:

I met Dr. Chopra while we were both attending the National Vaccine Information Center's "4th International Conference on Vaccines" in Washington D.C. He was clearly one of the top leading experts there, giving an enormously compelling and effective presentation that got rounds of standing ovations.

Dr. Chopra is an insider; he was hired by the drug companies and worked with vaccine development in Europe. He has also worked for the Canadian government, in the equivalent of the FDA. He was a senior scientific advisor for what is now Health Canada for 20 years, working primarily in vaccines and antibiotics.

So with respect to vaccines, the understanding of them and the history and the regulatory authorities that are involved with them, there are really very few people in the entire world who are more qualified than Dr. Chopra to comment on the issues, specifically swine flu.

And that is why I am so excited to share this interview with all of you.

Swine Flu: True Claims or Mere Hoax?

Is swine flu really a devastating pandemic that may wipe out large numbers of people? Are you doing yourself disservice by not getting the vaccine? According to Dr. Chopra, no and no way.

He states:

"No flu vaccine has ever worked. Swine flu, we don't even know there is such a thing. It's a misnomer. Avian [bird] flu, these are all made-up things. The whole thing is a hoax. It has been for the last 10 years. First they started with the avian flu, and then swine flu."

For those of you who don't remember, the bird flu epidemic – predicted to kill some 2 million Americans – turned out to be a whole lot of hot air, and not much else. This is why I wrote the book The Great Bird Flu Hoax.

Dr. Chopra was really one of the earliest advocates to warn that the bird flu was a hoax, and he explains that nobody really knows to this day what all of the major influenza epidemics of the past really were – including the 1918 flu epidemic.

"How come they never talked about this influenza in India? We never heard of it. I never heard of it. Remember, this swine flu at that time was originally called Spanish flu, and the Spanish called it French flu because the two countries were on the opposite sides of the war. And then eventually they settled on swine flu. Again, nobody knew if that was really swine flu because we didn't know how to isolate a virus at that time," Dr. Chopra says.

"There were no tissue cultures and the viruses didn't grow outside living cells. We know a lot of people died; exactly what they died of, it could be swine flu, the virus, or pneumonia. We didn't have any antibiotics at that time. So complications may have killed them. It's even possible as some people say it was: with influenza you get fairly high fever, with some flu you get higher fever.

The aspirin at the time was a thing to reduce your body temperature. People say too much aspirin – there were no controls, we didn't know how aspirin really worked and what damage it did. Some people may have died from internal bleeding, by taking too much aspirin and trying to bring the temperature down," he continues.

How Did Vaccines Come to be Trusted?

You may remember the 1976 swine flu epidemic, which also never materialized. Dr. Chopra shares the inside story on how it materialized and why so many people jumped on the vaccine bandwagon:

"All of a sudden, a rumor came out: an American marine had died of influenza and it was swine influenza. Nobody compared it to the actual swine influenza … Nobody also revealed that that soldier on that day had run 12 miles. With a fever going, this can happen: he died. This became a reality for America. They said, "There's going to be a major epidemic, a pandemic. It's going to kill millions of people around the world. At least we're going to take care of America"."

So Merck was contracted to produce a swine flu vaccine for every single American. The American population at that time was 250 million, so 250 million doses were taken care of at that time for the United States.

We were next door in Canada. I was working on these issues, too, and we had a high-powered meeting. What are we going to do? We approached Merck and Merck said, "We don't have enough vaccine. We only have for the Americans. We don't have for you." So Canada ran around to bu y the vaccine at that time.

We had a company in Toronto: Canadian company Canada Laboratories, who used to make insulin and so on. They said, "We can't make it but we can get it for you from Glaxo." So a contract we proposed for 21 million doses because Canada's population at that time was 21 million. Now it's 33.

So we prepared a contract. I was sitting there in this meeting and said, "You know, people, let's really consider: is it necessary?

I said that in 1968, I used to live in England. When that epidemic occurred at that time in England, they were saying they don't have enough vaccine; it will only be given to senior executives and important people. Because I worked in a pharmaceutical company as a senior executive, I was offered the vaccine.

But I didn't take it. So I left and I said in this meeting in '76 in Canada that I didn't take the vaccine. The funny thing is, I was sick only once. People who took the vaccine were sick twice: their first from the vaccine, then from the flu because it didn't protect them."

This whole business of vaccines, for a long time, used to be under the National Institutes of Health, Dr. Chopra explained.

"So the government was responsible for doing good to the entire public. Public health was under that area. If the government was doing it, there was no question ever raised that they will do any wrong thing. They're making vaccines. All over the world, it was the same system. So they were not brought under the regular drug evaluation system," he says.

"This is the way the politics of vaccines work," he continues. "What I'm saying categorically is that vaccines have never been tested. Vaccines other than smallpox have never been tested for safety or efficacy, as they should have been."

Real Scare from the H1N1 'Pandemic'

You may recall over the summer when the World Health Organization raised the swine flu threat level from a 5 to a 6, which meant this is a full-blown pandemic. As Dr. Chopra explains, this decision, along with the news that the virus was "mutating," may have been completely unfounded.

"Who is the Directorate General of the WHO to say that "I'm raising it to pandemic level #6 ?" Based on what? At the same time, from the same sources, we're receiving information that we think sooner or later, the virus is going to mutate. We don't know when but it is going to. How did they know that? How do they come to that conclusion?

Then we hear the new virus H1N1 has components: the bird flu, H5N1, or the other way around. When you use these kinds of numbers and technical words, it frightens people because they don't understand what H or N stands for. They take people's words for it and the media picks it up and then starts to say, "This is very different. This is entirely different. This has components of the 1918 flu and the bird flu. It also has the swine flu."

And you go around in Mexico and you get H1N1 in the swine right now. So you make six, eight or ten different drugs, different vaccines as many as the companies, and then you say, "Some will be live and they'll be given in the nose, some will be killed, some will have adjuvants like squalene oils… And some people are being given nasal vaccine, so that means a live virus. If you're putting a drop in the nose like you put the drop of polio in the mouth, then those are the portals of entry that obviously mean this is a live virus. If it's a live virus, then you actually maybe creating a pandemic with whatever you manufactured in the laboratory. If it's a live virus then that's what could happen," he states.

One of the Most Massive Cover-Ups in American History?

Swine flu is quickly becoming exposed for the massive hoax it really is. For more insider information, be sure to listen to my interview with retired neurosurgeon and researcher Dr. Russell Blaylock and stay tuned to the newsletter for the latest news and updates.

SPIEGEL Wissenschaft

Veronika Hackenbroch und Katrin Elger

Oberster Arzneimittelprüfer muss gehen

Spigel, 21 Januar 2010, 20:43
https://www.spiegel.de/wissenschaft/medizin/iqwig-chef-sawicki-oberster-arzneimittelpruefer-muss-gehen-a-673239.html

Der Krimi um IQWiG-Chef Peter Sawicki ist zu Ende: Nach Informationen von SPIEGEL online soll der Chef des obersten Arzneimittelprüfinstituts seinen Posten räumen. Es ist ein Sieg der Klientelpolitik und der Pharmaindustrie über den Mann, der ihr lange Zeit ein Dorn im Auge war.

Der Vorstand der Stiftung für Qualität und Wirtschaftlichkeit im Gesundheitswesen beriet sich vergangenen Mittwoch fast fünf Stunden lang. Am Ende stand fest, was alle erwartet und viele befürchtet hatten: Peter Sawicki, der Leiter des von der Stiftung getragenen Instituts für Qualität und Wirtschaftlichkeit im Gesundheitswesen

(IQWiG), muss gehen. Sein Vertrag läuft noch bis Ende August, danach wird er abgelöst. Zwar wurde die endgültige Entscheidung auf Freitag vertagt, da vorher noch der Stiftungsrat angehört werden muss. Das, verlautete aus Kreisen des Vorstands, sei jedoch eine reine Formalie. Sawickis Abgang sei besiegelt.

Sawicki und das 2004 gegründete IQWiG sind der Pharmaindustrie schon lange ein Dorn im Auge. Das Institut soll die Vor- und Nachteile medizinischer Leistungen, vor allem aber die Wirksamkeit von Arzneimitteln bewerten. Fällt eine solche Bewertung negativ aus, werden die Kosten für das Mittel oft nicht mehr von den gesetzlichen Kassen übernommen - schon eine einzige IQWiG-Entscheidung kann so für den Hersteller Verluste in mehrstelliger Millionenhöhe bedeuten.

Der Hauptgrund für Sawickis Rauswurf ist jedoch offiziell eine "Dienstwagenaffäre": Sawicki schloss 2006 und 2009 Leasing-Verträge für zwei Dienstwagen ab, einen Audi Q7 und einen Audi Q5. Dies sei ein Verstoß gegen seinen Dienstvertrag gewesen, urteilte die mit der Prüfung des Vorgangs beauftragte BDO Deutsche Warentreuhand AG Wirtschaftsprüfungsgesellschaft. Sawicki hätte zumindest zuvor den Vorstand informieren müssen.

Häme wegen "Dienstwagenaffäre" und Nepotismus-Vorwürfen

"Pharmaprüfer am Pranger" schrieb die "Frankfurter Rundschau" daraufhin. "Dienstwagenaffäre belastet Arzneimittelprüfer" die "Frankfurter Allgemeine Zeitung". Hämisch nannte sie Sawicki "Wiederholungstäter" und schrieb, dies mache "seinen Verbleib an der Spitze eines Instituts unmöglich, das als integrer Gegenspieler zur Pharmaindustrie fungieren soll."

Tatsächlich jedoch bleibt bei näherer Betrachtung von der Dienstwagenaffäre wenig übrig: Ein von Sawicki in Auftrag gegebenes Rechtsgutachten kommt zu dem Schluss, er habe keinesfalls gegen seinen Dienstvertrag verstoßen. Schließlich sei ihm ein Dienstwagen bei den Vertragsverhandlungen zugesichert worden, auch wenn sein Dienstvertrag diese getroffene Vereinbarung nur unzureichend und widersprüchlich wiedergebe. Alle Teilnehmer der Verhandlungen haben dies im BDO-Bericht einmütig bestätigt. Zudem standen Sawickis Dienstwagen stets ordnungsgemäß im Haushaltsplan des IQWiG, der vom Vorstand erstellt und vom Stiftungsrat genehmigt wird. Dass Sawicki einen Dienstwagen geleast hatte, war den Vorstandsmitgliedern also bekannt.

1121,40 Euro, die Sawicki zudem irrtümlicherweise vor allem für private Parkquittungen und Mautgebühren erstattet worden waren, da er seinen Dienstwagen auch privat nutzen durfte, hat er

inzwischen weitgehend zurück gezahlt. Ebenso die Beträge von 10 Euro und 15,20 Euro; hierüber hatte er Quittungen für Rasenmäherbenzin eingereicht.

Auch von einem anderen Vorwurf blieb nicht viel übrig: 2007 hieß es, Sawicki habe IQWiG-Aufträge an eine Einrichtung vergeben, an der seine Ehefrau beteiligt war. Externe Wirtschaftsprüfer wurden beauftragt, die Angelegenheit zu untersuchen. Sie kamen zu dem Ergebnis, dass es zwar formale Fehler bei der Auftragsvergabe gegeben habe, sprachen Sawicki jedoch von persönlicher Vorteilsnahme oder Begünstigung frei. Der IQWiG-Vorstand ermahnte Sawicki daraufhin, sprach ihm aber weiterhin das Vertrauen aus. 2008 gab es noch einmal Ärger: Ein IQWiG-Experte hatte zugleich die Pharmaindustrie beraten.

"Das riecht nach einer rein politischen Entscheidung"

Tatsächlich steckt viel mehr hinter Sawickis Rauswurf als Dienstwagen und Benzinquittungen. "Das riecht nach einer rein politischen Entscheidung", sagt Norbert Schmacke, Gesundheitswissenschaftler von der Universität Bremen.

Finanziert wird das IQWiG aus der gesetzlichen Krankenversicherung. Über die Leitung des Instituts entscheidet laut Satzung einstimmig der Vorstand des IQWiG. Gestern saßen deshalb zwei Vertreter des GKV-Spitzenverbandes, der Vorstandsvorsitzende der Kassenärztlichen Bundesvereinigung, Georg Baum, Chef der Deutschen Krankenhausgesellschaft (DKG) und Stefan Kapferer (FDP), Staatssekretär im Bundesgesundheitsministerium, zusammen.

Schon im Koalitionsvertrag hatten Union und FDP vereinbart, die Arbeit des Instituts zu prüfen und "damit die Akzeptanz von Entscheidungen für Patienten, Leistungserbringer und Hersteller" zu verbessern. Ende November wurde dann bekannt, dass Regierungskreise sowie die von FDP-Mitglied Baum geführte DKG offenbar die Ablösung Sawickis betrieben. In einem Papier ("Kernforderungen an eine schwarz-gelbe Gesundheitspolitik") hatten sich die führenden Gesundheitspolitiker der Unionsfraktion dafür ausgesprochen, Sawicki nach Ablauf seines Vertrags durch einen industriefreundlicheren Kandidaten zu ersetzen. Auch die DKG hatte ihr Veto gegen eine Vertragsverlängerung angekündigt. Zuvor hatten sich auch die Wirtschaftsminister der Länder darauf verständigt, die IQWiG-Methodik sei nicht länger "volkswirtschaftlich hinnehmbar". Bei der Bewertung von Arzneimitteln müssten auch Kriterien wie die "Wettbewerbsfähigkeit, insbesondere der heimischen pharmazeutischen Unternehmen", einfließen. Dem hatte auch der damalige Wirtschaftsminister Niedersachsens und heutige Gesundheitsminister Philipp Rösler zugestimmt.

Pharmaindustrie auf den Barrikaden

Sawicki jedoch interessieren Kriterien wie Wettbewerbsfähigkeit oder volkswirtschaftlicher Schaden nicht. Vorwürfe, er gefährde mit seinen negativen Bewertungen Arbeitsplätze, lassen ihn kalt. Er und sein Institut arbeiten alleine nach den Prinzipien der "evidenzbasierten Medizin", die die Wirksamkeit eines Medikaments ausschließlich auf der Basis wissenschaftlicher Studien beurteilt. Eine Therapie, so ein Grundsatz der evidenzbasierten Medizin, ist immer erst einmal ein Schaden, den man einem Patienten zufügt – außer es ist mit qualitativ guten Studien nachgewiesen, dass die Behandlung dem Patienten tatsächlich nützt, und dass sie besser wirkt als eine bewährte Alternative.

Schon als er noch Chefarzt der Inneren Abteilung des St. Franziskus-Hospitals in Köln-Ehrenfeld war, behandelte Sawicki seine Patienten nach diesen ehernen Prinzipien. Als IQWiG-Chef führte er im Großen fort, was er vorher schon jahrelang im Kleinen praktiziert hatte.

Oft trieb das IQWiG mit seinen Entscheidungen die Pharmaindustrie auf die Barrikaden. Etwa mit seinem Urteil zu den kurzwirksamen Insulinanaloga, die von der Pharmaindustrie mit perfektem Marketing in den Markt gedrückt wurden. Sie seien nicht besser als herkömmliches Humaninsulin, entschied das Institut. Auch die langwirksamen Insulinanaloga, die einen den Diabetes vergessen lassen sollten, bewertete das IQWiG negativ: Möglicherweise seien sie sogar krebserregend, ergab die Studie. Memantin, hunderttausendfach an Alzheimerpatienten verordnet und oft deren letzte Hoffnung? Kein Beleg für einen Nutzen bei Alzheimer-Demenz, entschied das IQWiG unter schärfstem Protest von Pharmaindustrie und Patientenvertretern. Mitunter enttäuschte das IQWiG aber auch die Krankenkassen, weil es Behandlungen für gut befand, die diese gerne nicht mehr bezahlen wollten.

Sogar international eckte Sawicki dabei mit seiner Unbeugsamkeit bei der Pharmaindustrie an. Im März vergangenen Jahres beschwerte sich der US-Verband der Forschenden Arzneimittelhersteller bei der Obama-Regierung über Sawicki - allerdings ohne auf Gehör zu stoßen. "Er gibt nie auf. Er hat ein starkes Rückgrat", sagt Gerd Antes, Direktor des Deutschen Cochrane Zentrums in Freiburg über Sawicki. So habe er es geschafft, in fünf Jahren ein Institut mit sehr gutem internationalem Ansehen aufzubauen. Auch Schmacke meint: "Es ist ganz klar: Sawicki kann man nicht kaufen."

Schaden für den Ruf des Instituts befürchtet

Ob das IQWiG auch mit einem neuen, möglicherweise pharmafreundlicheren Leiter seine Unabhängigkeit wird wahren können, ist fraglich. Laut Satzung kommt dem Institutsleiter viel Macht zu. "Die Institutsleitung verantwortet die Aufgabendurchführung des Instituts", heißt es dort klar in Paragraph sieben, Absatz fünf. Wolf-Dieter Ludwig, Vorsitzender der Arzneimittelkommission der deutschen Ärzteschaft, ist besorgt: "Natürlich sehe ich die Gefahr, dass das Institut ohne Sawicki nicht mehr so unabhängig ist. Wenn man die Stärkung des Pharmastandortes Deutschland zur Aufgabe des Instituts machen würde, wäre das unvereinbar mit seiner ursprünglichen Aufgabe."

Auch international könnte dann der Ruf des Instituts Schaden erleiden. Sawicki, heißt es in einer Petition, die von 600 Ärzten unterschrieben wurde, habe als Person maßgeblich dafür gesorgt, dass das IQWiG internationale Anerkennung gewonnen habe und in seiner Reputation mittlerweile seiner britischen Vorbild-Institution NICE in keiner Weise mehr nachstehe. Sawickis Ablösung an der Spitze des IQWiG füge der internationalen Vernetzung des Institutes wie auch der deutschen medizinischen Wissenschaft insgesamt schweren Schaden zu. "Sawickis Ablösung" so der Initiator der Petition, der Bremer Allgemeinmediziner Günther Egidi, "wäre der Anfang vom Ende des IQWiG."

Inzwischen hat sogar das renommierte Fachblatt "Science" über den Fall Sawicki berichtet. Die Überschrift: Unter feindlichem Beschuss der Pharmaindustrie.

See: Vogel G. *Under Fire from Pharma, Institute may lose its Director*. – Science 22 January 2010: 327(5964): 402 – 403; DOI: 10.1126/science.327.5964.402-b

https://web.archive.org/web/20100125213740/http://www.sciencemag.org/cgi/content/summary/sci;327/5964/402-b?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=sawicki&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT

Honest German drug regulator removed from position in spite of doctors' protests

The Flu Case, 25 January 2010 15:28

https://web.archive.org/web/20100220012920/http://www.theflucase.com/index.php?option=com_content&view=article&id=2629%3Ahonest-german-drug-regulator-removed-from-position-in-spite-of-doctors-protests&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Peter Sawicki, the head of the German government drug regulator IQWiG who insisted on adequate safety and financial data before approving drugs, will not have his contract renewed when it runs out in August 2010, reports Der Spiegel.

Sawicki enjoyed strong support from doctors for his science- and evidence-based approach to approving drugs: 600 doctors in Germany signed a letter asking for him to be kept in his position.

However, Sawicki has come *under fierce criticism from the pharmaceutical companies* for his stance. The ruling government coalition of CDU/CSU and FDP has pushed for his removal.

Sawicki's contract was ostensibly not renewed because of irregularities with concerning his company car, but Der Spiegel reports that Sawicki has complied with all the conditions of the IQWiG company car contract, and suggests he is suffering being discredited and punished as a result of his refusal to approve potentially dangerous drugs.

The decision to remove Sawicki will raise fears that the profits of pharmaceutical companies are being put before the health of the general public, and that the politicans see big pharma as their "clients" to be pleased.

Science AAAS

Gretchen Vogel

Under Fire from Pharma, Institute may lose its Director

Science, 22 January 2010: 327(5964): 402 – 403
DOI: 10.1126/science.327.5964.402-b
https://www.science.org/content/article/under-fire-pharma-german-institute-may-lose-its-director-updated

A long-running feud between pharmaceutical companies and the German institute that evaluates the effectiveness of medical treatments could cost the institute director his job. Although the post is supposed to be apolitical, members of Germany's new coalition government have called for Peter Sawicki, founding director of the Institute for Quality and Efficiency in Health Care (known by its German acronym IQWiG, pronounced ICK-vig), to be replaced with someone who is friendlier to the pharmaceutical industry. The institute's board of directors is expected to decide on 20 January whether Sawicki, a clinical researcher and diabetes expert, will be replaced when his contract runs out later this year.

Sawicki's supporters say the move would endanger the institute's reputation for impartial and rigorous science, and earlier this month a petition signed by 600 doctors and clinical researchers called on the health minister and the board to keep Sawicki on. Gerd Antes, director of the German Cochrane Centre in Freiburg, a not-for-profit organization that analyzes health care effects, says that replacing Sawicki would significantly undermine IQWiG and its work. Antes views the anti-Sawicki push as "part of the political game to soften and to weaken rigorous procedures for new drugs and medical devices in Germany."

IQWiG, based in Cologne, was started in 2004 as part of a reform of the German health care system. With a function similar to that of the U.K.'s National Institute for Health and Clinical Excellence (NICE), IQWiG's reports inform the panel that decides which treatments are covered by Germany's publicly funded insurance plans. Sawicki has tussled with drug companies over access to their unpublished studies and over reports from the institute, such as the one that found "no evidence" that a new product was superior to older synthetic human insulin. Industry groups, especially the German organization of research-based pharmaceutical companies, the VFA, have been highly critical of IQWiG, saying, for example, that IQWiG is too selective in deciding which studies to include in its evaluations.

Big pharma's attacks have even come from outside Germany. In March 2009, the Pharmaceutical Research and Manufacturers of America petitioned the Obama Administration to put Germany on a trade and intellectual property "priority watch list" chiefly because of IQWiG's influence on the German drug market. The petition complained that the institute has "inadequately taken into account the value of innovative pharmaceuticals," among other complaints. The Obama Administration declined to put Germany on its watch list.

Sawicki acknowledges that it is difficult for new drugs or techniques to make the grade. "We have introduced a method based on patient-relevant outcomes: morbidity, mortality, and quality of life," he says, while avoiding what he calls "invalid surrogates," such as cholesterol levels or bone density.

"You can lower cholesterol and increase mortality. You can lower blood pressure and increase heart failure," he says. Second, he says, "we are looking for progress" rather than just effectiveness, which means that an innovation is not compared with a placebo but with the current standard of care. "We are trying to answer the question: 'Is it better?' " Sawicki says he has some sympathy for the drugmakers: "It is very difficult to produce something better than what we already had."

Industry complaints about the institute have found some support among German politicians. In the October agreement forming Germany's new governing coalition, the parties stated their intention to examine IQWiG's methods, with the goal of "increasing the acceptance of the institute's findings among patients, caregivers, and producers." In late November, German media reported that a white paper circulated among top health policymakers called for Sawicki to be replaced and for the institute to be made more industry-friendly. Sawicki is also facing an ethics inquiry, which he says he requested after a new finance director found irregularities in expense accounts. News of the inquiry, which reportedly involves several hundred euros in travel expenses (*see update below*), leaked when the white paper was circulated.

The institute's work is bound to be controversial, says Antes. Similar research in the United States has also drawn criticism. Although Sawicki's term hasn't been flawless, Antes says, he has been instrumental in getting the institute up and running. "He never gives in. He has a very strong spine. In 5 years, they have established an institute with a very good international reputation."

UPDATE

Details of the ethics inquiry surrounding Sawicki's expenses have been leaked in the run-up to Wednesday's decision. Investigators found that Sawicki booked business-class tickets for domestic flights and improperly claimed more than €1100 worth of private costs, most of which he has since paid back. According to *Handelsblatt* (in German), which obtained a copy of the confidential report, Sawicki also leased an Audi Q7 in 2006 and an Audi Q5 in 2009 as official cars, although he had agreed to use his private car for business and receive compensation. *Handelsblatt* reports that the investigators found, however, that Sawicki had tacit approval for the leasing arrangement, in part to compensate for a pay cut that Sawicki experienced when he took the director job.

ACADÉMIE NATIONALE DE MÉDECINE

Pierre Bégué

Nouveau communiqué sur la grippe A (H1N1)v

MOTS-CLÉS : grippe, pandemie, vaccination, sante publique

Academie Nationale de Medicine, 9 février 2010
https://www.academie-medecine.fr/nouveau-communique-sur-la-grippe-a-h1n1v/

*Au nom de la Commission VII (Maladies infectieuses et médecine tropicale) et de la Sous-commission des Vaccinations**

En complément de son communiqué du 13 octobre 2009, l'Académie nationale de médecine fait les remarques suivantes Ã propos du déroulement de la campagne de vaccination contre la grippe A(H1N1)v, dont les bases sanitaires étaient justifiées :

· La communication médiatique intense et les propos alarmistes ont fait naître rapidement des doutes dans le public sur la réalité des dangers alors difficilement évaluables. Un tel excès risque d'émousser l'adhésion de la population en cas d'une nouvelle alerte de santé publique.

· La stratégie vaccinale imposée par le Ministère de la santé avec recours aux «centres de vaccination» s'est heurtée Ã des difficultés logistiques et psychologiques dans la population française, où la vaccination est assurée depuis longtemps Ã 90% par la médecine libérale (médecins généralistes et pédiatres). L'association d'emblée de ces praticiens de proximité au plan de vaccination aurait sensiblement amélioré l'adhésion de la population.

· Le choix entre une vaccination de masse et une vaccination ciblée pour les personnes Ã risques n'a pas fait l'objet d'un débat préalable. L'acquisition des vaccins aurait du se faire par étapes en fonction de l'évolution de la pandémie au sein de la population générale. La décision d'une vaccination de masse aurait dû être expliquée et justifiée.

· L'évolution actuelle de la pandémie est rassurante, mais un ou plusieurs rebonds ne peuvent être exclus, légitimant la poursuite de la vaccination.

· A la fin de cette première campagne, l'efficacité, les effets secondaires et le coût de la vaccination (H1N1)v devront être évalués avec précision.

L'Académie nationale de médecine considère que dans de telles circonstances une meilleure concertation entre les autorités sanitaires, les comités d'experts, l'industrie pharmaceutique, les sociétés savantes et les praticiens (généralistes et pédiatres) est indispensable et elle souhaiterait être associée Ã l'évaluation de cette vaccination

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L’Académie, saisie dans sa séance du mardi 9 février 2010, a adopté le texte de ce communiqué moins sept contre et seize abstentions.

Pour copie certifiée conforme,
Le Secrétaire perpétuel, Professeur Jacques-Louis BINET 17/02/2010
* Constituée de: Membres Titulaires: Mme Brugère-Picoux, Mm. Bégué (Président), Denis, Frottier (Secrétaire), Girard, Laverdant, Le Minor, Parodi, Pilet, Rérat, Tiollais.
Membres Correspondants :Mme Choisy,Mm. Bazin, Bricaire, Chastel, Dubois G., Durand, Rey, Richard-Lenoble, Sansonetti.
Membres invités : MM. GENTILINI de THÉ.
** Membre de l’Académie nationale de médecine

THE FLU CASE

French Academy for Medicine fiercely criticises mass swine flu vaccination campaign

The Flu Case, 1 March 2010, 16:10
https://web.archive.org/web/20100525024504/http://www.theflucase.com/index.php?option=com_content&view=article&id=2874%3Afrench-academy-for-medicine-fiercely-criticises-mass-swine-flu-vaccination-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

The French government has come in for criticism over its handling of the mass swine flu vaccination campaign from the country’s prestigious National Academy for Medicine.

The Academy said the mass swine flu vaccination campaign was ill conceived, fraught with logistical problems and also counter productive in as far as it had led to more scepticism in the population about mass vaccination campaigns.

In a press release issued in the name of the Commission for Infectious Diseases and the Sub Committee on Vaccinations, the Academy accused the media and government of alarmism over the mild swine flu.

Furthermore, the Academy said that the decision to set up vaccination centers to administer the jab created logistical and pyschological problems. This was because people in France are used in nine cases out of ten to getting their vaccinations from GPs.

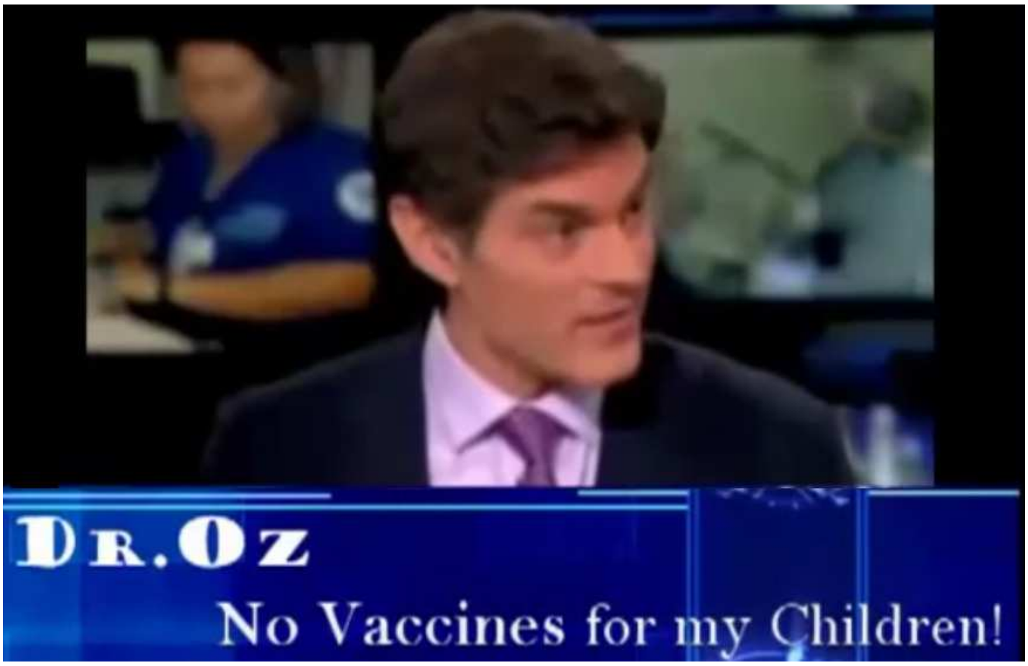
The Academy also raised concerns about the decision to mass vaccinate the entire population instead of just people who were at an especial risk, saying such a campaign needed a better justification and explanation.

Finally, the Academy called for a proper review of the effectiveness and the secondary effects of the vaccination as well as the cost of the vaccination campaign.



Dr. Oz no Flu Shots for my Kids!

Experimental Vaccines, 13 September 2011
https://web.archive.org/web/20180313140224/http://www.youtube.com/watch?v=bGNn_prJXhg





Chapter 13

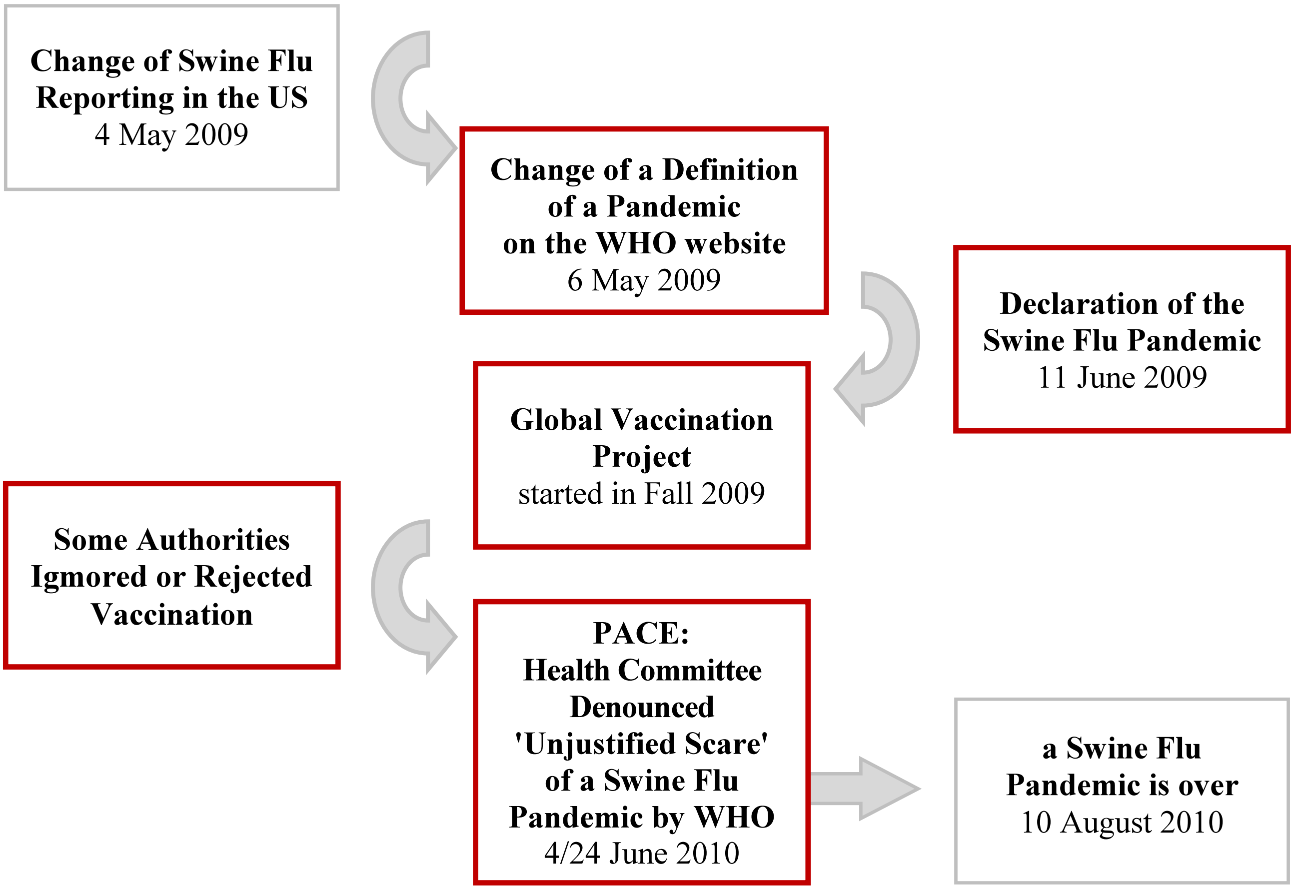
Vaccine hesitancy and Opposition to Vaccination by Government and various Authorities

Government
Must protect Independence of its Country



Roadmap
of the Swine Flu Pandemic

...



...

Why did

some Goverments and various Authorities
Reject Vaccination against Swine Flu virus?

Because
They knew what was a *Common Sence* and
they had *Knowledgable* and *Experienced Advisors*

Evening Standard

Vaccine for swine flu may be unsafe warns WHO

Evening Standard, 27 July 2009
https://www.standard.co.uk/hp/front/vaccine-for-swine-flu-may-be-unsafe-warns-who-6766000.html

Plans to fast-track the swine flu vaccine in Britain came under fire from World Health Organisation chiefs today.

The Department of Health plans to make the vaccine available at least two months earlier than in America.

More than 132 million doses have been ordered with the first batch due to arrive next month.

However, Dr Keiji Fukuda, the WHO's flu chief, today warned about the potential dangers of the untested vaccine: "There are certain areas where you simply do not try to make any economies. One of the things which cannot be compromised is the safety of vaccines."

The European Medicines Agency, the drug regulatory body for the EU, is accelerating the approval process for the vaccine, allowing firms to bypass large-scale human trials and instead test a vaccine based on bird flu.

Countries including Britain, Greece, France and Sweden plan to start using it as soon as it is cleared.

The Department of Health said it was "extremely irresponsible" to suggest Britain would use an unsafe vaccine. A spokesman said: "Over 40,000 doses of the vaccine which the swine flu vaccines are based on have been given without any safety concerns."

The plan comes amid growing public concern over the outbreak.

A cruise ship packed with 160 British tourists and hit by swine flu was briefly "impounded" by Italian authorities.The Ruby Princess, carrying 3,393 passengers and 1,196 crew, docked in Venice and was surrounded by coastguards yesterday. After a medical examination passengers, except seven confirmed cases of H1N1, were allowed off the boat.

THE TIMES

Health Officials Warn of H1N1 Vaccine's Link to Deadly Nerve Disease

The Times, London, 16 August 2009

https://web.archive.org/web/20090904022432/http://www.foxnews.com/story/0,2933,539880,00.html

https://web.archive.org/web/20091108090613/http://www.timesonline.co.uk/tol/news/uk/health/Swine_flu/article6797993.ece

Hartford, Conn. – British health officials have warned doctors of possible similarities between the new H1N1 vaccine and a shot linked to 25 deaths in the U.S. in the 1970s.

The British government's Health Protection Agency (HPA), said in a letter to neurologists that they needed to look out for increases in cases of a brain disorder that might follow the launch of the immunization program.

The letter has been sent because of concerns sparked by studying of the swine flu vaccination campaign in the U.S.

In 1976, Washington rushed in a mass immunization program against a similar swine flu outbreak that was confined to a single military base.

Several hundred cases of a rare, lethal, paralyzing neurological disease called Guillain-Barré syndrome (GBS) were reported afterwards, and although no clear link was ever found to the vaccine, the incident made many mistrustful of immunizations.

Although the swine flu virus vaccine now close to completion is different from the one used in 1976, the HPA said the earlier incident nevertheless highlighted a possible area of concern.

"The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use," Professor Elizabeth Miller, head of the HPA's immunisation department, wrote in the letter sent last month to neurologists.

"GBS has been identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out."

The Department of Health said: "Appropriate trials to assess safety and immune responses have been carried out on vaccines very similar to the swine flu vaccine. The vaccines have been shown to have a good safety profile."

The World Health Organisation has also said recently that the public should be "reassured" about the safety of the new vaccine. It acknowledged that "genuine adverse events directly caused by the vaccine may also occur, but cannot be predicted in advance".

The NHS will monitor any possible risks from the vaccine, including a possible connection with GBS.

GlaxoSmithKline is developing the vaccine in Germany for an immunisation programme due to start in October.

Some 9.4m people in England will receive the vaccine if they fall into priority groups, alongside 2.1m frontline health and social care workers. In Scotland 1.4m people in either at-risk groups or working in health and social care will get the jab.

Priority will be given to those aged six months to 65 years in high-risk groups – including those with asthma, diabetes, heart disease, renal disease or with a compromised immune system.

Fight Back H1N1

US Judge Rules Against Compulsory Vaccinations New Jersey, USA

Fight Back H1N1, 30 September 2009
https://web.archive.org/web/20101106013750/http://www.fightbackh1n1.com/2009/09/us-judge-rules-against-compulsory.html

US Judge Rules Against Compulsory Vaccinations New Jersey, USA

New Jersey: Last month when we launched our website we posted this case in our Filed Case section of our website. And now New Jersey US Court issues an injunction to stop it and to hold the the government and drug companies responsible for reactions.

A Preliminary Injunction to stop mandatory vaccinations has been issued in the United States District Court of New Jersey.

This comes after a federal lawsuit opposing forced vaccines was filed in that court by Tim Vawter, pro se attorney, on July 31st with the federal government as defendant.

When the judge signs the Preliminary Injunction, it will stop the federal government from forcing anyone in any state to take flu vaccine against their will. It will also prevent a state or local government from forcibly vaccinating anyone, and forbid any person who is not vaccinated from being denied any services or constitutional rights.

Vawter's filings included a Complaint, and several pages of evidentiary Exhibits. Vawter's legal papers have been written not only for filing in federal court, but additionally so they can be looked at by activists around the world for ideas on filing lawsuits in their own countries to help stop forced vaccinations.

Vawter believes that as the truth of the dangers of flu vaccines continues to become known, banning the forced use of them will eventually succeed on a worldwide basis. He cautions people to avoid fear and keep themselves focused on the task of blocking forced vaccination. Preliminary Injunction will immediately halt mandatory vaccinations in the U.S.

The Court, having heard the Motion for Preliminary Injunction and read the papers in its support, states in the Preliminary Injunction that it appears the federal government has engaged in some amount of negligence with regards to failure to properly investigate the safety of the flu vaccines scheduled for use in late 2009-2010, and the evidence submitted does warrant a more thorough investigation into the safety of the flu vaccines.

The Court ordered that the government shall be forbidden from forcing any person to be required to take any influenza vaccination against that person's free will and free choice.

The government will not allow any state or local government, or any party, to force any person to be required to take any influenza vaccination against that person's free will and free choice.

U.S. government sued for gross negligence and violation of the Constitution

In his Cause of Action, Vawter charged that the federal government has engaged in gross negligence by funding and promoting flu vaccines that are proven to be dangerous and manufactured with little oversight. The vaccines scheduled for use in late 2009 and 2010 contain heavy metals including thimerosal mercury, which have been proven to cause autism in children with lowered immune systems, and other dangerous and toxic ingredients.

The federal government has stated it will force these flu vaccines onto the American public against their will, under a document signed by Health and Human Services Secretary Kathleen Sebelius.

He further charged that the vaccine makers stand to earn billions of dollars selling vaccines, and are already spending tens of millions advertising a "Phase 6 Pandemic" that the evidence shows does not really exist.

The federal government has not required the World Health Organization (WHO) to show evidence of such a pandemic. There has been no collection of facts, sworn testimony, witnesses being questioned, hearings being held, or lie detector tests being given when preposterous statements have been made. The WHO declared a massive "Phase 6 Influenza Pandemic", even though only a few hundred people worldwide had so far died of this swine flu virus, and when far more people die each year of regular flu.

Vawter noted there is a preponderance of evidence to show that the federal government so poorly trained its employees that they eagerly agreed with the unsubstantiated claims of the WHO in the face of evidence to the contrary.

Forced vaccination would violate the Fourth Amendment of the Constitution by allowing the government to enter homes and force people to be vaccinated, or to forcibly remove people to another location for vaccination. It would also violate Fifth Amendment Constitutional rights by depriving people of liberty without due process of law.

Vawter charged that the federal government has engaged in gross negligence by failing to properly investigate factual evidence submitted by esteemed medical professions over many years which proves flu vaccines have caused serious damage to people.

The CDC has stated that thimerosal mercury is being used in the new flu vaccines being prepared.

The government has failed to investigate profiteering.. Billions of dollars in vaccine sales can cause organizations to falsify threats so as to cause unwarranted public hysteria leading to forced vaccinations.

The government is guilty of gross negligence because its employees failed to properly investigate the release of a case of live swine flu virus. One of the main companies the government deals with, Baxter Vaccines, was apparently involved in the transporting of live bird flu virus that was released on a public train earlier this year.

A lab technician with the Swiss National Center for Influenza in Geneva had traveled to Zurich to collect eight ampoules, five of which were filled with the H1N1 swine flu virus. However, failure of the dry ice in their container allowed pressure to build up, and the ampoules exploded as the train was pulling into a station.

The highly reputable UK newspaper "the Telegraph" reported on July 2nd that flu vaccines tested on homeless people caused twenty-one of them to die.

Vawter charged there is a preponderance of evidence to show that government will not provide people being vaccinated with a list of the vaccine ingredients and possible negative side effects before they are vaccinated. Most of the public will not know this flu vaccine contains thimerosal mercury.

Vawter submitted an Order to force the government to publish vaccine ingredients and side effects, and to give this information to everyone who takes a flu vaccine, and do so at least 3 days prior to their vaccination. A denial of this order would violate Plaintiff's rights to demand the government obey the First Amendment of the U.S. Constitution by requiring it to engage in freedom of speech. The First Amendment not only allows a citizen to have freedom of speech himself, but it allows a citizen to demand his government engage in freedom of speech when it is promoting the use of such as these vaccinations to the public.

The government proclamation stating a person cannot sue for any damages he receives from the flu vaccine, completely bypasses the congress and the court system in violation of the Seventh Amendment of the Constitution which grants the right to sue to recover for damages.

NaturalNews.com
Natural Health, Natural Living, Natural News

Mike Adams

Urgent Lawsuit filed against FDA to halt Swine Flu vaccines; claims FDA violated federal law

Natural News, 9 October 2009
https://web.archive.org/web/20091012022240/http://www.naturalnews.com/027205_vaccines_swine_flu_the_FDA.html

Health freedom attorney Jim Turner is filing a lawsuit in Washington D.C. mid-day Friday in an urgent effort to halt the distribution of the swine flu vaccine in America. On behalf of plaintiffs Dr. Gary Null and other licensed health care workers of New York State, the lawsuit charges that the FDA violated the law in its hasty approval of four swine flu vaccines by failing to scientifically determine neither the safety nor efficacy of the vaccines.

"The suit will seek an injunction against the FDA from approving the vaccine," attorney Jim Turner told NaturalNews on Thursday evening's Natural News Talk Hour show. "And the core of the argument is that they have not done the proper safety and efficacy tests on the vaccine to allow it to be release at this time."

The suit seeks to not only nullify the FDA's unlawful "approval" of the four H1N1 influenza vaccines, but to also ask the court to issue an injunction that would halt any mandatory vaccination requirements.

"The FDA is required by law to establish that a vaccine is safe and effective before it can be given to the public," said Turner. "We are arguing that they did not establish that the vaccine was effective, and did not establish that it was safe. They are trying to get it on the market by a waiver."

Vaccine / adjuvant combination has never been properly tested

The vaccine / adjuvant combination being referred to as the "swine flu vaccine" has apparently never been safety tested or approved by the FDA. In fact, in many cases the vaccine is being sent to clinics, pharmacies and other health establishments separately from the adjuvant chemical, leaving it up to each local vaccine retailer to properly mix the vaccine with the adjuvant, according to information provided by Turner. With hundreds of millions of Americans potentially being targeted with this vaccine, the potential for improper mixing, improper dosages, and human error is alarming.

If the charges described in the lawsuit are true, it means the FDA has blatantly abandoned medical science and violated its own regulations in approving not only these four vaccines, but the potentially deadly adjuvant chemicals as well. To date, the FDA has produced absolutely no scientific evidence documenting safety tests for any of these swine flu vaccines. There are no published studies, no records of any clinical trials, and no publicly-available paper trail demonstrating that any safety testing was done whatsoever. There is no researcher who has publicly put their name on the record declaring the vaccines to be safe, and no FDA official has ever stated that scientifically-valid safety testing has ever been conducted on the vaccine / adjuvant combinations now being distributed across America.

Normally, when a pharmaceutical achieves "FDA approved" status, there is a considerable paper trail of scientific scrutiny, peer review, clinical trials and other supporting evidence. To our knowledge, no such documents exist for the swine flu vaccines. The FDA's approval of these vaccines appears to be based entirely on a whim.

"What has been tested?" asked attorney Jim turner. "Where has it been tested? Who reviewed the test? Who looked at the test and said yes they proved safety and efficacy? There is no record that we can find that shows these things have been done."

By approving the four vaccines in the absence of such safety testing, the FDA itself stands in direct violation of federal law. "There is a law that they're supposed to follow and they are not following it," Turner added.

Billions of dollars are at stake

Why, then, did the FDA apparently violate the law and push these vaccines into full public distribution without securing the safety testing required by law? Turner suspects a profit motive may be involved: "They're charging $24.95 to get a vaccine. Multiplied by 100 million people, that's a lot of money. If you do the whole society, you're talking about several billion dollars.

THE FLU CASE

Belgian lawyers take legal action against mass "swine flu" vaccinations

The Flu Case, 15 October 2009, 12:29
https://web.archive.org/web/20100817032235/http://www.theflucase.com/index.php?option=com_content&view=article&id=1086:belgian-lawyers-take-legal-action-to-stop-mass-qswine-fluq-vaccinations&catid=41:highlighted-news&Itemid=105&lang=en

Five Belgian citizens went to court on Wednesday evening to stop the mass "swine flu" vaccinations.

Three lawyers representing the citizen's group deposited court filings in Brussels to stop the government from implementing a mass vacccination campaign, arguing that the "swine flu" jabs are untested, pose risks, and that the government, by mandating them without giving adequate information, is in breach of its duty to protect the fundamental right of its citizens to health and life.

The legal steps are being taken as the Belgium parliament meets today, Thursday, to decide whether to give the government sweeping "emergency" powers to fight the "swine flu" pandemic.

Belgian MPs are under increasing pressure to drop a provision that would allow forced vaccinations, and the President of the Chamber of Health Muriel Gerkens has said that this clause will be omitted in new draft legislation.

Lawyers Georges-Henri Beauthier, Philippe Vanlangendonck and Inès Wouters have said additional legal action is envisaged as the protests over the mass "swine flu" vaccination campaign grows.

"Citizens who are going to be given this vaccine are being turned into guinea pigs," said Ines Wouters.

"It is strictly forbidden to undertake clinical vaccine trials on pregnant women, for ethical reasons that are evident, but authorities are planning to administer from next week onwards the H1N1 vaccines to pregnant womenâ€¦.How can that be explained?" said Philippe Vanlangendonck.

A copy of the court filings in French can be found below as well as an email from the lawyers who made the civil filings:

Bonjour,

En pièce jointe, vous trouverez le texte exact de la citation.

Il s'agit d'une action en référé, plus précisément d'une demande de suspension avec astreintes Ã la clé.

Ce que nous souhaitons faire suspendre c'est cette campagne vaccinale de masse telle qu'elle est prévue jusqu'ici c'est Ã dire basée sur des informations biaisées sur le rapport bénéfices/risques du vaccin. Nous espérons que chaque personne aura droit Ã une information équitable, qui tienne compte de l'abondante littérature scientifique en la matière, Ã temps c'est Ã dire AVANT toute vaccination. Ainsi, chacun a le droit de savoir que, même vacciné contre le H1N1, on peut ne pas être réellement protéger contre ce virus et qu'on peut subir des effets secondaires Ã court, moyen ou long terme pouvant être bien plus graves que la grippe A elle même. De la sorte et seulement de la sorte, le droit du patient, le droit Ã l'information et Ã son consentement de même que le droit fondamental Ã l'intégrité physique pourront trouver une application concrète, dans les faits.

Dans ces conditions, nous espérons de même qu'il n'y aura plus cette pression/stigmatisation sociale intolérable contribuant Ã faire croire qu'il faut Ã tout prix se faire vacciner "pour protéger les autres" et ainsi sous-entendre que les non vaccinés, médecins ou non, manqueraient d'altruisme envers les personnes affailies-on en a tous!- de notre entourage!

Nous insistons, suite Ã ce que nous avons entendu dans les médias jusqu'Ã présent pour vous faire comprendre que, même si un amendement empêchant toute obligation vaccinale est voté, il n'empêche que nous continuons d'exiger une information loyale et claire sur les risques et qui soit accessible Ã tous CAR, des informations incomplètes et unilatérales peuvent faire croire aux gens qu'ils n'ont pas d'autre choix que de se faire vacciner!

Si vous avez d'autres questions, n'hésitez pas Ã nous contacter:
Sophie Meulemans 0472/62 06 76 - 081/ 44.52. 83
Marie-Rose Cavalier 083/ 65 63 85
Muriel Desclée: 081/ 65 80 87- 0475 87. 06 07
Tél de Me Beauthier: 02/538.90.10

City Room The New York Times

Sewell Chan, Anemona Hartocollis

Judge Halts Mandatory Flu Vaccines for Health Care Workers

City Room // New York Times, 16 October 2009, 12:58 p.m.
https://web.archive.org/web/20091019111518/http://cityroom.blogs.nytimes.com/2009/10/16/judge-halts-mandatory-flu-vaccines-for-health-care-workers/

A judge on Friday morning halted enforcement of a New York State directive requiring that all health care workers be vaccinated for the seasonal flu and swine flu.
https://web.archive.org/web/20090928023749/http://www.health.state.ny.us/press/releases/2009/2009-09-24_health_care_worker_vaccine_daines_oped.htm

The temporary restraining order by the judge, Thomas J. McNamara, an acting justice of the State Supreme Court in Albany, comes amid a growing debate about the flu vaccine.
https://web.archive.org/web/20121021064435/http:/www.nytimes.com/2009/10/16/health/16vaccine.html

On Friday afternoon, the State Department of Health vowed to fight the restraining order, saying that the authorities "have clear legal authority" to require vaccinations, and noted that state courts had upheld mandatory vaccinations of health care workers against rubella and tuberculosis. Justice McNamara scheduled a hearing for Oct. 30 on the three cases before him, involving the flu vaccine.

The state health commissioner, Dr. Richard F. Daines, through the State Hospital Review and Planning Council, issued a regulation on Aug. 13 ordering health care workers to be vaccinated by Nov. 30 or face fines.

Dr. Daines later explained the reasoning behind the vaccine, saying in a statement on Sept. 24:
https://web.archive.org/web/20090928023749/http://www.health.state.ny.us/press/releases/2009/2009-09-24_health_care_worker_vaccine_daines_oped.htm

Questions about safety and claims of personal preference are understandable. Given the outstanding efficacy and safety record of approved influenza vaccines, our overriding concern then, as health care workers, should be the interests of our patients, not our own sensibilities about mandates. On this, the facts are very clear: the welfare of patients is, without any doubt, best served by the very high rates of staff immunity that can only be achieved with mandatory influenza vaccination – not the 40-50 percent rates of staff immunization historically achieved with even the most vigorous of voluntary programs. Under voluntary standards, institutional outbreaks occur every flu season. Medical literature convincingly demonstrates that high levels of staff immunity confer protection on those patients who cannot be or have not been effectively vaccinated themselves, while also allowing the institution to remain more fully staffed.

Terence L. Kindlon, a lawyer for three nurses who sued the state, asserting that the order violated their civil rights, said the judge's ruling was a victory. New York was the only state in the country to mandate vaccinations for health care workers, he said.

The nurses – *Lorna Patterson*, *Kathryn Dupuis* and *Stephanie Goertz* – work in the emergency room at Albany Medical Center, a regional trauma unit. – "These are not libertarians, they are not lefties, they are not right-wing lunatics," Mr. Kindlon said of his clients in a phone interview on Friday. "They are health care professionals, and they think the vaccination is not going to be good for them. They have no confidence that either the seasonal flu vaccine or H1N1 vaccine is going to do any good for them."

Justice McNamara consolidated the nurses' suit with two other lawsuits, brought by the New York State Public Employees Federation and the New York State United Teachers Union, which also challenged the regulation.

Mr. Kindlon said of his clients: "They basically were being administratively ambushed. This regulation came out of the Health Department during the dog days of August. People weren't aware of it until September. Then they were suddenly advised that the drop-dead rate for receiving the vaccination from the state was Nov. 30."

The hospital imposed its own deadline – mid-October – for vaccinations for its employees, Mr. Kindlon said.

The state is all but certain to fight the lawsuits and seek enforcement of the mandate. At a legislative hearing on Tuesday, Dr. Guthrie Birkhead, a state deputy health commissioner, defended the mandate, saying, "Health care settings are no different than any other setting where vaccination is the most effective method of preventing influenza."

https://web.archive.org/web/20091020043025/http://www.health.state.ny.us/commissioner/testimony/2009-10-13_mandatory_vaccine_testimony.htm

In a statement on Friday afternoon, the State Department of Health noted that Justice McNamara's order was only temporary. Officials said in a statement:

In two weeks the Department is scheduled to be in court, where we will vigorously defend this lawsuit on its merits. We are confident that the regulation will be upheld. The Commissioner of Health and the State Hospital Review and Planning Council have clear legal authority to promulgate the mandatory regulation. As one court said in a 1990 ruling rejecting a challenge to regulations requiring mandatory rubella vaccinations and annual tuberculosis testing for health care workers: "Hospitals . . . exist for the benefit of their patients. They exist to cure the sick. The Legislature of this State has charged the Commissioner of Health with the responsibility of making hospitals safe places to get well. These regulations are tailored to accomplish that end."

The issue of mandatory vaccinations has divided health care workers and even experts.

The Public Employees Federation, which has about 5,000 members covered by the regulations, said it encouraged its members to be vaccinated against the flu but opposed making the vaccine a condition of employment.

The New York State Nurses Association has taken a similar position. The association "supports immunization as an effective way to reduce the risk of contracting the flu, but upholds the right of registered professional nurses to choose whether or not they wish to be vaccinated," officials said in a statement, adding, "The association believes effective patient protection is achieved through an aggressive voluntary vaccination program, coupled with a comprehensive infection prevention plan that includes education, proper hygiene practices, and the appropriate use of personal protective equipment."

Patricia Finn, a lawyer for Suzanne Field, a nurse from Poughkeepsie, N.Y., who has filed a lawsuit in State Supreme Court in Manhattan challenging the mandatory vaccinations, said on Friday that her case would proceed despite the Albany restraining order, but added about the temporary restraining order:

We're absolutely thrilled about it. I'm very pleased that the whole process has been slowed down. That's what we're so concerned about, the process of vaccinating. It's not like getting your teeth cleaned; it's pretty serious. It shouldn't be taken lightly. So we were happy about this.

Judge halts Flu vaccine mandate for health workers

02 HDTV, WCBSTV, CBS, 16 October 2009, 3:13 pm US/Eastern
https://web.archive.org/web/20091230110136/http://wcbstv.com/breakingnewsalerts/mandatory.h1n1.vaccine.2.1252672.html

New York Health Care Employees Won't Be Forced To Get H1N1 Vaccine...For Now

Health care workers in New York will no longer be forced to get the H1N1 swine flu vaccine, CBS 2 has learned.

A state Supreme Court judge issued a restraining order Friday against the state from enforcing the controversial mandatory vaccination.

The order came as the Public Employees Federation sued to reverse a policy requiring vaccination against the seasonal and swine flu viruses, arguing that state Health Commissioner Richard Daines overstepped his authority.

Three parties – the Public Employees Federaion, New York State United Teachers, and an attorney representing four Albany nurses – challenged the order and for now the vaccination for nurses, doctors, aides, and non-medical staff members who might be in a patient's room will remain voluntary.

The health department had said the workers must be vaccinated by November 30 or face possible disciplinary action, including dismissal. PEF said it encourages members to get flu vaccinations, but opposes the emergency regulation requiring the vaccine as a condition of employment.

A judge granted a temporary restraining order Friday morning, PEF spokeswoman Debbie Miles said. A court hearing is scheduled for October 30.

New York was the first state in the country to initially mandate flu vaccinations for its health care workers, but many health care workers quickly protested against the ruling. In Hauppauge, workers outside a local clinic screamed "No forced shots!" when the mandate came down at the end of September.

"I don't even tend to the sick. I am in the nutrition field. They are telling me I must get the shot because I work in a health clinic setting," said Paula Small, a Women, Infants and Children health care worker.

Small said she would refuse to be vaccinate, worried the vaccine is untested and unproven, leaving her vulnerable. In 1976, there were some deaths associated with a swine flu vaccination.

Registered nurse Frank Mannino, 50, was also angry. He said the state regulation violates his personal freedom and civil rights.

"And now I will lose my job if I don't take the regular flu shot or the swine flu shot."

When asked if he's willing to lose his job, Mannino said, "Absolutely. I will not take it, will not be forced. This is still America."

The protest also shook Albany. Hundreds of demonstrators demanded freedom of choice. After all, as health care professionals, they argue they're already constantly washing their hands and aren't likely to transmit or contract the flu.

Around 500,000 health care workers would have been slated to receive the vaccine

"It's certainly their prerogative to voice their opinion," said Dr. Susan Donelan of Stony Brook University Hospital.

Donelan said most in the medical community see the benefits and safety of the shots and welcome them, and that hospitals must obey the law.

"Our hospital is committed to following the mandate to have our personnel vaccinated," she said.

The state said change was needed this year to save lives. Typically only about 45 percent of health care workers take advantage of voluntary flu vaccines.

More than 150 institutional outbreaks of seasonal and H1N1 flu are expected this year in hospitals, nursing homes and hospice centers.

There is also a strong resistance to the vaccine from the general public. A new Harvard University poll shows that only four in 10 adults intend to take the vaccine themselves, and only six in 10 plan to give it to their children.

the same articles =>

FREEDOM'S Phoenix

Judge Halts Flu Vaccine Mandate for Health Workers

Freedom's Phoenix, CBS, 16 October 2009
https://www.freedomsphoenix.com/News/059828-2009-10-16-judge-halts-flu-vaccine-mandate-for-health-workers.htm

Citizen WElls

New York Judge halts Flu vaccine mandate for health workers

Citizen Wells, 16 October 2009
https://citizenwells.com/2009/10/16/new-york-judge-halts-flu-vaccine-mandate-for-health-workers-breaking-news-october-16-2009-h1n1-vaccine-ny-health-care-workers-not-forced-into-vaccinations/

UPI

Farrakhan suspicious of H1N1 vaccine

UPI, 19 October 2009, 11:56 PM

https://www.upi.com/Top_News/US/2009/10/19/Farrakhan-suspicious-of-H1N1-vaccine/63931256011008/

Memphis, Oct. 19 (UPI) – Nation of Islam leader Minister Louis Farrakhan told an audience in Memphis he believes the H1N1 flu vaccine was developed to kill people, a witness said.

Farrakhan, 76, spoke for nearly three hours Sunday at a gathering to observe the religious group's Holy Day of Atonement, which also marked the 14th anniversary of the Million Man March in Washington, the (Memphis) Commercial Appeal reported, citing a source who attended the speech.

"The Earth can't take 6.5 billion people. We just can't feed that many. So what are you going to do? Kill as many as you can. We have to develop a science that kills them and makes it look as though they died from some disease," Farrakhan said, adding that many wise people won't take the vaccine.

"The black community has become toxic and must cleanse and restore peace from within," Farrakhan said.

Farrakhan told listeners not to become complacent as a result of Barack Obama's election as the United States' first black president, the newspaper said.

"You have to understand that he was voted in to take on the affairs of a nation, not yours and mine. He is the American president, not the black president," he said.

=> the next is a comment to the article which is above

ALEX JONES' PRISONPLANET.com

Paul Joseph Watson

Nation of Islam leader tells Memphis audience swine flu shot is a soft kill weapon

Prison Planet, 20 October 2009

https://web.archive.org/web/20091024040022/http://www.theflucase.com/index.php?option=com_content&view=article&id=1243:farrakhan-says-qswine-fluq-jab-depopulation-tool-as-developping-nations-set-to-get-millions-of-qfreeq-jabs&catid=1:latest-news&Itemid=64&lang=en

Farrakhan says "swine flu" jab depopulation tool as developping nations set to get millions of "free" jabs.

Nation of Islam leader Minister Louis Farrakhan told an audience in Memphis on Sunday that they should refuse to take the H1N1 vaccine because it is a soft kill weapon designed to reduce global population.

Farrakhan has never shied from controversy and has previously spoken out on 9/11 being an inside job and how the international central bankers control the U.S. government. – "The Earth can't take 6.5 billion people. We just can't feed that many. So what are you going to do? Kill as many as you can. We have to develop a science that kills them and makes it look as though they died from some disease," Farrakhan said, adding that many wise people won't take the vaccine," reports United Press International. – "The black community has become toxic and must cleanse and restore peace from within," Farrakhan added.

As we have documented previously, the use of vaccines to sterilize minority populations and induce abortions is on the record.

In the following video clip, after an introduction by Alex Jones, women of the Akha tribe who live predominately in Thailand, describe how they miscarried shortly after taking vaccines when they were eight months pregnant. The videos below highlight the efforts of supporters of the Akha tribe to get answers from the University of Oregon and the United Nations, who provided funding for the vaccination and sterilization programs.

Further evidence of the link between vaccinations, birth control, cancer and other diseases can be researched here. Continuing on the theme of population reduction, Farrakhan claimed that prostate cancer was a tool of such a conspiracy, because it is abnormally prevalent amongst black men. He attacked pharmaceutical companies for making vast profits from disease. – "After you take a pill to fix this, you have to take a pill to fix that," he said. 'Who's getting rich off of us getting sick?'"

Farrakhan also warned black people not to be pacified by the false belief that President Obama represented them. – "You have to understand that he was voted in to take on the affairs of a nation, not yours and mine. He is the American president, not the black president," he said.

So long as Farrakhan continues to cause division along racial lines, he can easily be dismissed and sidelined as a crank by the establishment. However, if he ever has a change of heart and becomes a true uniter of all colors and creeds against the new world order then that's the point at which he'll meet the same consequence as Martin Luther King.

Many of Farrakhan's controversial views are certainly not shared by the vast majority of the freedom/patriot movement, but it cannot be denied that he has rhetorically stood up to the powers that be on many occasions, as the clip below illustrates.

THE FLU CASE

E. Beeth, O. Bernard, Q. Blonda, P. Coomans, R. Delaunoy, et al.

Des médecins, des avocats et des citoyens belges mettent en garde contre le vaccin contre la grippe porcine

The Flu Case, ASANAT, 20 October 2009
https://web.archive.org/web/20091023154802/http://www.asanat.org/

Neuf raisons de ne pas vous faire vacciner contre la grippe A H1N1

1. La grippe A H1N1 est contagieuse mais resterait sans gravité par rapport à la grippe saisonnière. Au sortir de l'hiver, le bilan en victimes en Nouvelle Zélande et au Chili est très faible. Sans vaccination. [a]

2. Des organismes indépendants, comme la très respectée Cochrane Collaboration, font un bilan accablant de l'efficacité ou de la tolérance des vaccins anti-grippaux sur base de 40 années d'études: (a) chez les plus de 65 ans, leur effet est particulièrement modeste ; (b) chez les adultes jeunes en bonne santé, il manque des preuves de leur efficacité (c) chez les enfants, les données disponibles ne permettent de vérifier la tolérance des différents types de vaccins ; (d) chez les professionnels de santé, il n'existe pas de preuve crédible que leur vaccination modifie les complications grippales des personnes dont ils ont la charge.[b]

3. Une étude canadienne portant sur 12 millions d'observations aurait abouti à la conclusion provisoire que les gens ayant été vaccinés au cours des deux dernières années contre la grippe présentaient un risque deux fois plus élevé de tomber malade du virus H1N1. En cas de mutation du virus, il se pourrait donc que les personnes vaccinées avec le vaccin H1N1 courent un risque plus élevé de tomber malade. Cette étude attend confirmation. [c]

4. Les nouveaux vaccins H1N1 sont des produits expérimentaux. Ils n'ont pas fait l'objet d'essais cliniques approfondis à long terme. Ni leur efficacité ni leur absence de risques n'ont été prouvées, en particulier vis-à-vis de maladies à évolution lente.

5. Le vaccin en flacons de 10 doses contient du mercure (thiomersal) comme agent conservateur. Le thiomersal est suspecté d'être à l'origine de cas d'autisme. L'Association Américaine des Pédiatres (60.000 membres) a demandé en 1999 qu'il soit retiré des vaccins.[d] [e] [f]

6. Le vaccin contient un additif, le squalène, augmentant très fortement la réponse immunitaire. Bien qu'il soit naturellement présent dans l'organisme et qu'il puisse être ingéré sans problème, le squalène injecté est suspecté d'induire des maladies auto-immunes (ex. sclérose en plaque, sclérose latérale amyotrophique, fibromyalgie) ou différents troubles neurologiques et rhumatismaux. [g] Son usage pour les vaccins anti-grippaux reste interdit par la FDA aux Etats-Unis [h].

7. Le squalène dans le vaccin contre l'anthrax est suspecté responsable du Syndrome de la Guerre du Golfe chez plus de 25% des vétérans (avec une nette présence d'anticorps au squalène). La concentration de squalène dans le vaccin H1N1 est largement supérieure. L'utilisation de squalène permet de sous-doser l'antigène et de produire rapidement de plus grandes quantités de vaccins. [i]

8. Selon une régulation européenne du 15/09/09, les fabricants et les médecins qui administreront ce vaccin expérimental pourront être exemptés de toute responsabilité civile. En cas d'effets secondaires liés aux vaccins, vous n'aurez donc pas la possibilité de porter plainte.

9. Enfin, il existe de multiples autres moyens naturels, scientifiquement fondés, pour renforcer votre système immunitaire et prévenir ou limiter les infections et les complications liées à la grippe. Par exemple, les vitamines C, D et E, certains acides aminés, des minéraux, des polyphénols, des huiles essentielles… Le gouvernement néglige son devoir d'informer correctement la population à ce sujet.

THE FLU CASE

E. Beeth, O. Bernard, Q. Blonda, P. Coomans, R. Delaunoy, et al.

Belgian doctors, lawyers and citizens warn against receiving the so-called swine flu vaccine

The Flu Case, ASANAT, 20 October 2009
https://web.archive.org/web/20091023154802/http://www.asanat.org/

Nine reasons for you not to get vaccinated against the swine-flu virus A H1N1

1. The swine-flu virus is contagious yet should be no more a threat than normal seasonal influenza. At the end of winter 2009, the toll of victims in New Zealand or Chile is negligible. There was no vaccination.[a]

2. The reputable international pharmacological monitoring NGO Cochrane Collaboration, drawing on 40 years of research gives anti-flu vaccines a poor rating in terms of their effectiveness and of tolerance for them. It has found that (a) in the case of over-65s, their performance is particularly unimpressive (b) in healthy young adults, there is a lack of any proof of their effectiveness (c) in children, the available data does not permit verification of tolerance to different types of vaccines (d) in health professionals, there is no credible evidence that their administering vaccines mitigates the complications suffered by flu victims in their care. [b]

3. Recently, a Canadian survey drawing on 12 million observations would have come to the provisional conclusion that people vaccinated against flu during the course of the past two years stood double the chance of succumbing to the H1N1 virus. By the same token, were the virus to mutate, those vaccinated with the H1N1 vaccine could run an even greater risk of falling ill. This study awaits confirmattion. [c]

4. The new H1N1 vaccines are still in an experimental stage. They have not been subjected to proper, long-term clinical testing. Neither their effectiveness nor absence of risks have been established, particularly vis-à-vis sicknesses with a long gestation period.

5. The vaccines in 10-dose phials contain mercury (thiomersal) as a preservative. Thiomersal has been implicated in the onset of autism. The American Academy of Pediatrics (60,000 members) in 1999 demanded that it be removed from vaccines.[d] [e] [f]

6. The vaccine contains an additive, squalene which strongly compounds the immune response. Although naturally present in the body and can be ingested without problem, squalene if injected is suspected of triggering auto-immune diseases (eg. MS, Amyotrophic Lateral Sclerosis, Fibromyalgia) or various neurological and rheumatic disorders. [g] The FDA in the United States forbids its use in flue vaccines.[h]

7. It was the squalene present in the anti-anthrax vaccine that was suspected of causing Gulf War Syndrome in over 25% of the veterans (with a marked presence of antibodies to squalene). The concentration of squalene in H1N1 vaccine is substantially greater. Using squalene enables the dose of antigen to be reduced and larger quantities of vaccine to be produced. [i]

8. According to an EU ruling on 15/09/09, manufacturers and doctors administering this experimental vaccine may be exempted from all civil responsibility. In the event of side-effects linked to the vaccine, there will be no basis for legal action.

9. Finally, there is a whole range of other natural means, scientifically proven, of strengthening your immune system and of fending off or minimising complications linked to flu. For example, vitamins C, D and E, certain amino acids, minerals, polyphenol antioxidants, essential oils…The government is neglecting its duty to provide the population with correct information on this subject.

FOURWINDS10.COM Campbell vs. the US: Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Campbell vs. the US:
Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Four Winds, 23 October 2009

https://web.archive.org/web/20091029013650/http://www.fourwinds10.com/siterun_data/government/judicial_and_courts/news.php?q=1256406141

----- Original Message -----
From: Campbell Rebecca
To:
Cc: 911 Visibility Project
Sent: Friday, October 23, 2009 7:16 PM

Subject: Campbell vs. the US: Comprehensive Federal Lawsuit Against Forced Vaccinations Filed 10/23/09-3:30 PM PDT

Although this federal case was ostensibly filed by one person against one government, that one person has filed it on behalf of all of the peoples of the world so that they might hold their own governments accountable for the crimes that these governments have perpetrated in their names against other peoples, as well as against themselves.

Although it could have been filed on a narrower legal premise that might have made it easier to win in court, it was filed so that the larger context of the secret and sinister forces that have long controlled the governments of this world being finally exposed and thereby extirpated from this planet. It was filed in such a way so as not only to be heard in a court of law, but also to be heard in the court of public opinion, to help to win the hearts and minds of the people to a greater truth; to help win on earth the cosmic war now being waged for truth, rather than in this war to win but one more isolated battle.

To those who shall say that this one person acted without good faith, due diligence or sufficient discernment, let the judgement of eternity be the final arbiter.

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

REBECCA EM CAMPBELL ,

Plaintiff, Civil Action No.
vs. Jury Trial Demanded

KATHLEEN SEBELIUS, Secretary,
States Department of Health and Human
Services; THOMAS R. FRIEDEN, M.D., M.P.H.,
Director, United States Centers for Disease
Control and Prevention; FRANCIS S.
COLLINS, M.D., Ph.D., Director,
United States National Institutes of
Health; and MARGARET ANN HAMBURG , M.D.,
Commissioner, United States Food and
Drug Administration.
Defendants.
=>
https://web.archive.org/web/20091029013650/http://www.fourwinds10.com/siterun_data/government/judicial_and_courts/news.php?q=1256406141

Le vaccin contre le H1N1 pris en grippe

France Info, 23 octobre 2009
https://web.archive.org/web/20091025092035/http://www.france-info.com/sciences-sante-2009-10-23-le-vaccin-contre-le-h1n1-pris-en-grippe-359973-29-30.html

Neuf Isérois viennent de déposer une plainte contre X à Grenoble.

Ils dénonçent la campagne de vaccination contre la grippe H1N1 comme "une véritable tentative d'empoisonnement" de la population.

Une première en France, alors que le vaccin inquiète partout dans le monde.

Cette première plainte avec constitution de partie civile contre le vaccin de la grippe H1N1 est également déposée pour "tentative d'administration de substances de nature à entraîner la mort".

Les plaignants sont neuf habitants de la vallée du Grésivaudan.

Ils se sont rencontrés dans des réunions publiques consacrées notamment aux risques supposés du vaccin contre la grippe H1N1. "*Le but est d'arrêter ce que nous considérons comme un empoisonnement*", a souligné l'avocat des plaignants Maître Joseph.

Selon l'avocat, d'autres plaintes similaires seront déposées prochainement en Isère, ainsi qu'à Paris, Pau et Nantes.

Pour les autorités de santé, les vaccins H1N1 arrivant sur le marché sont des produits nouveaux pouvant provoquer des effets secondaires inattendus, qui devront faire l'objet d'une surveillance, mais elles estiment que les avantages d'une vaccination l'emportent sur les risques éventuels.

French inundate government with lawsuits over "act of poisoning"

The Flu Case, 23 October 2009
https://web.archive.org/web/20091027012315/http://www.theflucase.com/index.php?option=com_content&view=article&id=1345:french-inundate-government-with-lawsuits-over-qact-of-poisoningq&catid=1:latest-news&Itemid=64&lang=en

A raft of lawsuits is about to be filed in France concerning the government's mass "swine flu" vaccination campaign, with one civil case already deposited at a court in Grenoble, alleging a "real attempt to poison" the population is underway.

Similar charges are to be filed in other parts of France, including in Paris, Pau and Nantes, according to lawyer Jean Pierre Joseph.

"The goal is to stop what we consider to be an act of poisoning," said Joseph.

Medical Xpress

Switzerland restricts use of GlaxoSmithKline swine flu vaccine

MedicalXpress, 30 October 2009
https://medicalxpress.com/news/2009-10-switzerland-restricts-glaxosmithkline-swine-flu.html

Switzerland on Friday restricted the use of British drugs group GlaxoSmithKline's swine flu vaccine Pandemrix, excluding pregnant women, minors and people over the age of 60.

The regulatory authority Swissmedic said it had received data on the vaccine for adults, but not for pregnant women and very little data for children.

"For this reason, Swissmedic has not yet authorised the administration of Pandemrix to pregnant women, children under the age of 18 and adults over 60," the regulator said in a statement.

Pandemrix was one of two vaccines approved by European Medicines Agency (EMEA) in September for usage against the A(H1N1) virus, and GSK said in early October that it had orders for 440 million doses of the vaccine.

While the Swiss regulator did not give the green light for the usage of Pandemrix by vulnerable groups, it said Focetria, a vaccine produced by Swiss pharmaceutical giant Novartis, was safe to be used by both children and adults.

In this instance, Swissmedic said it "based its decision largely on the EMEA authorisation".

"In accordance with this, Focetria is recommended for use in adults and children over six months old," it said.

As for usage by pregnant women, Swissmedic left it to doctors to weigh up the advantages and disadvantages of the vaccination.

The regulator added that it was still examining a second Novartis vaccine, Celtura.

Citing anonymous sources, Swiss daily Tages Anzeiger had reported on Saturday that Celtura had problems gaining regulatory approval here due to possible bacterial contamination.

The vaccine is produced by a technique using cell cultures from dog kidneys, allowing more rapid production than by the more classical method using chicken eggs, according to the company.

However, Tages Anzeiger said Swissmedic had found bacterial contamination in test batches of Celtura.

A spokesman at Swissmedic told AFP then that the agency could "neither confirm nor deny" the report, while Novartis had denied that it was facing problems gaining approval for the vaccine.

Countries in the northern hemisphere are in the midst of rolling out vaccinations programmes, in preparation for the coming winter.

The WHO has recommended that health workers be given the vaccines in priority, followed by vulnerable groups such as pregnant women and young children.

Nearly 5,000 people have died from swine flu infections since the A(H1N1) virus was uncovered in April, according to data issued by the World Health Organisation last week.

ФОКУС

Польша не будет покупать вакцину от A/H1N1, пока не доказана ее безопасность

Фокус, 3 ноября 2009, 12:20
https://focus.ua/ukraine/76560

Польские власти не планируют закупать вакцину от так называемого свиного гриппа (A/H1N1), пока не будут завершены исследования ее неопасности для человеческого организма.

Об этом заявила министр здравоохранения Ева Копач после заседания эпидемиологического комитета вчера вечером.

"Не будем проводить прививку людям плацебо, будем базироваться не на сплетнях, а на результатах клинических исследований", - отметила министр.

Копач подчеркнула, что польское правительство сейчас ведет переговоры о возможной покупке вакцин с тремя фирмами, отметив, что ни одна из них не завершила необходимые клинические исследования.

Кроме этого, до сих пор неизвестно, хватит ли для защиты от вируса одноразовой прививки или ее надо будет проводить дважды.

Копач сказала, что польские власти выступают за то, чтобы прививка от A/H1N1 была введена в свободное обращение, что сделало бы возможной ее покупку непосредственно гражданами, а не только правительствами стран, как есть сегодня.

Как передает УНИАН, министр заверила, что в случае подтверждения неопасности прививки польское правительство успеет купить ее к пику возможной эпидемии, которая может иметь место с января по март 2010 года.

Копач отметила, что немецкое правительство закупило 50 миллионов доз, из которых из-за низкой заинтересованности прививками использовано только 10 млн. Министр также заверила, что польские власти имеют необходимое оборудование и лекарства для того, чтобы не допустить эпидемии в Польше.

Она отказалась озвучить данные о запасах лекарств, которые имеет в своем распоряжении правительство, заметив только, что на лекарственных складах (из которых лекарства попадают в аптеки) есть 150 тысяч доз "Тамифлю" и 38 тысяч "Релензе".

Копач подчеркнула, что лекарство "Тамифлю" умышленно не были переданы в аптечное обращение в Польше, поскольку его использование при более легких заболеваниях гриппа привело бы к тому, что в случае сложной формы лекарства уже не подействуют.

Ранее сообщалось, что польское Министерство здравоохранения считает намного опаснее A/H1N1 вирус обычного сезонного гриппа, призывая поляков проводить прививку собственно от него.

В 38-миллионной Польше в последнее время не зафиксировано роста заболеваний вирусными инфекциями, из-за которых в западных областях Украины заболели свыше 250 тысяч человек, из которых 71 умер.

Norway fends off WHO officials in pandemic power struggle

The Flu Case, 4 November 2009, 11:55

https://web.archive.org/web/20091107021141/http://www.theflucase.com/index.php?option=com_content&view=article&id=1589:norway-fends-off-who-officials-in-pandemic-power-struggle&catid=41:highlighted-news&Itemid=105&lang=en

A row has broken out between WHO and Norway after Norway allegedly rejected an offer by the UN global health organisation to send their "experts" to Norway to deal with the swine flu pandemic.

According to a report in the Norwegian newspaper Dagbladet, WHO wanted to send "experts" to Norway after reports that more people had died from the "swine flu" there than in other countries.

The Assistant Director-General of WHO contacted the Norwegian health director Bjørn Inge Larsen and apparently suggested sending his officials to the country.

However, the Norwegian government declined the offer.

"They offered their assistance. There was talk of sending someone from the WHO here to assist us, " Norwegian Health Minister Anne-Grete Strøm-Erichsen said.

The news that WHO had offered to send experts to Norway emerged after a letter sent by Strøm-Erichsen to GlaxoSmithKline company concerning the destruction of 170,000 doses of Pandemrix was published.

"Influenza pandemic is now spreading rapidly throughout the country and close to inhabited areas have now been hardest hit. Compared with other European countries, we have a higher death rate, to the extent that the WHO has expressed concern and have contacted our health authorities to provide assistance, "said the letter.

Under the International Health Regulations 2005 and pandemic plans, WHO officials are allowed to assume sweeping powers over a country's health and security infrastructure under the pretext of a pandemic emergency.

The "offer" to send officials by WHO, and the rejection of that offer by Norway could be part of a power struggle for control of Norway.

Soon after the news emerged that WHO had contacted the Norwegian government about sending its officials to the country, the Norwegian government backtracked and denied it had rejected an offer by WHO to send experts.

"The case is wrong. It is we who first made contact with pandemic coordinator at WHO, Keiji Fukuda. We have not turned down anything from the WHO…," health director Bjørn Inge Larsen told Dagbladet.

"You refer to a phone call where the WHO's pandemic chief Keiji Fukuda contacted me to show his attention and say that they were aware of the high death toll in Norway as a result of swine flu. I already did that then we will review the Norwegian death to look for common denominators we have not discovered before, and that if the high numbers in Norway continues, it will be appropriate for us to contact the WHO, "says Larsen.

The call from WHO appears to have come on Monday or Tuesday of last week, indicating that WHO has been moving fast behind the scenes to embed its officials into national government structures.

"We may request assistance from WHO experts to survey and review the data. It will be clear about a couple of weeks, "said Larsen.



Polish Vice Health Minister Adam Fronczak
in Parlliament on swine flu (AH1N1) vaccine deaths and issues

Polish Parlliament, 5 November 2009
https://www.youtube.com/watch?v=nXqEWl07olk&list=PL579700CA87CC3B5D&index=10



Polish Vice Health Minister on swine flu vaccine (AH1N1). Here's a script of what he says:

It was said here that WHO and Eurpean Comminssion recommends the AH1N1 vaccines. Yes, it is true. But the responsibility lies with Health Ministry of every country in terms of health security of given country. And now we have a situation where in one country that bought a very large amount of vaccines... *2 people dies of AH1N1 and 4 people died in few hours after vaccine injection, allegedly of post-vaccinational complications*.

Isn't that a signal for Health Minister, doesn't it trigger an alert?

Great Britain widely allows vaccines that contain adjuvants containing mercury, for all social groups: so called risk groups and for the whole society.

But other countries with their pandemic comitees say: 'Stop to this vaccines. We do not allow neither the children up to 18 years of age nor pregnant women to be vaccinated with this jab!' This is only 1000-2000km away! It is the same European community, same philosophy but so different points of view!



Polish Health Minister [Eva Kopacz], a family doctor, tells Parliament she will not allow use of untested swine flu jabs: reveals secret contracts violate the law

The Flu Case, 5 November 2009, 11:59
https://web.archive.org/web/20100106085046/http://www.theflucase.com/index.php?option=com_content&view=article&id=1618%3Aupdate-polish-health-minister-a-family-doctor-tells-parliament-she-will-not-allow-use-of-untested-swine-flu-jabs-reveals-secret-contracts-violate-the-law&catid=41%3Ahighlig



The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs.

She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law.

Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big Pharma.

She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13 % of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab.

She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccinesm, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. The pharmaceutical companies did not want to take responsibilty for the jab.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab.

Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu.

Why is there such a panic about the swine flu virus? She asked.

Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies.

She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

Polish Prime Minister:
Donald Tusk, pressured by EC on swine flu (AH1N1) vaccines

European Commission, 6 November 2009.
https://www.youtube.com/watch?v=34HZ5JBQt0E



Polish Prime Minister: Donald Tusk's press conference on 06.11.2009. He's sceptical regarding swine flu vaccines despite pushing announcement made by European Commission.

Citizens demanding Vaccination choice
carry Republican Chris Christie to New Jersey Governorship

Press Release, 6 November 2009
https://www.pr.com/press-release/190737

Middletown, NJ – (PR.com) – In an unprecedented and historic move, Chris Christie put pen to paper last week and made an official campaign promise to citizens of New Jersey in support of vaccination choice. He further cemented his position on live radio with Don Imus, by becoming the first gubernatorial candidate to utter the words vaccines, autism and parental choice in the same sentence. Vaccine choice supporters showed up in record numbers tonight to cast their vote for Christie.

"Tonight, vaccine choice advocates in New Jersey are proud to announce that vaccination choice is officially a voting block," says Life Health Choices Founder, Louise Kuo Habakus, who met with campaign leaders last December and kept the lines of communication open. "This election is a wake-up call to politicians nationwide. Vaccine choice belongs in the parents' house, not the Statehouse or the White House."

After receipt of the official Christie campaign promise on Friday, vaccination choice and autism advocates mobilized in force on the internet. They alerted tens of thousands of supporters, who in turn took to Facebook, Twitter, and their own support group networks to reach hundreds of thousands more. News of Christie's now famous statement spread like wildfire through the state and across the country:

"I stand by them now, and will stand with them as their governor in their fight for greater parental involvement in vaccination decisions that affect their children… Ending waste in government in order to improve care and services for these unique children and adults, as well as giving parents the choice they deserve in their children's health care decisions, will be top priorities."

"Anger towards Governor Corzine has been building," says Habakus. It is well known that New Jersey, Autism Capital of the World, is also Ground Zero for mandated shots for school. Many parents and grandparents blame environmental causes, including the state's ultra-aggressive vaccine schedule. The "Freedom of Choice" rally in Trenton last fall garnered national media attention and catapulted this issue into the mainstream dialogue. On the heels of Corzine's 2008 decision to add four additional vaccine mandates to the state's already crowded schedule, thousands of parents have lined up to attend vaccination choice seminars and protests across the state.

In August, Christie and running mate, Monmouth County Sheriff Kim Guadagno, met with parents and received an unvarnished assessment of New Jersey's position on this issue from Habakus: "Fifty percent of Americans in 18 U.S. states including the highly populous, corridor states of California and Texas have vaccination choice. We deserve it here, in the state that leads the nation in autism incidence and the number of mandated shots for school attendance."

"We look forward to Governor-elect Christie's leadership and working with the new administration," says Habakus.

For more information, go to www.lifehealthchoices.com
Contact: Life Health Choices,

Louise Kuo Habakus
- 917-553-4634
- www.lifehealthchoices.com

H1N1 is a 'dud' pandemic, Ontario health official says

CBC News, 12 November 2009, 7:33 PM ET
https://web.archive.org/web/20091115080157/http://www.cbc.ca/health/story/2009/11/12/h1n1-vaccine-costs.html?ref=rss

The huge investments governments made into swine flu pandemic planning might not have been justified, an Ontario health official says.

The huge investments governments made in swine flu pandemic planning might not have been justified, an Ontario health official said Thursday.

"It's really not causing ? and is not going to cause and nowhere has caused ? significant levels of illness or death," said Dr. Richard Schabas, Ontario's former chief medical officer of health.

"But governments moved ahead regardless. They ramped up their response, spent a huge amount of money on vaccines and other things. I'm not sure the $1.5 billion includes the cost of new ventilators, the cost of Tamiflu stockpiles ? the huge investment that's been put into planning for what has ultimately turned out to be, from a pandemic perspective, a dud."

Schabas is now the chief medical officer of health for Hastings and Prince Edward counties in eastern Ontario.

On Thursday, The Globe and Mail reported that Canada has so far spent $1.5 billion on the H1N1 vaccination campaign, twice as much as health officials had predicted. The H1N1 vaccine targets the strain of H1N1 influenza A virus causing the current swine flu pandemic.

Originally, it was estimated a single dose of the vaccine would cost $16. That cost has now risen to $30. The increasing cost is attributed in part to an unexpected surge in demand late last month.

By the time the immunization campaign is complete, the cost could exceed $2 billion.

In another development, an EKOS poll conducted exclusively for CBC News suggests more than half of Canadians surveyed believe concerns over the risk of H1N1 are exaggerated.

Of those polled, 53 per cent said the level of concern about swine flu is exaggerated, considering the real risks involved with the virus. Thirty-seven per cent said the concern was consistent with the level of risk, and 10 per cent said the level of risk was understated.

The survey of 3,502 people was conducted by telephone between Nov. 4 and Nov. 10, 2009, and has an error margin of plus or minus 1.7 percentage points, 19 times out of 20. Both landline and cellphone users were included.

THE FLU CASE

Vietnam requests WHO clarification on H1N1 vaccine safety

Thanh Nien News // The Flu Case, 5 December 2009

https://web.archive.org/web/20100214152335/http://www.theflucase.com/index.php?option=com_content&view=article&id=2191%3Avietnam-requests-who-clarification-on-h1n1-vaccine-safety-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Vietnam has asked the World Health Organization to clarify the safety of H1N1 vaccines to be provided to the country after higher

In an urgent communication to WHO, Vietnam has demanded that all information about the Arepanrix H1N1 vaccines produced by the British-owned GlaxoSmithKline, including its dosage and the number of allergic reactions to it in other countries, be clearly stated, the health ministry's Drug Administration said on Wednesday.

The country is expected to receive 1.2 million does of vaccines produced by GlaxoSmithKline from the WHO this month.

Nguyen Huy Nga, head of the health ministry's Preventive Health and Environmental Department, said they planned to vaccinate 800,000-900,000 women who are more than three months pregnant and 280,000 health workers between this month and next February.

According to the Drug Administration, Canada last month withdrew 170,000 doses of the Arepanrix vaccines after six negative reactions were reported. One or two allergic reactions are expected in a batch of that size.

Also on Wednesday the Ministry of Health reported that two more people – a 17-year-old girl and a 33-year-old man in the Mekong Delta of An Giang – have died of swine flu.

Swine flu has so far killed 46 people nationwide.

THE FLU CASE

Lawyers will Represent Bachelot at Court Hearing to stop Swine Flu Vacinations in France

The Flu Case, 21 December 2009, 14:01

https://web.archive.org/web/20100304215726/http://www.theflucase.com/index.php?option=com_content&view=article&id=2364%3Alawyers-will-represent-bachelot-at-court-hearing-to-stop-swine-flu-vacinations-in-france&catid=41%3Ahighlighted-news&Itemid=105&lang=en

A lawyer will represent the French Health Minister Roselyne Bachelot at a court hearing scheduled for January 4th in Paris on whether the mass swine flu vaccination programme should be suspended.

Bachelot received a summons after legal action was taken by a group led by Dr Marc Vercoutère and Christian Cotten, who argue the vaccine is untested and toxic and poses a danger to the people of France.

The judgement could be given on the same day as the hearing, but most probably it will come a few days later, Christian Cotten said.

He said he expected the hearing to be mostly symbolic in as far as the political and financial interests pushing the swine flu vaccination campaign remain powerful and are advancing the campaign in spite of polls showing that 76 % of the French now have no intention of taking the jab.

The citizen's group hopes to use the occasion to publicise the inadequate basis for the current mass swine flu vaccination campaign by compelling Bachelot and her lawyers to present arguments, evidence and facts to justify their actions.

The mass swine flu vaccination campaign has galvanised France and led to the create of a new alternative or independent networks on the internet as people have become increasingly aware that the government and the mainstream and government-controlled media are not giving adequate information.

Criminal complaints have also been filed in France.

Also, an appeal is due to be launched in Belgium in January against a court ruling that the government did not violate laws by recommending the untested Pandemrix swine flu jab to pregnant women.

MAYAN MAJIX

Why the Swine Flu Vaccine and Vaccines are illegal under International Law?

Mayan Majix, 25 December 2009.
https://web.archive.org/web/20100102182945/http://www.mayanmajix.com/Swine_Flu_Vaccine_And_Vaccines_Are_Illegal.pdf

Informed Consent
https://medical-dictionary.thefreedictionary.com/informed+consent
Consent given with full knowledge of the risks involved, probable consequences, and the alternatives. (In order for informed consent to be considered valid, the client must be competent and the consent should be given voluntarily).

The use of vaccines violates the …

1) Law of Informed Consent,

2) The Nuremberg Code – (10 Principles), 1947 …
https://web.archive.org/web/20091226141450/http://ohsr.od.nih.gov/guidelines/nuremberg.htmlh

3) The Hippocratic Oath – 1st do no harm …
https://web.archive.org/web/20100212191844/http://www.members.tripod.com/nktiuro/hippocra.htm

4) The Precautionary Principle – The obligation to prevent harm, (the 4 Principles),
https://web.archive.org/web/20110319124349/http://www.sdearthtimes.com/et0398/et0398s4.html

5) Vaccine Fillers and Ingredients includes, but not limited to poisons, carcinogens, neurotoxins and immunotoxins as Mercury, Aluminum, Formaldehyde, MSG, and also Phenoxyethanol, used in antifreeze, (also a common cosmetic ingredient), known to be toxic to all cells – capable of disabling the immune system's primary response mechanism.
https://web.archive.org/web/20100612211123/http://www.vaclib.org/basic/ingredmar701.htm
https://web.archive.org/web/20061101185323/http://www.knowvaccines.com/phenol.htm

6) The 7 Principles of the Nuremberg Tribunal, 1950 …
https://web.archive.org/web/20101210032314/http://www.icrc.org/ihl.nsf/FULL/390?OpenDocument

7) Universal Declaration of Human Rights, 1948 – Article 3 …
https://web.archive.org/web/20101223191026/http://www.un.org/en/documents/udhr/#atop

8.) The Convention on the Rights of the Child, Nov. 20, 1989 – Articles 13, 17, 19 and 27,
https://web.archive.org/web/20101225070334/http://www2.ohchr.org/english/law/crc.htm
https://web.archive.org/web/20101225012235/http://www.unicef.org/crc/ etc...

Science dictates that only a randomized double-blind, placebo-controlled study can generate unbiased results in any clinical trial. In the history of vaccine development, no such study has ever been performed. It is only unscientific opinions and pharmaceutical propaganda which have propelled the mythological validity, safety and effectiveness of vaccines. Dozens of controlled studies have scientifically verified the immunotoxicty, neurotoxicity and sterility of common vaccine ingredients which destroy human health, yet they are all ignored by conventional medicine,
https://web.archive.org/web/20101230183619/http://preventdisease.com/news/09/103009_vaccine_sterility_immunotoxicity_neurotoxicity.shtml

- Definition - Randomized Double-blind controlled trial …
https://web.archive.org/web/20101220172150/http://www.lumrix.net/medical/epidemiology/randomized_controlled_trial.html

In a double-blind trial, one researcher allocates a series of numbers to 'new treatment' or 'old treatment'. The second researcher is told the numbers, but not what they have been allocated to. Since the second researcher does not know, they cannot possibly tell the patient, directly or otherwise, and cannot give in to patient pressure to give them the new treatment. In this system, there is also often a more realistic distribution of sexes and ages of patients. Therefore double-blind (or randomized) trials are preferred, as they tend to give the most accurate results.

Double Blind Study is an experimental procedure in which neither the subjects of the experiment nor the persons administering the experiment know the critical aspects of the experiment; "a double-blind procedure is used to guard against both experimenter bias and placebo effects".
https://web.archive.org/web/20110606105455/http://www.thefreedictionary.com/double-blind+study

A controlled trial in which neither the participants nor the experimenter or observer are aware of which group each participant is assigned to.
https://web.archive.org/web/20151001222039/http://www.encyclopedia.com/doc/1O62-doubleblindtrial.html

- US Judge Rules Against Compulsory Vaccinations – Sept. 29, 2009 … for everyone in USA and New York Health Care Workers …
https://web.archive.org/web/20091004002503/http://www.ireport.com/docs/DOC-335421?ref=feeds/latest

US Court issues - Preliminary Injunction to stop mandatory vaccinations and to hold the government and drug companies responsible for reactions. U.S. government sued for gross negligence and violation of the US Constitution

etc. ...

Polskaweb NEWS

Schweinegrippe - Italiener fordern Geld zurück

Polskaweb News, 2 January 2010, um 22.30 Uhr
https://web.archive.org/web/20100116032138/http://polskaweb.eu/schweinegrippe-impfungen-in-italien-flop-6576576526.html

Rom – Während Italiens Premier Berlusconi sich möglicherweise gerade seine jüngsten "Verletzungen" im Gesicht vergolden lässt, gehen Politiker in Rom wegen dem nicht mehr zu übersehenden Betrug mit den neuen Grippen auf die Barrikaden. Nach Berichten der italienischen Nachrichtenagentur ANSA, fordern Politiker unter der Führung des Vorsitzende der Partei "Il Popolo della Libertà" Senator Maurizio Gasparri, eine parlamentarische Untersuchung zum Kauf von neuen Influenza-Impfstoffen gegen angeblich lebensgefährliche Grippen. Sie bezeichneten in diesem Zusammenhang Hersteller und involvierte Wissenschaftler als "Pharma-Haie" und sprechen von "illegalen Gewinnen" welche die Verantwortlichen nun an das italienische Volk zurückzahlen müssen. ANSA gibt zu, dass nur sehr wenige Italiener sich impfen liessen und Millionen Dosen Impfstoffe nun wertlos seien und ein Ende des "Kaufrausches" noch lange nicht abzusehen sei.

Auch in Italien entpuppte sich die von dubiosen Wissenschaftlern als A/H1N1- Grippe bezeichnete lebengefährliche Krankheit nur als Flop. Angeblich sollen 800 000 Italiener hieran erkrankt sein, doch "nur" 193 Menschen starben an den Folgen des Virus, also im Vergleich zu allen bisher dagewesenen Grippen praktisch fast niemand. Ebenso wie schon bei den Toten in Polen die angeblich an der Schweinegrippe gestorben waren, hatten auch sämtlich italienischen Opfer andere schwere- und vor allen Dingen chronische Erkrankungen. Das Gesundheitsministerium in Rom hatte auf Drängen der WHO und der Pharma- Industrie für rund 200 Millionen Euro dubiose und unerforschte Impfstoffe gekauft, die möglicherweise im gleichen Labor in Rotterdam erstmals gemixt wurden, wie schon auch der Erreger der laufenden Pandemie.

"Es ist kaum möglich in der Schweinegrippe Sache nicht an spekulative Manöver von skrupellosen Pharma-Multis zu denken. Solche Unternehmen sind Potent genug, um Medien und Informationen zu beeinflussen, die dem Bürger auch panikartig Haarwuchsmittel kaufen lassen. Diese "Pharma-Haie" dürfen nicht mit ihren illegalen Gewinnen entkommen" - sagte Maurizio Gasparri der Agentur ANSA und fügte hinzu, dass nun die Erwerber der Impfstoffe aus der Politik doch eigentlich alarmiert sein müssten und von sich aus dafür zu sorgen hätten, dass die durch "Lügen" verlorenen Gelder zurückgeholt werden. Die Weltgesundheitsorganisation WHO, Wissenschaftler aus Deutschland, Holland, Großbritannien, den USA und Italien und diverse Politiker sowie Behörden und staatliche Institutionen haben, nicht nur nach Überzeugung und Erkenntnissen von "Polskaweb", einen fortgesetzten Multimilliarden- Betrug zum Nachteil von über 200 Staaten der Welt hingelegt und Vogel- und Schweinegrippe in Europa sind Produkte eines Virologen aus Rotterdam.

=> English

THE FLU CASE

Senator calls for Parliamentary Inquiry in Italy:
says illegal profits must be returned:
Big Pharma earns 22 billion Euros in last quarter from Swine Flu jabs

The Flu Case, 7 January 2010, 12:00
https://web.archive.org/web/20100220012150/http://www.theflucase.com/index.php?option=com_content&view=article&id=2492%3Asenator-calls-for-parliamentary-inquiry-in-italy-says-illegal-profits-must-be-returned-big-pharma-earns-22-billion-euros-in-last-quarter-from-swine-flu-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

Italian Senator Maurizio Gasparri from the "Il Popolo della Liberta" party is leading calls in Italy for a parliamentary inquiry into the swine flu vaccine orders, according to the Italan news agency ANSA, reports Polskaweb.

Few Italians have taken the swine flu jab, leaving the government sitting on millions of doses.

"It is hardly possible in the swine flu affair not to think on the unscrupulous manoeuvres of pharma multinationals. Such companies are powerful enough to influence media and information, which would lead citizens to by hair growth means in panic. These "pharma sharks" cannot be allowed to get away with their illegal profits," Gasparri said.

Polskaweb has estimated that the swine flu scam earned the pharma companies 22 billion euros in the last quarter alone.

wnp.pl

Włochy: nowa grypa to blef?

Wiadomosci.One, 3 January 2010, 10:12
https://www.wnp.pl/wiadomosci/wlochy-nowa-grypa-to-blef,98005.html

Za wszczęciem parlamentarnego dochodzenia w sprawie masowego zakupu szczepionek przeciwko nowej grypie we Włoszech opowiedział się szef klubu rządzącej partii Lud Wolności w Senacie Maurizio Gasparri. Jego zdaniem za decyzją o zakupie milionów szczepionek stały potężne koncerny farmaceutyczne.

Polityk koalicji, cytowany przez agencję Ansa, przypomniał, że grypa typu A/H1N1 okazała się podobna do tej sezonowej i najczęściej lekka w przebiegu. Tymczasem - zauważył - kupiono ogromne zapasy szczepionek, które nie zostały wykorzystane. W ten sposób Gasparri odniósł się do doniesień o tym, że wykorzystano jedynie co 70. dawkę kupionej przez rząd szczepionki przeciwko nowej grypie, ponieważ zdecydowana większość Włochów nie skorzystała z możliwości zaszczepienia.

- Trudno nie myśleć o spekulacyjnych manewrach w wymiarze światowym ze strony pozbawionych skrupułów międzynarodowych koncernów farmaceutycznych, na tyle potężnych, by wpływać na informację, która ze swym alarmistycznym tonem służy tym rekinom - powiedział senator Gasparri. Dodał: - Nie ujdą im na sucho nielegalne zyski.

- Trzeba ustalić, czy ten, kto zarobił bez powodu, może zwrócić zyski zgromadzone dzięki kłamstwom - oświadczył włoski polityk.

Włoskie ministerstwo zdrowia planowało zaszczepienie 40 procent populacji przeciwko nowej grypie. Według prasy na szczepionki wydano około 200 milionów euro. Ale do tej pory zaszczepiło się około 800 tysięcy ludzi.

Na grypę typu A zachorowało około 4 milionów ludzi, a z powodu powikłań, wywołanych przez inne ciężkie schorzenia i chroniczne dolegliwości, zmarły 193 osoby.

=> English

onet WIADOMOŚCI

Italy: the new influenza is a bluff?

Wiadomosci.Onet.Pl 5 January 2009
https://jagahost.proboards.com/thread/7611/polish-health-ministry-blasts-vaccinations

Italian Parliament To Investigate Fraudulent H1N1 Vaccine Contracts

(Polish Press Agency) For the initiation of parliamentary investigation into the mass purchase of a new influenza vaccines in Italy, opted the Club's head of the ruling People of Freedom Party in the Senate, Maurizio Gasparri.

In his opinion behind the decision to buy millions of vaccines are powerful pharmaceutical companies. The coalition politician, quoted by the Ansa agency, noted that type A/H1N1 flu turned out to be similar to the seasonal and usually mild. Meanwhile – he noted - huge stocks of vaccines were bought, which were not used.

In this way, Gasparri referred to the reports that only 1 in 70 doses were used, because the vast majority of Italians did not take the possibility of inoculation. It's hard not to think about speculative maneuvers on a global dimension by unscrupulous pharmaceutical multinationals concerns, powerful enough to influence the information that, with its alarmist tone, serves those sharks - said senator Gasparri.

He added: - They won't get away with the illegal profits. - We must determine whether the person who earned without a reason, can return the profits accumulated through the lies - said the Italian politician.

The Italian health ministry planned to immunize 40 percent of the population against the new flu. According to the press about 200 million euro has been spent on vaccines. But so far approximately 800 thousand people got immunised. Influenza type A sickened about 4 million people, but because of complications caused by other serious diseases and chronic ailments, 193 people died.

ProBoards
https://jagahost.proboards.com › thread › polish-health-...

Polish Health Ministry BLASTS Vaccinations ! | Polish Culture Forum

(Polish Press Agency) For the initiation of parliamentary investigation into the mass purchase of a new influenza vaccines in Italy, opted the Club's head ...

Le Parisien

Grippe A: les critiques s'accumulent contre le surplus de vaccins

Le Parisien, 3 janvier 2010 à 15h45
https://www.leparisien.fr/societe/sante/grippe-a-les-critiques-s-accumulent-contre-le-surplus-de-vaccins-03-01-2010-763699.php

La revente d'une partie de 94 millions de doses de vaccin contre la grippe A à des pays étrangers, révélée ce dimanche dans les colonnes du Parisien-Aujourd'hui en France, suscite de vives critiques sur la façon dont le gouvernement a géré la campagne de vaccination, et notamment son coût.

Benoît Hamon, le porte-parole du PS, a ainsi dénoncé, lundi matin, les surplus de vaccins contre la grippe H1N1 en France estimant que les laboratoires pharmaceutiques sont «les grands vainqueurs dans cette affaire». «Je trouve ça pour le moins curieux qu'on achète pour l'équivalent de 90 millions» de doses de vaccin et qu'«il en reste 70 millions, c'est-à-dire qu'à peu près deux tiers de ce qui avait été prévu n'ait pas été utilisé», a déclaré M. Hamon sur Canal+. Le porte-parole du PS a également dénoncé de la part du gouvernement «une campagne bien anxiogène pour essayer d'écouler les stocks» et le fait qu'il tente «de justifier qu'on ait payé l'équivalent d'un milliard d'euros aux labos pharmaceutiques qui sont les grands vainqueurs dans cette affaire».

Pour Vincent Peillon, eurodéputé (PS), «ce gouvernement n'a pas été écouté ceux qui savent, ce n'est pas la première fois, il y a un mépris pour le savoir, il y a une gestion par la peur», a-t-il expliqué sur France 2.

A droite, certaines dents grinçaient dès dimanche. Le professeur Bernard Debré, député UMP de Paris et membre du Comité consultatif national d'éthique, a ainsi affirmé sur France Info que «le principe de précaution a été poussé à l'extrême stupidité». Il estime que la France a acheté de 50 à 70 millions de vaccins en trop et un tiers des réserves mondiales de l'antibiotique Tamiflu. La facture pourrait s'élèver, selon lui, à près de deux milliards d'euros, soit plus que les déficits additionnés de tous les hôpitaux de France.

Le professeur Marc Gentilini, spécialiste des maladies infectieuses et ancien président de la Croix-Rouge française, est «très sévère sur la façon dont on a agi parce qu'on n'a pas accepté un dialogue vrai sur les risques que faisait courir ce nouveau virus (...) alors que, globalement, il représente une mortalité inférieure à celle de la grippe saisonnière». «Je conçois très bien qu'on veuille prendre une assurance tous risques, mais quand une assurance coûte beaucoup plus cher que le risque, on doit quand même s'interroger», a-t-il poursuivi.

Le médecin estime aussi qu'avec «une mise hors-jeu du service de santé principal constitué par les médecins libéraux, on courait un risque de non-acceptation par la population». Il critique également une «campagne dispendieuse», en notant le prix des pages de publicité achetées par le ministère de la Santé pour promouvoir la vaccination, les 2 milliards de masques «gardés je ne sais où, et dont personne ne s'interroge sur leur utilisation».

Le député Jean-Marie Le Guen, médecin et spécialiste des questions de santé au PS, a réclamé dimanche une mission parlementaire pour faire le bilan du «fiasco» de la «la politique vaccinale» et «tirer des leçons pour le futur». «Nous avons le plus faible taux de personnes vaccinées des pays développés», écrit encore l'élu socialiste.

THE FLU CASE

French Deputy Calls for Parliamentary Investigation into Swine Flu Vaccination "Fiasco"

The Flu Case, 4 January 2010, 12:37
https://web.archive.org/web/20100220012008/http://www.theflucase.com/index.php?option=com_content&view=article&id=2459%3Afrench-deputy-calls-for-parliamentary-investigation-into-swine-flu-vaccination-qfiascoq&catid=41%3Ahighlighted-news&Itemid=105&lang=en

French Deputy Jean-Marie Le Guen, a doctor and the health specialist for the PS Socialist Party, called on Sunday for a parliamentary inquiry into the "fiasco" of the swine flu vaccination campaign and "vaccination politics," according to Le Parisien.

The demand comes among growing criticism of the French government's handling of the swine flu vaccination campaign.

Professor Bernard Debré, UMP deputy, said that the "pincriple of precuation has been pushed to extreme stupidity" during the campaign.

He estimated that France had bought 50 to 70 million swine flu jabs too many as well as a third of world's reserves of Tamiflu, and the total cost of the swine flu campaign could come to 2 billion euros.

Professor Marc Gentilini, specialist for infectious diseases and former president of the Red Cross criticised the way the government had not been willing to enter into a real "dialogue" about the low risk of the swine flu virus.

Dalila B.

Dismissed for refusing to sign reports of the GSK vaccine

Ennahar, 5 January 2010, 11:52:00
https://web.archive.org/web/20100120054037/http://www.ennaharonline.com/en/news/2791.html

Algiers- credible sources from the Ministry of Health, Population and Hospital Reform, said that Minister Said Barkat has terminated the functions of the Director, responsible for customs clearance at the central pharmacy.

Ms. Rahal has lost her job for refusing to sign a report of clearance of the vaccine against influenza A (H1N1) imported by the Ministry of Health, produced by the British laboratory GSK. According the same source, the reasons for refusal would be linked to expiry of the vaccine in May this year, while the vaccination has not been started yet. That would mean the loss of a large quantity of vaccine that would not be used, while the citizens refuse to be vaccinated.

This redundancy adds to a series of dismisses by the Ministry of Health against the executives who refuse to play with the health of the Algerian people, like Mrs. Touabti, head of control at the Pasteur Institute, who was dismissed after the results on the vaccine produced by GSK, and the death of laboratory rats after inoculating doses of 0.5 mg, then doses of 0.2 mg, which was considered by the department as an unforgivable mistake.

In the same context, the Minister of Health, Population and Hospital Reform, terminated the functions of the Director of Pasteur Institute, Professor Abadi, for the delay on the importation of the vaccine against the seasonal influenza and influenza A (H1N1), and the appointment of Director of Prevention at the Department, Ismaïl Mesbah, acting director for a few days before the appointment of the Head of Department of Microbiology at Mustapha Pacha hospital, Professor Mohamed Tazir who has already served at the same post in the eighties.

THE FLU CASE

H1N1: 4 députés centristes pour une commission d'enquête, le PS veut une mission

The Flu Case, 6 January 2010.
https://web.archive.org/web/20100220012145/http://www.theflucase.com/index.php?option=com_content&view=article&id=2490%3Alikelihood-of-french-parliamentary-inquiry-into-swine-flu-vaccination-grows&catid=1%3Alatest-news&Itemid=64&lang=en

Quatre députés du Nouveau centre ont déposé une proposition de résolution demandant une commission d'enquête parlementaire sur la grippe H1N1, tandis que leurs collègues socialistes ont réitéré leur demande de mission d'information sur ce sujet.

Le groupe Nouveau centre décidera mardi prochain d'utiliser ou non, son droit de tirage, un nouveau droit constitutionnel permettant à un groupe de demander, une fois par session, une commission d'enquête, a précisé l'auteur de la proposition de résolution, Jean-Christophe Lagarde, lors d'un point de presse.

En principe, la demande de commission d'enquête ne peut être refusée que si les 3/5e des députés s'y opposent.

Le texte co-signé par M. Lagarde, Jean-Luc Préel, Maurice Leroy et Jean Dionis du Séjour, et déposé mardi soir, explique que "la France s'est montrée clairement en difficulté dans le dossier" de la vaccination contre la grippe H1NI.

Les 4 député jugent donc une commission d'enquête nécessaire, afin d'effectuer un "travail d'analyse transparent, public et contradictoire" pour "comprendre les dysfonctionnements du plan de vaccination et les améliorations à lui apporter".

"Il y aura un jour une pandémie plus mortelle, soyons prêt pour la prochaine fois", a expliqué M. Lagarde.

En revanche, le député centriste a jugé que la "polémique sur le nombre de vaccins était déplacée".

"La polémique du PS c'est une histoire de pognon", a-t-il dit. Mais le travail des parlementaires "c'est de dire que nous avons choisi la mauvaise voie et qu'il faut changer", a-t-il ajouté.

Mardi, Roselyne Bachelot (Santé) a indiqué qu'elle accepterait une commission d'enquête parlementaire et Jean-François Copé, le patron du groupe UMP "a dit qu'il ne s'opposerait pas" à son principe, a souligné M. Lagarde.

Il a par ailleurs critiqué la demande des députés PS d'une simple mission d'information, moins contraignante qu'une comission. Lundi, le porte-parole du PS, Benoît Hamon, avait demandé une "commission d'enquête" sur la grippe H1N1, tandis que le député PS de Paris Jean-Marie Le Guen avait réitéré sa demande de constitution d'une mission d'information.

A l'Assemblée, le groupe PS, qui a déjà utilisé son droit de tirage pour demander une commission sur les sondages, ne peut l'utiliser pour la grippe H1N1. "Mais les sénateurs PS pourraient le faire" sur la grippe H1N1, a fait valoir M. Lagarde.

"Il faut faire la clarté", a déclaré de son côté M. Ayrault lors de ses voeux à la presse. Selon lui, "il est urgent que l'Assemblée nationale et le Parlement fassent leur travail et que le gouvernement accepte une mission d'information parlementaire et pas seulement l'audition d'un ministre".

"Il faut l'installer dans les jours qui viennent", a-t-il lancé.

Pour sa part, le président de l'Assemblée nationale Bernard Accoyer (UMP) s'est dit "personnell-ement opposé" à une commission d'enquête, dans une interview au Quotidien du médecin.

Mercredi, il a simplement annoncé que Mme Bachelot répondrait aux questions de l'ensemble des députés à l'occasion de la "prochaine réunion de la commission des Affaires sociales".

"Il faudra que les gens qui refusent expliquent pourquoi", a répondu M. Lagarde.

yahoo!actualités

Grippe: Roselyne Bachelot répondra aux députés devant la commission des affaires sociales, selon Accoyer

Fr.News, Yahoo, 6 janvier 2010, 10h52

https://web.archive.org/web/20100220012115/http://www.theflucase.com/index.php?option=com_content&view=article&id=2480%3Afrench-health-minister-to-be-grilled-by-parliamentary-committee&catid=1%3Alatest-news&Itemid=64&lang=en
http://fr.news.yahoo.com/3/20100106/r_t_ap_pl_other/tpl-grippe-a-h1n1-vaccination-bachelot-a-cfb2994_1.html?printer=1 (deleted)

La ministre de la Santé Roselyne Bachelot sera interrogée sur la grippe A/H1N1 à l'occasion de la prochaine réunion de la commission des affaires sociales qui se tiendra sur l'évolution de la pandémie, annonce le président de l'Assemblée nationale.

Alors que le Parti socialiste et le Nouveau centre ont réclamé une commission d'enquête parlementaire sur le sujet, Bernard Accoyer souligne dans un communiqué que la commission des affaires sociales a déjà auditionné la ministre sur cette question à trois reprises, en septembre, novembre et décembre derniers.

Roselyne Bachelot a fait savoir mardi qu'elle était prête à accepter le principe d'une commission et s'est dite à la disposition des députés pour répondre à leurs questions.

Le président de l'Assemblée nationale précise que la prochaine réunion de la commission des affaires sociales sur la grippe "sera élargie à l'ensemble des députés et ouverte à la presse. D'autres réunions identiques pourront être organisées". AP

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THE FLU CASE

French Health Minister to be Grilled by Parliamentary Committee

The Flu Case, 6 January 2010, 12:04

https://web.archive.org/web/20100220012115/http://www.theflucase.com/index.php?option=com_content&view=article&id=2480%3Afrench-health-minister-to-be-grilled-by-parliamentary-committee&catid=1%3Alatest-news&Itemid=64&lang=en

French Health Minister Roselyne Bachelot is set to be cross-examined by a parliamentary committee to answer questions about the swine flu pandemic and the mass vaccination campaign, the president of the National Assembly has said.

Bachelot's appearance in front of the committee on social affairs will be open to all deputies and also to the media, reports AP.

LA DÉPÊCHE

Vaccin contre la grippe A:
Roselyne Bachelot sur le gril

La Dèpèche, 7 January 2010, 08:22
https://www.ladepeche.fr/article/2010/01/07/750323-vaccin-contre-la-grippe-a-roselyne-bachelot-sur-le-gril.html

Début d'année sous pression pour Roselyne Bachelot. Sa gestion de la grippe H1N1 n'en finit pas de susciter des remous. Quatre députés du Nouveau centre, dont Jean Dionis du Séjour, ont déposé une proposition de résolution demandant une commission d'enquête parlementaire sur la grippe H1N1, tandis que leurs collègues socialistes ont réitéré leur demande de mission d'information. Le Nouveau centre décidera mardi prochain d'utiliser ou non son droit de tirage qui permet à un groupe de demander, une fois par session, une commission d'enquête. Mardi, Roselyne Bachelot a indiqué qu'elle accepterait une commission d'enquête parlementaire. «Il faut faire la clarté», a déclaré de son côté le socialiste Ayrault lors de ses vœux à la presse.

Pour sa part, le président de l'Assemblée nationale Bernard Accoyer s'est dit «personnellement opposé» à une commission d'enquête. Hier, il a annoncé que Roselyne Bachelot répondrait aux questions de l'ensemble des députés à l'occasion de la «prochaine réunion de la commission des Affaires sociales».

De son côté, la commission des Affaires sociales du Sénat a indiqué hier qu'elle souhaitait elle aussi « entendre rapidement » la ministre de la Santé.

Le Monde.fr

Grippe H1N1: le Conseil de l'Europe veut une enquête

Le Monde, 7 janvier 2010
https://web.archive.org/web/20100108160356/http://veilleur.blog.lemonde.fr/2010/01/07/grippe-h1n1-le-conseil-de-leurope-veut-une-enquete/

Alors que plusieurs pays européens commencent à revendre leurs surplus de vaccins contre la grippe A (H1N1) sur le marché mondial, les États membres du Conseil de l'Europe ont décidé de lancer une enquête sur l'influence qu'auraient pu avoir les compagnies pharmaceutiques sur la campagne de vaccination mondiale, révélait hier le quotidien belge De Morgen. Lire aussi Die Zeit.

C'est le Dr Wolfgang Wodarg, ex-député social-démocrate de l'arrondissement allemand de Flensburg-Schleswig et maintenant président du Comité européen de la santé, qui a lancé l'enquête en déposant une motion qui a été adoptée à l'unanimité par les membres du comité du Parlement européen à la santé, explique Ian Bussières sur le site du quotidien canadien Le Soleil.

Sur son site Web, le Dr Wodarg accuse les compagnies pharmaceutiques d'avoir incité les scientifiques et les agences officielles responsables de santé publique à alarmer les gouvernements mondiaux avec ce qu'il qualifie de «fausse pandémie» dans le but de faire la promotion de leurs médicaments et vaccins contre la grippe.

Des accusations qu'il réitère aujourd'hui dans L'Humanité au cours d'un long entretien accordé à Bruno Odent. Morceaux choisis (mais allez sur le site, il faut lire l'intégralité) :

«En avril quand la première alarme est venue de Mexico j'ai été très surpris des chiffres qu'avançait l'Organisation Mondiale de la Santé (OMS) pour justifier de la proclamation d'une pandémie. J'ai eu tout de suite des soupçons : les chiffres étaient très faibles et le niveau d'alarme très élevé. On en était à même pas mille malades que l'on parlait déjà de pandémie du siècle.»

«Dans les choses qui ont suscité mes soupçons il y a donc eu d'un côté cette volonté de sonner l'alerte. Et de l'autre des faits très curieux. Comme par exemple la recommandation par l'OMS de procéder à deux injections pour les vaccins. Ça n'avait jamais été le cas auparavant. Il n'y avait aucune justification scientifique à cela. Il y a eu aussi cette recommandation de n'utiliser que des vaccins brevetés particuliers (…) On ne l'a pas fait car on a préféré utiliser des matériaux vaccinaux brevetés que les grands laboratoires avaient élaborés et fabriqués pour se tenir prêts en cas de développement d'une pandémie. Et en procédant de cette façon on n'a pas hésité à mettre en danger les personnes vaccinées.»

« L'industrie pharmaceutique ne prenait aucun risque économique en s'engageant dans les nouvelles fabrications. Et elle était assurée de toucher le jack pot en cas de déclenchement d'une pandémie. »

«Nous voulons faire la lumière sur tout ce qui a pu rendre cette formidable opération d'intox. Nous voulons savoir qui a décidé, sur la base de quelles preuves scientifiques, et comment s'est exercé précisément l'influence de l'industrie pharmaceutique dans la prise de décision.»

«Nous nous pencherons sur l'attitude des instituts comme le Robert Koch en Allemagne ou Pasteur en France qui aurait dû en réalité conseiller leurs gouvernements de façon critique.»

«J'ai pu constater très concrètement par exemple comment Klaus Stöhr qui était le chef du département épidémiologique de l'OMS à l'époque de la grippe aviaire, et qui donc a préparé les plans destinés à faire face à une pandémie que j'évoquais plus haut, était devenu entre temps un haut cadre de la société Novartis. Et des liens semblables existent entre Glaxo ou Baxter (etc) et des membres influents de l'OMS.»

«Les vaccins ont été élaborés trop rapidement, certains adjuvants insuffisamment testés.»


LeMonde.fr CRÉEZ VOTRE BLOG

VEILLEUR DE JOUR
LES INFOS QUE VOUS AVEZ (PEUT-ÊTRE) RATÉES

« Les rondes reviennent en forme(s) | Accueil | Cette mâle sueur que repèrent les femmes »

07 janvier 2010

Grippe H1N1 : le Conseil de l'Europe veut une enquête

h1n1.1262855734.JPG

Alors que plusieurs pays européens commencent à revendre leurs surplus de vaccins contre la grippe A (H1N1)

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THE FLU CASE

WHO and Big Pharma Officials
to be Summoned to Hearing at Council of Europe's Parliament

Le Monde // The Flu Case, 7 January 2010, 13:12
https://web.archive.org/web/20100108160356/http://veilleur.blog.lemonde.fr/2010/01/07/grippe-h1n1-le-conseil-de-leurope-veut-une-enquete/

Is the mass vaccination campaign with the untested and toxic swine flu jab really a gigantic operation orchestrated with the complicity of governments by Big Pharma for profit?

This is going to be the issue investigated by the Council of European Parliamentary Assembly at the end of January after a motion was submitted by former SPD MP Wolfgang Wodarg, an epidemiologist and lung specialist.

Officials from the WHO as well as representatives from the pharmaceutical industry are set to appear at a hearing scheduled for January 28th, though the official green light for the hearing is not expected to come until Monday, January 25th, the first technical day of the parliamentary session, and attempts to strike these items from the agenda cannot be excluded.

Even Le Monde is carrying a report (see below) on the upcoming hearing.

"In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm

governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines," reads Wodarg's motion, which has gained the support of 14 MPs so far.

In parallel, the Council of Europe's influential health committee headed by Christine McCafferty, has also deposited a request for an „urgent debate" on the swine flu vaccination campaign during the next parliamentary session due to take place between January 25th and 29th in Strasbourg, France.

But what power does the Council of Europe parliamentary assembly have to reign in WHO and the pharmaceutical companies?

Angus McDonald from the Council of Europe explained that the Council of Europe is separate from the European Union and the European Parliament - and also older, having been founded in 1949.

The Council of Europe is composed of members of parliament drawn from all 47 European states, including Russia, the Ukraine and Norway, among others.

It oversees the operation of the European Court of Human Rights as well as the European Pharmacopoeia, a body sets down legally binding quality standards for medicines and pharmaceutical products inside European countries.

Because the members of parliaments who attend the Council of Europe parliament assembly are also directly elected members of their own national parliaments, the Council of Europe can be considered a more democratic body and also to be more representative of the views of Europe's 800 million citizens than the EU, argues McDonald.

MPS attending the Council of Europe sessions, held four times a year, can return to their own countries and initiate investigations or parliamentary inquiries there.

A debate at a Council of Europe parliamentary assembly sessions can conclude with either a resolution or a recommendation to European governments to undertake a specific course of action concerning, in this case, the handling of a pandemic.

But while the Council of Europe can highlight an issue, it has no binding leislative power to force governments to take action.

A Committee of Ministers made up of the foreign ministers of the 47 European countries is part of the Council of Europe. This body can compell governments to respond to assembly resolutions,

The hearing intiated by Wodarg is separate from the „urgent debate" expected to be held as a result of the submission of Christine McCafferty, head of the health and family affairs committee. However, both these events could represent a significant blow to the big pharma lobby.

Information that emerges from these hearings and circulates widely among European elected representatives could result in demands for parliamentary inquiries among the parliamentary base that the big pharma and banks do not appear to control to the same extent as they appear to control the higher echelons of government and the EU.

In addition, the swine flu vaccine scandal might add to the widespread anger among European citizens over their governments and their handling of the financial crisis, with the banks coming out the winners while public services undergo cuts – and lead to pressure for more transparency among Europe's governments.

LifeGen.de
Living facts for life sciences

German Journalists file Charges against Vaccine Body for Recommending Dangerous Swine Flu Jab

LifeGen.de, The Flu Case, 15 January 2010, 11:35

http://www.lifegen.de/newsip/shownews.php4?getnews=m2010-01-15-1401&pc=s02 (deleted)
https://web.archive.org/web/20100327040509/http://www.theflucase.com/index.php?option=com_content&view=article&id=2562%3Agerman-journalists-file-charges-against-vaccine-body-for-recommending-dangerous-swine-flu-jab&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Journalists at the German science website LifeGen.de have filed charges against Germany's National Vaccination Commission (STIKO) for recommending an inadequately tested swine flu jab to millions of Germans.

GlaxoSmithKline's Pandemrix was given approval in 2008 on the basis of a study on 240 adults without a clinical phase III data on safety and without an assessment of the impact of the vaccine on children, the journalists note in their charges.

Under special EU emergency pandemic licencing procedures, the swine flu vaccine has been allowed onto the market without having been tested for safety and efficacy - in spite of the fact there has been plenty of time for such tests since 2008 so that pretext given of having to skip clinical trials to rush through a vaccine is false.

Tests are all the more urgent as they contain the toxic ingredients mercury and the adjuvant squalene.

GSK is currently conduting a study for Pandemrix on 9000 patients in the UK but there are no details of this study available.

What is the point of conducting a study after the vaccine is given to ascertain its safety?

How independent can such a study by GSK, the manufacturer of the vaccine, be expected to be?

Once more, it is left to journalists to do the research and find the facts and call authorities to account when politicians have failed to do so, and continue to fail to do so.

Editorial: *The Need to File Charges against Swine Flu Vaccination Authorities*

Today LifeGen.de has filed charges against Germany’s National Vaccination Commission (STIKO) due to the admission and recommendation of swine flu vaccines. By this step we hope to help preventing a comeback of the Swine Flu Case in 2010 and in the future. According to a paper delivered by EMEA, the vaccine Pandemrix obtained the approval for the European Union in May 2008, exactly one year before WHO declared H1N1/A as a Pandemic and one year before the H1N1/A Pandemic strains were isolated in 2009. Moreover, the document delivered to LifeGen.de proves the fact that the vaccine’s safety had been tested on a cohort of 240 adults, clinical trial phase III data about safety and risk aspects for children is missing completely.

From our point of view German Health Care authorities missed to analyze such aspects, having started a unique clinical trial on national scale without having informed the population about the background and possible risks.

Now the office of public prosecution in Berlin will have to decide. The vaccination costs in Germany are said to exceed 400 Mio. EUR.

Фармацевтический ВЕСТНИК

Илья Дугин

Польша единственная отказалась от импорта вакцин против гриппа A/H1N1

Фармацевтический вестник, 14 января 2010, 00:00
https://pharmvestnik.ru/content/news/17506.html

Решение об отказе от импорта вакцины на фоне предупреждений о распространении вируса кажется весьма странным. Но польское правительство поступило именно так, и Польша стала единственной страной в своем роде.

Как объяснили власти, подобное решение принято из-за сомнений в безопасности вакцин и недоверия к производящим их фармацевтическим компаниям, в чем их стараются переубедить международные эксперты.

Как бы то ни было, премьер-министр Польши Дональд Туск и министр здравоохранения страны Ева Копач получили широкую поддержку населения. Даже несмотря на то, что грипп A/H1N1 унес жизни 145 человек, многие поляки рассматривают отказ от вакцин как вызов фармацевтическим компаниям, которые, по их мнению, продают неапробированные вакцины.

Кроме того, в стране проходит массовая кампания против вакцинации. Как заявил премьер-министр, Польша проявила мужество, отказавшись от вакцин, которые, по его мнению, не прошли соответствующие испытания. «Мы приняли это решение исключительно в интересах пациентов и налогоплательщиков», - сказал он.

Из официальных лиц против действий правительства выступил только омбудсмен Януш Кочановски. Мнения врачей разделились, некоторые из них критикуют решение об отказе от закупки вакцин. «У пациента должно быть право выбора», – заявил один из врачей.

OTS

Vlad Georgescu

Schweinegrippe-Impfungen:
Ständige Impfkommission (STIKO) kassiert Strafanzeige

OTS, 15 Januar 2010, 15:41:33
https://www.ots.at/presseaussendung/OTS_20100115_OTS0011/schweinegrippe-impfungen-staendige-impfkommission-stiko-kassiert-strafanzeige

Osterode am Harz (ots) - Das von den Bestsellerautoren Marita Vollborn und Vlad Georgescu geführte Biotech Online-Magazin LifeGen.de hat auf Grund der erfolgten Schweinegrippe-Impfungen in Deutschland Strafanzeige gegen die am Robert Koch Institut angesiedelte Ständige Impfkommission (STIKO) eingereicht.

Nach Informationen von LifeGen.de wurde das von *GlaxoSmithKline den Ländern verkaufte Vakzin Pandemrix bereits im Mai 2008 zugelassen – ein Jahr vor Beginn der von der WHO ausgerufenen Pandemie und noch vor Isolierung des Schweinegrippe-Erregers im Jahr* 2009. Lediglich eine Anzahl von 240 Patienten diente damals als "Beweis" für die Sicherheit des Impfstoffs. Die Bevölkerung der Bundesrepublik avancierte ab Herbst 2009 damit de facto ohne vorherige Einwilligung zur humanen Ressource für einen klinischen Großversuch der Pharmaindustrie, nachdem die am RKI angesiedelte STIKO immer wieder die Impfung empfahl und selbst Gesundheitsminister Philipp Rösler an der Praxis der STIKO festhielt.

LifeGen.de LTD hat daher am 14.1.2010 *Strafanzeige und Strafantrag gegen die am RKI angesiedelte Ständige Impfkommission* (STIKO) und, um die Ermittlungen in alle Richtungen zu ermöglichen, auch gegen Unbekannt gestellt. Angesichts der Tatsache, dass die bestellten Impfstoffe nach Informationen der F.A.Z. die Kassen der GKV bislang rund 400 Mio. Euro kosteten, besteht nach Ansicht von LifeGen.de LTD ein öffentliches Interesse an Ermittlungen durch die Berliner Justiz.

Nach Meinung von LifeGen.de besteht der Verdacht von Verstößen gem. § 223, § 224 (1) Abs. 1, § 225 (3) Abs. 1. und 2, § 226 (3) sowie § 228 des StGB. Ebenso Verstöße gegen die Paragraphen 5, 10, 11, 11a, 14 und 15 des AMG zuletzt geändert durch Art. 1 V v. 28.9.2009 I 3172, (3578). Derzeit überprüft LifeGen.de auch die Chancen einer Verfassungsbeschwerde bez. § 20 Seuchenschutzgesetz. In der auf 10 Seiten verfassten Strafanzeige an die Berliner Staatsanwaltschaft weist LifeGen.de zudem darauf hin, dass das Vakzin im Jahr 2008 nur für Erwachsene zugelassen wurde, wie ein LifeGen.de vorliegendes, öffentlich zugängliches Originaldokument ebenfalls belegt.

Alle weiteren Infos finden Sie auf www.lifegen.de und Im Buch "Schweinegrippe als Jahrtausend-Fake", das bereits im November 2009 bei Books on Demand verlegt wurde und das im Laufe der dazugehörigen Recherchen zur Realisierung der Strafanzeige führte.

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Digitale Pressemappe: http://www.ots.at/pressemappe/DE31336

READERS EDITION

Vlad Georgescu

Schweinegrippe:
Sammelklagen gegen die Verantwortlichen rücken näher

Readers Edition, 19 Januar 2010, um 16:06 Uhr
https://web.archive.org/web/20100122072518/http://www.readers-edition.de/2010/01/19/schweinegrippe-sammelklagen-gegen-die-verantwortlichen-ruecken-naeher/

Die von LifeGen.de gestellte Strafanzeige gegen die Ständige Impfkommission bildet womöglich die Spitze eines juristischen Eisbergs. Nachdem in den USA über das elektronische Vaccine Adverse Event Reporting System (VAERS) mehr als 7800 Fälle von Nebenwirkungen nach Impfungen gemeldet wurden und 33 Verdachts-Todesfälle auftraten, könnten betroffene Ärzte und Patienten über eine Sammelklage Schadenersatzforderungen geltend machen. Die Chancen für einen Erfolg stehen nach Einschätzung von LifeGen.de gut. Denn von der europäischen Zulassungsbehörde EMEA veröffentlichte Dokumente belegen, dass in einem Fall lediglich 240 Patienten für die Zulassung des entsprechenden Vakzins herangezogen wurden.

Das von GlaxoSmithKline auch in Deutschland verkaufte Mittel (Pandemrix) wurde zudem an Kindern nicht getestet – und erhielt die Zulassung bereits im Mai 2008, also ein Jahr vor der Ausrufung der Pandemie durch die WHO. In einem Schreiben an LifeGen.de bestätigt die EMEA ferner, wichtige klinische Daten über Verträglichkeiten und Risiken erst während der Impfkampagne zu sammeln. Damit avancierte die hierzulande von der STIKO empfohlene und auch vom Bundesgesundheitsminister nahegelegte Impfung gegen H1N1/A zum Großversuch ohne vorherige Aufklärung der Teilnehmer über die fehlenden Daten.

LifeGen.de LTD hat daher am 14.1.2010 Strafanzeige und Strafantrag gegen die am RKI angesiedelte Ständige Impfkommission (STIKO) und, um die Ermittlungen in alle Richtungen zu ermöglichen, auch gegen Unbekannt gestellt. Nach Meinung von LifeGen.de besteht der Verdacht von Verstößen gem. § 223, § 224 (1) Abs. 1, § 225 (3) Abs. 1. und 2, § 226 (3) sowie § 228 des StGB. Ebenso Verstöße gegen die Pragraphen 5, 10, 11, 11a, 14 und 15 des AMG zuletzt geändert durch Art. 1 V v. 28.9.2009 I 3172, (3578). Derzeit überprüft LifeGen.de auch die Chancen einer Verfassungsbeschwerde bez. § 20 Seuchenschutzgesetz.

In der auf zehn Seiten verfassten Strafanzeige an die Berliner Staatsanwaltschaft weist LifeGen.de zudem darauf hin, dass das Mittel im Jahr 2008 nur für Erwachsene zugelassen wurde, wie ein LifeGen.de vorliegendes, öffentlich zugängliches Originaldokument ebenfalls belegt.

THE FLU CASE

Will Italy's class action lawsuit be the first of many?

The Flu Case, 25 January 2010.
https://web.archive.org/web/20100220012925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2630%3Awill-italys-class-action-lawsuit-be-the-first-of-many&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The German online medical news site LifeGen says that the class action lawsuit filed in Italy against pharmaceutical companies over the swine flu jab could be just the start of a series of legal actions.

LifeGen reports that more than 7,800 side effects to the swine flu jab have been reported using the electronic Vaccine Adverse Event Reporting System (VAERS) system including 33 suspected deaths, raising the chances of a class action lawsuit.

Moves are also being made in Germany to launch a class action lawsuit.

LifeGen journalists filed criminal chages against the German government vaccine advisory body STIKO for allowing the Pandemrix vaccine that had been tested on only 240 people to be marketed.

Moreover, the European drug regulator, EMEA, which is two thirds funded by pharma industries, confirmed to LifeGen in a written reply that information about the side effects and risks would only be collected after the vaccine was given to people.

GlaxoSmithKline's Pandemrix vaccine, which has not been tested on any children, was given approval in 2008 - one year before the swine flu pandemic broke out.

See above: Vlad Georgescu. *Schweinegrippe: Sammelklagen gegen die Verantwortlichen rücken näher*. – Readers Edition, 19 Januar 2010, um 16:06 Uhr
https://web.archive.org/web/20100122072518/http://www.readers-edition.de/2010/01/19/schweinegrippe-sammelklagen-gegen-die-verantwortlichen-ruecken-naeher/

In law, a class action or a representative action is a form of lawsuit where a large group of people collectively bring a claim to court. This form of collective lawsuit originated in the United States and is still predominantly a U.S. phenomenon, at least the U.S. variant of it. However, in several European countries with civil law different from the English common law principle (which is used by US courts), changes have in recent years been made that allow consumer organizations to bring claims on behalf of large groups of consumers.

Challenges
L'économie de demain est l'affaire de tous

Grippe A: une commission d'enquête sur la vaccination

Challenges.fr, 19 Janvier 2010, à 16h02
https://www.challenges.fr/economie/grippe-a-une-commission-d-enquete-sur-la-vaccination_359828

Cette demande, faite par le Nouveau Centre, devrait prochainement voir le jour. L'UMP déplore cette initiative.

Une commission d'enquête parlementaire sur la campagne de vaccination contre la grippe A(H1N1) à la demande du Nouveau Centre (NC, partenaire de l'UMP) devrait prochainement voir le jour, a confirmé le président (UMP) de l'Assemblée nationale Bernard Accoyer, mardi 18 janvier. "Dans les semaines qui viennent, la commission d'enquête se mettra au travail", a-t-il ajouté.

Jean-François Copé et Jean Leonetti, président et vice-président du groupe UMP à l'Assemblée nationale, ont vivement déploré cette initiative.

"Je respecte cette décision mais je la regrette parce que je pense que Roselyne Bachelot a fait un travail tout à fait remarquable. J'espère en tout cas que, dans l'esprit de nos amis centristes, ce n'est pas une approche inamicale", a ironisé Jean-François Copé.

"On cherche des coupables"

Plus incisif encore, Jean Leonetti "dit très clairement" que la demande du NC est "inamicale". "Une mission d'information, ça recherche les éléments qui amènent à expliquer une situation particulière. Les Français s'interrogent et on aurait apporté des explications", a expliqué le député des Alpes-Maritimes. "Une commission d'enquête, la procédure est différente et, de toute évidence, on cherche la faute. Et donc, on cherche des coupables. Une commission d'enquête, c'est introduire un élément de suspicion qui n'a pas lieu d'être", a ajouté Jean Leonetti.

23 députés

Le groupe NC (23 députés sur 577) a fait valoir la semaine dernière son "droit de tirage" (tout groupe parlementaire peut demander une fois par session la création d'une commission d'enquête, qui doit être votée dans l'hémicycle) pour réclamer une commission d'enquête parlementaire sur "les conditions de vaccination" contre la grippe H1N1.

"Il ne s'agit pas de remettre en cause l'action du gouvernement mais de faire le point sur comment la campagne de vaccination s'est déroulée", a expliqué son président François Sauvadet. "Ca ne va pas être une commission d'enquête pour désigner Roselyne Bachelot, a-t-il encore déclaré dans la salle des Quatre-Colonnes. Je crois qu'elle a bien fait son job. C'est une commission pour accompagner tout gouvernement à mieux gérer les crises de pandémie et à répondre de manière efficace aux questions posées".

POLSKIE RADIO DLA ZAGRANICY ▸ thenews.pl

Poland praised for anti-swine flu strategy

Polskie Radio, 31 March 2010, 06:37
https://web.archive.org/web/20100403020128/http://www.thenews.pl/national/artykul128545_poland-praised-for-anti-swine-flu-strategy-.html

The Council of Europe has praised Poland's Health Minister Ewa Kopacz for her strategy against the swine flu virus.



The council's Committee on Social, Health and Family Affairs said that the Health Ministry's decision not to order any A/H1N1 vaccines, in spite of pressure from pharmaceutical companies and health organizations, was correct.

Ewa Kopacz (right) who went to Paris to explain her government's response to the flu virus - which the World Health Organisation was wrongly predicting would turn into a full blown pandemic across Europe - said that Poland had considered buying an anti-flu vaccine but terms proposed by pharmaceutical companies were unacceptable.

Poland's Health Minister said that thanks to the anti-swine flu strategy adopted in Poland fewer fatal cases of the virus were reported and the virus was less virulent than in other countries.

Paul Flynn, who wrote the Council of Europe report, called the decision "an act of courage" and stressed that other countries spent millions of euro on vaccines.

Former head of the French Red Cross Prof. Marc Gentilini said that Poland can serve as an example of how to handle the threat of an A/H1N1 pandemic.

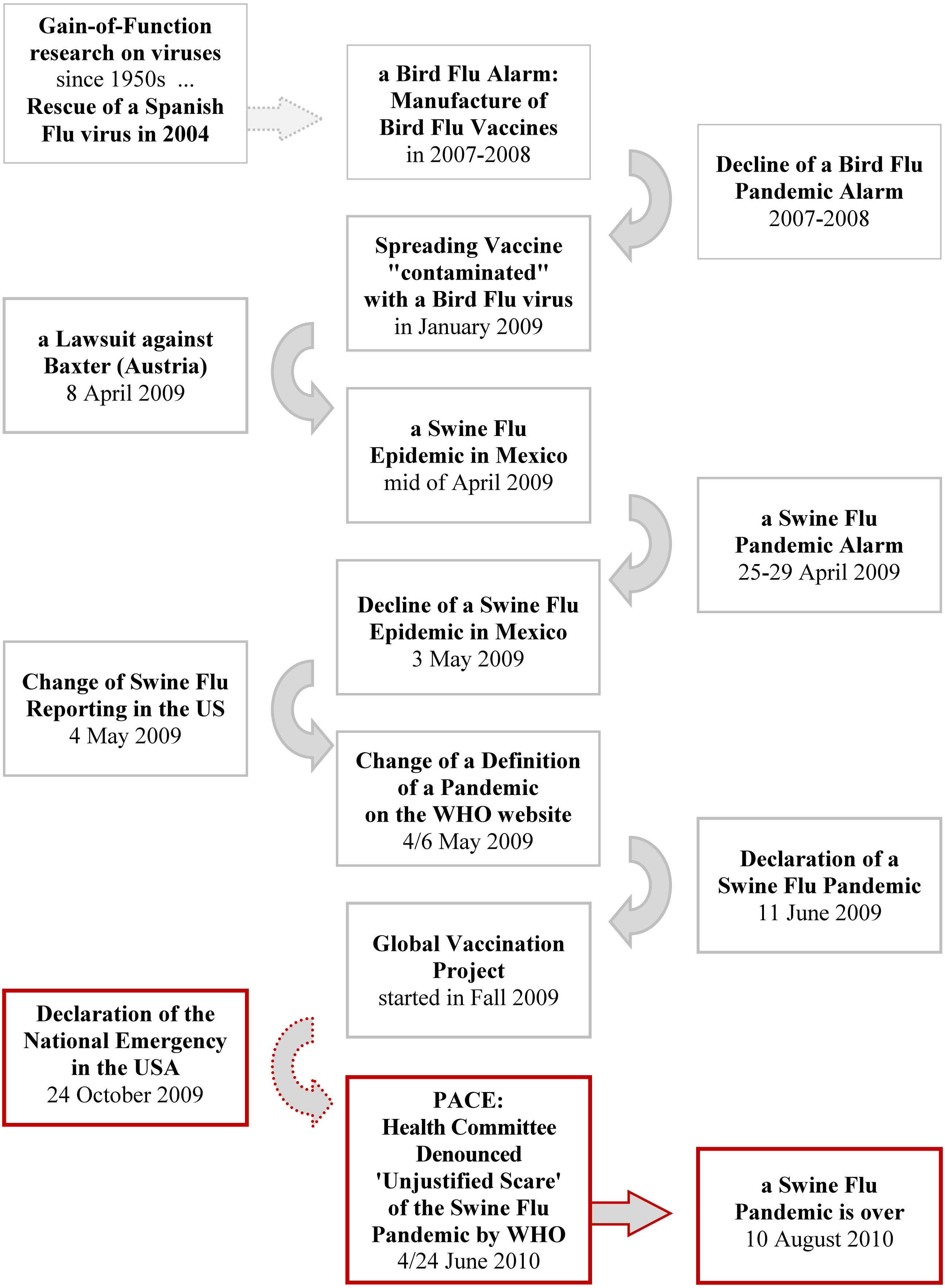
The Health Ministry's decision not to buy anti-flu vaccines was fiercely criticized in Poland during the outbreak. Ombudsman Janusz Kochanowski even threatened to sue Ewa Kopacz over the government's policy.

Chapter 14

Global
Vaccination Campaign



Roadmap
of the Swine Flu Pandemic



Telegraph.co.uk

Simon Johnson

'At-risk' Scots face swine flu vaccination programme backlog, reports The Telegraph

The Flu Case, 1 January 2010, 6:00AM GMT
https://web.archive.org/web/20100102031500/http://theflucase.com/index.php?option=com_content&view=article&id=2441%3Aat-risk-scots-face-swine-flu-vaccination-programme-backlog-reports-the-telegraph&catid=1%3Alatest-news&Itemid=64&lang=en

Less than half of Scots deemed most at risk from swine flu have been vaccinated, despite ministers promising all would be offered help by the end of 2009. Official figures show only 42.4 per cent of those included in the first phase of a nationwide vaccination programme have been inoculated against the H1N1 virus. The group includes Scots with underlying health conditions such as asthma, for whom the disease poses a greater danger, and pregnant women.

Meanwhile, only half of front line health staff in Scotland's hospitals, clinics and pharmacies have been vaccinated despite also being deemed a priority. Scottish ministers insisted all health boards had either met, or were close to, a target of offering all priority cases the vaccine by the end of December.

But opposition politicians said they had become aware of a significant backlog of cases, with at-risk Scots being forced to wait more than a month for help.

David McLetchie MSP, Scottish Tory Chief Whip, said: "I know for a fact that the at-risk people in the under-65 group are being offered vaccination dates five weeks later. – "It's a bit disingenuous for ministers to argue that people are being offered the vaccine. The fact of the matter is there's a backlog."

He said GPs had informed him they had to pay overtime for staff to administer the drug, so some were choosing to offer only weekly vaccination sessions.

Jackie Baillie, Scottish Labour health spokesman, branded the uptake figure "disappointingly low", adding: "Concerns have been raised about the vaccine actually reaching GP surgeries and at-risk groups as a result."

Nicola Sturgeon assured MSPs in October that: "We expect all of the 1.3 million people in the priority groups to have been offered vaccination by Christmas."

But new figures show that at the end of 2009 only 45.8 per cent of those aged under 65 in the at-risk group have been vaccinated. This proportion dropped to 38.1 per cent for those aged above 65, while the uptake rate among pregnant women was 45.1 per cent. For front line health workers, the figure was 50.8 per cent and for social care staff 32.1 per cent. Meanwhile, it is estimated 7,240 Scots contracted swine flu in the past week, a 14.7 per cent increase on the previous seven days.

Sixty-two people north of the Border have so far died after contracting the disease, with the vast majority either pregnant or having an underlying health problem.

Miss Sturgeon insisted the rise in the number of cases was not "statistically significant", adding: "I would encourage all those who have been invited for vaccination to come forward. – "As the programme enters its second phase, with children under five being offered the jag, we should see a further decline in the number of cases."

A Scottish Executive spokesman said: "The majority of NHS Boards have now completed phase one and in those which have yet to finish, the programme is almost complete. – "Indications are that GPs should have invited everyone for vaccination by the end of December." He said anyone in the priority group not yet invited for a vaccination should contact their GP and make an appointment.

Berliner Morgenpost

"Der Vertragsabschluss war unprofessionell"

Berliner Morgenpost, 1 Januar 2010, 13:36
https://www.morgenpost.de/web-wissen/article104090781/Der-Vertragsabschluss-war-unprofessionell.html

Der Herausgeber des "Arznei-Telegramms", Wolfgang Becker-Brüser, sieht die Ursache für die Bestellung von zu viel Impfstoff gegen die Schweinegrippe in der Unfähigkeit der Gesundheitsbehörden. Dass gegen die Schweinegrippe nur eine statt zwei Impfungen nötig ist, sei für Fachleute keineswegs überraschend gewesen.

Die Bundesländer müssen wahrscheinlich nicht alle bestellten Dosen des Schweinegrippe-Impfstoffes abnehmen. Das erste Arbeitstreffen von Staatssekretären und Abteilungsleitern von Bund und Ländern mit dem Pharmakonzern GlaxoSmithKline (GSK) ist Teilnehmern zufolge konstruktiv verlaufen.

Die Vorsitzende der Gesundheitsministerkonferenz, Niedersachsens Ressortchefin Mechthild Ross-Luttmann (CDU), sprach anschließend von "harten, aber fairen Verhandlungen", die den Weg für einen "guten Kompromiss" freigemacht hätten. "Wir haben vom Pharmakonzern GSK Signale der Kulanz erhalten, einen größeren Teil der überschüssigen Impfstofflieferungen zu stornieren", sagte sie, ohne bereits Details nennen zu wollen. Das Verhandlungsergebnis stehe unter dem Vorbehalt einer Endabstimmung der Vertragspartner, die bis Mitte nächster Woche erwartet werde, hieß es. Am Freitag wollen sich die Gesundheitsminister in einer Telefonkonferenz zu dem Resultat der Verhandlungen verständigen.

Die Landesgesundheitsminister hatten 50 Millionen Impfstoff-Dosen für 416,5 Millionen Euro geordert, wollten zuletzt nur noch die Hälfte abnehmen, da nach neuen Erkenntnissen eine Schutzimpfung pro Person ausreicht. Ursprünglich waren die Experten von zwei nötigen Immunisierungen ausgegangen. Deshalb bleiben die Länder auf einem Großteil der Dosen sitzen, die sie allein bezahlen müssen.

Auch der Pandemrix-Hersteller GSK sprach nach dem Arbeitstreffen von einer "Lösung". Die Verhandlungen seien in "partnerschaftlicher Atmosphäre" gewesen, sagte eine Unternehmenssprecherin. Das Ergebnis solle erst später bekannt gegeben werden.

Der RKI-Präsident wandte sich zugleich gegen Vorwürfe, dass Politik, Wissenschaft und Medien eine unbegründete Hysterie wegen der Schweinegrippe verbreitet hätten. "Als das Virus im Frühjahr auftauchte, wussten wir sehr wenig darüber, wir haben dann gelernt, dass es relativ milde Verläufe gibt, aber es auch immer wieder zu schweren Verläufen kommt." Es sei richtig, dass der Impfstoff sehr schnell hergestellt und zugelassen worden sei.

Der Herausgeber des Informationsdienstes "Arznei-Telegramm", Wolfgang Becker-Brüser, sieht die Ursache für die Bestellung von zu viel Impfstoff gegen die Schweinegrippe in der Unfähigkeit der Gesundheitsbehörden. "Der Vertragsabschluss war einfach unprofessionell", sagte der Pharmazeut und Arzt der "Berliner Zeitung". "Da hat man sich viel zu sehr an der Vogelgrippe orientiert."

Dass gegen die Schweinegrippe – anders als gegen die Vogelgrippe - nur eine statt zwei Impfungen nötig ist, sei für Fachleute keineswegs überraschend gewesen. "Man hätte den Vertrag auf jeden Fall flexibler gestalten müssen", sagte Becker-Brüser der Zeitung. Auch die Verhandlungen mit der Herstellerfirma Glaxo-SmithKline über verringerte Abnahmemengen hätten "noch im Dezember" aufgenommen werden müssen.

Als Konsequenz aus den Fehlern forderte Becker-Brüser: "Derartige Großbestellungen bei der Pharmaindustrie müssen künftig transparent und mit öffentlicher Beteiligung erfolgen – begleitet von öffentlichen Anhörungen. Und es muss offen über Nutzen und Schaden gesprochen werden. Sonst fühlen sich die Menschen verschaukelt", sagte er der Zeitung.

Unterdessen warnte das Robert-Koch-Institut (RKI) vor einer zweiten Grippewelle. "Der Impfstoff ist nach wie vor notwendig, das Virus ist ja auch noch unter uns", sagte RKI-Präsident Jörg Hacker im ARD-"Morgenmagazin". Es sei durchaus möglich, dass im Februar oder März eine zweite Erkrankungswelle komme.

Rund 200.000 Menschen in Deutschland haben sich laut RKI bislang mit dem Virus infiziert, 159 sind daran gestorben. Die Neuerkrankungen waren zuletzt allerdings stark zurückgegangen auf 2000 in der vorletzten und 1000 in der vergangenen Woche. Etwa sechs bis zehn Prozent der Menschen in Deutschland haben sich bislang gegen Schweinegrippe impfen lassen.

Dennoch sieht Hacker keinen Grund zur Entwarnung: "Wir gehen davon aus, dass die Impfung weiter sinnvoll ist, insbesondere für Personen, die chronisch krank sind." Rund 80 Prozent der Todesopfer seien chronisch Kranke.

Gabriela Gätjens

200 mil dosis contra la gripe llegan al país

Al Día, 2 January 2010.
https://web.archive.org/web/20100106031200/http://www.aldia.cr/ad_ee/2010/enero/01/nacionales2211308.html

En el transcurso de esta semana llegan al país 200 mil dosis de vacunas contra la influenza humana. El medicamento se llama "Panenza", según confirmó la viceministra de salud, Ana Morice.

Con este primer paquete las autoridades esperan inmunizar a grupos de riesgo, como el personal de servicio de salud, de bomberos, de la Cruz Roja y la policía; "el objetivo es mantener la infraestructura de servicios, ellos tienen más contacto con la población", agregó Morice.

Se destinarán, aproximadamente 60 mil vacunas para estos funcionarios.

Posteriormente, se vacunará a ciudadanos que presentan factores de riesgo como la diabetes, asma, obesidad mórbida, hipertensión y bronquitis.

Las vacunas serán repartidas entre los diferentes Ebais, clínicas y hospitales del país, con el fin de que los asegurados reciban la atención en su comunidad.

La Caja Costarricense de Seguro Social (CCSS) asume el costo de las dosis; cada una tiene un precio de $7,5.

Para febrero, la Caja recibirá 500 mil vacunas más, y un millón cien mil adicionales a inicios de marzo, para sumar junto a las de esta semana, millón ochocientas mil dosis.

Palmares y la segunda ola

Sobre los festejos populares de Palmares, que se tienen previstos del 13 al 25 de enero, la viceministra dijo que por el momento van cumpliendo con los requisitos. "Con estas fiestas implementaremos lo mismo que con Zapote; se definieron lineamientos para festejos masivos, como tener agua, jabón, gel y rótulos en el campo ferial. Hay inspectores evaluando las comidas, nos ha ido funcionando muy bien", manifestó Ana Morice.

La segunda ola de la influenza se espera para febrero próximo. El año pasado la gripe mató a 47 personas en nuestro país; 26 hombres y 21 mujeres. Tres estaban embarazadas y otras tres padecían Síndrome de Down.

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THE FLU CASE

Gabriela Gatgens

200,000 Doses against the Flu Arrive in the Country

Al Día // The Flu Case, 2 January 2010.
https://web.archive.org/web/20100322233927/http://www.theflucase.com/index.php?option=com_content&view=article&id=2446%3Acosta-ricas-mass-swine-flu-vaccination-to-start-in-january&catid=41%3Ahighlighted-news&Itemid=105&lang=en

This week, 200,000 doses of human influenza vaccine (H1N1) are set to arrive in the country. The deputy minister for Health, Ana Morice, confirmed the vaccine is Panenza.

Authorities are hoping to immunize risk groups, such as health personnel, firefighters, Red Cross and the police with the first consignment.

"The objective is to keep the service infrastructure going ; they have more contact with the population" Morice added.

Approximately 60,000 doses have been earmarked for these officials. Later, citizens with risk factors will be vaccinated - such as diabetics, asthmatics, the morbidly obese, and those who suffer from hypertension and bronchial illnesses.

The vaccines are to be distributed among the various health centers, clinics and hospitals throughout the country so that those people who are insured can get them in their community.

The Caja Costarricense de Seguro Social (CCSS) is assuming the cost of the shots ; each vaccine costs $7.5 In February, the CCSS is to receive 500.000 more vaccines, while another 1.100.000 doses are set to arrive in March, to equal -- including this week's consignment – a total of a 1.800.000 doses (the population is 4.4 million).

Palmares and the Second Wave

Concerning the popular festivities of Palmares scheduled for January 13 to 25, the vice minister said that they are taking the necessary steps for the moment.

"For these festivities, we are going to implement the same system we used for Zapote's: regulations have been laid down for large scale festivities, such as having water, soap, alcohol gel, and signs available everywhere on the fair grounds. Inspectors will be evaluating the food; it has been working very well," Ana Morice maintained.

The second wave of influenza is expected for February. Last year, the flu killed 47 people in our country: 26 men and 21 women. "Three were pregnant and three more suffered from Down Syndrome".

Last year, there were 1700 cases of swine flu in Costa Rica with 47 people deaths ; the average age was 40 years.

maktoobmedia.com

Saudi in nationwide swine flu vaccine drive

Maktoob News, 3 January 2010

https://web.archive.org/web/20100310055542/http://theflucase.com/index.php?option=com_content&view=article&id=2452%3Asaudi-arabia-launching-swine-flu-vaccination-despite-propaganda-failure&catid=1%3Alatest-news&Itemid=64&lang=en

DUBAI - Saudi Arabia is to launch a nationwide swine flu vaccination campaign as the country's death toll from the virus continues to rise, despite its previous drive to immunise school children failing to gain public support, Arab News reported on Sunday.

The Ministry of Health plans to begin vaccinating people of all ages against the deadly flu virus from Jan. 9, the daily newspaper reported. "Considering the onset of the third wave of the flu which will be more severe than the past ones, we are embarking on a programme to cover all people irrespective of their age groups," Khalid al-Mirghalani, a Health Ministry spokesman, was quoted as saying.

Saudi Arabia has recorded 124 fatalities from the virus out of some 15,500 cases, the newspaper reported. The ministry launched an immunisation drive for school children last month, but concerns over the vaccine's effectiveness and safety meant just a fraction of the children in the kingdom have been immunised. In some provinces fewer than 10 percent of children have received the vaccine, according to local newspaper reports.

Mirghalani said 60,000 children have been vaccinated since the programme for school children was launched on Dec. 19, Arab News reported. Sources at the ministry said it was facing problems convincing people take the vaccine "because they are apprehensive of its side effect", according to the newspaper.

Source link: http://business.maktoob.com/20090000413850/Saudi_in_nationwide_swine_flu_vaccine_drive/Article.htm

TRIBUNE DE GENĒVE

H1N1: le gouvernement français critiqué pour sa gestion des vaccins

Tribune de Genēve, AFP, 4 Januar 2010, 18:26
https://web.archive.org/web/20100111130216/http://www.tdg.ch/depeches/people/h1n1-gouvernement-francais-critique-gestion-vaccins

Paris, 4 jan 2010 | Le gouvernement français était critiqué lundi par l'opposition et jusque dans les rangs de sa majorité pour sa gestion des vaccins contre la grippe H1N1 commandés en excédent.

Le gouvernement français était critiqué lundi par l'opposition et jusque dans les rangs de sa majorité pour sa gestion des vaccins contre la grippe H1N1 commandés en excédent.

Personne ne remet en cause le principe de précaution. Mais plusieurs partis, dont le Parti socialiste (PS, opposition) ou le Nouveau centre (NC, allié du parti présidentiel), ont demandé une enquête parlementaire pour faire le bilan de cette campagne après la révélation dimanche que la France avait commencé à écouler ses surplus de vaccins à l'étranger pour en alléger la facture.

Alors que l'Organisation mondiale de la santé (OMS) déclarait le monde en état de pandémie en juin, la France avait commandé à l'été 94 millions de doses de vaccins pour un montant de 869 millions d'euros, selon le ministère de la Santé qui tablait au départ sur une double injection par personne.

Mais il est apparu qu'une dose suffisait et seules quelque 5 millions de personnes ont été vaccinées dans le pays où la campagne a suscité peu d'enthousiasme et rencontré des difficultés logistiques.

A gauche, le PS a reproché au gouvernement d'avoir été la "victime consentante" des laboratoires pharmaceutiques. Ce sont les "grands vainqueurs dans cette affaire", a accusé son porte-parole Benoît Hamon qui dénonce également "une campagne anxiogène".

Les critiques viennent aussi des rangs de la majorité.

"La France est en échec dans cette affaire (...) malgré une débauche de moyens", a déclaré Jean-Christophe Lagarde, responsable de la composante centriste de la majorité.

Même au sein du parti présidentiel UMP, le député Bernard Debré, professeur de médecine, a vilipendé le "principe absurde, poussé à l'extrême, de précaution", estimant que le coût du plan vaccination était supérieur au "déficit de tous les hôpitaux français".

En a-t-on "trop" fait se demande la presse. "Les décisions d'achat se sont faites en période d'incertitude quand on ignorait tout de l'évolution de la pandémie", rappelle Libération (gauche). C'était "à une période où l'opinion était sous le choc", souligne Le Figaro (droite).

"Qu'est ce qu'on aurait dit si l'épidémie avait été grave (...) si les gens avaient risqué leur peau", a répliqué le ministre des Affaires étrangères Bernard Kouchner.

Mieux vaut une "polémique parce qu'on en fait trop qu'une polémique parce qu'on en fait pas assez", répond le porte-parole de l'UMP, Frédéric Lefebvre, en allusion à un scandale de sang contaminé par le virus du sida dans les années 80 ou à la canicule meurtrière de 2003 qui ont choqué la France.

"N'importe quel ministre aurait pris cette décision", abonde William Dab, qui occupa dans le passé en France le poste de directeur général de la santé .

Signalé pour la première fois fin mars au Mexique, le virus H1N1 a atteint son pic en décembre dans l'hémisphère nord, selon l'OMS mais s'avère pour le moment moins meurtrier que redouté. Fin décembre, il avait causé 12.200 décès dans le monde, dont 198 comptabilisés en France (hors outre-mer).

Critiqués, plusieurs laboratoires - dont le britannique GlaxoSmithKline ou Sanofi Pasteur (division vaccins du français Sanofi-Aventis) -, qui ont dopé leurs ventes en 2009 grâce à ce vaccin, se sont dits prêts à rediscuter leurs contrats.

Nicky Broyd

Insects key to alternative swine flu vaccines

WebMD, 5 January 2010.
https://web.archive.org/web/20100109130925/http://www.webmd.boots.com/cold-and-flu/news/20100105/insects-key-to-alternative-swine-flu-vaccines
https://web.archive.org/web/20130718055629/http://www.webmd.boots.com/cold-and-flu/news/20100105/insects-key-to-alternative-swine-flu-vaccines

Scientists in Austria have developed a new technique for producing vaccines for swine flu based on cells from a moth.

They say this will cut down the production time for vaccines from the current methods using eggs, which can take several months. It could also be good news for people with egg allergies.

The Austrian team took just ten weeks to produce swine flu H1N1 influenza virus-like particles for immunological study in mice. Their research is published today in the *Biotechnology Journal*.

"Recent outbreaks of influenza highlight the importance of a rapid and sufficient vaccine supply for pandemic and inter pandemic strains," says co-author Florian Krammer from the University of Natural Resources and Applied Life Science in Vienna in a news release. "However, classical manufacturing methods for vaccines fail to satisfy this demand."

Chicken eggs мы moth cells

Traditional flu vaccines are produced using fertilised chicken eggs. This method can usually meet the demand for seasonal flu vaccines, but it is hard to ramp up production for a pandemic.

The researchers say limited egg supplies can be a problem, and using insect cells also removes the problems of allergic reactions to egg proteins and bio safety issues.

The helpful insect at the heart of the research is the 'fall army worm', a caterpillar that turns into a moth and is found in warmer parts of the US and South America.

"Our work demonstrates that recombinant influenza virus-like particles are a very fast, safe and efficient alternative to conventional influenza vaccines and represents a significant new approach for newly emerging influenza strains like swine-origin H1N1 or H5N1," says Dr Krammer.

"Virus-like particles will be one solution to tackle the biological variability of influenza pandemics," says journal editor Professor Alois Jungbauer. "Mutated strains can be quickly engineered. So in this respect the teams' work is an extremely valuable contribution to modern vaccine production."

Although the new technique looks promising, it could still be some years before it leads to a mainstream treatment for humans.

FINANCIAL TIMES

Scheherazade Daneshkhu and Andrew Jack

Sarkozy under fire on Flu Vaccine

Financial Times, 5 January 2009
https://www.ft.com/content/b2b61aae-f962-11de-80dc-00144feab49a

Nicolas Sarkozy, the French president, was at the centre of a political storm after health authorities admitted they had a huge oversupply of vaccines for the H1N1 swine flu virus and were trying to sell them on to other countries.

Several pharmaceutical manufacturers, led by Sanofi-Aventis, GlaxoSmithKline and Novartis, face the prospect of significantly lower flu vaccine sales than forecast as a growing number of governments seek to renegotiate purchases of unused stocks.

They will come under pressure to buy back doses or cease delivery without compensation.

France and the Netherlands have this week joined countries including Germany in trying to reduce large orders for vaccines to which they committed in expectation of a pandemic.

The French opposition Socialist party called for a parliamentary inquiry into what it described as the “fiasco” of the country’s 94m shots of H1N1 vaccine, saying the €869m ($1.25bn, £777m) cost had largely benefited the pharmaceutical companies. They “are the big winners in this affair”, said Benoit Hamon, Socialist party spokesman.

François Bayrou, head of the centrist Democratic Movement, lambasted the policy as “a very serious strategic mistake”.

The French health ministry said on Monday it had ordered the vaccinations thinking people would need two jabs. Only 5m people have been vaccinated in France, which has a population of 65m.

The affair has turned into an embarrassment for Mr Sarkozy and represents another political setback after his carbon tax was struck down last week by the constitutional council.

Mr Sarkozy defended government policy in his new year’s address, saying he did not have “the right to trivialise” the epidemic.

Bernard Debré, UMP parliamentarian, medical professor and an early critic of government policy, said France had over-reacted in buying up 10 per cent of the world’s production of the vaccine.

“The cost is more than the deficit of all France’s hospitals and is three times [the amount spent] on cancer care,” he said.

Take-up of the swine flu vaccine has been lower than expected, partly because of contradictory messages on the value of vaccination, a refusal to use GPs which slowed campaigns, suspicion about side effects and the limited severity of the epidemic.

The French health ministry is now under pressure to recoup some of the costs. It said on Monday it had sold 300,000 shots to Qatar and was set to sell 2m to Egypt. It was also in talks with Ukraine and Mexico.

German health authorities are also trying to offload surplus swine flu vaccines and renegotiate orders as they also realise they over-prepared for a potential crisis.

German authorities are due to start talks with GSK in Berlin on Thursday to try to negotiate a cut in the numbers of vaccines to be delivered.

GSK refused to provide details of its contracts, stressing they were confidential, but said: "We continue to support governments in managing the H1N1 influenza pandemic. This includes ongoing discussions about existing orders for our pandemic vaccines."

The Netherlands, which ordered 34m vaccine doses in July – enough to vaccinate the entire population with two doses – has denied over-reacting to the threat.

Europe 1

Bachelot va recevoir les syndicats

Europe 1, 5 janvier 2010, 20h07
https://www.europe1.fr/sante/Bachelot-va-recevoir-les-syndicats-459464

La ministre de la Santé Roselyne Bachelot recevra jeudi des représentants des syndicats médicaux et de l'Ordre des médecins à propos de la vaccination contre la grippe A, a annoncé mardi le ministère.

La ministre va évoquer avec eux les conséquences de la décision du gouvernement d'autoriser le recours aux médecins généralistes pour procéder à la vaccination, notamment en terme de rémunération.

Le Syndicat national des jeunes médecins généralistes a dénoncé la "brutale volte-face" du gouvernement. Il déplore dans un communiqué une "annonce bien tardive", en "totale ambulatoire" et qui "ne fait suite à aucune concertation avec des représentants.

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THE FLU CASE

French Doctors to Meet Health Minister
over their new Role in Swine Flu Jab Campaign

The Flu Case, 6 January 2010, 12:11
https://web.archive.org/web/20100220012120/http://www.theflucase.com/index.php?option=com_content&view=article&id=2481%3Afrench-doctors-to-meet-health-minister-over-their-new-role-in-swine-flu-jab-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

French Health Minister Roselyne Bachelot is set to meet with members of medical doctor's unions to discuss the continuation of the mass swine flu jab campaign after the government backtracked and said general practitioners should participate.

Until now, family doctors have been barred from the swine flu vaccination campaign, which has taken place in especially set up vaccine centers.

Doctors are meeting to discuss the terms of their participation.

The national union for young doctors criticised the government's "brutal volte face" and the way the announcement was made "much too late" and "without any consultation with doctor's representatives.

COLOMBIA REPORTS

Ashley Hamer

Colombia to receive 2 million swine flu vaccines in February

Colombia Reports, 6 January 2010, 06:12
https://web.archive.org/web/20100119235654/http://colombiareports.com/colombia-news/news/7555-colombia-to-receive-2-million-flu-vaccines-in-february.html

Two million vaccines against the swine flu virus will arrive in Colombia from February 25, stated the country's health minister on Wednesday.

Health Minister Diego Palacio said that the vaccinations would be distributed to the groups most at risk from the virus, with 580,000 doses for women in their second or third trimester of pregnancy. An estimated million will go to the parts of the population aged under six months or over 49 years, and some 200,000 will be kept for health workers, reported Colombian media.

A report from the Ministry of Social Protection confirmed that by December 29, the death toll in Colombia for the AH1N1 virus stood at 196.

REUTERS

Stephanie Nebehay

WHO chief gets H1N1 flu vaccination

Reuters, 6 January 2010, 11:52
http://www.reuters.com/article/idUSTRE5BL2ZT20100105

Geneva (Reuters) - The head of the World Health Organization (WHO) has finally been vaccinated against H1N1 flu, a virus expected to infect more people in coming months, the U.N. agency said on Tuesday.

Margaret Chan, WHO director-general, was vaccinated on December 30, a day after admitting at a news conference that she had not got round to it due to travel and other demands.

"She is feeling very well, working and very busy as usual," WHO spokeswoman Fadela Chaib told a news briefing. "The flu will be with us for a few more months."

H1N1, commonly known as swine flu, has spread to 208 countries and territories, according to WHO which declared an influenza pandemic last June. The virus has officially killed at least 12,220 people, but the true death toll is much higher and could take two years to establish, it says.

Chan said last week it would take another six to 12 months for the first pandemic in more than 40 years to run its course.

She called for continued vigilance, noting that pregnant women, young people and those with chronic medical conditions like asthma are at greatest risk.

Azerbaijan and Mongolia are scheduled later this week to become the first developing countries to receive donated H1N1 vaccine doses, Chaib said.

In all, six drug companies and 14 industrialized countries have pledged nearly 190 million doses for use in 95 developing countries, she said.

GlaxoSmithKline, Novartis and Sanofi-Aventis are among major producers of H1N1 vaccine.

Lisa Schlein

Mongolia Receives First Batch of Swine Flu Vaccines

Voice of America, 6 January 2010, 7:00
https://www.voanews.com/a/mongolia-receives-first-batch-of-swine-flu-vaccines--80917832/111306.html

The World Health Organization says Mongolia became the first developing country to receive doses of donated H1N1 swine flu vaccines. A WHO spokeswoman tells VOA more vaccines will be distributed for use in 95 poor countries during the next few months.

The World Health Organization has divided the 95 developing countries into three groups. Mongolia is the first country in the first group of countries to receive the H1N1 vaccine donations.

WHO spokeswoman Nyka Alexander tells VOA a country must have measures in place for distributing the vaccine before it can become eligible to receive it.

"There is a whole stack of logistical issues behind that. But, we are very happy that the campaign has begun, the first arrivals have begun. The deployment has been going on for many, many months now. But, the actual first arrival of vaccines happened today," she said.

Alexander says the vaccines will be shipped to all of the first group of 35 countries within the next month. She says the World Health Organization is not releasing the names of the countries yet because the logistics of distribution keep changing.

"So, for now, we are just saying that the three countries that seem closest to receiving-well Mongolia, which did receive," she said. "Azerbaijan, which should receive within a few days and Afghanistan as well, looks pretty likely to be next on our list, next of the countries able to receive. So, there is that. The other countries on this first cluster of 35, there are several in our Western Pacific region and there are also Pacific island countries."

She says health care workers will be the first to be immunized, followed by people most at risk, such as pregnant women and very young children.

Western European countries are trying to unload surplus stocks of the H1N1 swine flu vaccine. Countries such as France, Spain, Germany and Switzerland find they are stuck with too much of the vaccine because of low public demand for the flu shots.

Alexander says the World Health Organization is not involved in any of the discussions going on between governments selling and purchasing the vaccines.

"However, if any of these countries with excess capacity wish to donate further vaccine to WHO, of course we would welcome that because there are countries that are still seeking vaccines. We have not with the most recent, in the past couple of weeks, we have not received any new commitments," she said.

Since the beginning of the pandemic, the World Health Organization has received pledges of 190 million doses of vaccine from 14 countries, which also includes pledges of money. Alexander says the money is important because that pays for the distribution of the vaccine to people who need it.

Polskaweb NEWS

Herbert Maschner

AH1N1 Impfstoffe heimlich an Polen getestet

Polskaweb News, 6 January 2010, 13:14
https://web.archive.org/web/20100115031722/http://polskaweb.eu/illegale-ahn1n1-impfstoff-tests-in-polen-7367356752562.html

Warschau - Polnische Journalisten sind offenbar einem weiterem Piratenstück der Pharma- Industrie auf der Spur. Wie der Nachrichtensender TVN berichtet, soll der Schweizer Pharmakonzern Novartis illegal seinen Schweine-Grippe-Impfstoff "Focetria" an nichtsahnenden Polen getestet haben. In mindestens 10 öffentlichen und privaten Kliniken und Arztpraxen sei demnach Patienten, der bis dahin unerprobte Impfstoff, ohne Hinweis auf seinen Namen oder dessen Herkunft gespritzt worden. Die Novartis Niederlassung in Warschau hält sich gegenüber den Medien bedeckt und verweist bezüglich Informationen auf die Zentrale in der Schweiz. Das polnische Gesundheitsministerium und die Registrierungsbehörde für Arzneimittel bestreiten, dass den Schweizern eine ‚für solche Aktionen notwendige Genehmigung erteilt wurde, doch die Journalisten glauben, dass auch die Behörden in dem sich anbahnenden Skandal, ihre Finger im Spiel haben.

"Tests nur für Vogelgrippe- Impfstoff"

In einer Pressemitteilung des Gesundheitsministeriums in Warschau vom Montag heisst es: "Weder das Ministerium für Gesundheit, noch die Registrierungsstelle für Arzneimittel haben irgendwelchen Pharma-Unternehmen die Erlaubnis erteilt, klinischen Studien über einen Impfstoff gegen die "Schweine-Gripppe" (AH1N1) in Polen durchzuführen. Keine dieser Experimente wurden und werden nicht durchgeführt. Die Registrierungsstelle für Arzneimittel führt keine Eintragung über derartige Impfstoff-Studien ausländischer Pharma- Konzerne in unserem Lande". Wenige Stunden vor der Veröffentlichung von möglichem Beweis- Material in einer Sendung von TVN am Montag kurz vor Mitternacht, meldete sich von selbst das Gesundheitsministerium bei dem Sender und erklärte, dass man im September letzten Jahres einem Pharma Unternehmen eine Genehmigung erteilt habe, klinische Versuche mit Impfstoffen durchführen zu dürfen. Dies aber nur zu einem Medikament gegen die "Vogelgrippe". Ob dieses Mittel "Focetria" heissen könnte, oder gar die Schweizer Firma Novartis diese Genehmigung bekam, wollte oder konnte man nicht sagen.

Deutsche führend im schmutzigen Spiel

Inoffiziell erfuhr "Polskaweb" aus einer seriösen Quelle, dass ein deutscher Ableger der Novartis Gruppe in Marburg die heimlichen Tests an ahnungslosen Polen eingeleitet habe. Ärzte, Krankenhäuser und Kliniken sollen hierbei nicht einmal über die Herkunft und die Bezeichnung des Impfstoffes informiert gewesen sein. Deutsche Institute, Wissenschaftler, Mediziner, Medien und Politiker stehen schon seit einiger Zeit im Rampenlicht der EU- Grippe- Mysterien. Neben dem vermutlichen Erfinder neuer Grippe aus Holland, Albert Osterhaus, ist es vor allen Dingen der aus Sachsen stammende Virologe Klaus Stöhr, der zusammen mit Osterhaus und der chinesischen Virologin Margareth Chan bereits die Vogelgrippe- Hysterie zugunsten der Pharma- Industrie auslösten. Stöhr war Leiter des Global-Influenza-Programms und SARS-Forschungskoordinator der WHO. Osterhaus spielte und spielt die wichtigste Rolle im Pandemie- Ausschuss der Weltgesundheitsorganisation. Während der dubiosen SARS Panik hievte man gemeinsam Margareth Chan an die Spitze der WHO.

Rechtzeitig vor dem Ausbruch der Schweinegrippe wechselte der Deutsche in die Impfstoffentwicklung von Novartis und wurde deshalb weltweit heftig kritisiert. Durch den Erfolg bei der Grippe-Inszenierung, dürfte Stöhr heute nicht viel weniger verdienen als sein Chef und der verdient 40 Millionen Franken im Jahr.

Novartis heimlich und einzig in Polen getestet ?

Von der Website der Europäischen Arzneimittel-Agentur (EMEA) entnimmt man den Hinweis, dass der Schweizer Pharmakonzern Novartis weiterhin sein umstrittenes Produkt Focetria testet: "Wir haben bisher an 661 "gesunden" Erwachsenen jeder Altersklasse den Impfstoff ausprobiert. Eine ähnliche Studie ist auch mit 720 gesunden Kindern und Jugendlichen im Alter von sechs Monaten bis 17 Jahren durchgeführt worden." - liest man dort. Novartis schweigt darüber wo man diese Tests durchführte, aber nun deutet alles darauf hin, dass man heimlich 1381 Polen, Kindern und Erwachsenen, ohne ihr Wissen, als Versuchskaninchen mißbraucht hatte. Novartis weiss offenbar dass man in der Entwicklung von Impfstoffen spart und durch mögliche Korruption auch keine ehtischen Probleme bekommt, wenn man im Osten rekrutiert und testet. Neben dem britischen Pharma Produzenten GlaxoSmithKline dürften die Schweizer am Schweinegrippe- Betrug bisher am meisten verdient haben. Alleine in der EU hat man so im vergangenen Quartal einen Schaden von 22 Milliarden Euro Impfkosten verursacht und das Trauma ist noch nicht vorbei, da die Mafia unübersehbar von einflussreichen europäischen Politikern geschützt wird.

Auch deutsche Gesundheitsministerin immer dabei

Auch die deutsche Gesundheitsministerin Ursula Schmidt machte sich schon vor Jahren verdächtig Privat- Geschäfte mit der Pharma- Industrie zu machen. Im November 2002 bestellte sie z.B. über die Terror- Masche, wegen eines angeblich möglichen Anthrax- Anschlag durch Terroristen in den USA, 6 Millionen Dosen Pockenimpfstoff für etwa 100 Millionen DM bei einem Schweizer Pharmaunternehmen (Auch die WHO hat ihren Sitz in der Schweiz), obwohl selbst das damals noch ehrliche Paul-Ehrlich-Institut vor dem Kauf speziell dieses Impfstoffes warnte. Die Schweizer rieben sich die Hände, denn schon seit 20 Jahren lagerten die von der Deutschen gewünschten (!) Produkte in ihren Kellern und keiner wollte sie eigentlich mehr haben, dies aber nicht nur wegen des hohen Alters ihrer Medikamente wie "Triviraten", sondern weil sich schon bei einer vorangegangenen Mupsepidemie herausgestellt hatte, dass diese Produkte im Keller entweder völlig wirkungslos, wie heute Tamiflu, waren oder gar zu Gesichtslähmungen und andere schweren Nebenerscheinungen führte.

Anm. der Redaktion

Niemand kann derweil ausschliessen, dass Novartis den Impfstoff überhaupt nicht vor dem Verkauf getestet hatte und irgendjemand in Polen nun imaginäre Patienten über Gerüchte liefert (gegen gute Bezahlung versteht sich). Die Beweise gegen die Betrüger und den Betrug, auch am deutschen Bürger, verdichten sich stark, aber Politiker schweigen. Dies scheint uns ein klares Signal der Involvierung gerade höchster deutscher Regierungspolitiker, in den Multi-Milliarden-Betrug um die angeblich unser Leben bedrohenden Krankheiten vor unserer Haustüre, zu sein. Unsere Kollegen in Österreich möchten wir noch darauf hinweisen, dass die Firma Novartis früher Sandoz hiess, wie der heutige Pharmariese in Österreich. Die Sandoz GmbH gehört zur Schweizer Novartis. Der Direktor des Unternehmens, Ernst Meijnders, ist ein guter "Bekannter" des Hauptverdächtigen der Grippe- Mafia Albert Osterhaus, beide sind Holländer aus Rotterdam. Zur Gedächtnisauffrischung lesen Sie bitte auch nochmal wie z.B. das Magazin Focus schon 1996 mit einer anderen angeblich tödlichen Gefahr namens Ebola- Virus Hysterie übte: Hier klicken => (deleted)

https://web.archive.org/web/20100115031722/http://www.focus.de/wissen/wissenschaft/seuche-jagd-auf-ebola_aid_156675.html

=> English

THE FLU CASE

Novartis tested Swine Flu Vaccine on People in Poland without Authorisation

The Flu Case, 7 January 2010
https://web.archive.org/web/20100324230156/http://www.theflucase.com/index.php?option=com_content&view=article&id=2491%3Anovartis-tested-swine-flu-vaccine-on-people-in-poland-without-authorisation&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Swiss pharmaceutical company Novartis appears to have tested the swine flu jab with squalene on people in Poland without authorisation and without informing the participating doctors, hospitals and clinics about the content of the vaccine material, according to a report on Polskaweb.

Novartis tested its swine flu vaccine "Focetria" on Polish people without informing them or the doctors who administered it about its name or origin, investigative journalists from Poland's TVN found out.

The Polish health ministry has issued a statement saying that no authorisation for clinical trials involving the swine flu vaccine was given to Novartis, although trials for bird flu vaccines were authorised last September.

"Neither the Health Ministry nor the Registration Office For Drugs and Medicines have given any pharmaceutical company permission for clinical studies using a vaccine against the "swine flu" H1N! in Poland," the health ministry said in a press release.

Novartis has refused to confirm whether they received authorisation or not. The Novartis subsidiary in Warsaw has directed inquiries to the company headquarters in Switzerland.

The EMEA, the European drug regulator, website indicates Novartis has tested its Focetria drug.

"We have tested the vaccine until now on 661 "health adults of all age groups. A similar study has also been carried out with 720 health children and young people from 6 months to 17 years of age," material says.

Novartis has refused to comment on where these tests were carried out, but 1381 Polish children and adults could have been involved in these tests in Poland.

However, Polskaweb points out that Novartis may never conducted tests on the swine flu vaccine at all and have tested something else in Poland.

The New York Times

Donald G. McNeil Jr.

The Official Word to all, get a Swine Flu Vaccination now

The New York Times, 7 January 2010
https://www.nytimes.com/2010/01/08/health/policy/08flu.html

Citing mistakes made in the 1957 flu pandemic, federal officials on Thursday urged hesitant Americans to get vaccinated now against swine flu to prevent any possibility of another wave of illness and deaths.

Vaccine is now plentiful across the country, and most states are encouraging people of all ages to get shots, said Dr. Anne Schuchat, director of immunization and respiratory disease for the Centers for Disease Control and Prevention. When supplies were short, most states tried to limit the vaccine to children, pregnant women and others at higher risk.

In 1957, Dr. Schuchat said, officials "gave the all-clear whistle" in midwinter and did not encourage flu shots, which were then rarer and also less purified. As a result, she said, there was another substantial wave of deaths in March 1958.

But she conceded that no pandemic was identical to any other. The death rate from swine or H1N1 flu appears to be about a quarter of that of the 1957 flu, but that may be because of antiviral drugs and better ventilators, not the virus itself.

Flu activity across the country is far below its late-October peak, but still higher than normal for this time in most years. It is almost all still swine flu; almost no seasonal flu has been found, and Dr. Schuchat urged doctors to send more samples to state laboratories.

Pneumonia and flu deaths ticked up slightly, which officials were "really keeping our eye on," she said. The percentage of doctor visits that involved flu symptoms also rose, but that is normal during Christmas vacation because few people schedule routine checkups. There is no way to know if the unusually cold weather has played a part, she said.

The disease centers' "best guess" is that 60 million people have been vaccinated. There are now 136 million doses available from many sources, including city clinics, schools, private doctors and pharmacy chains.



The New York Times

The Official Word to All, Get a Swine Flu Vaccination Now

By Donald G. McNeil Jr.
Jan. 7, 2010

EGYPT: Half of all schoolchildren to be offered H1N1 inoculations

IRIN News, 7 January 2010.
https://web.archive.org/web/20100114031537/http://www.irinnews.org/Report.aspx?ReportId=87647

CAIRO, 6 January 2010 (IRIN) - Egypt launched a programme on 3 January to inoculate half the country's schoolchildren against H1N1 influenza in a bid to prevent the spread of the virus.

Phase One, which ends on 13 January, involves inoculating some 1.2 million primary school children in six designated urban areas. Phase Two, the details and duration of which have not yet been fully set out, will aim to inoculate all schoolchildren, undergraduates, pregnant women and people with chronic diseases in the six areas.

The inoculations are optional, i.e. parents have to give consent for their children to be vaccinated before any inoculation can go ahead.

"The vaccine is very important," Amr Qandeel, head of the Department for Preventive Medicine at the Health Ministry, told IRIN. "It's the only way these students can avoid contracting the virus."

Phase One involves immunizing all primary school children in the six urban centres with the highest infection levels - Cairo, Alexandria, Giza, Helwan, Qaluibia and 6 October City (the latter four are areas of Greater Cairo). There have been very few H1N1 cases outside these areas.

These centres are home to more than half the nation's 17 million schoolchildren and undergraduates.

Strategy

So far, Egypt has obtained only one million influenza shots; 150,000 have already been used to inoculate pilgrims who went to Saudi Arabia to perform the Hajj at the end of November 2009.

The aim is to use one dose to vaccinate two primary school children in Phase One.

The Health Ministry's Qandeel said half a dose was sufficient for young children.

"This means that the 850,000 vaccines available will be enough to inoculate all primary school children in the above-mentioned six urban centres, in Phase One," he said.

Some parents have expressed concern about the safety of the vaccine after hearing reports from other countries about its possible side effects. The Health Ministry has sent letters to all parents asking whether they want their children vaccinated or not.

Earlier, the Ministry said it would not vaccinate nursery age children until the possible side effects were fully understood.

More doses expected soon

Egypt expects to receive about four million additional doses of the H1N1 influenza vaccine any time now, according to Mohamed Rabie, head of Vacsera, a government-owned company responsible for importing the vaccine.

These doses will be enough to inoculate all 8.5 million schoolchildren in the designated centres, he added.

Officials at the World Health Organization (WHO) expect infections and deaths from H1N1 influenza in Egypt to rise in January and February, the peak winter months.

“Egypt isn’t one of the 50 countries most affected by the virus yet,” Hassan al-Beshri, an adviser to the World Health Organization in Cairo, said. “Despite this, the virus can infect up to 20 percent of the population if people aren’t vaccinated.”

The Egyptian Health Ministry said on 5 January that 159 people had died of the H1N1 virus, and 4,000 had been infected since the first case in June 2008. Egypt’s population is about 80 million.

SPIEGEL Wissenschaft

Veronika Hackenbroch

Ärzte machen sich für kritischen Arzneimittelprüfer stark

Speagel, 7 January 2010, 15.30 Uhr
http://www.spiegel.de/wissenschaft/medizin/0,1518,670564,00.html

Er ist Pharmaindustrie und schwarz-gelber Regierung ein Dorn im Auge: Die Koalition arbeitet an der Ablösung des Leiters des Instituts für Qualität und Wirtschaftlichkeit im Gesundheitswesen, Peter Sawicki. Nun fordern Ärzte in einer Petition an den Bundesgesundheitsminister, ihn weiter zu beschäftigen.

Peter Sawicki, Leiter des Instituts für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG), ist der Pharmaindustrie schon lange ein Dorn im Auge. Das 2004 gegründete Institut soll die Vor- und Nachteile medizinischer Leistungen, vor allem aber die Wirksamkeit von Arzneimitteln bewerten. Fällt eine solche Bewertung negativ aus, werden die Kosten für das Mittel oft nicht mehr von den gesetzlichen Kassen übernommen - für den Hersteller bedeutet das Millionenverluste. Sawicki - ein scharfer Kritiker der Pharmaindustrie - sorgt kompromisslos dafür, dass bei den Bewertungen strenge wissenschaftliche Regeln eingehalten werden.

Jetzt betreiben Regierungskreise die Ablösung von Sawicki. In einem Papier ("Kernforderungen an eine schwarz-gelbe Gesundheitspolitik") sprechen sich die führenden Gesundheitspolitiker der Unionsfraktion für eine Neuausrichtung des IQWiG aus. Sawicki solle nach Ablauf seines Fünfjahresvertrags 2010 durch einen industriefreundlicheren Kandidaten ersetzt werden. Auch die von FDP-Mitglied Georg Baum geführte Deutsche Krankenhausgesellschaft hat angekündigt, Sawickis Vertragsverlängerung verhindern zu wollen.

Finanziert wird das IQWiG aus der gesetzlichen Krankenversicherung. Über die Leitung des Instituts entscheidet laut Satzung einstimmig der Vorstand des IQWiG. Dort sitzen neben Baum noch zwei Vertreter des GKV-Spitzenverbandes, der Vorstandsvorsitzende der Kassenärztlichen Bundesvereinigung und Stefan Kapferer, Staatssekretär im Bundesgesundheitsministerium.

Nun aber machen sich die Ärzte für Sawicki stark, obwohl stets behauptet wurde, dass sie angeblich seine Ablösung herbeisehnten. Schließlich müssten sie den Patienten vermitteln, wenn aufgrund einer IQWiG-Entscheidung die Krankenkassen die Kosten für ein Medikament ab sofort nicht mehr übernehmen.

600 Ärzte unterschrieben innerhalb von acht Tagen

Innerhalb von acht Tagen unterschrieben 600 im Gesundheitswesen Tätige - darunter mehrheitlich Hausärztinnen und Hausärzte aus der ganzen Bundesrepublik und 50 Professoren - eine Petition an Gesundheitsminister Philipp Rösler und an den IQWiG-Stiftungsrat, in der sie fordern, Sawicki in seinem Amt als IQWiG-Leiter zu bestätigen. Dass Sawicki bei den Ärzten unbeliebt sei, sei offensichtlich ein "Trugschluss", so der Organisator Günther Egidi, Allgemeinarzt aus Bremen von der Deutschen Gesellschaft für Allgemeinmedizin und Familienmedizin. "Die nicht selten unter Dauerfeuer von Pharmareferenten stehenden Hausärzte", sagt Egidi, "wünschen sich dringlich,

weiterhin über eine unabhängige Informationsquelle zu umstrittenen Medikamenten zu verfügen. Das Geld der Krankenkassen ist endlich. Deshalb möchten die Hausärzte sparsam sein, ohne ihren Patienten eine gute Behandlung vorzuenthalten. "

Sawicki, international bekannter Verfechter der sogenannten evidenzbasierten Medizin, machte strenge wissenschaftliche Regeln zur Bedingung für die Bewertungen seines Instituts - auch wenn klar war, dass das Ergebnis einen Sturm der Entrüstung bei Pharmaindustrie und Interessenverbänden hervorrufen würde. Kein Wunder, dass sich die Konflikte häuften. Zeitweise stand das IQWiG unter Dauerfeuer.

Einige der einschneidensten Bewertungen des IQWiG war das Urteil zu kurzwirksamen Insulinanaloga, die von der Pharmaindustrie mit perfektem Marketing in den Markt gedrückt wurden. Sie seien nicht besser als herkömmliches Humaninsulin, entschied das Institut. Auch die langwirksamen Insulinanaloga, die einen den Diabetes vergessen lassen sollten, bewertete das IQWiG negativ: Möglicherweise seien sie sogar krebserregend, ergab die Studie. Memamtin, hunderttausendfach an Alzheimerpatienten verordnet und oft deren letzte Hoffnung? Kein Beleg für einen Nutzen bei Alzheimer-Demenz, entschied das IQWiG unter schärfstem Protest von Pharmaindustrie und Patientenvertretern.

Formale Fehler bei der Auftragsvergabe führten zu Korruptionsvorwürfen

2007 sah sich Sawicki Vorwürfen der Vetternwirtschaft ausgesetzt, weil das IQWiG Aufträge an eine Einrichtung vergeben hatte, an der Sawickis Ehefrau beteiligt war. Externe Wirtschaftsprüfer wurden beauftragt, die Angelegenheit zu untersuchen. Sie kamen zu dem Ergebnis, dass es zwar formale Fehler bei der Auftragsvergabe gegeben habe, sprachen Sawicki jedoch von persönlicher Vorteilsnahme oder Begünstigung frei. Der IQWiG-Vorstand ermahnte Sawicki daraufhin, sprach ihm aber weiterhin das Vertrauen aus. 2008 gab es wieder Ärger: Ein IQWiG-Experte hatte zugleich die Pharmaindustrie beraten.

Sawicki, heißt es jetzt in der Ärzte-Petition, habe als Person maßgeblich dafür gesorgt, dass das IQWiG internationale Anerkennung gewonnen habe und in seiner Reputation mittlerweile seiner britischen Vorbild-Institution NICE in keiner Weise mehr nachstehe. Sawickis Ablösung an der Spitze des IQWiG füge der internationalen Vernetzung des Institutes wie auch der deutschen medizinischen Wissenschaft insgesamt schweren Schaden zu. "Sawickis Ablösung" so Egidi, "wäre der Anfang vom Ende des IQWIG."

Für die Krankenkassen könnte die Angelegenheit durchaus auch teuer werden, wie Gerd Antes, Direktor des Deutschen Cochrane Zentrums, meint: "Wenn Sawicki durch einen indurstriefreund-licheren Leiter abgelöst würde, könnte das einen erheblichen Qualitätsverlust in der Versorgung zur Folge haben - und es könnte die Krankenkassen möglicherweise Milliarden kosten."

Le Monde

Paul Benkimoun, Sophie Landrin, Isabelle Mandraud

La France et la grippe A, un mauvais dosage

Le Monde, 7 janvier 2010 à 15h 29
https://www.lemonde.fr/epidemie-grippe-a/article/2010/01/07/gripppe-a-un-mauvais-dosage_1288652_1225408.html

La France est l'un des rares pays à avoir décidé d'une stratégie de vaccination de masse contre la grippe A. C'est au mois de juillet, lors d'une réunion à Matignon, qu'ont été arrêtés les principes de la campagne de vaccination.

La pandémie, c'est la guerre. Face à une menace sanitaire, la mobilisation générale est de rigueur. Confronté à la nécessité d'agir dans une situation criblée d'incertitudes, le gouvernement français a opté, à l'été 2009, contrairement à d'autres, en faveur d'une stratégie de vaccination massive. Son objectif: être en mesure d'immuniser contre le virus H1N1 tous les Français qui le souhaitent.

Las !, fin décembre, seulement 5 millions de Français avaient choisi de se faire vacciner. Le ministère de la santé a annoncé, lundi 4 janvier, qu'il renonçait à l'achat de 50 millions de doses de vaccin sur les 94 millions commandées à quatre laboratoires. Et des parlementaires du Parti socialiste comme du Nouveau Centre réclament une commission d'enquête parlementaire sur la gestion de la pandémie. Comment et pourquoi en est-on arrivé là ? En laissant le politique primer sur le sanitaire.

Le 24 avril 2009, l'Organisation mondiale de la santé (OMS) a lancé une alerte mondiale après l'apparition d'une épidémie due à un nouveau virus grippal au Mexique et aux Etats-Unis. Le 11 juin, l'OMS a annoncé officiellement une pandémie. Le monde est alors pris par surprise: des préparatifs avaient été engagés, mais ils étaient calibrés pour le virus aviaire H5N1, extrêmement virulent mais très peu transmissible entre personnes. Tout le contraire de ce que se révélera être le H1N1.

Depuis octobre 2004, la France possède un plan de réponse à une pandémie grippale. La menace du H5N1 et le traumatisme de la canicule d'août 2003 et ses 15 000 morts sont passés par là. Actualisé à plusieurs reprises, ce plan prévoit l'acquisition de moyens de prévention et de lutte et, s'inspirant des préparatifs de réponse à des attaques bioterroristes, il retient un dispositif de vaccination de masse dans des centres ad hoc. Les stocks de Tamiflu et de masques sont déjà constitués. Sitôt le nouveau virus identifié, le Comité de lutte contre la grippe (CLCG), un organisme constitué par décret le 25 juillet 2008, recommande la constitution de stocks de vaccins contre le H1N1.

Six jours après l'alerte du 24 avril, Matignon convoque une première réunion interministérielle, qualifiée de "réunion de mise en alerte de l'appareil d'Etat". "A cette date, nous sommes polarisés sur la situation mexicaine, raconte un conseiller du premier ministre. Nous décidons la mise en place de passages particuliers dans les aéroports pour les passagers en provenance du Mexique. Nous activons la cellule interministérielle de crise, prévue dans le plan pandémie grippale."

La cellule se réunira chaque semaine. Elle fonctionne autour d'un tandem ministère de l'intérieur-ministère de la santé. Après le passage de témoin entre Michèle Alliot-Marie et Brice Hortefeux

place Beauvau, en juin, le ministre de l'intérieur s'attache à exécuter la volonté expresse de l'Elysée: contrôler le dispositif. Il peut s'appuyer sur les conclusions du Livre blanc sur la défense et la sécurité nationale, publié le 17 juin 2008, qui précise que "le ministère de l'intérieur coordonne en particulier la gestion des crises sur le territoire national", qu'elles soient sanitaires, terroristes ou climatiques.

A Brice Hortefeux la gestion et la communication sur le dispositif, les centres de vaccination, la gestion des flux ; à Roselyne Bachelot la communication sanitaire. Place Beauvau, on se garde bien de critiquer la ministre de la santé : "Roselyne Bachelot a fait tout ce qu'il fallait", soutient l'entourage de Brice Hortefeux, répondant à la consigne de solidarité de l'Elysée. Entourage qui prend tout de même soin de préciser que les vaccins ont toujours été "du ressort de la santé".

Très vite, le ministre de l'intérieur juge qu'il serait trop coûteux de faire appel aux médecins généralistes pour la vaccination : il aurait alors fallu ajouter le coût d'une consultation ou négocier un tarif. Le ministère de la santé y ajoutera la volonté de préserver le fonct.

U.S. A/H1N1 flu vaccine supply reaches 136 million doses

News XinhuaNet, 8 January 2010, 08:46:30

https://web.archive.org/web/20141001085754/http://news.xinhuanet.com/english/2010-01/08/content_12774248.htm

Houston, Jan. 7 (Xinhua) – The supply of A/H1N1 flu vaccine has reached 136 million doses in the United States, a high-ranking official from the federal Centers for Disease Control and Prevention (CDC) announced on Thursday.

"As of today, 136 million doses of H1N1 vaccine are available for ordering by the states," Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases, said at an afternoon press conference in Atlanta.

"There are ample supplies of H1N1 vaccine in most of the country," she said. "The vaccine should be easily available pretty much anywhere you live."

During the past three months, limited supply of vaccine caused the CDC to advise state and local health officials to reserve doses for the targeted group, which includes pregnant women, children and young adults, health-care workers and people with asthma and certain other health problems.

"We believe there are vaccines all around the country right now," Schuchat told reporters, adding that most states are opening up vaccination to anyone who wants it.

The U.S. government ordered 251 million doses of A/H1N1 flu vaccine, and most states now offer the vaccine to people of all ages. While the shots and nasal sprays are paid for by the U.S. government, clinics can charge a fee around 20 dollars to administer them.

With 136 million doses now available, Schuchat advised Americans who have not yet been vaccinated to get the vaccine around the country.

"Whether it's at your doctor's office, through the health department, through the clinics that are being arranged for the community, school clinics that are being held at pharmacies and retail centers, more places and more providers are offering vaccines, making it even easier for those of you who want to be vaccinated to protect yourself and your families to be able to do that," she promised.

U.S. to start national Flu Vaccination Week

News XinhuaNet, 8 January 2010, 11:19:07

https://web.archive.org/web/20100126105054/http://news.xinhuanet.com/english/2010-01/08/content_12775897.htm

Houston, Jan. 7 (Xinhua) – An "influenza vaccination week" will be launched across the United States next week, a high-ranking health official from the Centers for Disease Control and Prevention (CDC) said Thursday.

"This next week, or beginning this weekend, we're going to kickoff the national influenza vaccination week," Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases, told a press conference.

"This is a concerted effort by the CDC, (the department of) health and human services and all of our partners to encourage vaccination," she added.

Although only four states were reporting widespread A/H1N1 flu activity in the past week, U.S. health officials cautioned that a new outbreak was possible.

"The H1N1 virus is still circulating and still causing disease, hospitalizations and deaths," Schuchat said. "Many people are still susceptible to this virus and would benefit from vaccination."

The nation-wide vaccination week includes a focus on people at high risk for complications – adults with emphysema, pregnant women, seniors and children, encouraging vaccination for anyone who hasn't yet been vaccinated and wants to be, she added.

Two weeks ago, the CDC said that nearly 60 million Americans had received the A/H1N1 vaccine.

Schuchat urged Americans not to become complacent and skip the vaccine – particularly those with chronic health conditions who often do not realize that they fall in a group at high risk for developing complications from influenza.

"Complacency is probably our top enemy," Schuchat said. "I would hate for people to make decisions thinking there is no risk and then get sick or severely ill."

Schuchat noted that during the last flu pandemic in 1957, flu activity quieted down in December and January, and people weren't encouraged to get vaccinated. But the flu did return, and many more people died.

"We don't want to repeat the story from 1957," Schuchat explained. "The best thing for us to do is really focusing on the idea that vaccine is the best way for us to reduce the chances that we will have ongoing disease, hospitalizations and deaths."

With 136 million doses of the A/H1N1 vaccine available in the country, Schuchat advised Americans who have not yet been vaccinated to get the vaccine as soon as possible.

"The illness is down. There's plenty of vaccine. It's a key window of opportunity," she said, adding that "having as many people vaccinated as possible is our best course of action."

NEWS BBC

Emma Wilkinson

Talks to offload swine flu vaccine under way

BBC News, 8 January 2010, 16:28 GMT
http://news.bbc.co.uk/2/hi/health/8448080.stm

The government is making plans to offload millions of doses of swine flu vaccine amid predictions a "third wave" of the pandemic is unlikely to happen.

Officials are in discussion with manufacturer GSK over contracts for remaining doses purchased by the UK.

Options include selling surplus vaccine and donating it to poorer countries but a stockpile will remain in place.

Cases of swine flu have now dropped dramatically to well below what is usually seen in winter flu outbreaks.

Last week France announced it was selling millions of doses of swine flu vaccine after finding they had more than enough to cope with the outbreak.

The UK bought 60m doses of swine flu vaccine from GSK and 30m from Baxter but the smaller contract had a break clause should the doses not be needed.

To date 23.9m doses of GSK vaccine have been delivered for immunisation of priority groups in the UK as well as 5m Baxter vaccines.

An official figure for the cost of the vaccine to the UK has never been given but it is likely to run into hundreds of millions.

Discussions

In addition to selling or donating vaccine, another option under consideration is to keep supplies of the vaccine adjuvant, the booster chemical which is produced separately from the vaccine, to use in future pandemics.

It has a shelf life of five years.

Government immunisation lead Professor David Salisbury said: "We are in discussion with GSK about future supplies of the vaccine.

"We have to keep a stockpile for ourselves anyway because we don't know what's going to happen in 2010.

"If there was a resurgence we would look very foolish if we had disposed of a valuable stockpile."

He added that it remains important for high-risk groups, such as those with underlying illness and the under fives to be immunised as they are more likely to have severe complications.

Michael Summers, vice chair of the Patient's Association, said it would have been a "dereliction of duty" if the government had not ordered enough vaccine to cover everyone.

But he added there were "lessons to be learnt" about negotiating contracts of this size.

Hospital admissions

Although the number of cases of swine flu has fallen to a low of below 5,000 in England in the past week, the number of people in hospital after being infected has not dropped to the same extent.

There has also been a striking increase in critical care admissions in the over 65s who make up a quarter of the 103 patients currently taking up intensive care beds.

This could partly be due to the cold weather but the reason is not yet entirely clear.

Since swine flu was first reported in April 2009 there have been 360 deaths across the UK - 251 in England, 28 in Wales, 64 in Scotland and 17 in Northern Ireland - mostly in people with underlying health conditions.

Chief Medical Officer, Sir Liam Donaldson, said they would be calculating the economic costs of the pandemic at a later date.

"We're in the 21st century and people do not need to die from vaccine preventable illnesses.

"We want to prevent deaths, people going to hospital and that's generally been the approach we have taken."

Ian Dalton, national director of NHS flu resilience, said NHS staff were making huge efforts to keep services going amid pressures caused by the current cold weather.

"All the work done with flu preparedness will help us in the adverse conditions," he said.

LA NACIÓN
INDEPENDIENTE DESDE 1946

Campaign to start January 15

La Nacion, Costa Rica, 8 January 2010
Caja will call patients for H1N1 Vaccination
https://web.archive.org/web/20100329050123/http://www.theflucase.com/index.php?option=com_content&view=article&id=2521%3Acostan-ricans-face-mandatory-vaccinations-from-january-15th&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Health centers all around the country will be communicating next week with those patients who have been selected as the first to receive the vaccine against the pandemic flu H1N1.

Authorities will contact them by means of telephone calls. The benefit will be received by 200.000 people, equivalent to the amount of doses that are getting into the country next week.

The information was given by Maria Luis Aguilar, Health Minister, who participated in a discussion in nacion.com to evacuate doubts about the pandemic. According to her, the first beneficiaries of the immunization will be the asthmatics, hypertense, mordidly obese and pregnant women in their last trimester.

"Every health center of the Caja Costarricense de Seguro Social already has a list of the people to be vaccinated ; the immunization campaign could start on January 15", said the Minister to hundreds of people who participated in the internet chat. Besides the patients at risk, all the health personnel will be vaccinated, including those who work at private medical centers.

The Health Ministry hopes that, after the arrival of the first vaccines, the country will receive more doses on a weekly base. In total, Costa Rica requested 1.800.000 doses to the Panamerican Health Organization (regional for WHO).

Mandatory. Avila said the vaccine administration will be mandatory ´for those people who present health risk factors.

"We have authority (to force someone to be vaccinated) by the Ley General de la Salud. "If we consider that a person has to be vaccinated due to the risk factors, and not only for the person itself, but for the good of the collectivity, Health can act so this person has to accept the vaccination", the Minister said.

The vaccination campaign will be extended to the rest of the population as the vaccines reach the country. The first lot will be Panenza, who was developped by the Sanofi Pasteur laboratory.

No distinctions. To fight the spread of the H1N1 virus and minimize it's consequences in an eventual second wave of the pandemic, the Health Ministry will vaccinate every person with a risk factor, without distinctions. This includes those who are not affiliated to Social Security, and undocumented immigrants. In both cases, all they will need is a medical certification that they suffer from one of the conditions considered a health risk factor.

In the chat, the Minister said that the country is preparing for 4 possible scenarios for the next weeks. One has to do with the virus getting more lethal , another, that H1N1 becomes threatening in the provinces of Puntarenas, Guanacaste and Limón, which were not strongly affected in the first wave.

A third scenario -vand the most probable, according to Avilav- would be that the second wave is like the first. The fourth would be that there is no second wave at all on the nation's territory.

THE FLU CASE

Costan Ricans face Mandatory Vaccinations from January 15th

The Flu Case, 11 January 2010 16:39
https://web.archive.org/web/20100329050123/http://www.theflucase.com/index.php?option=com_content&view=article&id=2521%3Acostan-ricans-face-mandatory-vaccinations-from-january-15th&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Maria Luis Aguilar, the Health Minister of Costa Rica, has said that swine flu vaccinations will be mandatory ´for those people who present health risk factors," according to a report in La Nacion translated by Claudia Calvo below.

"We have authority (to force someone to be vaccinated) by the Ley General de la Salud. "If we consider that a person has to be vaccinated due to the risk factors, and not only for the person itself, but for the good of the collectivity, Health can act so this person has to accept the vaccination"Aguilar said.

the WHITE HOUSE
PRESIDENT BARACK OBAMA

Presidential Proclamation: National Influenza Vaccination Week

White House, 9 January 2010
https://obamawhitehouse.archives.gov/the-press-office/presidential-proclamation-national-influenza-vaccination-week

Since the first United States cases were identified in April of last year, our Nation has witnessed the worldwide spread of the H1N1 influenza virus. To date, tens of millions of Americans have contracted this virus. While the vast majority of those affected have recovered without incident, an unusually high proportion of children and younger adults have developed serious complications, resulting in hospitalization or even death. We know that influenza vaccination is the best way to protect ourselves against the flu, and my Administration moved swiftly to respond to this threat by assisting in the development of a vaccine, which is now widely available and has shown to be both safe and effective.

Every American has a role to play in fighting the H1N1 flu. Expectant mothers, children, young adults, and all those under the age of 65 with chronic health conditions are at high risk for H1N1 flu-related complications and should get the vaccine as soon as possible. Those not at high risk can protect themselves and prevent the virus from spreading to more vulnerable members of their families and communities by getting vaccinated as well.

This week presents a window of opportunity for us to prevent a possible third wave of H1N1 flu in the United States. I strongly encourage those who have not yet received the H1N1 flu vaccine to do so. Visit flu.gov to find vaccination sites in communities across our country and to stay informed. Together, we can all fight the H1N1 flu and help protect our families, friends, and neighbors.

Now, Therefore, I, Barack Obama, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim the week of January 10-16, 2010, as National Influenza Vaccination Week.

I encourage all Americans to observe this week by getting the H1N1 flu vaccine if they have not yet done so, and by asking their families, friends, and co-workers to do the same.

In Witness Whereof, I have hereunto set my hand this eighth day of January, in the year of our Lord two thousand ten, and of the Independence of the United States of America the two hundred and thirty-fourth.

/s/ Barack Obama

الشروق

The Vaccine appals the Algerians more than the swine flu does

Echoroukonline, 10 January 2010
https://www.echoroukonline.com/the-vaccine-appals-the-algerians-more-than-the-swine-flu-does

Though it killed dozens and spread panic among the population, the H1N1 pandemic grew to become almost a "banal" and some even doubted its very existence amid growing fear over the dangerousness of the vaccine "Aribanrex", though considered as one o the most efficient by officials.

Al kettar hospital, upper Algiers, receives dozens of patients a day who rush to carry out analysis in order see whether they are affected by virus or not. We are stunned to notice the absence of protection's masks to prevent the spread of the pandemic.

"Moliere A" pavilion… mission impossible.
Two weeks after the kick off of the vaccination campaign in Algeria, I have succeeded to "infiltrate" into "Moliere" pavilion, specialized in the diagnosis of the disease, with the help of a nurse who provided me with gloves and masks asking me to appear sick in order to get checked.

The doctor started consulting me after forwarding a form to fill in which I had to answer to several question in details even on that related to my private life. She made a conclusion that I wasn't affected by the virus but a seasonal flu for which she prescribed the usual treatment including vitamins.

I took this opportunity to "crawl" inside the patients' room where we found three people affected by the virus including a Thirty year old man. While we were trying to approach him, one of the doctors ordered us to leave on account that the place was expressly to the medical staff.

We are not afraid of swine flu… we don't vaccinate
The striking thing is that two weeks after the launch of the vaccination campaign against swine flu, the vaccination department at the hospital was curiously empty because of a large scale boycott expressed by the medical personnel at all levels, especially after the tragic death of doctor few days ago following her vaccination against H1N1.

THE ECONOMIC TIMES | News

GSK to get 1 bn pound boost in 2010 due to swine flu medicine

Economic Times, 10 January 2010, 17:27 hrs IST, PTI
https://web.archive.org/web/20100220012252/http://economictimes.indiatimes.com/news/international-business/GSK-to-get-1-bn-pound-boost-in-2010-due-to-swine-flu-medicine/articleshow/5430851.cms

London: GlaxoSmithKline is likely to get 1 billion pound revenue boost in 2010, as governments stockpile swine flu medicines designed to combat a possible pandemic, media report says.

"Cash tills are ringing at GlaxoSmithKline thanks to soaring demand for its swine flu vaccine Pandemrix and Relenza, which treats the symptoms of the illness that has led to hundreds of deaths around the world," the Observer reported adding the revenue could be over 1 billion pound in 2010.

GSK has 22 government contracts since last summer. Besides, due to higher demand, the company which makes the vaccine in Dresden and Quebec is outsourcing production to third-party manufacturers, the report said.

GSK's chief executive Andrew Witty told the Observer that "the company has worked hard to come up with a vaccine and "it would be foolish to deny that events like these aren't good for business".

In the UK, there are plans to vaccinate the entire population if necessary, and the government has given the go-ahead for vulnerable people, such as pregnant women, frontline health workers and young children, to be inoculated.

GSK has been planning for a pandemic for three-and-a-half years and has spent more than 1 billion pound to ensure its factories could crank up production at short notice.

"We don't know how big this deal is going to be, but no one can say we aren't ready," Witty told the Observer.

Pew Research Center

UMB Chosen to Develop Swine Flu Vaccine

Pew Research Center, 11 January 2010.
https://www.pewresearch.org/journalism/2010/01/11/umb-chosen-develop-swine-flu-vaccine/

On Wednesday, July 22 {2009}, the University of Maryland, Baltimore announced that it had been selected as one of eight sites nationwide that would test a new H1N1 vaccine. The study, funded by the National Institutes of Health (NIH), would conduct a trial of vaccines from two different manufacturers. The university publicized its plan to begin the testing immediately with the goal of recruiting around 1,000 volunteers. The trial would take place at the university's Baltimore campus (UMB) at the Center for Vaccine Development.

Lessons from the coverage

- *Newspapers Dominated the Story.* A niche outlet (in this case, the legal and business paper Maryland Daily Record) can capitalize on its specialties by descending early on a story, but the Baltimore Sun ultimately provided the most depth and context.
- *A press release drove the coverage.* The story was characterized by a general lack of enterprise reporting. The outlets that covered the announcement mostly reacted to a press release and news briefing, and few addressed the lingering questions surrounding the safety of the vaccine.

Both niche and general interest newspapers played key roles in the coverage

The university announced the swine flu program the morning of Wednesday, July 22. At noon, the Maryland Daily Record, a five-day-a-week newspaper focused on a handful of specialty business beats, including law, real estate, biotech and health care, posted the first story on its website. The 603-word report covered the basic facts, including how the vaccine doses would be administered and the impact of H1N1 in Maryland and elsewhere.

By mid-afternoon (2:25 p.m.) the Baltimore Sun had weighed in with a sparse report on its website also based largely on the university news release. [UM one of 8 nationwide testing centers for swine flu vaccine – *this article has been deleted*]



https://web.archive.org/web/20090723082856/http://www.baltimoresun.com/ on 23 July 2009

Roughly 90 minutes later, (3:57 p.m.) WJZ.com, the website of the local CBS affiliate, published a story that covered the basic facts. [https://www.cbsnews.com/news/volunteers-needed-for-h1n1-flu-vaccine/]

The Washington Post also ran a story on the vaccine trials the next morning in its print edition. Of the 19 stories in PEJ's analysis, seven were from newspaper print editions or websites. Nine were from local TV websites or broadcasts. The rest appeared on local radio websites. No story appeared in any local blog captured by the study. [*this article, presumably, has been deleted*]

The next day – Thursday, July 23 – the Sun produced the most thorough treatment of the vaccine trial to appear all week. The 1,265-word Page 1 story contained interviews with sources that had not been featured before, including Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. Reporter Kelly Brewington provided information about the other stakeholders involved in other nearby testing sites in Frederick and Annapolis. She revealed the name of the drug maker that would provide the vaccine, Sanofi Pasteur.

The Sun was also the only outlet that directly addressed the unknowns related to the vaccine, like safety concerns that are an issue when a vaccine is rolled out rapidly.[1] "There are unanswered questions about the campaign" and "There's still a lot that researchers don't know about the new virus," wrote Brewington. The article also described the reported side effects of a vaccine for a 1976 swine flu strain.

More stories appeared that day as well but few provided any new information.

The Daily Record's print edition expanded on its Wednesday web story, but not by much. It elaborated slightly on the spread of the flu thus far in Maryland and beyond. And it included a quote from John M. Colmers, secretary of Health and Mental Hygiene for the state. Local TV and radio websites, including wbal.com, foxbaltimore.com, wbaltv.com, and wjz.com, all posted or updated stories. But these contained few pieces of information not already reported in their previous evening's newscasts or in other outlets.

By Friday, July 24, newspapers had stopped covering the testing. No more broadcasts aired, and only wbal.com still had a story on its home page.

Lack of enterprise reporting

With only a couple of exceptions, most of the reporting came from the university news release from the morning of July 22 and the press conference held on campus later that afternoon.

In part, this stemmed from technology making the news something that can be produced immediately. For instance, the university press release stated that "the research is a first step toward the U.S. government's stated goal of developing a safe and effective vaccine," and the Daily Record story echoed with "Research on the vaccine is the first step toward the U.S. government's aggressive goal of developing a vaccine for the virus."

The first account is out, largely the way the originating news source framed it, and that stands as the basic outline.

In the end, only a few of the news reports on the announcement advanced the story significantly. Out of the 19 analyzed, just three added any significant new information (another three added some new minor details).

Even hours later, the account from the university press release and press briefing still framed what people knew. That evening, for instance, the local TV news teams aired packages on the announcement, but these veered only infrequently from the basic details from the university.

Only WJZ-TV advanced the story somewhat. Reporter Mike Helgren focused more on the impact of H1N1 so far in the state of Maryland, like the number of illnesses and deaths so far. The story included an interview with a local victim of the flu, Lori Tritto, as well as Secretary Colmers. Instead of dwelling on the vaccine testing news, the secretary discussed the possible benefits to Maryland residents that such a vaccine could hold.

In print, only the Baltimore Sun story on Thursday was marked by a significant level of enterprise.

The story advanced mainly as new breaking news came in. Around 4 p.m. on Thursday, for instance, wbal.com reported that the university's medical center was receiving calls from prospective volunteers. At 6:08 p.m., WJZ-TV aired information on a local company, MedImune, which would be producing some of the vaccine in nasal spray form.

It would not be until months later that questions about the safety of the swine flu vaccine would surface. This time, local outlets seemed to pay more attention, correspondent with a rise in public anxiety.

In all during the week, two-thirds of the stories originated from the University of Maryland. The university sent out a press release and followed that with a briefing. News outlets relied on these two points of dissemination for much of their reporting.

Footnote

1. WJZ's 6 p.m. broadcast from July 23 also addressed the safety issue, though indirectly. The anchor mentioned that drug makers will begin studies to make sure the H1N1 version in its vaccine causes no more side effects than its regular version.

THE FLU CASE

German Government moves to Axe Drug Regulator opposed by Big Pharma

The Flu Case, 11 January 2010, 17:07
https://web.archive.org/web/20100329171126/http://www.theflucase.com/index.php?option=com_content&view=article&id=2525%3Agerman-government-moves-to-axe-drug-regulator-opposed-by-big-pharma&catid=1%3Alatest-news&Itemid=64&lang=en

The removal of a key German government official who has refused to give approval to inadequately tested medicines was a "core" condition of the health factions of the Christian Democrats and the FDP for forming a coaliton government, it has emerged.

According to Der Spiegel, health officials from both parties pressed for the removal of Peter Sawicki from his position as head of a drug regulator and quality control institute in 2010 and for his replacement by someone "more friendly to the industry."

600 doctors, including 50 university professors, have, in the meantime, signed a petition in eight days in a bid to force the government to keep Sawicki, arguing they need objective and impartial information on medicines.

THE FLU CASE

German Government gave GSK and Novartis 10 Million Euros each to develop Pandemic Vaccine

The Flu Case, 11 January 2010, 16:56
https://web.archive.org/web/20100220012328/http://www.theflucase.com/index.php?option=com_content&view=article&id=2524%3Agerman-government-gave-gsk-and-novartis-10-million-euros-each-to-develop-pandemic-vaccine&catid=1%3Alatest-news&Itemid=64&lang=en

The German government gave 10 million euros to GlaxoSmithKline and 10 million euros to Novartis to produce pandemic vaccines, it has emerged after Green MP Harald Terpe tabled parliamentary questions on the contracts in December.

The contract to produce vaccines in the event of a pandemic was not put out to competitive tender.

It has also been revealed that the government appointed a group met as early as 2002 to prepare a pandemic plan involving a mass vaccination campaign.

The revelation that German tax payers even subsided the development of the pandemic vaccines underlines the influence the pharmaceutical companies have on the government.

The German tax payers have paid for the development of the pandemic vaccines, for 700 million euros worth of vaccines as well as for the government propaganda campaign to persaude people to take those vaccines, raising the issue of just who runs Germany?

The pharmaceutical companies?

LA DÉPÊCHE

Vaccin contre la grippe:
le gouvernement "n'en a pas trop fait", selon Sarkozy

La Depeche, 12 Januar 2010, à 12:51
https://www.ladepeche.fr/article/2010/01/12/753370-vaccin-contre-grippe-gouvernement-trop-fait-selon-sarkozy.html

Nicolas Sarkozy a une nouvelle fois justifié mardi la campagne controversée de vaccination contre la grippe A/H1N1 conduite par le gouvernement en estimant qu'il n'en avait "pas trop fait", lors de la présentation de ses voeux au monde de la santé à Perpignan.

"Le gouvernement n'en a pas trop fait. La campagne de vaccination se poursuit et il n'est pas trop tard pour se faire vacciner dans les centres, dans les grandes entreprises et les principales administrations, dans les hôpitaux ou auprès des médecins généralistes", a estimé M. Sarkozy.

"J'ai vu que les commentateurs, comme certains responsables politiques, ont reproché au gouvernement la gestion de la grippe. Moi, je pense que le gouvernement a tenu le cap et fait ce qu'il fallait faire pour protéger la population (...) mon devoir de chef de l'Etat, c'est de protéger les Français", a poursuivi le chef de l'Etat.

"Que m'auriez-vous dit si nous avions manqué de vaccins ? Qu'aurait-on dit de (la ministre de la Santé) Roselyne Bachelot si telle ou telle personne était décédée si elle n'avait pu se faire vacciner à temps ?", a-t-il demandé.

"On a trop de vaccins ? Eh bien on annule les commandes (...) et on revendra ceux qu'on a en trop, mais il n'y a pas un seul Français qui pourra dire à un ministre de la Santé, +je voulais être vacciné, je n'ai pas pu être vacciné+", a insisté le président.

Sortant de son discours, Nicolas Sarkozy a également évoqué les précédents de la canicule de 2003 et du scandale du sang contaminé dans les années 1980.

"Est-ce qu'on a déjà oublié la canicule ?", a-t-il demandé, rappelant la démission du ministre de la Santé de l'époque, Jean-François Mattéi, "parce qu'à tort ou à raison on avait estimé qu'il n'avait pas pris les mesures nécessaires pour protéger les Français".

"Quand il y a eu l'émergence du sida, la si douloureuse affaire du sang contaminé. Un ministre de la Santé (Edmond Hervé, ndlr) fut condamné (...) parce que les bonnes décisions n'ont pas été prises au bon moment", a également rappelé le chef de l'Etat.

"Je ne dis pas ça pour montrer du doigt qui que ce soit (...) mais mon devoir de chef de l'Etat, c'est de tenir compte des erreurs du passé pour faire en sorte qu'elles ne se reproduisent pas", a conclu M. Sarkozy, "je préférerai toujours être trop prudent pour la santé des autres que pas assez".

Le choix du gouvernement de faire vacciner les Français dans des centres ad-hoc qui ont été longtemps engorgés a fait l'objet de nombreuses critiques, notamment de la part des médecins libéraux qui viennent seulement d'être associés à l'opération près de trois mois après ses débuts.

EL UNIVERSAL.com.mx
DF

Alberto Cuenca

Vacunarán contra AH1N1 en el Metro

El Universal, 12 de enero de 2010, 13:31
https://web.archive.org/web/20100115135724/http://www.eluniversal.com.mx/notas/651243.html

La próxima semana el gobierno del Distrito Federal iniciará una campaña de vacunación en la que se aplicarán 50 mil dosis entre pasajeros que presenten problemas como obesidad mórbida, así como a mujeres embarazadas.

A partir de la próxima semana las autoridades de la Secretaría de Salud capitalina pondrán en marcha en el Metro una campaña de vacunación contra el virus de la influenza AH1N1.

El secretario de Salud, Armando Ahued, dijo que se aplicarán 50 mil dosis de la vacuna entre pasajeros que presenten problemas como obesidad mórbida, a mujeres en cualquier periodo del embarazo, así como usuarios que se declaren diabéticos, hipertensos, con cáncer o con enfermedades respiratorias crónicas.

Habrá módulos de médicos y enfermeras de la Secretaría de Salud local en estaciones que aún están por definirse, para valorar y en su caso aplicar la vacuna a los pasajeros que requieran la inmunización.

Esta medida forma parte de una campaña que ha emprendido la dependencia para ampliar el espectro de personas a las que se les aplicará la vacuna, pues hasta el año pasado sólo se inmunizaba a personal de la Secretaría de Salud y a mujeres hasta con tres meses de embarazo.

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THE FLU CASE

Mexican Government to set up Swine Flu Jab Centres in Underground Stations

The Flu Case, 13 January 2010 13:10
https://web.archive.org/web/20100220012452/http://www.theflucase.com/index.php?option=com_content&view=article&id=2552%3Amexican-government-to-set-up-swine-flu-jab-centres-in-underground-stations&catid=1%3Alatest-news&Itemid=64&lang=en

The Mexican government is planning to establish vaccine centers in underground stations with the aim of administering 50 million doses of the swine flu jab to passengers who are obese or suffering from chronic diseases, according to El Universal.

taz.de

Katja Schmidt

Steuergeld für Impfstoff-Forschung

Taz.de, 12 January 2010.
https://web.archive.org/web/20100112035724/http://www.taz.de/1/zukunft/wissen/artikel/1/steuergeld-fuer-impfstoff-forschung/

Der Bund hat die Entwicklung eines Pandemie-Serums bei GSK und Novartis gefördert – mit 10 Millionen Euro. Bereits 2002 tagte eine Expertengruppe zum Thema Pandemie.

Kassel *taz* | Die Entwicklung eines Impfstoffs gegen eine Grippepandemie durch GlaxoSmithKline (GSK) ist vom Bundesgesundheitsministerium mit zehn Millionen Euro gefördert worden. Das geht aus Antworten des Ministeriums auf eine Anfrage grüner Bundestagsabgeordneter hervor. Auch dem Hersteller Novartis - ehemals Chiron-Behring - wurde demnach eine Förderung von zehn Millionen Euro gewährt. Mit beiden Firmen schlossen die Bundesländer später Verträge für den Pandemiefall.

Mit dem Pharmariesen GSK wurde der Vertrag 2007 geschlossen. Allerdings werden dem Hersteller schon mit dem Förderbescheid aus dem Jahre 2006 Lieferungsverpflichtungen auferlegt, bestätigt das Gesundheitsministerium. 2009 orderten die Bundesländer 50 Millionen Dosen des Schweinegrippeimpfstoffs. Einen Teil davon wollen sie inzwischen stornieren. Ob GSK ihnen dabei entgegengekommen ist, ist unklar.

Die Grünen-Abgeordneten um den Gesundheitsexperten Harald Terpe hatten Anfang Dezember 2009 nach Details der Verträge mit GSK gefragt. Die Antworten geben Einblick in frühe Weichenstellungen: Demnach setzte das Gesundheitsministerium bereits 2002, also zur Regierungszeit von Rot-Grün, eine Expertengruppe für die Pandemieplanung ein. Schon damals sei deutlich geworden, dass eine schnelle Versorgung mit Impfstoffen nur in Kooperation mit der Industrie möglich sein würde. 2005 habe die Regierung "angesichts der Bedrohung durch das äußerst gefährliche Virus H5N1" - also die Vogelgrippe - die Vorbereitungen für die Impfstoffversorgung im Pandemiefall vorangetrieben. Die Entscheidung, die Entwicklung zu fördern, basiere auf einem Konzept des Paul-Ehrlich-Instituts.

In ein "Interessenbekundungsverfahren" habe man die führenden acht europäischen Impfstoffhersteller einbezogen. Eine öffentliche Ausschreibung sei nicht in Betracht gekommen. Dass schließlich GSK und Novartis zu "zielführenden Gesprächen" geladen wurden, habe "ausschließlich auf fachlichen Gründen" beruht, schreibt Staatssekretär Daniel Bahr (FDP).

Harald Terpe überzeugt diese Antwort noch nicht: "Es bleibt im Dunkeln, welche fachlichen Gründe für die Bundesregierung letztlich ausschlaggebend waren." Terpe kritisiert, es habe kein transparentes Verfahren gegeben. Dass die Regierung sich gleichzeitig mit der Förderung zum Vertragsabschluss verpflichtet habe, halte er für problematisch. Auch dürfe ein Impfstoff, der mit staatlicher Förderung entwickelt wurde, nicht zu "einem so überhöhten Preis" an den Staat verkauft werden.

Die Antworten des Ministeriums lassen erkennen, dass viele EU-Staaten aus Sorge vor einer gefährlichen Vogelgrippepandemie um Produktionskapazitäten bei GSK konkurrierten. So waren Stornierungsregeln offenbar nicht durchsetzbar. Verhandlungen der Bundesregierung mit Pharmaunternehmen seien an sich kein Problem, urteilt Terpe. Aber er kritisiert, "dass sie sich beim Vertragsabschluss mit GSK die Bedingungen hat diktieren lassen".

Berliner Morgenpost

Berlin spart fünf Millionen Euro bei Impfstoff

Berliner Morgenpost, 12 January 2010, 17:18
https://www.morgenpost.de/berlin/article103921596/Berlin-spart-fuenf-Millionen-Euro-bei-Impfstoff.html

Die Hauptstadt muss nach Verhandlungen des Bundes und der Bundesländer mit dem Hersteller GlaxoSmithKline nur eine Million Schweinegrippe-Impfdosen abnehmen. Ursprünglich vereinbart war das Doppelte. Eine Dosis des Serums kostet rund acht Euro. Die Krankenkassen zahlen diese Summe aber nur, wenn das Serum auch gespritzt wird. Sonst bleibt das Land auf den Kosten sitzen.

Durch eine neue Vereinbarung für den Kauf des Schweinegrippe-Impfstoffs bleiben Berlin nach Angaben der Senatsgesundheitsverwaltung Ausgaben von 5,2 Millionen Euro erspart. Denn die Hauptstadt muss nach Verhandlungen des Bundes und der Bundesländer mit dem Hersteller GlaxoSmithKline nun nur eine Million Impfdosen abnehmen. Ursprünglich vereinbart war das Doppelte: Der Kauf von zwei Millionen Dosen. Eine Dosis des Serums kostet rund acht Euro. Die Krankenkassen zahlen diese Summe aber nur, wenn das Serum auch gespritzt wird. Sonst bleibt das Land auf den Kosten sitzen.

Mit der ursprünglichen Regelung hätte die Schweinegrippe Berlin auch aufgrund der verbreiteten Impfmüdigkeit der Bevölkerung mehr als 13 Millionen Euro kosten können. Denn bisher haben sich nur rund 120.000 Berliner gegen die Schweinegrippe immunisieren lassen.

Dass Berlin anfangs so viel Impfstoff orderte, lag auch an einer Fehleinschätzung der Impfkommission. Ursprünglich ging sie von einer Zweifach-Impfung aus. Nach ersten Erfahrungen korrigierte das Berliner Robert-Koch-Institut die Empfehlung: Eine Impfung reichte völlig aus. Berlin, das für 30 Prozent der Bevölkerung vorsorgen wollte, hatte nun plötzlich Überkapazitäten - für 60 Prozent aller Berliner.

Durch die neue Regelung ist das Land nun wieder bei der geplanten 30-Prozent-Marke angekommen, wie die Senatsverwaltung am Dienstag mitteilte. Und es gibt noch Spielraum. 370.000 der eine Million Dosen bleiben erst einmal beim Hersteller. Finden sich neue Abnehmer, muss das Land dafür auch nicht zahlen. In der Einsparsumme von rund fünf Millionen Euro ist diese Variante allerdings schon eingerechnet.

In Berlin sind bisher 8359 Schweinegrippe-Fälle registriert. Es gibt sechs Todesfälle im zeitlichen Zusammenhang mit der Infektion. Im Moment sind die Ansteckungszahlen sehr niedrig, Experten rechnen aber noch mit einer weiteren Grippewelle in diesem Winter. Die Schweinegrippe-Impfung wird deshalb weiter empfohlen - insbesondere chronisch kranken Menschen. Was die Schweinegrippe-Vorsorge Berlin am Ende genau kosten wird, hängt davon ab, wie viele Menschen sich impfen lassen. Das Serum ist rund zwei Jahre haltbar.

news.ch

EDI lässt Impfstrategie evaluieren

News.Ch, 14 Januar 2010, 23:50 h
https://web.archive.org/web/20100116124728/http://www.news.ch/EDI+laesst+Impfstrategie+evaluieren/423770/detail.htm

Bern - Das Bundesamt für Gesundheit rechnet mit einem baldigen Ende der Schweinegrippe-Welle. Der Bundesrat hat sich am Mittwoch über die aktuelle Situation informieren lassen. Ein Urteil über die getroffenen Massnahmen und deren Wirkung will er noch nicht fällen. (bert/sda)

Grundsätzlich sei der Bundesrat der Meinung, dass sich im Zusammenhang mit der A(H1N1)-Pandemie Fragen ergeben hätten, die einer Klärung bedürften, teilte das Departement des Innern (EDI) mit. Solange keine Gesamtsicht existiere, seien detaillierte und abschliessende Antworten nicht möglich.

Antworten erhoffen sich die Behörden von einer Evaluation, die das EDI in Auftrag gegeben hat. Durchgeführt wird die Untersuchung von einer externen Firma in Zusammenarbeit mit einem internationalen Expertenteam.

Im Zentrum der Evaluation steht die Impfstrategie und deren Umsetzung. Ferner wird die Kompetenzverteilung und Kommunikation zwischen Bund und Kantonen unter die Lupe genommen. Diese hatten Anlass zu Kritik gegeben. Der Abschlussbericht wird für Mitte April 2010 erwartet.

Pandemie vor dem Ende

Die gegenwärtige Pandemie nähert sich dem Ende. Eindämmungsmassnahmen, die noch in Kraft seien, könnten «nach Prüfung der lokalen Gegebenheiten» beendet werden, schreibt das EDI.

In der ersten Kalenderwoche haben in der Schweiz hochgerechnet rund 7300 Personen wegen Schweinegrippe einen Arzt aufgesucht. Dies sind weniger als in der Vorwoche. Mit 92 Konsultationen pro 100'000 Einwohner liegt die Zahl jedoch immer noch über dem epidemischen Schwellenwert. Von einer Epidemie sprechen die Fachleute ab 50 Konsulationen pro 100'000 Einwohner.

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THE FLU CASE

Swiss to Investigate Health Ministry over Swine Flu vaccine Campaign

The Flu Case, 15 January 2010 13:36
https://web.archive.org/web/20100220012612/http://www.theflucase.com/index.php?option=com_content&view=article&id=2572%3Aswiss-to-investigate-health-ministry-over-swine-flu-vaccine-campaign&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Swiss Department of Internal Affairs (EDI) is to conduct an investigation of how the Department of Health handled the swine flu pandemic and vaccination campaign, according to Swiss media.

The EDI has asked an "external company" to conduct the evaluation of the vaccine "strategy" together with international experts: the report is expected to be ready by the middle of April.

The move comes as the Department of Health has come under increasing fire for its its role in the swine flu vaccine progamme.

REUTERS

Ben Hirschler

Glaxo shipped $1.4 bln of H1N1 vaccine in Q4

Reuters, 15 January 2010**,** 10:44am EST
https://web.archive.org/web/20100124123933/https://www.reuters.com/article/idUSLDE60E1SU20100115/?type=marketsNews

LONDON, Jan 15 (Reuters) **-** GlaxoSmithKline (GSK.L) shipped swine flu vaccine worth 835 million pounds ($1.36 billion) to governments in the last quarter of 2009 but the drugmaker said on Friday it was too early to say what the final total would be.

The quarterly total is less than the 1 billion pounds or so that many analysts had been forecasting.

The British company, which is the biggest supplier of H1N1 vaccines, has been hit in recent weeks by a series of order cancellations following slow uptake of the shots.

Belgium became the latest country to cut its order, cancelling a third of the supply originally booked from Glaxo earlier on Friday, in line with a similar reduction by Germany.

"Shipments of the vaccine continue to be delivered in the first half of 2010 and GSK is in ongoing discussions with many governments, as their needs evolve," the company said in a statement.

"This includes renegotiation of contracts with governments who have announced changes to their planned immunisation programmes and with governments who have placed new orders for the pandemic vaccine."

Glaxo said in October that it had booked orders to supply governments with 440 million doses of its Pandemrix vaccine in 2009 and the first part of 2010.

The group did not give an update to this figure on Friday but said it had shipped approximately 130 million in the last three months of 2009.

Shares in Glaxo, which have fallen in recent days on mounting concerns about declining swine flu orders, were 2 percent lower by 1530 GMT.

https://web.archive.org/web/20130310181317/http://www.washingtonpost.com/wp-dyn/content/article/2010/01/19/AR2010011903366.html

România liberă

Aida Danaila

Mai multe organizatii ale societatii civile
il ameninta pe secretarul de stat cu instanta pentru decizii considerate ilegale

România liberă, 15 Ianuarie 2010
https://web.archive.org/web/20100119022035/http://www.romanialibera.ro/eveniment/a174728-plangere-penala-contra-vaccinarii-impuse-de-cercel.html

Plangere penala contra vaccinarii impuse de Cercel

Eveniment - Plangere penala contra vaccinarii impuse de Cercel
Ministrul sanatatii, Cseke Attila, a corectat actiunile secretarului sau de stat si pregateste un ordin care sa stipuleze ferm ca nu se pot vaccina copiii fara acordul scris al parintilor.

»Pentru ca actiunile sale nu mai tin seama de nici un fel de respectare a legilor din Romania, dar si a diverselor conventii internationale, secretarului de stat Adrian Streinu-Cercel i se pregateste o plangere penala din partea mai multor organizatii ale societatii civile. Dispozitiile sale privind obligarea medicilor sa se vaccineze, precum si imunizarea copiilor fara acceptul scris al parintilor au fost stopate de ministrul Sanatatii.

Revoltati ca sunt amenintati cu desfacerea contractului de munca daca nu se vaccineaza impotriva gripei porcine, mai multi medici i s-au adresat senatorului Iulian Urban, presedintele Asociatiei de Asistenta pentru Consumatori. "In mod evident, dl Streinu-Cercel si-a depasit competentele. Am discutat cu ministrul Sanatatii, Cseke Attila, care mi-a spus ca dl Cercel a emis o dispozitie catre DSP-uri fara sa aiba acordul lui, iar aceasta dispozitie nu are nici un fel de valoare juridica. Acest om (Adrian Streinu-Cercel – n.n.) trebuie oprit. si nu doar prin destituire din functie, pentru ca poate veni altcineva care va incerca aceleasi metode ilegale, ci printr-unexemplu. Pentru ca intelege sa incalce drepturile si libertatile fundamentale ale medicilor, dar si pe cele ale copiilor, mai multe asociatii din domeniul societatii civile, ajutate de colegi avocati de la mine de la cabinet, vor depune plangere penala impotriva sa", ne-a declarat senatorul Urban.

Aroganta afisata tot mai frecvent de prof. dr. Adrian Streinu-Cercel, secretar de stat in Ministerul Sanatatii, care, peste capul ministrului Sanatatii, a inceput sa dea directive pe la toate Directiile de Sanatate Publica, a fost taiata de Cseke Atilla. In urma scandalului declansat de actiunile secretarului de stat Streinu-Cercel, ministrul Sanatatii s-a vazut obligat sa ia pozitie si sa readuca legalitatea. Acesta i-a linistit pe medici ca nu ii va obliga nimeni sa se vaccineze, decizia apartinandu-le in exclusivitate, la fel ca in cazul oricarui alt pacient roman. De asemenea, in privinta declaratiilor lui Cercel, care anunta fara drept de apel ca, in cazul in care nu va exista dezacordul parintilor, copiii vor fi vaccinati impotriva virusului A/H1N1 obligatoriu si pe banda rulanta, ministrul Atilla a facut precizari foarte clare. Vaccinarea copiilor cu varste cuprinse intre 6 si 16 ani va fi realizata numai cu acordul scris al parintilor, normele privind strategia imunizarii in scoli urmand sa fie stabilite printr-un ordin comun al ministrilor Sanatatii si Educatiei. "A fost o neintelegere asupra careia s-a revenit. Vom cere acordul scris al parintilor intrucat este vorba despre copiii cu varste intre 6 si 16 ani. Parintele raspunde pentru copii, asa ca vom cere acordul scris. Nota prin care li se cerea medicilor sa se vaccineze, pentru ca altfel nu vor mai avea acces la bolnavi, a fost reparata", a declarat ministrul Cseke Atilla.

Colegiul Medicilor din Romania asteapta ordinul ministrului Sanatatii privind necesitatea acordului scris al parintilor pentru vaccinarea copiilor si libertatea medicilor de a decide daca se vaccineaza sau nu, deci anularea deciziei lui Streinu-Cercel, actul semnat de ministrul Atilla urmand sa apara cel mai tarziu luni.

"Avem cuvantul ministrului, care deja i-a transmis secretarului de stat sa nu faca presiuni asupra medicilor. Prin declaratiile sale ca nu era nevoie de acordul scris al parintilor pentru vaccinarea copiilor, profesorul Cercel incalca o multime de acte normative. Este vorba de toate conventiile internationale privind drepturile copilului pe care Romania le-a semnat, Legea privind drepturile pacientilor si Codul deontologic al Colegiului Medicilor din Romania privind consimtamantul pacientilor. Daca la un pacient major se poate vorbi si de un consimtamant verbal, la minori este obligatoriu consimtamantul scris al parintilor sau al reprezentantilor legali ai acestora. In ceea ce ii priveste pe medici, profesorul Cercel incalca in primul rand Codul Muncii, contractul-cadru al Caselor de Asigurari de Sanatate, Ministerul Sanatatii nefiind parte in acel contract, Legea drepturilor pacientilor etc.", ne-a declarat prof. dr. Vasile Astarastoaie, presedintele Colegiului Medicilor din Romania.

Secretarul de stat Adrian Streinu Cercel nu a putut fi contactat in cursul zilei de ieri pentru a comenta aceste acuzatii.

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THE FLU CASE

Conflict breaks out in Romanian Government over Mandatory Swine Flu Jab Order

The Flu Case, 17 January 2010 15:30

https://web.archive.org/web/20100220012708/http://www.theflucase.com/index.php?option=com_content&view=article&id=2590%3Aconflict-breaks-out-in-romanian-government-over-mandatory-swine-flu-jab-order&catid=1%3Alatest-news&Itemid=64&lang=en

Mandatory Flu shots required for medical staff in Romania.

The Romanian National Medical Council has opposed the decision of the Health Ministry to make swine flu shots mandatory - a decision that appears to have been taken without the agreement of the Health Ministre Cseke Atilla.

While in most European countries flu vaccines seem past history, in Romania the Secretary of the Health Ministry, Dr Adrian Streinu-Cercel, ordered on January 13 2010, and without the agreement of the Health Ministry Cseke Atilla, the manadatory vaccination of health care workers and the general vaccination of children in schools without parents consent.

The National Medical Council has opposed the administrative decision and will go to court to stop it.

Newly elected President Basescu supports the flu shot campaign but the Health Ministy has vowed to cancel by Monday the Adrian Streinu-Cercel's administrative order.

OTS

Vlad Georgescu

Schweinegrippe-Impfungen: Ständige Impfkommission (STIKO) kassiert Strafanzeige

OTS, 15 Januar 2010, 15:41:33
https://www.ots.at/presseaussendung/OTS_20100115_OTS0011/schweinegrippe-impfungen-staendige-impfkommission-stiko-kassiert-strafanzeige

Osterode am Harz (ots) - Das von den Bestsellerautoren Marita Vollborn und Vlad Georgescu geführte Biotech Online-Magazin LifeGen.de hat auf Grund der erfolgten Schweinegrippe-Impfungen in Deutschland Strafanzeige gegen die am Robert Koch Institut angesiedelte Ständige Impfkommission (STIKO) eingereicht.

Nach Informationen von LifeGen.de wurde das von *GlaxoSmithKline den Ländern verkaufte Vakzin Pandemrix bereits im Mai 2008 zugelassen – ein Jahr vor Beginn der von der WHO ausgerufenen Pandemie und noch vor Isolierung des Schweinegrippe-Erregers im Jahr* 2009. Lediglich eine Anzahl von 240 Patienten diente damals als "Beweis" für die Sicherheit des Impfstoffs. Die Bevölkerung der Bundesrepublik avancierte ab Herbst 2009 damit de facto ohne vorherige Einwilligung zur humanen Ressource für einen klinischen Großversuch der Pharmaindustrie, nachdem die am RKI angesiedelte STIKO immer wieder die Impfung empfahl und selbst Gesundheitsminister Philipp Rösler an der Praxis der STIKO festhielt.

LifeGen.de LTD hat daher am 14.1.2010 *Strafanzeige und Strafantrag gegen die am RKI angesiedelte Ständige Impfkommission* (STIKO) und, um die Ermittlungen in alle Richtungen zu ermöglichen, auch gegen Unbekannt gestellt. Angesichts der Tatsache, dass die bestellten Impfstoffe nach Informationen der F.A.Z. die Kassen der GKV bislang rund 400 Mio. Euro kosteten, besteht nach Ansicht von LifeGen.de LTD ein öffentliches Interesse an Ermittlungen durch die Berliner Justiz.

Nach Meinung von LifeGen.de besteht der Verdacht von Verstößen gem. § 223, § 224 (1) Abs. 1, § 225 (3) Abs. 1. und 2, § 226 (3) sowie § 228 des StGB. Ebenso Verstöße gegen die Paragraphen 5, 10, 11, 11a, 14 und 15 des AMG zuletzt geändert durch Art. 1 V v. 28.9.2009 I 3172, (3578). Derzeit überprüft LifeGen.de auch die Chancen einer Verfassungsbeschwerde bez. § 20 Seuchenschutzgesetz. In der auf 10 Seiten verfassten Strafanzeige an die Berliner Staatsanwaltschaft weist LifeGen.de zudem darauf hin, dass das Vakzin im Jahr 2008 nur für Erwachsene zugelassen wurde, wie ein LifeGen.de vorliegendes, öffentlich zugängliches Originaldokument ebenfalls belegt.

Alle weiteren Infos finden Sie auf www.lifegen.de und Im Buch "Schweinegrippe als Jahrtausend-Fake", das bereits im November 2009 bei Books on Demand verlegt wurde und das im Laufe der dazugehörigen Recherchen zur Realisierung der Strafanzeige führte.

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Digitale Pressemappe: http://www.ots.at/pressemappe/DE31336

THE FLU CASE

Vlad Georgescu

Schweinegrippe: Sammelklagen gegen die Verantwortlichen rücken näher

Readers Edition, 19 Januar 2010, 16:06 Uhr von
https://web.archive.org/web/20100123012210/http://www.readers-edition.de/2010/01/19/schweinegrippe-sammelklagen-gegen-die-verantwortlichen-ruecken-naeher/

THE FLU CASE

Will Italy's class action lawsuit be the first of many?

The Flu Case, 25 January 2010
https://web.archive.org/web/20100220012925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2630%3Awill-italys-class-action-lawsuit-be-the-first-of-many&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The German online medical news site LifeGen says that the class action lawsuit filed in Italy against pharmaceutical companies over the swine flu jab could be just the start of a series of legal actions.

LifeGen reports that more than 7,800 side effects to the swine flu jab have been reported using the electronic Vaccine Adverse Event Reporting System (VAERS) system including 33 suspected deaths, raising the chances of a class action lawsuit.

Moves are also being made in Germany to launch a class action lawsuit.

LifeGen journalists filed criminal chages against the German government vaccine advisory body STIKO for allowing the Pandemrix vaccine that had been tested on only 240 people to be marketed.

Moreover, the European drug regulator, EMEA, which is two thirds funded by pharma industries, confirmed to LifeGen in a written reply that information about the side effects and risks would only be collected after the vaccine was given to people.

GlaxoSmithKline's Pandemrix vaccine, which has not been tested on any children, was given approval in 2008 - one year before the swine flu pandemic broke out.

The Washington Post

Mike Stobbe

One in five Americans got swine flu vaccine, CDC reports

Washington Post, 16 January 2010
https://web.archive.org/web/20140603221525/http://www.washingtonpost.com/wp-dyn/content/article/2010/01/15/AR2010011503927.html

Atlanta - About one in five Americans has been vaccinated against swine flu, according to the government's first detailed estimates of vaccination rates against the pandemic.

The estimate is based on two government telephone surveys done in December and early January. The surveys concluded that an estimated 61 million people -- or about 20 percent of the population – got a shot or nasal spray vaccination against the H1N1 virus since the vaccine became available in the fall.

One spokesman from the Centers for Disease Control and Prevention said the numbers are good, considering that it was a hurried campaign against a novel flu virus using a vaccine that did not become available to the public until early October, and then, only in limited supplies.

"From our point of view, this looks very successful," said Richard Quartarone, the spokesman.

The report backs up a rough estimate used by health officials in recent weeks that more than 60 million Americans had been vaccinated.

It also shows that vaccination rates were a bit higher for people deemed to be especially vulnerable to the new influenza, including children, pregnant women and people with underlying health conditions

The results were released Friday through a CDC publication, Morbidity and Mortality Weekly Report. One survey involved about 6,000 people. The number who responded to the second survey was not included in the report.

CDC officials also released on Friday new estimates of the numbers of Americans who were sick, hospitalized or died as a result of the virus.

An estimated 55 million became ill from swine flu from the time it was first identified in April through mid-December. About 246,000 Americans were hospitalized and 11,160 died.

The CDC last estimated that through mid-November, the pandemic had sickened 50 million Americans and caused 10,000 deaths.

Swine flu infections have been waning since late October, and no states were reporting widespread cases as of last week.

Mike Adams

Thousands of Americans died from H1N1 even after receiving vaccine shots

Natural News, 18 January 2010, 22:16
https://www.naturalnews.com/027956_h1n1_vaccine_cdc.html

The CDC is engaged in a very clever, statistically devious spin campaign, and nearly every journalist in the mainstream media has fallen for its ploy. No one has yet reported what I'm about to reveal here.

It all started with the CDC's recent release of new statistics about swine flu fatalities, infection rates and vaccination rates. According to the CDC:

• 61 million Americans were vaccinated against swine flu (about 20% of the U.S. population). The CDC calls this a "success" even though it means 4 out of 5 people rejected the vaccines.
• 55 million people "became ill" from swine flu infections.
• 246,000 Americans were hospitalized due to swine flu infections.
• 11,160 Americans died from the swine flu.

Base on these statistics, the CDC is now desperately urging people to get vaccinated because they claim the pandemic might come back and vaccines are the best defense.

BUT HERE'S THE PART YOU'RE NOT BEING TOLD

The CDC statistics lie by omission. They do not reveal the single most important piece of information about H1N1 vaccines: How many of the people who died from the swine flu had already been vaccinated?

Many who died had already been vaccinated

The CDC is intentionally not tracking how many of the dead were previously vaccinated. They want you (and mainstream media journalists) to mistakenly believe that ZERO deaths occurred in those who were vaccinated. But this is blatantly false. Being vaccinated against H1N1 swine flu offers absolutely no reduction in mortality from swine flu infections.

And that means roughly 20% of the 11,160 Americans who died from the swine flu were probably already vaccinated against swine flu. That comes to around 2,200 deaths in people who were vaccinated!

How do I know that swine flu vaccines don't reduce infection mortality? Because I've looked through all the randomized, double-blind, placebo-controlled clinical trials that have ever been conducted on H1N1 vaccines. It didn't take me very long, because the number of such clinical trials is ZERO.

That's right: There is not a single shred of evidence in existence today that scientifically supports the myth that H1N1 vaccines reduce mortality from H1N1 infections. The best evidence I can find on vaccines that target seasonal flu indicates a maximum mortality reduction effect of somewhere around 1% of those who are vaccinated. The other 99% have the same mortality rate as people who were not vaccinated.

So let's give the recent H1N1 vaccines the benefit of the doubt and let's imagine that they work just as well as other flu vaccines. That means they would reduce the mortality rate by 1%. So out of the 2,200 deaths that took place in 2009 in people who were already vaccinated, the vaccine potentially may have saved 22 people.

61 million injections add up to bad public health policy

So let's see: 61 million people are injected with a potentially dangerous vaccine, and the actual number "saved" from the pandemic is conceivably just 22. Meanwhile, the number of people harmed by the vaccine is almost certainly much, much higher than 22. These vaccines contain nervous system disruptors and inflammatory chemicals that can cause serious health problems. Some of those problems won't be evident for years to come... future Alzheimer's victims, for example, will almost certainly those who received regular vaccines, I predict.

Injecting 61 million people with a chemical that threatens the nervous system in order to avoid 22 deaths -- and that's the best case! -- is an idiotic public health stance. America would have been better off doing nothing rather than hyping up a pandemic in order to sell more vaccines to people who don't need them.

Better yet, what the USA could have done that would have been more effective is handing out bottles of Vitamin D to 61 million people. At no more cost than the vaccines, the bottles of vitamin D supplements would have saved thousands of lives and offered tremendously importantly additional benefits such as preventing cancer and depression, too.

The one question the CDC does not want you to ask

Through its release of misleading statistics, the CDC wants everyone to believe that all of the people who died from H1N1 never received the H1N1 vaccine. That's the implied mythology behind the release of their statistics. And yet they never come right out and say it, do they? They never say, "None of these deaths occurred in patients who had been vaccinated against H1N1."

They can't say that because it's simply not true. It would be a lie. And if that lie were exposed, people might begin to ask questions like, "Well gee, if some of the people who were killed by the swine flu were already vaccinated against swine flu, then doesn't that mean the vaccine doesn't protect us from dying?"

That's the number one question that the CDC absolutely, positively does not want people to start asking.

So they just gloss over the point and imply that vaccines offer absolute protection against H1N1 infections. But even the CDC's own scientists know that's complete bunk. Outright quackery. No vaccine is 100% effective. In fact, when it comes to influenza, no vaccine is even 10% effective at reducing mortality. There's not even a vaccine that's 5% effective. And there's never been a single shred of credible scientific information that says a flu vaccine is even 1% effective.

So how effective are these vaccines, really? There are a couple thousand vaccinated dead people whose own deaths help answer that question: They're not nearly as effective as you've been led to believe.

They may not be effective at all.

Crunching the numbers: Why vaccines just don't add up

Think about this: 80% of Americans refused to get vaccinated against swine flu. That's roughly 240 million people.

Most of those 240 million people were probably exposed to the H1N1 virus at some point over the last six months because the virus was so widespread.

How many of those 240 million people were actually killed by H1N1? Given the CDC's claimed total of deaths at 11,160, if you take 80% of that (because that's the percentage who refused to be vaccinated), you arrive at 8,928. So roughly 8,900 people died out of 240 million. That's a death rate among the un-vaccinated population of .0000372

With a death rate of .0000372, the swine flu killed roughly 1 out of every 26,700 people who were NOT vaccinated. So even if you skipped the vaccine, you had a 26,699 out of 26,700 chance of surviving.

Those are pretty good odds. Ridiculously good. You have a 700% greater chance of being struck by lightning in your lifetime, by the way.

What it all means is that NOT getting vaccinated against the swine flu is actually a very reasonable, intelligent strategy for protecting your health. Mathematically, it is the smarter play.

Because, remember: **Some of the dead victims of H1N1 got vaccinated**. In fact, I personally challenge the CDC to release statistics detailing what percentage of the dead people had previously received such vaccines.

The headline to this article, "Thousands of Americans died from H1N1 even after receiving vaccine shots" is a direct challenge to the CDC, actually. If the CDC believes this headline is wrong -- and that the number of vaccinated Americans who died from H1N1 is zero -- then why don't they say so on the record?

The answer? Because they'd be laughed right out of the room. Everybody who has been following this with any degree of intelligence knows that the H1N1 vaccine was a medical joke from the start. There is no doubt that many of those who died from H1N1 were previously vaccinated. The CDC just doesn't want you to know how many (and they hope you'll assume it's zero).

Where are all the real journalists?

I find it especially fascinating that the simple question of "How many of the dead were previously vaccinated?" has never been asked in print by a single journalist in any mainstream newspaper or media outline across the country. Not the NY Times, not WashingtonPost.com, not the WSJ, LA Times or USA Today. (At least, not that I'm aware of. If you find one that does, let me know and I'll link to their article!)

Isn't there a single journalist in the entire industry that has the journalistic courage to ask this simple question of the CDC? Why do these mainstream journalists just reprint the CDC's statistics without asking a single intelligent question about them?

Why is all the intelligent, skeptical reporting about H1N1 found only in the alternative press or independent media sites?

You already know the answer, but I'll say it anyway: Because most mainstream media journalists are just part of the propaganda machine, blindly reprinting distorted statistics from "authorities" without ever stopping to question those authorities.

The MSM today, in other words, is often quite pathetic. Far from the independent media mindset that used to break big stories like Watergate, today's mainstream media is little more than a mouthpiece

for the corporatocracy that runs our nation. The MSM serves the financial interests of the corporations, just as the CDC and WHO do. That's why they're all spouting the same propaganda with their distorted stories about H1N1 swine flu.

But those who are intelligent enough to ask skeptical questions about H1N1 already realize what an enormous con the pandemic was. In the end, it turned out to be a near-harmless virus that was hyped up by the CDC, WHO and drug companies in order to sell hundreds of millions of doses of vaccines that are now about to be dumped down the drain as useless.

Ref:
CDC: As many as 80 million infected by H1N1. – CNN, 16 January 2010, 3:30 a.m. EST
https://web.archive.org/web/20100121011348/http://edition.cnn.com/2010/HEALTH/01/16/h1n1.numbers/
Mike Stobbe. One in five Americans got swine flu vaccine, CDC reports. – Washington Post, 16 January 2010
https://web.archive.org/web/20140603221525/http://www.washingtonpost.com/wp-dyn/content/article/2010/01/15/AR2010011503927.html

NEWS BBC

'Two-thirds' of NHS London nurses without swine flu jab

BBC News, 21 January 2010
http://news.bbc.co.uk/2/hi/uk_news/england/london/8471304.stm

Just one in three nurses in London has been vaccinated against swine flu, the NHS has admitted.

A BBC London Freedom of Information request has shown the majority of medical staff remain unprotected against the virus.

Although swine flu rarely kills healthy adults, it is dangerous to many patients in hospitals.

NHS London insisted the vaccine take-up was "encouraging" and rising, with more than 60,000 staff having had the jab.

But figures seen by BBC London reveal the take-up has reached a plateau, with a limited increase in the numbers of staff to have been vaccinated over the last month.

In mid-December, a total of 33% of frontline staff - including dentists and paramedics - had been vaccinated.

By 18 January that figure had risen to 40%.

'Best defence'

Kelly Gibson's eight-year-old daughter Holly daughter died from swine flu last year.

Holly, who lived in Erith, on the south London/Kent border, suffered from a chromosome disorder that made her particularly vulnerable.

Ms Gibson said: "If a nurse is dealing with a vulnerable person they could be passing swine flu on to the innocent. "They could contract swine flu and possibly die."

Swine flu has been shown to be extremely contagious, if typically mild among most people.

Currently, 38% of London's GPs and 45% of other doctors, such as hospital consultants, have received the jab.

Yet the take-up rates among NHS London staff appear to contradict the organisation's own advice.

Speaking in December, NHS London's head of pandemic flu, Dr Chloe Sellwood, said: "The vaccine is our best defence against the virus and that is why we are encouraging as many people as possible to take it."

While hosting a Downing Street reception for nurses, Prime Minister Gordon Brown said 60,000 people who work for the NHS in London had been vaccinated against swine flu.

He told BBC London: "Swine flu is a problem that many people have suffered from, and most people have come through after a few days with the treatment that is necessary, but equally of course it can be dangerous.

"Therefore we are encouraging all vulnerable groups in the population to get themselves vaccinated."

Mr Brown added: "It is voluntary but I would encourage health workers to take the vaccination if it is available to them."

REUTERS

Jean-Baptiste Vey

Les centres de vaccination anti-H1N1 fermeront le 30/01

Reuters, 22 January 2010, 9:35 PM GMT+8
https://www.reuters.com/article/ofrtp-grippe-france-vaccination-20100122-idFRPAE60L0DP20100122/

PARIS (Reuters) - Les centres de vaccination contre la grippe A (H1N1) fermeront progressivement pour cesser totalement leur activité le 30 janvier, annonce le ministère de la Santé.

Les médecins libéraux, qui peuvent déjà vacciner depuis le 12 janvier contre cette grippe, pourront obtenir des vaccins en pharmacie à partir du 1er février.

Des centres de vaccination intégrés aux établissements de santé vont être ouverts dans les 100 établissements hospitaliers sièges de Samu jusqu'en septembre 2010, précise le ministère dans un communiqué.

"Le ministère de la Santé et des Sports rappelle que si la première vague épidémique est aujourd'hui passée dans notre pays, plusieurs pays ont connu deux vagues successives", lit-on dans le communiqué.

"La poursuite de la vaccination est le bon moyen d'augmenter le degré d'immunité de la population vis-à-vis du nouveau virus, et donc d'atténuer une éventuelle seconde vague", ajoute-t-on.

Selon l'Organisation mondiale de la santé, la grippe A a fait près de 14.000 morts dans le monde depuis son apparition, en avril 2009.

Selon le bulletin épidémiologique du 19 janvier de l'Institut de veille sanitaire, la France a enregistré 263 décès depuis le début de l'épidémie.

THE FLU CASE

All French vaccine centres to shut by January 30th

The Flu Case, 25 January 2010
https://web.archive.org/web/20100220012905/http://www.theflucase.com/index.php?option=com_content&view=article&id=2626%3Aall-french-vaccine-centres-to-shut-by-january-30th&catid=1%3Alatest-news&Itemid=64&lang=en

All 1,100 swine flu vaccine centres in France are to be closed down by January 30th, the ministry of health has said.

GPs, who wish to give the jab, can obtain it at pharmacies from February 1st.

Most vaccine centres have already been shut down with a few remaining open for shortened periods of time during the week.

THE WALL STREET JOURNAL.

Anita Greil

Vasella's Impeccable Timing

The Wall Street Journal, 26 January 2010, 9:34 AM ET 15:44
https://www.wsj.com/articles/BL-SOURCEB-2230

Novartis had quite a surprise in store for its shareholders this morning. The Swiss drug maker's record results were overshadowed by news that Daniel Vasella is handing over the CEO title to Joe Jimenez, an American who joined Novartis a bit more than two years ago after a long career in the consumer goods industry.

Vasella has held the strategic as well as the executive top jobs at Novartis for 11 years. But recently he has come under pressure from vocal shareholders to split the roles. It was felt that holding both the Chairman of the board and the CEO title unified too much power in just one person and is not befitting to a company of Novartis' size.

The pressure increased in 2008, when cross-town rival Roche appointed Severin Schwan as CEO, thereby doing away with the double-role at the top for Schwan's predecessor and still Chairman Franz Humer. This change came close on the heels of Nestle's decision to separate the combined CEO-Chairman structure in 2007, and marked the beginning of the end of this style of boardroom structure for Swiss companies.

The decision to appoint Jimenez as the new CEO of Novartis was only just taken yesterday, Vasella told reporters at a news conference in Basel. Though it had obviously been in the making longer than that, he conceded, saying he had started to think about relinquishing the dual role at the top about a year ago.

Vasella could hardly have chosen a better time for stepping back from day-to-day management. Novartis' most recent earnings report confirmed that the Swiss group is currently the fastest-growing among the big drug companies, and one that has a relatively full pipeline of potential new drugs.

While he'll leave it up to his successor to wrap up the purchase of U.S. eyecare company Alcon, the foundations for integrating this profitable business into Novartis have been laid.

What remains to be seen, however, is in which direction Vasella will be pulling when he steps down as CEO on Monday. Some onlookers have expressed skepticism as to whether Vasella–who has a reputation of being a micro-manager–will be able to let the new leadership team run free.

But they forget that Vasella may have bigger ambitions than looking over the shoulder of a competent management team. And they neglect his genuine interest in improving the lives of people in need of medicines, which may well lead him to eventually assume a role in the public sector.


THE WALL STREET JOURNAL.
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Vasella's Impeccable Timing

By Anita Greil
Jan. 26, 2010 9:34 am ET

Novartis had quite a surprise in store for its shareholders this morning. The Swiss drug maker's record results were overshadowed by news that Daniel Vasella is handing over the CEO title to Joe Jimenez, an American who joined Novartis a bit more thantwo years ago after a long career in the consumer goods industry.

iDNES.cz / Zprávy

Vojáci dostali očkování proti prasečí chřipce befelem

iDNES.cz, 26 ledna 2010, 16:37

https://web.archive.org/web/20100129222239/http://zpravy.idnes.cz/vojaci-dostali-ockovani-proti-praseci-chripce-befelem-pfu-/domaci.asp?c=A100126_163642_domaci_kot

Šéf generálního štábu Vlastimil Picek nařídil všem vojákům povinné očkování proti prasečí chřipce, zjistila MF DNES. Kdo neuposlechne, toho čeká trest a dočasně mu může být snížen i plat. Mezi vojáky se zvedla silná vlna odporu.

Nadporučík M. K. to říká za všechny: "Nejsme pokusní králíci. Ať to nechají na naší volbě, jestli chceme být očkováni, či ne."

Armáda má nicméně na tento radikální krok ze zákona právo. V případě propuknutí pandemie prasečí chřipky totiž musí být schopna zajistit základní fungování státu.

Problém ale je, že generální štáb nařizuje povinné očkování i svým civilním zaměstnancům. Na ně se totiž povinné očkování podle právníků nevztahuje.

V rámci resortu obrany se očkování týká zhruba 16 tisíc lidí. "Do skupin, které se podrobí očkování, jsou zařazeni například pracovníci zdravotní a veterinární služby, jednotky vyčleňované ve prospěch IZS, jednotky vyčleňované do zahraničních misí, příslušníci Vojenské policie, speciální jednotky a podobně," říká mluvčí šéfa generálního štábu Jana Růžičková.

Dalším sporným krokem je zdůvodnění Pickova rozkazu. "Něco se vám nelíbí? Držte hubu, krok a splňte rozkaz," prosazují mnozí velitelé rozkaz z nejvyšších armádních míst.

"Nařízení je to v podstatě správné, ale forma jeho uplatnění je nešťastná. Může vyvolat odpor k očkování," obává se hlavní český hygienik Michal Vít.

Vláda v reakci na možnou pandemii prasečí chřipky rozhodla už loni o očkování osob nezbytných pro zajištění chodu státu. Očkováni jsou ale především lidé s nemocemi, které by chřipka mohla výrazně zkomplikovat. V lednu pak vláda okruh očkovaných osob rozšířila.

THE FLU CASE

Order to force Czech soldiers to take the swine flu jab ignites row

The Flu Case, 28 January 2010, 15:29

https://web.archive.org/web/20100220013151/http://www.theflucase.com/index.php?option=com_content&view=article&id=2653%3Aorder-to-force-czech-soldiers-to-take-the-swine-flu-jab-ignites-row&catid=41%3Ahighlighted-news&Itemid=105&lang=en

An order for the compulsory vaccination of the soldiers of the Czech Republic has been put on hold after Czech President Vaclav Klaus intervened.

On January 26th, the Chief of the General Staff of the Armed Forces of the Czech Republic Vlastimil Picek issued an order for the compulsory vaccination of thousands of soldiers as well as civilian employees of the military.

The vaccine to be used is GlaxoSmithKline's untested Pandemrix.

In 1918, the Spanish flu started when soldiers in the US were vaccinated before being sent to fight in the first world war.

WHO-affiliated Professor Bruno Lina is currently investigating how to make the mild H1N1 swine flu virus replicated in the lungs and more lethal in a lab in France.

Soldiers in the Czech Republic who refuse the jab are to be punished and could have their pay docked under the plans.

But Klaus has opposed the decision to make the unpopular jab compulsory.

"We are not a test lab rabbits. It should be our free will decision," a Czech soldier was quoted as saying in the local media.

On January 11th, the Czech government issued a law saying that members of the army, police and firefighters had to take the jab.

Klaus has asked the Ministry of Defence to review its decision.

"Our soldiers are NOT a living test subjects so we cannot vaccinate them especialy against their agreemen," he said.

"The negative impression among the public is increased because the potential risks of the vaccines, which are still being discussed by our health specialists, have not been properly explained."

Klaus has asked health officials to investigate whether the pandemic is so severe that the army has to be vaccinated.

But Picek has remained adamant.

"Soldiers must accept this command as soldiers do. Army rules are on my side."

95,000 Pandemrix vaccines were delivered to the Czech Republic at the start of November 2009.

The government plans to vaccinate about 1 million people with the police, army, doctors, nurses, chronically ill people being priority groups.

GOVERNMENT OF THE CZECH REPUBLIC

National Security Council in Session over the Swine Flu

Vlada.Gov, 29 January 2010, 10:58
https://vlada.gov.cz/en/media-centrum/aktualne/national-security-council-in-session-over-the-swine-flu--67812/

An emergency session of the National Security Council took place today at the Office of the Government of the Czech Republic with the President taking part. Influenza A (H1N1) virus was the main topic on the agenda. President Václav Klaus´s participation in the meeting ensued from his position of the Commander-in-Chief of the Armed Forces of the Czech republic.

The National Security Council evaluated the circumstances of the current development of the spread of the influenza A/H1N1 virus in the Czech Republic and the consequent vaccination of target groups. A report by the Czech Republic Chief Hygienist was presented at the meeting, based on which further conclusions were drawn, according to Prime Minister Fischer. “It is not necessary to change anything in the originally adopted strategy,” the Prime Minister said at the press briefing following the end of the session of the National Security Council.

The Prime Minister also said that should the situation in the development of the influenza A/H1N1 virus change, vaccination will become mandatory and the Government shall make the decision. “We shall authorize the Chief Hygienist to inform the Government of the beginning of pandemic, then we shall decide on the mandatory vaccination,” Prime Minister Jan Fisher stated.

The session also decided on the exact number of the members of the Army of the Czech Republic to undergo vaccination. The National Security Council decided that only eight thousand out of the original sixteen thousand soldiers would receive vaccination. The Government will again discuss the topic of H1N1 flu vaccination at its regular session on Monday.

World Health Organization

WHO hails new Gates Foundation support for decade of vaccines

Geneva: WHO, 29 January 2010
https://archive.ph/mwkru

Statement

WHO welcomes the Bill & Melinda Gates Foundation pledge of US$ 10 billion over the next ten years to accelerate global vaccine efforts.

"The Gates Foundation's commitment to vaccines is unprecedented, but needs to be matched by unprecedented action. It's absolutely crucial that both governments and the private sector step up efforts to provide life-saving vaccines to children who need them most," said Dr Margaret Chan, WHO Director-General.

Vaccines and immunization have played a major role since the last century in overall health gains. Smallpox has been eradicated, polio is on the verge of being eradicated and more than 2 million deaths are averted each year.

"Building on these achievements, we can take immunization to the next level, with the expanded uptake of new vaccines against major killers such as pneumonia and rotavirus diarrhoea," said Dr Chan. "An additional two million deaths in children under five years could be prevented by 2015 through widespread use of new vaccines and a 10% increase in global vaccination coverage."

Vaccines join other proven measures, such as micronutrient supplements, oral rehydration therapy, and community delivery of antibiotics, that form an integrated approach to child health and have already brought much progress.

The Bill & Melinda Gates Foundation announcement comes on the tenth anniversary of the establishment of the Global Alliance for Vaccines and Immunization (GAVI). Dr Chan also congratulated the GAVI Alliance on their accomplishment of reaching 257 million additional children with new and underused vaccines.

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INDEPENDENT

Gates pledges 10 billion dollars for vaccines for poor

Independent, 29 January 2010, 01:00 GMT
https://www.independent.co.uk/life-style/health-and-families/health-news/gates-pledges-10-billion-dollars-for-vaccines-for-poor-1883647.html



Microsoft co-founder Bill Gates pledged 10 billion dollars over the next decade Friday to research and deliver vaccines to the world's poorest countries.

Increased vaccination could save more than eight million children by 2020, said the entrepreneur-turned-philanthropist, announcing the commitment by the Bill and Melinda Gates Foundation he heads with his wife.

But he added that money was needed and called on governments and the private sector to do more.

"We must make this the decade of vaccines," said Gates at the World Economic Forum (WEF) in Davos. "Vaccines already save and improve millions of lives in developing countries.

"Innovation will make it possible to save more children than ever before."

Gates, who is a regular at the annual Swiss ski resort meeting of political and business leaders, called on others to "fill critical financing gaps in both research funding and childhood immunisation programmes."

"Increased investment in vaccines by governments and the private sector could help developing countries dramatically reduce child mortality by the end of the decade," said a Foundation statement.

The projections were based on research by experts at the Johns Hopkins Bloomberg School of Public Health in the United States, on the potential impact of vaccines on childhood deaths over the next 10 years.

By boosting the delivery of vaccines in developing countries to 90 percent coverage, the experts' model suggested that the lives of 7.6 million under-fives could be saved in the next decade.

An additional 1.1 million youngsters could be saved by rapid introduction of a malaria vaccine in 2014, bringing the total lives saved to 8.7 million.

Melinda Gates, who heads the couple's Foundation with her husband, added: "Vaccines are a miracle – with just a few doses, they can prevent deadly diseases for a lifetime.

"We've made vaccines our number-one priority at the Gates Foundation because we've seen firsthand their incredible impact on children's lives," she added at the annual meeting of political and business leaders in the Swiss ski resort.

Commenting on the announcement, WHO chief Margaret Chan said the Gates' commitment was "unprecedented, but just a small part of what is needed.

"It's absolutely crucial that both governments and the private sector step up efforts to provide life-saving vaccines to children who need them most," she added.

REUTERS

Bill Gates promises $10 billion for vaccines

Reuters, 30 January 2010, 2:57 AM GMT+8
http://www.reuters.com/article/idUSTRE60S3K420100129

DAVOS, Switzerland (Reuters) - Bill and Melinda Gates said on Friday they would spend $10 billion over the next decade to develop and deliver vaccines, an increased commitment that reflects progress in the pipeline of products for immunizing children in the developing world.

Over the past 10 years, the Microsoft co-founder's charity has committed $4.5 billion to vaccines and has been instrumental in establishing the GAVI alliance, a public-private partnership that channels money for vaccines in poor countries.

By increasing immunization coverage in developing countries to 90 percent, it should be possible to prevent the deaths of 7.6 million children under five between 2010 and 2019, Gates told reporters at the World Economic Forum.

Margaret Chan, director-general of the World Health Organization described Gates' commitment to vaccines as "unprecedented" and called on governments around the world and the private sector to match it with "unprecedented action."

Vaccination rates have already climbed remarkably in recent years, with even a poor African country like Malawi now boasting coverage rates similar to those in many Western cities.

"Over the last 10 years, the success of both increased vaccine coverage and getting new vaccines out has been phenomenal," Gates said.

More cash is now needed to make the most of new vaccines becoming available, including ones against severe diarrhea and pneumococcal disease from GlaxoSmithKline, Merck and Pfizer.

"We can take immunization to the next level, with the expanded uptake of new vaccines against major killers such as pneumonia and rotavirus diarrhea," Chan said in a statement.

She said an extra two million deaths in children under five could be prevented by 2015 by widespread use of new vaccines and a 10 percent increase in global immunization coverage.

Further off, Glaxo is also in the final phase of testing a vaccine against malaria that Gates said could slash deaths from the mosquito-borne disease.

Gates warned against the risk of governments diverting foreign aid funding for health toward climate change, arguing that health should stay a top priority -- not least because better health leads to a lower birth rate.

Curbing the globe's population growth is critical for tackling global warming.

Anyone who takes the time to properly research the origins of the “population control” movement will come to understand that the Rockefeller-Turner-Gates agenda for drastic population reduction has its origins in the age-old malevolent elitist agenda to cull the human “chattel” as one would do to rodents or any other species deemed a nuisance by the central planning authorities.

Read more: Watson P. The Population Reduction Agenda For Dummies. – InfoWars, 26 June 2009
https://web.archive.org/web/20090629154549/http://www.infowars.com/the-population-reduction-agenda-for-dummies/

臨床とウイルス
Clinical Virology

Harumi Kuno-Sakai, Mikio Kimura

Current situation and prospect on Influenza A(H1N1) 2009 vaccine in Japan

Clinical Virology, 31 January 2010, 38(1): 3-54, revised 7 March 2010
https://web.archive.org/web/20100525030305/http://www.theflucase.com/index.php?option=com_content&view=article&id=2961%3Aharumi-kuno-sakai-reports-on-japans-swine-flu-vaccination-campaign-in-clinical-virology&catid=1%3Alatest-news&Itemid=64&lang=en

English translation

Summary

None of Japanese people has received imported A(H1N1)2009 vaccines, such as GlaxoSmith Klein's Pandemrix/Arepanrix or Novartis Pharma's Focetria. Japan is using totally made-in-Japan inactivated influenza HA vaccine without adjuvant, i.e., A(H1N1)2009 inactivated split monovalent vaccines (without adjuvant), which were made by four Japanese manufacturers, i.e., Research Foundation for Microbial Diseases of Osaka University, Kitasato Institute, Denka Seiken, and Chemo-Sero -Therapeutic Research Institute.

All four manufacturers produced the vaccines in 1 mL vials. Chemo-Sero's vaccine contains phenoxyethanol and other three manufacturers' vaccines contain thimerosal as preservatives. In addition to the 1 mL vials, Chemo-Sero produced the vaccine in 10 mL vials and Kitasato Institute produced thimerosal-free vaccine in prefilled syringe for one dose (0.5 mL), both vaccines have been on the market during last 6 months.

In Japan, influenza epidemic started in September 2009 and ended in February 2010. Almost all of influenza virus isolated during this epidemic were A(H1N1)2009. (Table 1)

During this influenza season 195 person died of influenza. Population of Japan is 127,771,000. Therefore 1.53 out of 1 million people died of influenza during this flu season.

As of February 8, 2010, on the other hand, 22,070,000 (17% of total population) received A(H1N1)2009 inactivated split monovalent vaccines. As of February 16, 2010, 126 vaccinees died after receiving the A(H1N1)2009 inactivated split monovalent vaccines. Therefore, 5.71 per 1 *million people died after receiving A(H1N1)2009 vaccines*.

Table 2 depicts intervals between vaccination and onset of the diseases directly connected with deaths. Seventy-six per cent (96/126) of the fatal diseases occurred within 4 days after vaccination. This suggests that the death might be related with administration of influenza vaccines in most of the cases. *Death rate after vaccination* (5.71/million dose) was 3.7 *times more frequent than death rate by natural infection with influenza* (1.53/million population).

One hundred and nineteen cases of *anaphylactic reactions* after receiving A(H1N1)2009 inactivated split monovalent vaccines have been reported. Fifty one cases out of 119 (43%) had history of some kind of *allergic diseases* such as bronchial asthma, food allergy, drug allergy, allergic rhinitis, etc. Although patients with bronchial asthma or allergic diseases are among high risk groups of infection with influenza virus, those patients are inclined to suffer from severe adverse reactions of influenza immunization. *They are at high risk to influenza vaccination itself*!

In last fall four Japanese manufacturers were in the process of producing a total of 54,000,000 doses of A(H1N1)2009 inactivated split monovalent vaccines (without adjuvant). The total price of Japanese vaccines was 25,900 million yen (288 million US dollars). Price for one dose of Japanese vaccines was 480 yen (5.3 US dollars, when 90 yen was one US dollar).

In October 2009 Japanese Government contracted with GlaxoSmith Kline and Novartis Pharma to import 74,000,000 doses and 25,000,000 doses of vaccines, respectively, i.e., 99,000,000 doses in total. These foreign vaccines were Influenza A(H1N1)2009 monovalent vaccines with adjuvant, which is oil in water emulsion, even though Japan does not have any experience with the vaccines with oil in water adjuvant whatsoever. The price of vaccines of those two manufacturers was 112,600 million yen, (1,251 million US dollars). Price for one dose of imported vaccines was 1,137 yen, which was 2.4 times higher than price of Japanese vaccines.

Altogether, Japanese government prepared a total of 153 million doses of vaccines for 128 million population. As of 2010/ 05 week, 43,279,320 doses of vaccines were delivered and 22,066,750 doses of vaccines were injected. Therefore 32,000,000 doses of Japanese vaccines are sleeping at storage spaces somewhere in Japan.

On January 25, 2010 Japanese Minister of Health Labour and Welfare, Mr.Nagatsuma announced at the parliament that Japanese government was negotiating with 2 foreign vaccine manufacturers to re-evaluate the contract and to cancel the order partially. On February 12, distribution of foreign vaccines started but as little as 135 doses were requested from all over Japan. Now foreign vaccines are arriving batches after batches. Japanese government is getting the bits from Japanese vaccine manufacturers about the price of storing the foreign vaccines. The imported vaccines will be stored until they expire. Since the vaccines are governmental propriety, they cannot be discarded before they expire and should be stored in good condition.

Table 1. Influenza surveillance (number of influenza patients per doctor per week), Estimated number of vaccine doses, Reported number of adverse reactions, Deaths.
Table 2. Intervals between vaccination and onset of the diseases.
Table 3. Cumulative number of delivered vaccines and injected vaccines (Japanese vaccines only).
Data are here: => https://www.kyoto.med.or.jp/infection/pdf/21chi3_296.pdf
https://nk.jiho.jp/sites/default/files/nk/document/import/201002/1226552429957.pdf

Current situation and prospect on Influenza A (H1N1) 2009 vaccine in Japan
KUNO SAKAI Harumi, KIMURA Mikio 臨床とウイルス 38 (1), 3-54, 2010-01-31

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どうなる今冬のインフルエンザワクチンWHOによる ...
by 堺春美 · 2010 · Cited by 1 — 書誌事項. タイトル別名. **Current situation and prospect on Influenza A (H1N1) 2009 vaccine in Japan**. この論文をさがす. 医中誌 · CiNii Books. 収録...

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E mail clin.virol@nifty.com

Last spring, WHO recommended administration of two doses of A(H1N1)2009 monovalent vaccines and strongly recommended the use of vaccines with adjuvant and the cold adapted live attenuated vaccine. This forced governments of European countries to buy large amount of vaccines. However, *acceptance rates of the vaccines were as low as 5 % in Germany and around 10% in other European countries*. By the end of the year of 2009, European countries were suffering from large surplus of A(H1N1)2009 monovalent vaccines with adjuvant. Some countries tried to sell off flu vaccines, others scrapped the vaccines, and still others cancelled partially the order or returned the unused vaccines.

On January 12, 2010 Mr. Wolfgang Wodark announced the motion to initiate European Parliament investigation into WHO about swine flu “false pandemic”, which was the result of allegations of conflict of interest on the part of WHO. Even now WHO is insisting that influenza A(H1N1)2009 is in the pandemic status.

臨床とウイルス Clinical Virology Vol. 38 No. 1 2010

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Clinical Virology Volume 38 No.1, 3-54, 2010, revised March 7, 2010

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https://blog.goo.ne.jp/gadamski/e/28474b7ab42c1656871d7e3509923af7/?st=0

https://www.scribd.com/doc/48805312/Influenza-a-2009-Vaccine

〔論文要旨〕

日本では，2010年１月までに，インフルエンザ（A(H1N1)2009）[注1]に罹患して死亡したのは146人．死亡率は人口100万あたり1.14．一方，A(H1N1)2009＜単価ワクチン＞接種を受けたのは1,647万人，死亡は107例．接種を受けた人の死亡率は100万あたり6.5，自然感染による死亡率の5.7倍であった．

A(H1N1)2009＜単価ワクチン＞接種で，アナフィラキシー例が101例報告され，そのうちの49例 49%にアレルギー性疾患の既往歴があった．アレルギー性疾患，気管支喘息はインフルエンザに罹患すると重症化しやすいハイリスク者であるが，ワクチンで重症なアレルギー反応を起こす可能が高い「ワクチンのハイリスク者」でもある．2010年１月から幼児，学童，中高校生への A(H1N1)2009＜単価ワクチン＞接種が開始されるが，若年者には喘息などのアレルギー疾患を有するものが多い．学童接種で多数を対象に接種をすれば，重症副反応例，死亡例が出ることが懸念される．今シーズン A(H1N1)2009の流行は既に終焉した．（表１）[1]，最早幼児，学童，中高生，成人，高齢者へのワクチン接種は単に副反応例の蓄積を招くだけとなることが否定できない．

2009年10月に日本政府はアジュバント添加 A(H1N1)2009＜単価ワクチン＞をグラクソスミスクライン社（GSK）とノバルティスファーマ２社合わせて1,126億円で購入する契約を締結した．両社のアジュバント（oil in water emulsion）添加 A(H1N1)2009＜単価ワクチン＞はわが国での使用経験が全くないが，ヨーロッパ諸国で重症副反応例，死亡例が多発して社会問題化している．わが国の健常者にはこの輸入ワクチンが割り当てられる方針であるが，接種対象者7,250万人の19～64歳健常者に一斉に接種を行えば，多数の重症副反応例，死亡例が発生することが強く懸念される．A(H1N1)2009＜単価ワクチン＞は任意接種であるとはいえ，ワクチンを独占的に購入し，肉牛同様厳密なトレーサビリティの下，優先順位の厳守を各都道府県に通知する方針をたて，国家統制を行った行政の責任はのがれられないであろう．

欧州各国では，接種率の低さからワクチンが大量に余り，転売，製薬会社との売買契約解除の動きが加速している．WHO が２回接種を推奨したため，各国が必要量の２倍のワクチンを発注したことも背景にあり，欧州各国は WHO に対する批判を強めている．2010年１月12日 WHO と新型インフルエンザ

* * *

表１　インフルエンザ様疾患定点当たり報告数（感染症発生動向調査），新型インフルエンザワクチン推定接種者数（回分），副反応報告数，うち重篤例報告数，死亡報告数[1]

2009/月/日	週	定点当たり患者報告数	推定接種者数	副反応報告数	うち重篤報告数	
					重症副反応	死亡
8/31－9/6	第36週	2.62				
9/7－9/13	第37週	3.21				
9/14－9/20	第38週	4.95				
9/21－9/27	第39週	4.25				
9/28－10/4	第40週	6.40				
10/5－10/11	第41週	12.92				
10/12－10/18	第42週	17.65				
10/19－10/25	第43週	24.62	864,862	318	25	1
10/26－11/1	第44週	33.28	711,088	378	27	0
11/2－11/8	第45週	32.76	523,169	207	23	3
11/9－11/15	第46週	35.15	2,502,707	146	22	9
11/16－11/22	第47週	38.89	1,416,579	488	124	57

THE FLU CASE

Harumi Kuno-Sakai reports on Japan's swine flu vaccination campaign
in Clinical Virology

The Flu Case, 9 March 2010
https://web.archive.org/web/20100325184643/http://www.theflucase.com/index.php?option=com_content&view=article&id=2961%3Aharumi-kuno-sakai-reports-on-japans-swine-flu-vaccination-campaign-in-clinical-virology&catid=1%3Alatest-news&Itemid=64&lang=en

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None of Japanese people has received imported A(H1N1)2009 vaccines, such as GlaxoSmith Klein's Pandemrix/Arepanrix or Novartis Pharma's Focetria. *Japan is using totally made-in-Japan inactivated influenza HA vaccine without adjuvant*, i.e., A(H1N1)2009 inactivated split monovalent vaccines (without adjuvant), which were made by four Japanese manufacturers, i.e., *Research Foundation for Microbial Diseases of Osaka University*, *Kitasato Institute*, *Denka Seiken*, and *Chemo-Sero -Therapeutic Research Institute*.

All four manufacturers produced the vaccines in 1 mL vials. Chemo-Sero's vaccine contains phenoxyethanol and other three manufacturers' vaccines contain thimerosal as preservatives. In addition to the 1 mL vials, Chemo-Sero produced the vaccine in 10 mL vials and Kitasato Institute produced thimerosal-free vaccine in prefilled syringe for one dose (0.5 mL), both vaccines have been on the market during last 6 months.

In Japan, influenza epidemic started in September 2009 and ended in February 2010. Almost all of influenza virus isolated during this epidemic were A(H1N1)2009. (Table 1) During this influenza season 195 person died of influenza. Population of Japan is 127,771,000. Therefore **1.53** out of 1 million people died of influenza during this flu season. As of February 8, 2010, on the other hand, 22,070,000 (17% of total population) received A(H1N1)2009 inactivated split monovalent vaccines.

As of February 16, 2010, **126** *vaccinees died* after receiving the A(H1N1)2009 inactivated split monovalent vaccines. Therefore, **5.71** per 1 million *people died after receiving A(H1N1)2009 vaccines*.

Table 2 depicts intervals between vaccination and onset of the diseases directly connected with deaths. Seventy-six per cent (96/126) of the fatal diseases occurred *within 4 days after vaccination*. This suggests that the death might be related with administration of influenza vaccines in most of the cases. Death rate after vaccination (5.71/million dose) was 3.7 times more frequent than death rate by natural infection with influenza (1.53/million population).

One hundred and nineteen cases of anaphylactic reactions after receiving A(H1N1)2009 inactivated split monovalent vaccines have been reported. Fifty one cases out of 119 (43%) had history of some kind of allergic diseases such as bronchial asthma, food allergy, drug allergy, allergic rhinitis, etc. Although patients with bronchial asthma or allergic diseases are among high risk groups of infection with influenza virus, those patients are inclined to suffer from severe adverse reactions of influenza immunization. They are at high risk to influenza vaccination itself!

In last fall four Japanese manufacturers were in the process of producing a total of 54,000,000 doses of A(H1N1)2009 inactivated split monovalent vaccines (without adjuvant). *The total price of Japanese vaccines* was 25,900 million yen (288 million US dollars). Price for one dose of Japanese vaccines was 480 yen (5.3 US dollars, when 90 yen was one US dollar). In October 2009 Japanese Government contracted with GlaxoSmith Kline and Novartis Pharma to import 74,000,000 doses and 25,000,000 doses of vaccines, respectively, i.e., 99,000,000 doses in total. These foreign vaccines were Influenza A(H1N1)2009 monovalent vaccines with adjuvant, which is oil in water

emulsion, even though Japan does not have any experience with the vaccines with oil in water adjuvant whatsoever. The price of vaccines of those two manufacturers was 112,600 million yen, (1,251 million US dollars). Price for one dose of imported vaccines was 1,137 yen, which was 2.4 times higher than price of Japanese vaccines.

Altogether, Japanese government prepared a total of **153** million doses of vaccines for **128** million population. As of 2010/ 05 week, 43,279,320 doses of vaccines were delivered and 22,066,750 doses of vaccines were injected. Therefore 32,000,000 doses of Japanese vaccines are sleeping at storage spaces somewhere in Japan.

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Table 1. ***Influenza surveillance*** (number of influenza patients per doctor per week), Estimated number of vaccine doses, Reported number of adverse reactions, Reported number of Deaths

2009／月／日	週	定点当たり患者報告数	推定接種者数	副反応報告数	うち重篤報告数	
					重症副反応	**死亡**
2009／M／D	W	Number of influenza patients per doctor per week	Estimated number of vaccine doses	Reported number of adverse reactions	**Severe cases**	
					Severe adverse reactions	**Deaths**
2009/8/31 - 9/6	**36**	2.62				
2009/9/ 7 - 9/13	**37**	3.21				
2009/9/14- 9/20	**38**	4.95				
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2009/9/28-10/ 4	**40**	6.40				
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2009/10/19-10/25	**43**	24.62	864,862	318	25	**1**
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200911/ 2-11 /8	**45**	32.76	523,196	207	23	**3**
2009/11/ 9-11/15	**46**	35.15	2,502,707	146	22	**9**
2009/11/16-11/22	**47**	38.89	1,416,579	488	124	**57**
2009/11/23-11/29	**48**	39.63				
2009/11/30-12/ 6	**49**	31.82	3,304,098	137	32	**14**
2009/12 /7-12/13	**50**	27.39	880,028	157	33	**12**
2009/12/14-12/20	**51**	22.44	4,716,269	100	16	**6**
2009/12/21- 12/27	**52**	19.63	1,552,976*	70**	13**	**5****
Summary			**16,471,803**	**2,001**	315	**107**

* : 12/21 – 12/28
**: 12/21 – 1/5

Table 2. ***Intervals*** between vaccination and onset of the diseases

Table 3. ***Cumulative number*** of delivered vaccines and injected vaccines (Japanese vaccines only)
Year/Week: Cumulative number of delivered doses => Cumulative number injected doses
2009/ 41: 1,180,000
2009/ 42: 1,180,000
2009/ 43: 2,536,000 => 864,862
... ... => ...

2010/ 04: 43,279,320 => 21,457,632
2010/ 05: **43,279,320** => **22,066,750**
2010/ 06: 43,279,320 => 00
2010/ 07: 44,001,320 => 00
2010/ 08: **44,112,320** => 00

Last spring, WHO recommended administration of two doses of A(H1N1)2009 monovalent vaccines and strongly recommended the use of vaccines with adjuvant and the cold adapted live attenuated vaccine. This forced governments of European countries to buy large amount of vaccines. However, acceptance rates of the vaccines were as low as 5 % in Germany and around 10% in other European countries. By the end of the year of 2009, European countries were suffering from large surplus of A(H1N1)2009 monovalent vaccines with adjuvant. Some countries tried to sell off flu vaccines, others scrapped the vaccines, and still others cancelled partially the order or returned the unused vaccines.

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Ministry of
Social Affairs and Health

Suomeen tullut 4,2 miljoonaa rokoteannosta

STMfi, 1 February 2010, 13:21
https://stm.fi/en/-/suomeen-tullut-4-2-miljoonaa-rokoteannosta

Sosiaali- ja terveysministeriö ja Terveyden ja hyvinvoinnin laitos tiedottavat

Suomeen on tullut tähän mennessä 4,2 miljoonaa sikainfluenssarokotetta. Viimeisin Suomeen saapunut, 1,4 miljoonan rokoteannoksen erä jaetaan kunnille tällä viikolla. Loput 1,1 miljoonaa rokotetta saapunevat lähiviikkoina.

Suomessa sikainfluenssatilanne on pysynyt rauhallisena, vaikkakin tartuntoja vielä esiintyy. Sikainfluenssaepidemian toinen aalto rantautuu Suomeen todennäköisesti viimeistään ensi syksynä. Hyvällä rokotuskattavuudella pystytään jopa estämään uuden epidemian puhkeaminen. Tähän mennessä arviolta noin kaksi miljoonaa suomalaista on jo käynyt rokotuttamassa itsensä. Sikainfluenssarokotuksen ottamista suositellaan edelleen kaikille. Varsinkin rokottamattomien riskiryhmiin kuuluvien henkilöiden kannattaa ottaa rokotus, vaikka käynnissä ovatkin terveen aikuisväestön rokotukset.

Sosiaali- ja terveysministeriö suosittelee kunnille, että rokotukset suoritettaisiin ripeästi ja joustavasti loppuun. Rokotusten erityisjärjestelyt voitaisiin siten purkaa maaliskuun loppuun mennessä ja palata terveydenhuollossa normaaliin päiväjärjestykseen. Tämänkin jälkeen rokotetta on syytä tarjota normaalisti terveydenhuollossa varsinkin aiemmin rokottamattomille riskiryhmiin kuuluville, kuten raskaana oleville, sikainfluenssan vakaviin tautimuotoihin altistaville perussairauksia sairastaville ja yli 6-kuukautisille pikkulapsille.

Työterveyshuollot ovat mukana rokotuskampanjassa ja edelleen työnantajat voivat sopia työntekijöidensä rokottamisesta työterveyshuoltonsa kanssa. Rokotuksista on saatavissa tietoa muun muassa Terveyden ja hyvinvoinnin laitoksen verkkosivuilta www.thl.fi, kuntien verkkosivuilta ja terveyskeskuksista.

Yksi rokoteannos riittänee

Tämän hetken tiedon mukaan yksi rokoteannos riittänee antamaan kattavan suojan sikainfluenssaa vastaan niin lapsilla kuin aikuisillakin, eikä Euroopan lääketurvallisuusvirasto EMEA suosittele kahta rokotusannosta. Aiemman tiedon mukaan esimerkiksi lasten arveltiin tarvitsevan tehosterokotuksen.

Maassamme käytettävä sikainfluenssarokote on hyvin siedetty. Haittavaikutusten kirjo ja yleisyys eivät anna aihetta epäillä rokotteen turvallisuutta ja ne vastaavat yleisesti influenssarokotteilla todettuja haittavaikutuksia. Tavallisin haittaa aiheuttanut oire on pistosalueen paikallisreaktio. Kuumeen nousua, lihassärkyä ja väsymystä tai päänsärkyä ilmenee yli 10 prosentilla rokotetuista.

Sikainfluenssarokotteiden ottamiseen ajallisesti liittyviä oireita seurataan kaikissa rokotteita käyttävissä EU:n jäsenvaltioissa. Oireet raportoidaan Euroopan lääkevirastoon, jossa käydään läpi järjestelmällisesti epäiltyjä rokotteiden haittavaikutuksia ja joka julkaisee turvallisuusanalyysin viikoittain.

Kysy influenssasta puhelimen aukioloajoissa muutoksia. Kysy influenssasta -puhelin palvelee jatkossa arkisin kello 12-17. Puhelimesta saa vastauksia yleisiin sikainfluenssaa ja sikainfluenssarokotuksia koskeviin kysymyksiin. ...

Ministry of
Social Affairs and Health

Finland has received 4.2 million doses of vaccine
Ministry of Social Affairs and Health, Press Release

The Flu Case, 1/8 February 2010
https://web.archive.org/web/20100220013457/http://www.theflucase.com/index.php?option=com_content&view=article&id=2708%3Afinland-takes-delivery-of-42-million-swine-flu-jabs-for-qsecond-wave-probably-next-autumnq&catid=1%3Alatest-news&Itemid=64&lang=en

Finland has so far received 4.2 million doses of the swine flu vaccine. The 1.4 million doses that arrived recently will be distributed to municipalities this week. The rest of the vaccines, a total of 1.1 million doses, should arrive in a few weeks.

In Finland the swine flu situation has remained stable, although infections still occur. The second wave of the swine flu epidemic will probably arrive in Finland next autumn at the latest. Good vaccination coverage could prevent a new outbreak of the epidemic. So far around two million Finns have already been vaccinated. Vaccination against swine flu is still recommended to everyone. Especially the persons in the at-risk groups who have not yet been vaccinated should get the vaccine even though at present the vaccinations are targeted at the healthy adult population.

The Ministry of Social Affairs and Health recommends that municipalities complete the vaccinations swiftly and flexibly. The special vaccination arrangements could then be dismantled by the end of March, and a return to normality would be possible in health care. Even after this the health services should offer the vaccine as usual especially to persons in the at-risk groups who have not yet been vaccinated; these include pregnant women, persons with medical condition causing a risk of developing a serious illness, and children aged over six months.

Occupational health services have taken part in the vaccination campaign, and employers can still enter agreements to vaccinate their employees through the occupational health services. Information on the vaccinations is available at the National Institute for Health and Welfare webpage http://www.thl.fi/, the municipalities' own webpages, and the health centres.

Single dose should be enough The data available at present indicates that a single dose of the swine flu vaccine should be enough to immunise both children and adults against swine flu, and the European Medicines Evaluation Agency (EMEA) does not recommend two doses of vaccine. Earlier it was assumed that for example children would need a second dose.

The swine flu vaccine used in Finland is well tolerated. The range and prevalence of side effects do not give any reasons to suspect the safety of the vaccine and the side effects are similar to those of influenza vaccines in general. The most common side effect has been local reactions where the injection was given. Over 10 per cent of the vaccinated have experienced fever, muscle ache and fatigue or headache.

All the EU Member States using the swine flu vaccines follow up the symptoms that in temporal terms can be linked to the vaccination. The symptoms are, then, reported to EMEA, which systematically goes through the suspected adverse reactions to the vaccines and publishes a pharmacovigilance report every week.

Changes in the influenza hotline opening hours The influenza telephone hotline operates on weekdays from 12 to 17. The hotline answers general questions about swine flu and swine flu vaccinations. Advice regarding the health status of callers is not given via telephone. The telephone number of the service is 0800 02277 in Finnish and 0800 02278 in Swedish.

The telephone hotline has been in operation since the end of July. The number of calls has decreased in recent weeks to around 30 per day.

More information Merja Saarinen, Ministerial Counsellor for Health Affairs, Ministry of Social Affairs and Health, tel. (09) 160 74030
Tapani Melkas, Director, Ministry of Social Affairs and Health, tel. (09) 160 73886
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Tuija Leino, Senior Research Officer, National Institute for Health and Welfare, tel. 020 610 8787

Related links http://www.thl.fi/en_US/web/en/ah1n1v (National Institute for Health and Welfare)

Finnish Government's news subscription service:
http://www.valtioneuvosto.fi/maillists/registerToMaillists.do

Finnish Government's web service | www.government.fi | info@vnk.fi

THE FLU CASE

Finland takes delivery of 4.2 million swine flu jabs for "second wave probably next autumn"

The Flu Case, 8 February 2010, 15:06
https://web.archive.org/web/20100220013457/http://www.theflucase.com/index.php?option=com_content&view=article&id=2708%3Afinland-takes-delivery-of-42-million-swine-flu-jabs-for-qsecond-wave-probably-next-autumnq&catid=1%3Alatest-news&Itemid=64&lang=en

France and Switzerland are among the European countries to have declared the swine flu pandemic is almost over. But the Finnish government has taken delivery of 4.2 million swine flu vaccines in the expectation that there will be a second wave in autumn.

"The second wave of the swine flu epidemic will probably arrive in Finland next autumn at the latest," the government said in a press release without clarifying what is the scientific basis for this prediction or explaining how come the pandemic is over in other European countries close by but not in Finland.

An estimated two million Finns took the swine flu vaccine, according to the government.

THE FLU CASE

German govenrment gives incomplete answers to swine flu vaccine probe

The Flu Case, 4 February 2010 16:09
https://web.archive.org/web/20100220013410/http://www.theflucase.com/index.php?option=com_content&view=article&id=2693%3Agerman-govenrment-gives-incomplete-answers-to-swine-flu-vaccine-probe&catid=41%3Ahighlighted-news&Itemid=105&lang=en

German taxpayers will have to pay 238 million euros plus VAT or 7 euros plus VAT (8.33 euros) for each unused dose of a contingent of 34 million swine flu jabs , according to answers by the German government to questions tabled by German MPs from the Linke fraction.

The German government document dated January 20th gives unsatisfactory answers to the key issues raised by the mass swine flu vaccination campaign.
=> http://dip21.bundestag.de/dip21/btd/17/004/1700491.pdf

The govenrment revealed there were no clauses allowing for the cancellation of orders for pandemic vaccines in the contracts the government had sealed with pharmaceutical companies.

The states had only managed to reduce the swine flu vaccine order by using a clause taking into account the number of pandemic doses to be administered. In the end, one dose, not two, was recommended.

As a result, the states have to pay for 34 million swine flu jabs even if they are not going to be used.

In addition, it emerged that contracts the pharmaceutical companies have sealed with the individual German states will remain secret due to a „confidentiality“ clause.

Furthermore, the government said it had no precise information about how many people had taken the jab: estimates range between 2 million to 5.8 million people.

The Paul Ehrlich Institute’s estimate for the Pandemrix jab involved a span of between 4 to 5.8 million people as of December 12th 2009 - this, in spite of a requirement to keep track of the number of vaccinations given for an accurate assessment of the adverse events rections in proportion to the total number of vaccines administered.

Also, the *government said it knew about the financial links between the members of the govenrment’s vaccine advisory body* (STIKO) and pharmaceutical companies. But it claimed that STIKO members had acted impatially in recommending the untested and toxic swine flu vaccinations for a mild flu.

It referred to a WHO web page and the vote of a secretive International Health Regulations Emergency Committee – the names of whose members have not been made known – as evidence that WHO had acted transparently and had not influenced by the pharmaceutical companies in its decision to declare a pandemic level 6 emergency on June 11th 2009.

Also, the German government confirmed that it had begun preparing for a bird flu pandemic as early as 2002 with the establishment of a group of experts to prepare a national pandemic plan in spite of the fact there was no scientific basis for believing a bird flu pandemic was inevitable

The closest the world has come to a bird flu pandemic was in February 2009 when Baxter contaminated 72 kilos of vaccine material with the live bird flu virus and distributed it to 16 labs in four countries.

Furthermore, the government maintained that the safty of the Pandemrix vaccine for pregnant women had been proven in "practical" use in the last few weeks of the vaccination campaign with reference to the figures of the European Medicines Agency, which is two thirds funded by pharmaceutical companies.

In the same document (page 17. Answer to question 33), the government admits that clinical studies are the only way of accurately assessing adverse reactions but no clinical studies on the Pandemrix jab on pregnant women have been carried out.

It emerged that as of 12 January 2010 178 people have been confirmed by lab tests to have died from the swine flu but not clear how many had been vaccinated.

npr

Richard Knox

Flu Vaccine in America: Epidemic of Ambivalence

NPR, 5 February 2010, 3:05 PM ET
https://www.npr.org/sections/health-shots/2010/02/flu_vaccine_in_america_epidemi.html/

Right now my right deltoid is slightly tender from two needle pokes yesterday--one for swine flu, one for the seasonal flu.
The swine flu shots came eventually but there weren't many takers. (Thierry Zoccolan/AP)

A new government-funded flu poll reveals I'm among just one out of five adults to get vaccinated against swine flu. That's right, just 21 percent have done what I did, despite the biggest push ever to persuade Americans to get immunized.

Even among "high priority" adults--those with heart and lung disease, neurological conditions, HIV and other conditions that put that at risk of flu complications and death--the score isn't much higher. Just 28 percent of them are protected.

The season isn't over, of course. Another 13 percent of adults say they still intend to get vaccinated. But even if they follow through, three-fifths of adults will remain unvaccinated.

The record's better among children. Pandemic H1N1 has hit children unusually hard. Forty percent of parents say they've gotten their kids vaccinated and another 13 percent intend to. If they follow through, just over half of US children will have gotten vaccinated.

Why have so many Americans sat the pandemic out? Most people say it wasn't as serious as the government made out and didn't think they were at risk of serious illness. But among those who didn't seek vaccine and aren't sure they will, more than half say they're worried about the vaccine's safety.

But Americans are nothing if not ambivalent. A straight-on question about vaccine safety found only 15 percent who say it's unsafe. And when asked what the government should do about ordering vaccine, three in five say officials should buy enough for everyone and guarantee there's no shortage--even if that means a lot of leftover vaccine.

The poll is the eighth in a series conducted by Harvard researchers under contract with the Centers for Disease Control and Prevention.

Oh, and why did I decide to get flu shots in February? Well, I wasn't in any priority group urged to be first in line. I was at the doctor's office anyway. The shots were free. It's an excellent bet that the pandemic H1N1 will be in next fall's seasonal vaccine, so my immune system will be primed against it. And maybe H3N2, a component of the seasonal vaccine, will resurface. You never know.

THE FLU CASE

Use of Pandemrix among young people and elderly appears to be unauthorised in EU

The Flu Case, 9 February 2010, 11:30

https://web.archive.org/web/20100220013536/http://www.theflucase.com/index.php?option=com_content&view=article&id=2717%3Ause-of-pandemrix-among-young-people-and-elderly-appears-to-be-unauthorised-in-eu&catid=41%3Ahighlighted-news&Itemid=105&lang=en

EU and national regulators have allowed the Pandemrix swine flu vaccine to be given to young people and elderly even though the *vaccine is **not authorised** for use in these age groups*, according to the EU medicines regulator documents.

According to documents by the European Medicines Agency, Pandemrix was granted marketing authorisation in the EU in May 2008 with use being restricted to people between 18 and 60 years of age.

In spite of this restriction, Pandemrix has been given to children under 18 and the elderly in the course of the mass swine flu vaccine campaign launched this autumn after WHO declared a pandemic emergency.

In fact, children under 18 have been made priority groups for vaccination with Pandemrix by governments and WHO even though the use of Pandemrix in this group appears to be illegal.

The document CHMP Variation Assement Report Type II, Variation dated the 17th December 2009 contains the statement on page 2 that Pandemrix's marketing authorisation is restricted to subjects aged 18-60.

Every document on a list of variation procedures sent to me by the EMEA carries this statement as the introduction, even though most of the documents date from after Pandemrix was administered to children and the elderly..

https://web.archive.org/web/20100601073748/http://www.ema.europa.eu/humandocs/Humans/EPAR/pandemrix/pandemrixM2.htm

The role of the regulator is to enforce drug safety provisions.

However, it appears in this case that the EMEA has turned a blind eye as national governments, WHO and pharmaceutical companies have targetted young children with an unauthorised and potentially harmful vaccine.

The EMEA is two thirds funded by the pharmaceutical industry.

ACADÉMIE NATIONALE DE MÉDECINE

Pierre Bégué

Nouveau communiqué sur la grippe A (H1N1)v

MOTS-CLÉS : grippe, pandemie, vaccination, sante publique

Academie Nationale de Medicine, 9 février 2010
https://www.academie-medecine.fr/nouveau-communique-sur-la-grippe-a-h1n1v/

Rapports et communiqués
Nouveau communiqué sur la grippe A (H1N1)v

*Au nom de la Commission VII (Maladies infectieuses et médecine tropicale) et de la Sous-commission des Vaccinations**

En complément de son communiqué du 13 octobre 2009, l'Académie nationale de médecine fait les remarques suivantes Ã propos du déroulement de la campagne de vaccination contre la grippe A(H1N1)v, dont les bases sanitaires étaient justifiées :

· La communication médiatique intense et les propos alarmistes ont fait naître rapidement des doutes dans le public sur la réalité des dangers alors difficilement évaluables. Un tel excès risque d'émousser l'adhésion de la population en cas d'une nouvelle alerte de santé publique.

· La stratégie vaccinale imposée par le Ministère de la santé avec recours aux «centres de vaccination» s'est heurtée Ã des difficultés logistiques et psychologiques dans la population française, où la vaccination est assurée depuis longtemps Ã 90% par la médecine libérale (médecins généralistes et pédiatres). L'association d'emblée de ces praticiens de proximité au plan de vaccination aurait sensiblement amélioré l'adhésion de la population.

· Le choix entre une vaccination de masse et une vaccination ciblée pour les personnes Ã risques n'a pas fait l'objet d'un débat préalable. L'acquisition des vaccins aurait du se faire par étapes en fonction de l'évolution de la pandémie au sein de la population générale. La décision d'une vaccination de masse aurait dû être expliquée et justifiée.

· L'évolution actuelle de la pandémie est rassurante, mais un ou plusieurs rebonds ne peuvent être exclus, légitimant la poursuite de la vaccination.

· A la fin de cette première campagne, l'efficacité, les effets secondaires et le coût de la vaccination (H1N1)v devront être évalués avec précision.

L'Académie nationale de médecine considère que dans de telles circonstances une meilleure concertation entre les autorités sanitaires, les comités d'experts, l'industrie pharmaceutique, les sociétés savantes et les praticiens (généralistes et pédiatres) est indispensable et elle souhaiterait être associée Ã l'évaluation de cette vaccination

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3. HCSP. Actualisation de l'utilisation des vaccins pandémiques contre la grippe A(H1N1)v : Avis du 27 novembre 2009 http://hcsp.fr/avis

4. HCSP. Actualisation de la posologie des vaccins pandémiques contre la grippe A(H1N1)v 2009 actuellement disponibles en France : Avis du 11 décembre 2009. http://hcsp.fr/avis

5. Ministère de la Santé et des Sports. Quel vaccin utiliser contre le virus A(H1N1) 2009? Mise Ã jour du 14/12/09.www.sante-sports.gouv.fr/grippe.html

6. Ministère de la Santé et des Sports. Nouvelles recommandations sur la prise en charge des patients grippés (10 décembre 2009). www.sante-sports.gouv.fr/grippe.html

L'Académie, saisie dans sa séance du mardi 9 février 2010, a adopté le texte de ce communiqué moins sept contre et seize abstentions.

Pour copie certifiée conforme,
Le Secrétaire perpétuel, Professeur Jacques-Louis BINET 17/02/2010

* Constituée de: Membres Titulaires: Mme Brugère-Picoux, Mm. Bégué (Président), Denis, Frottier (Secrétaire), Girard, Laverdant, Le Minor, Parodi, Pilet, Rérat, Tiollais.

Membres Correspondants :Mme Choisy,Mm. Bazin, Bricaire, Chastel, Dubois G., Durand, Rey, Richard-Lenoble, Sansonetti.

Membres invités : MM. GENTILINI de THÉ.

** Membre de l'Académie nationale de médecine

THE FLU CASE

French Academy for Medicine fiercely criticises mass swine flu vaccination campaign

The Flu Case, 1 March 2010, 16:10

https://web.archive.org/web/20100525024504/http://www.theflucase.com/index.php?option=com_content&view=article&id=2874%3Afrench-academy-for-medicine-fiercely-criticises-mass-swine-flu-vaccination-campaign&catid=1%3Alatest-news&Itemid=64&lang=en

The French government has come in for criticism over its handling of the mass swine flu vaccination campaign from the country's prestigious National Academy for Medicine.

The Academy said the mass swine flu vaccination campaign was ill conceived, fraught with logistical problems and also counter productive in as far as it had led to more scepticism in the population about mass vaccination campaigns.

In a press release issued in the name of the Commission for Infectious Diseases and the Sub Committee on Vaccinations, the Academy accused the media and government of alarmism over the mild swine flu.

Furthermore, the Academy said that the decision to set up vaccination centers to administer the jab created logistical and pyschological problems. This was because people in France are used in nine cases out of ten to getting their vaccinations from GPs.

The Academy also raised concerns about the decision to mass vaccinate the entire population instead of just people who were at an especial risk, saying such a campaign needed a better justification and explanation.

Finally, the Academy called for a proper review of the effectiveness and the secondary effects of the vaccination as well as the cost of the vaccination campaign.

The San Diego Union-Tribune

Sanofi-Aventis Q4 profit up on swine flu vaccines

[Greg Keller]

San Diego Union-Tribune, 10 February 2010, 3:11 a.m. // 30 August 2016 at 6:34 a.m.

https://www.sandiegouniontribune.com/2010/02/10/sanofi-aventis-q4-profit-up-on-swine-flu-vaccines/

PARIS – Sanofi-Aventis reported a 10 percent increase in fourth quarter net profit Wednesday as strong sales of its swine flu vaccine drove full year earnings above expectations.

France's largest drug maker said net profit rose to euro1.8 billion ($2.5 billion) in the three months ending Dec. 31 from euro1.63 billion a year earlier.

The company, whose Sanofi Pasteur division is the world's biggest vaccines manufacturer, said the fourth quarter performance was lifted by a record rise – 64.6 percent – in revenue from its human vaccines business.

Sales of 100 million doses of pandemic vaccines last year helped lift earnings per share on an adjusted basis by 13.1 percent at constant exchange rates, above the 11 percent target Sanofi-Aventis had set in October.

Chief Executive Christopher Viehbacher, who took the reins at Sanofi-Aventis early last year, said in a statement that "major steps have already been achieved in strengthening our growth platforms and reinforcing our R&D pipeline while delivering a double-digit EPS growth."

Since taking the helm, Viehbacher has led a program to help the company take on generic competition and replace aging blockbuster drugs with new treatments.

The company spent euro6.6 billion last year in 33 new partnerships and acquisitions, including Chattanooga, Tenn.-based consumer healthcare products maker Chattem Inc. and Brisbane, California-based biopharmaceutical company BiPar Sciences.

Sanofi-Aventis is also narrowing its research focus to fewer disease areas, something top competitors including Pfizer Inc. and Merck & Co. have already done.

Sales of what Sanofi-Aventis calls its eight "flagship" drugs slid 8.6 percent in the fourth quarter, as generic competition nearly wiped out sales of its Eloxatin cancer treatment, and also hurt its Plavix blood thinner.

For the full year, Sanofi-Aventis' net profit grew 18 percent to euro 8.5 billion, on sales of euro 29.3 billion.

By 2013, Sanofi-Aventis aims to be less dependent on the classical patent-protected blockbusters such as Plavix and Lovenox, as the company leans more heavily on five markets where it sees the most growth: vaccines, diabetes products, emerging markets, over the counter medicines, Japan, and new treatments.

Sanofi-Aventis shares rose 21 percent in 2009, but have slid back 6 percent since the start of the year as stock markets have become more volatile in recent weeks on over the strength and sustainability of the global economic recovery.

Sanofi-Aventis shares fell 0.2 percent to euro 52.59 in early tradinng Wednesday.

The French drug maker's earnings were "roughly in line with what we expected, driven by the swine flu vaccine," said Dominic Valder, pharmaceutical industry analyst at Evolution Securities in London.

"Their forecast for 2-5 percent earnings per share growth this year is what we have in our numbers already, but these might go up on dollar appreciation," Valder added. Last year Sanofi-Aventis' revenue in the United States rose 2.8 percent to euro 9.4 billion.

Queensland Government
The Queensland Cabinet and Ministerial Directory

Paul Lucas
The Honourable, Deputy Premier and Minister for Health

School Swine Flu Vaccine Program set to Roll Out

Media Statements, 10 February 2010
https://web.archive.org/web/20190207104216/http://statements.qld.gov.au/Statement/Id/68429

Queensland is set to roll out a programme of school vaccination clinics for school children, their families and the public, Deputy Premier and Minister for Health Paul Lucas announced today.

The Panvax® H1N1 vaccine will be provided through clinics held in each Queensland State high school, through a collaborative effort between Queensland Health and Education Queensland.

In September 2009 the vaccine was registered for use in people aged 10 years and over, and in *December approval was extended to give the vaccine to everyone above the age of 6 months*.

This vaccine has been shown to be safe and effective in both adults and children.

Mr Lucas said the clinics would operate on a Saturday or Sunday, with the vaccine to be available not only to all Queensland schoolchildren, but all members of their family and any other member of the public who wishes to be vaccinated for free.

“As a parent I know there are some things we just can’t protect our kids from – no matter how hard we try,” Mr Lucas said.

“That’s why, where medical science means we can protect them, especially from things like preventable diseases, that we owe it to our kids to do so.”

“Through this initiative the Bligh Government is helping to ensure the swine flu vaccine is now even more accessible for Queensland children and their families.

“This is in addition to the vaccine already being available through GP clinics and community health clinics.

“Over 550,000 Queenslanders are now reported to have received the vaccine – around 13 per cent of the State’s population.

“But that also means some 87 per cent of the State’s population has not.

“With schools now returned for the year, there is a great opportunity to redouble our efforts to vaccinate both children and their families through this school-based clinic program,” he said.

Parents of children in Queensland schools will soon receive a letter from the Chief Health Officer providing advice about the vaccination and giving details of the clinics that will be held in high schools in their area.

Information on clinics will also be available from schools, childcare centres and the Queensland Health Call Centre, 13HEALTH, when details have been finalised.

The first clinics will start from February 27 and will be completed by the end of Term 1.

Mr Lucas said the swine flu pandemic had continued throughout the Northern Hemisphere, demonstrating Queenslanders could not become complacent about vaccination.

"We know many countries in the northern hemisphere have suffered a second wave of the pandemic during the winter flu season and globally the World Health Organization has now reported nearly 15,000 deaths from this disease," Mr Lucas said.

"Their experience in terms of illnesses, hospitalisations and deaths has been similar to ours' last year.

"Expert advice from world and national health authorities is that a second wave of the pandemic is likely to occur in Australia, and that it will appear in April or May this year.

"During the first wave of the pandemic last year, nearly 12,000 Queenslanders were confirmed with the disease, over 1,200 people were hospitalised and 163 were admitted to intensive care.

"Sadly, 41 Queenslanders died, many of them in vulnerable groups but some 30 percent with no known risk factors.

"Additionally, young children under 5 years of age had the highest rate of hospitalisation due to Pandemic (H1N1) influenza of all age groups.

"The impact of a second wave can be greatly reduced if Queenslanders are vaccinated.

"I urge all Queensland families to take advantage of this opportunity to get vaccinated," he said.

Ends.

MEDIA: 0458 449 267

THE FLU CASE

Queensland, Australia, to set up swine flu jab clinics in schools

The Flu Case, 12 February 2010

https://web.archive.org/web/20100220013714/http://www.theflucase.com/index.php?option=com_content&view=article&id=2737%3Aqueensland-australia-to-set-up-swine-flu-jab-clinics-in-schools-&catid=1%3Alatest-news&Itemid=64&lang=en

Agence de la santé publique du Canada | Public Health Agency of Canada | Canada

AGENCE DE LA SANTÉ PUBLIQUE du CANADA
www.santepublique.gc.ca

Rapport de surveillance du vaccin
Les effets secondaires suivant l'immunisation

ASPC, PHAC, 11 février 2010
https://web.archive.org/web/20100412091431/http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/addeve-fra.php

La deuxième vague de grippe H1N1 est en déclin, et le nombre de doses de vaccin contre la grippe H1N1 administrées a diminué. Le prochain rapport de surveillance du vaccin sera donc affiché au cours de la première semaine de mars.

Tous les vaccins homologués au Canada font l'objet d'essais d'innocuité rigoureux. L'utilisation du vaccin contre la grippe H1N1 a été autorisée en fonction de données d'essais cliniques préliminaires, et le vaccin continue de faire l'objet de surveillance et d'essais à mesure qu'il est administré partout au pays.

L'Agence de la santé publique du Canada (ASPC) et Santé Canada, en collaboration avec les provinces et les territoires, la Société canadienne de pédiatrie et un réseau de chercheurs, surveillent activement les effets secondaires consécutifs à l'administration du vaccin contre la grippe H1N1 au Canada. Il s'agit d'un élément essentiel de la stratégie du gouvernement du Canada en matière d'innocuité des vaccins, qui sert à établir des rapports réguliers sur l'innocuité du vaccin contre la grippe H1N1.

...

Analyse

Jusqu'à présent, l'examen détaillé des données de surveillance confirme toujours l'innocuité du vaccin.

- Les 250 cas graves signalés, autres que les cas d'anaphylaxie décrits ci-dessous, ne révèlent pas de tendance particulière pour les effets secondaires. Treize décès ont été déclarés jusqu'à présent et font l'objet d'une enquête.

- Aucune donnée recueillie jusqu'à maintenant ne remet en doute l'innocuité du vaccin contre la grippe H1N1 donné aux femmes enceintes. La plupart des effets secondaires signalés étaient bénins, et le nombre de pertes fœtales est de loin inférieur au nombre de pertes fœtales auquel on peut s'attendre chez autant de femmes enceintes.

- Vingt-six cas de syndrome de Guillain-Barré (SGB) ont été signalés jusqu'à maintenant (1,0 cas par million de doses distribuées). Les cas déclarés à la suite de l'administration du vaccin contre la grippe H1N1 font toujours l'objet d'une enquête.

- Le SGB est une maladie aiguë qui se caractérise par une faiblesse ou une paralysie soudaine (voir la foire aux questions sur le syndrome de Guillain-Barré). Au Canada, on enregistre chaque année de 600 à 700 nouveaux cas de SGB. La maladie peut apparaître à la suite d'une infection causée par une bactérie d'origine alimentaire, d'une infection respiratoire, notamment une infection d'allure grippale, et d'interventions chirurgicales. Depuis 1997, au cours de 12 campagnes annuelles de vaccination contre la grippe saisonnière, on a enregistré un total de 79 cas de SGB à la suite de l'administration du vaccin contre la grippe. Le risque d'être atteint du syndrome de Guillain-Barré

(SGB) après vaccination contre la grippe est d'au plus un cas supplémentaire par million de doses administrées. En fait, les Canadiens risquent bien davantage d'être atteints du SGB par suite d'une grippe qu'après avoir reçu un vaccin contre la grippe.

- Selon les données de surveillance canadiennes et internationales des cas de SGB consécutifs à l'immunisation, l'administration du vaccin contre la grippe H1N1 n'a suscité aucune inquiétude relativement à ce syndrome.

- Plus de la moitié des cas d'effets secondaires graves signalés, soit 131, étaient des cas de réactions anaphylactiques. Aux fins des déclarations, on utilise la définition type d'anaphylaxie publiée par la Brighton Collaboration. Le nombre de déclarations correspond aux cas qui ont été examinés par les autorités de santé publique fédérales, provinciales et territoriales et qui atteignaient un niveau élevé de certitude diagnostique.

- La fréquence globale des cas d'anaphylaxie suivant l'immunisation contre la grippe H1N1 est de 0,52 cas par 100 000 doses distribuées, un taux qui n'excède pas les limites normales observées après toute vaccination..

- L'un des cas d'anaphylaxie signalés plus tôt au cours de la vaccination de masse a été fatal et fait l'objet d'une enquête. Dans les autres cas, les sujets ont été traités et se sont rétablis.

- Plus de 500 cas de réactions allergiques bénignes consistant en divers signes et symptômes ont été signalés à l'ASPC. Dans la plupart des cas, ces réactions sont apparues dans les minutes suivant la vaccination et ont été rapidement traitées par le personnel des cliniques.

THE IRISH TIMES

Carl O'Brien

Almost 1,000 reactions to flu jab

Irish Times, 12 February 2010
https://www.sott.net/article/241492-Almost-800-adverse-reactions-to-swine-flu-vaccine-identified

Almost 1,000 reported cases included vomiting or diarrhoea, fever, swollen glands and injection-site swelling

The Swine flu vaccine caused almost 1,000 suspected adverse reactions last year, more than any other vaccine or medicine over the past five years.

However, health authorities insist the vaccine is safe and that the balance of risk and benefits for the vaccine remains positive.

The Irish Medicines Board (IMB) says the most frequently reported reactions for the vaccine have been relatively mild injection-site reactions (such as swelling), gastrointestinal problems (such as vomiting or diarrhoea) and flu-like symptoms (such as fever and swollen glands).

The Irish Times requested a breakdown of the drugs or vaccines responsible for the highest number of adverse reactions from the IMB under the Freedom of Information Act over the past five years.

The data shows there were about 11,500 adverse reaction reports for drugs or vaccines submitted to health authorities between 2005 and the end of 2009.

The number of adverse reactions does not necessarily represent the risk profile of each drug or vaccine, as figures for the number of people using each drug are not available. Also, it does not provide a breakdown of the number of serious or mild adverse reactions.

The figures show that the anti-psychotic drug Clozapine, also known as Clozaril, ranks second-highest in the number of adverse reactions (883).

Common adverse effects of the drug include dizziness, rapid heartbeat, constipation, excess saliva production and weight gain.

Another drug used to treat psychosis, which has attracted a relatively high number of adverse reactions, is Risperidone (154), which is more commonly known as Risperdal.

The childhood combination vaccines, which includes jabs for whooping cough, measles, mumps and rubella, ranked third highest (722) in the number of adverse reactions.

Again, health authorities insist the vaccine is safe and that most adverse reactions are mild, such as swelling, redness or fever.

Paracetamol (715), one of the most commonly used pain killers, is sometimes associated with minor issues such as hives, rashes or – if taken at high levels over a prolonged period of time – kidney damage.

Lipitor, also known as Atorvastatin, was linked to 225 adverse reactions. Studies show these typically range from joint pain and stomach upset to more serious issues such as severe muscle problems.

A spokesperson for the IMB said adverse reaction reporting rates were influenced by the seriousness of the reactions, their ease of recognition and the extent of use of a particular medicine.

In addition, reporting rates are also influenced by campaigns aimed at healthcare professionals to submit reports on specific drugs or vaccines, often as part of ongoing post-marketing surveillance.

Publicity about a particular medicine or its safety may also lead to increased reporting.

The two swine flu vaccines available in Ireland since November – GlaxoSmithKline's Pandemrix and Baxter's Celvapan – have been subjected to a particular vigilance.

In the first two months of 2010, more than 400 additional adverse reactions had been recorded, meaning that the overall total tops 1,400.

Adverse Reactions

Drugs or vaccines with the most adverse reactions between 2005 and 2009:

1. H1N1 vaccine: 934 (Swine flu vaccine.)

2. Clozapine: 883 (Anti-psychotic drug, also known as Clozaril.)

3. Childhood combination vaccines: 722 (Typically the six-in-one to prevent diseases such as diphtheria, tetanus, etc.)

4. Paracetamol: 715 (Pain killer.)

5. Atorvastatin: 225 (Lowers blood cholesterol, also known as Lipitor.)

6. BCG vaccine: 207 (A vaccine to protect against tuberculosis.)

7. Adalimumab: 170 (A medication for the treatment of rheumatoid arthritis, also known as Humira.)

8. Varenicline: 155 (Anti-smoking drug, also known as Champix.)

9. Venlafaxine: 155 (Anti-depressant, also known as Efexor.)

10. Risperidone : 154 (Anti-psychotic medicine, also known as Risperdal.)

Source: Irish Medicines Board

Carl O'Brien

Almost 1,000 reactions to flu jab

Signs of the Times 2 March 2010
https://www.sott.net/article/241492-Almost-800-adverse-reactions-to-swine-flu-vaccine-identified

THE FLU CASE

Is the use of the Pandemrix swine flu jabs in children illegal?

The Flu Case, 17 February 2010, 14:12
https://web.archive.org/web/20100219081651/http://www.theflucase.com/index.php?option=com_content&view=article&id=2761%3Ais-the-use-of-the-pandemrix-swine-flu-jabs-in-children-illegal&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The Pandemrix swine flu vaccine does not appear to have been given the standard authorisation for use in the under 18 age group by the European Medicines Agency (EMA), the EU drug regulator, and it is not clear whether its use in these age groups is legal.

Pandemrix received a marketing authorisation as a so-called 'mock-up vaccine' in May 2008 with use restricted to the age groups 18-60.

A press officer from the EMA said that GlaxoSmithKline's.Pandemrix was authorised without any age limitation on 30 September 2009 on the basis of a report by the Committee for Medicinal Products for Human Use (CHMP) submitted on 24 September 2009.

"The assessment report for Pandemrix, outlining the scientific rationale for the recommendation made on 24 September 09 is available here" – said the press officer. =>
http://www.ema.europa.eu/humandocs/PDFs/EPAR/pandemrix/Pandemrix-H-832-PU-17-AR.pdf

However, the positive opinion of the CHMP assessment report is restricted specifically to one on a change in the pandemic strain to A/California/07/2009 (H1N1), which is the update requested by GSK.

"On 22 September 2009 the Marketing Authorisation Holder (MAH) applied for a variation according to Article 8 of the Commission Regulation (EC) No. 1085/2003 in order to update to the composition of the strain of Pandemrix to those officially recommended by WHO and CHMP for the Pandemic Influenza A (H1N1)v, and this is the following: A/California/07/2009 (H1N1)v like strain (X-179A)"

In spite of requests, the EMA press officer has not supplied a CHMP document in which a positive opinion to give Pandemrix to children has been made. It is, therefore, not clear what the basis for changes in the production information suggesting that the Pandemrix vaccine can be given to children is.

The CHMP Assessment report for Pandemrix from September 24th contains data from only one study on children aged 3-9 years of age, and in which one child died highly likely due to the vaccine and there was a very high rate of adverse event reactions.

The study called H5N1-009-022/-023 and conducted in Spain was divided into three parts, phases A,B and C and evaluated full and half dose of the vaccine with the H5N1 Vietnam virus.

405 children were enrolled and 388 completed the study to D42.
One child died during phase C of the study, and the death was considered to be possibly linked to the Pandemrix vaccine, according to the CHMP report.

"In study H5N1-009 (-022/-23), no SAEs or deaths have been reported in phases A and B. In Phase C one subject in the AS03 group developed an AE of uveitis for which subsequent details specified a unilateral anterior chamber uveitis at 8 days after the second dose of the H5N1 vaccine, which was considered to have a potential causal relationship to vaccination."

Information about discontinuation due to adverse events in the trial 009 is omitted on page 57 and 58. It is, therefore, not clear whether any of the 17 subjects who discontinued the 009 trial did so because of adverse events in phase A and B or not.

The report does mention that in study 002 the only early discontinuation was due to the death that was "unrelated to the vaccine."

In study 008, three subjects dropped out due to severe adverse events.

The incidence of adverse events for children aged 6-9 years of age in phase A of study 009 who took the jab with the adjuvant AS03 was 96.1%.

The report says that the adverse events (AE) had a causal relation to the vaccination.

"The incidence of AE with causal relations to the vaccination in the subjects aged 6-9 years was 94.1%," it says on page 49 , that is to say, almost all children aged between 6-9 who took the jab suffered a side effect and this was due to the vaccine in almost every single case according to the phase B data.

"The incidence of AE with causal relationship to the vaccination in the subjects aged 6-9 years was 75.5% in the AS03 vaccine," the report says on phase B of the trial.

A vaccine can be authorised if the benefits are judged to outweigh its risks, but it is not clear how the death of at least one child highly likely due to the vaccine reported in the 009 study as well the high numbers of adverse events reactions can be considered to justify an authorisation on this basis as the risks appear to far outweigh potential benefits.

This appears to be the reason why the CHMP has skirted the issue altogether.

Since September 2009 a number of changes have been introduced to the Product Information for Pandemrix but it is not clear what the basis for these changes are when the CHMP has not issued a positive opinion.

http://www.ema.europa.eu/humandocs/PDFs/EPAR/pandemrix/emea-combined-h832en.pdf

"Further changes were recommended by the Agency's Committee for Medicinal Products for Human Use (CHMP) during its January 2010 meeting. While the transformation of the Committee's recommendations into a binding decision by the Commission is awaited, please see the recommended updates to the product information here:

http://www.ema.europa.eu/influenza/vaccines/pandemrix/pandemrix_pi.html," says the EMA press officer.

According also to information in the CHMP report from September 24th, the CHMP has not adopted a positive opinion on the use of the Pandemrix vaccine in children.

The only recommendation concerning children dates from September 1st and is to "include information supporting the introduction of paedatric datafrom study H5N1-009 (-022/023) in section 5.1 of the SPC for Pandemrix H1N1 on September 2009."

Without such a positive opinion and explicit recommendation, the use of Pandemrix for children might be illegal even by the EMA's own standards.

http://www.ema.europa.eu/humandocs/PDFs/EPAR/pandemrix/Pandemrix-H-832-PU-17-AR.pdf

1.2 Steps taken for the assessment of the product

The application was received by the EMEA on 2 February 2007.

Accelerated Assessment procedure was agreed-upon by CHMP on 14 December 2006.

The procedure started on 21 February 2007.

The Rapporteur's first Assessment Report was circulated to all CHMP members on 11 May 2007. The Co-Rapporteur's first Assessment Report was circulated to all CHMP members on 9 May 2007.

During the meeting on 22 May 2007, the CHMP agreed on the consolidated List of Questions to be sent to the applicant. The final consolidated List of Questions was sent to the applicant on 22 May 2007.

The applicant submitted the responses to the CHMP consolidated List of Questions on 31 October 2007.

The Rapporteurs circulated the Joint Assessment Report on the applicant's responses to the List of Questions to all CHMP members on 28 December 2007.

During a meeting of BWP Working Party on 14-15 January 2008, experts were convened to address the outstanding quality issues identified in the Joint response assessment report.

During the CHMP meeting on 24 January 2008, the CHMP agreed on a list of outstanding issues to be addressed in writing by the applicant.

The applicant submitted the responses to the CHMP list of outstanding issues on 31 January 2008.

The Rapporteurs circulated the Joint Assessment Report on the applicant's responses to the List of Outstanding issues to all CHMP members on 8 February 2008.

During a meeting of BWP Working Party on 11-13 February 2008, experts were convened to address the responses to the outstanding quality questions.

During the meeting on 18-21 February 2008, the CHMP, in the light of the overall data submitted and the scientific discussion within the Committee, issued a positive opinion for granting a Marketing Authorisation under exceptional circumstances to Pandemrix on 21 February. The applicant provided the letter of undertaking on the specific obligations and follow-up measures to be fulfilled post-authorisation on 19 February 2008.

On 29 May 2009 the CHMP adopted a positive Opinion on a type II variation (II-04) to update sections 4.2, 4.4, and 5.1 of the summary of product characteristics (SPC) to include the possibility of administering one dose of Pandemrix after primary immunisation with the MAH's prepandemic vaccine containing H5N1 antigen from a different clade of the same influenza subtype, based on the data from clinical trials (H5N1-012 and -015). The package leaflet (PL) was updated accordingly. The European Commission adopted a positive Commission Decision for variation II-04 on 10 July 2009.

On 29 May 2009, the CHMP adopted a positive Opinion on a type II variation (II-05) to update sections 4.2 and 5.1 of the SPC to include treatment in subjects aged 61 years and above based on clinical trial data. from study H5N1-010 Annex II and the PL were updated accordingly. . The European Commission adopted a positive Commission Decision for variation II-05 on 10 July 2009.

On 29 May 2009, the CHMP adopted a positive Opinion on a type II variation (II-06) to update section 5.1 of the SPC regarding the interval between 2 doses for the primary vaccination schedule based on data from a clinical trial (H5N1-012). The PL was updated to reflect the results of user testing. The European Commission adopted a positive Commission Decision for variation II-06 on 10 July 2009.

On 1 September 2009 an interim Opinion on a rolling review (RR/01) was adopted by the EMEA Task Force (ETF)/CHMP to include information supporting the introduction of paediatric data from study H5N1-009 (-022/023) in section 5.1 of the SPC for Pandemrix H1N1.

On 21 September 2009 an interim Opinion on a rolling review (RR/02) was adopted by the ETF/CHMP to include information on the drug substance to support a change on the pandemic strain vaccine composition to A/California/7/2009 (H1N1)v like strain (X-179A).

On 21 September 2009 an interim Opinion on a rolling review (RR/03) was adopted by the ETF/CHMP to include information on the drug product to support a change on the pandemic strain vaccine composition to A/California/7/2009 (H1N1)v like strain (X-179A); a revision of the Product Information (PI), responses to Questions from RR01 and RR02 the Pharmacovigilance and Risk Management Plan to support a change on the pandemic strain vaccine composition to A/California/7/2009 (H1N1)v like strain (X-179A) and preliminary data from study H1N1-021.

On 22 September 2009, the MAH submitted a variation to introduce the pandemic strain A/California/7/2009 (H1N1)v like strain (X-179A).

On 24 September 2009, the CHMP adopted a positive Opinion on a variation (PU-17) to change the pandemic strain vaccine composition to A/California/7/2009 (H1N1)v like strain (X-179A).

Le Monde

L'Assemblée nationale lance une commission d'enquête sur la grippe A

Le Monde, 17 Février 2010 à 14h01 // 24 Février 2010, à 18h53

https://www.lemonde.fr/societe/article/2010/02/17/vers-une-commission-d-enquete-sur-la-grippe-a_1307385_3224.html

Le Nouveau Centre a demandé cette commission pour comprendre, notamment, les raisons de la faiblesse du nombre de vaccinations constaté fin 2009.

L'Assemblée nationale a donné, mercredi 24 février, son feu vert à la création d'une commission d'enquête parlementaire sur la campagne de vaccination contre la grippe H1N1, réclamée par le groupe Nouveau Centre (NC, partenaire de l'UMP).

Seuls les groupes Nouveau Centre et GDR (communistes et Verts) ont voté pour. Estimant la demande "superfétatoire et inutile", le groupe UMP s'est abstenu, de même que le groupe socialiste, radical et citoyen (SRC), qui a jugé le champ d'investigation trop étroit. En dépit de ces abstentions des deux principaux groupes à l'Assemblée, la demande de commission d'enquête a été acceptée. Pour qu'une telle demande soit rejetée, il aurait en effet fallu que les trois cinquièmes des votants s'y opposent.

"Il Ne S'agit pas d'accuser mais d'enquêter"

"Il ne s'agit pas d'accuser mais d'enquêter", a lancé Jean-Luc Préel, député NC, en présentant la demande de commission d'enquête de son parti. "Il nous faut connaître les raisons de ce non-succès de la vaccination pour pouvoir faire face à d'éventuelles nouvelles pandémies", a-t-il ajouté.

La ministre de la santé Roselyne Bachelot a été vivement critiqué pour la gestion de la pandémie de grippe A (H1N1). Même si elle dit avoir appliqué le principe de précaution, elle a reconnu qu'un trop grand nombre de vaccins avaient été commandés, laissant notamment entrevoir le paiement par l'Etat d'indemnisations à l'industrie après l'annonce de son intention de résilier des commandes portant sur 50 millions de doses de vaccin, sur 94 millions initialement commandées. Des vaccins ont été revendus à certains pays, mais la France se retrouve avec des millions de doses inutiles alors que cinq millions de personnes ont été vaccinées à ce jour et que l'épidémie est officiellement terminée.

Roselyne Bachelot, a pris acte mercredi de la décision de l'Assemblée et s'est déclarée prête à "apporter tous les éléments d'information" nécessaires pour alimenter ses travaux. "Je souhaite qu'elle soit l'occasion d'une analyse, de revenir sur le passé sans évidemment se livrer aux délices de la lucidité a posterori ni à l'expertise de la troisième mi-temps", a-t-elle toutefois averti.

NBC NEWS

Fighting swine flu fatigue with weird marketing

NBC News, 19 February 2010, 8:08 AM +08
https://www.nbcnews.com/id/wbna35467666

Some clinics now are practically begging people to get vaccinated, in a dramatic shift from just a few months ago when people stood in long lines and waited to get the scarce vaccine.

Marco Torres stood on a busy road and waved an oversized yellow arrow with an unconventional message for a street marketing campaign: “FREE TODAY: H1N1 Flu Shots for All.”

Local health officials launched the human billboard campaign at a time when health departments around the country are going to great lengths to spread the word that swine flu shots are available for free to anyone who wants one.

Their advertising tactics include horseback banners at rodeos and wristbands handed out at nightclubs. Maine officials set up a flu clinic at the high school basketball playoffs this week, while other health departments are giving patients shots at airports, malls and even a trade show.

The fact that clinics are practically begging people to get vaccinated is a dramatic shift from just a few months ago when people stood in long lines and waited – sometimes for hours – to get the scarce vaccine.

While the outbreak has waned, the virus is still circulating and authorities warn that another wave of infections could hit. The 2009 H1N1 flu strain was first identified in April and a second wave of illnesses followed in the fall. At least 15,000 people have died worldwide, according to the World Health Organization, most of those in the U.S.

No-return policy

Since October, some 126 million vaccine doses have been shipped to states, but only about 75 million Americans have been vaccinated. The federal government has spent $1.6 billion on swine flu vaccine production.

In the past, doctors and other providers were able to return unused doses to vaccine makers and get reimbursed. That’s not the case this year since the government bought the vaccines and distributed them free to states. Federal health officials are working out a plan to deal with leftover doses, though some local health departments have said they planned to throw away expired ones.

“The efforts need to be made to encourage people to get vaccinated. It is still a serious disease,” said Robert Pestronk, executive director of the National Association of County and City Health Officials.

Health officials in Riverside, east of Los Angeles, noticed a drop in vaccine demand after lifting restrictions on who can get it. When it was in scarce supply, the vaccine was rationed to pregnant women, children and young adults, health care workers and people with health problems.

So health officials turned to a sign company to position twirlers outside clinics, borrowing an advertising tactic used by the construction industry during the housing boom to promote unsold homes in new subdivisions.

“Since we’re a commuter-driven society, this was a good way to do it,” said Riverside County health officer Dr. Eric Frykman.

The walking billboards were part of a broader two-week effort to bring awareness to the availability of vaccine that also included buying traditional newspaper and radio ads – at a cost of $25,000.

It seems to be working. Nurses in Riverside County vaccinated 399 people last week – triple from the week before when there were no sign twirlers. The health department attributed the increase mostly to the hired hands.

Reaching young people

Concerned about lack of demand at its vaccination clinics, the Okaloosa County Health Department in Florida flocked to unconventional venues, doling out shots to hundreds attending the annual Snowbird expo and hanging out at local malls.

Health officials also printed 16,500 “FREE H1N1 SHOT” wristbands at a cost of $615 so that two popular night clubs can hand them out to patrons.

“It was a way to reach the 20-somethings. We wanted to be where they were,” said Dr. Karen Chapman, director of the Okaloosa County Health Department.

Though health officials don’t know how many young people came in as a result of the promotion, the outreach allowed them to vaccinate people they wouldn’t otherwise reach.

During the basketball playoffs in Maine, health officials set up a flu clinic off the court for players, coaches and spectators. Last month, the Colorado Department of Public Health and Environment took the vaccination message to a heavily attended stock show and rodeo.

They blitzed restrooms with ads. Horseback riders carried bilingual banners promoting vaccinations during the Mexican rodeo segment while an announcer drove home the point in English and Spanish.

It’s too soon to know if the effort paid off. But with plentiful vaccine, health officials wanted to target large crowds and Hispanics.

“You don’t want to waste vaccine so of course, you want people to know it’s available,” said health department spokeswoman Lori Maldonado. “The risk is still there. We’re still in flu season.”

In the past, local health departments ran public service announcements, took out ads and worked with community leaders to get the vaccination message out. But with swine flu being a new threat, health departments have had to employ new tricks to keep people’s interest.

Erik Gordon, a professor and analyst at University of Michigan’s Ross School of Business, said vaccine fatigue is to be expected as fear of the virus dims.

“It’s fairly common to have a rush of people waiting in lines to get something when they think, ’If I don’t get this, I may die’,” he said. “Then, when the danger passes and it’s pretty much over, it’s not unusual for the demand to fall off the cliff immediately.”

As Torres twirled his sign while jamming to reggaeton music, Ana Gutierrez strolled into the Riverside Neighborhood Health Center on Wednesday for another appointment and decided to roll up her sleeve for the shot.

“I saw it and said, ‘I’m getting it,”’ said Gutierrez, who tried unsuccessfully to find the vaccine in the fall during the height of the shortage.

A steady steam of others followed — some lured by the sign and others who found out about the free vaccine through other means.

“Let’s get these vaccines moving. Otherwise they expire and then you’re stuck with thousands of vaccines and we don’t want that,” said assistant nurse manager Sandra Garcia.

Torres, who kept the arrow pointing at the clinic, wasn’t interested: “I’m afraid of shots. Been afraid since I was a little kid.”

THE FLU CASE

H1N1 Au Senat: Les questions posées à Roselyne Bachelot

The Flu Case, 23 February 2010
http://www.theflucase.com/index.php?option=com_content&view=article&id=2807%3Afrench-commission-of-inquiry-into-mass-swine-flu-vaccination-campaign-to-start-in-march&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Politique et santé

Quelle que soit la forme de l'enquête à laquelle la Ministre de la Santé devra répondre sur la gestion nationale de la grippe A/H1N1, en attendant, les questions en francs-tireurs des parlementaires ne manquent pas. Exemple, lors d'une séance de questions aux ministres au Sénat, le sénateur Nicolas About a posé la question qui pourrait fâcher…

«Après l'affaire du sang contaminé, la canicule et l'inscription - peut-être à tort - du principe de précaution dans notre Constitution, quelle peut bien être la marge d'action des pouvoirs publics en matière de risque sanitaire?». Pourquoi, M. About ? Parce que «soit ils n'agissent pas et sont comptables de toute réalisation du risque, soit ils prennent la menace au sérieux et s'exposent à l'écueil inverse: se voir reproché d'avoir surréagi».

Nos pouvoirs publics ont-ils «surréagi» face à l'annonce d'une pandémie dont le vecteur pouvait être si variant (le vaccin 2008-2009 contenait 2 souches A: H1N1 et H3N2 et 1 souche B) qu'il nécessiterait peut-être 2 injections au lieu d'une en saison normale de grippe, le «très important dispositif mis en place contre la pandémie» -qui n'avait chez nous qu'un caractère épidémique) se justifiait-il alors que cette grippe a touché (seulement) 3 millions de personnes et causé 269 décès (seulement ?) en France à mi-janvier-?

Conclusion du sénateur About: «Or le virus s'est révélé beaucoup moins virulent qu'on aurait pu le craindre et la campagne de vaccination n'a pas rencontre le succès escompté: les décisions prises se sont donc trouvées invalidées par les faits ». Le sénateur conclut: «Nous ne vous blâmons pas d'avoir pris ces décisions».

Quelles leçons tirer de tout cela ? Les parlementaires veulent la transparence des décisions, sur le rôle de l'OMS et des comités d'experts incitant à commander 94 millions de doses, «dont 88 millions sont toujours inutilisées», dont toutes n'ont pas été livrées et à sur-stocker antiviraux et masques. Bref: combien cela coûte, quels sont les accords avec les laboratoires, quelles leçons tirer de tout cela?

Comme d'autres pays (à qui il reste aussi des stocks inutilisés), la France a décidé de mener une vaste campagne de vaccination car « cette grippe avait une typologie différente de celle des autres grippes », donc l'offre du nouveau vaccin devait être large. Mais ce choix de stratégie « s'explique par une raison technique mais aussi par une raison éthique », dit Madame Bachelot.

Sur le plan éthique «nous nous sommes référés à l'avis n° 106 du Comité consultatif national d'éthique, selon lequel, au nom du principe de l'égalité républicaine, dans le cadre d'une pandémie grippale, tous nos concitoyens qui le souhaitent doivent pouvoir être vaccinés».

Sur le plan technique «les autorités sanitaires nationales et internationales nous ont indiqué qu'il s'agissait d'une vaccination à deux doses mais que, à l'évidence, certaines personnes n'allaient recevoir qu'une seule dose: en tenant compte d'un taux d'attrition de 25 %, nous avons donc acheté 94 millions de doses».

Ce n'est en fait que fin novembre que les autorités sanitaires européennes et internationales ont fait savoir qu'une seule dose vaccinale suffisait à établir l'immunité spécifique, ce qui a conduit la France à résilier une commande de 50 millions de doses.

Bilan à mi-janvier: 5,5 millions de doses utilisées, 10 millions de doses offertes à l'OMS sur 44 millions de doses. Il reste environ 25 millions de doses utilisables, et que l'on va utiliser, car la vaccination contre le virus A/H1N1 est toujours d'actualité, au moins jusqu'au septembre - jusqu'à l'apparition de la grippe de la saison.

«Le risque pandémique est toujours là et nos compatriotes doivent se faire vacciner car c'est la meilleure technique de prévention», conclut la Ministre de la Santé. La vaccination anti-pandémique est désormais confiée aux médecins traitants. Car comme dit le Dr Keiji Fukuda, conseiller spécial de l'OMS pour la grippe pandémique, «Nous espérons, c'est que le pire est derrière nous», ce que devrait déterminer un Comité d'urgence de l'OMS à la fin de ce mois, pour déterminer une éventuelle nouvelle stratégie de l'OMS si une seconde vague s'annonce ou si la situation redevient analogue à celle d'une grippe saisonnière.

Source: Journal Officiel, «Compte ...
=>

THE FLU CASE

French commission of inquiry into mass swine flu vaccination campaign to start in March

The Flu Case, 23 February 2010
http://www.theflucase.com/index.php?option=com_content&view=article&id=2807%3Afrench-commission-of-inquiry-into-mass-swine-flu-vaccination-campaign-to-start-in-march&catid=41%3Ahighlighted-news&Itemid=105&lang=en

An inquiry into the influence of pharmaceutical companies on the French government's handling of the mass swine flu vaccination campaign is set to be held in March in the Senate, the Upper Chamber of the French Parliament, following a decision by the Senate Conference of Presidents on Wednesday 17th, February.

A second commission of inquiry is expected to be announced soon in the National Assembly.

Le Parisien reported that 15 of the 17 experts in the French government's swine flu committee had links with the pharmaceutical industry with six of the experts having receiving money directly from pharma companies in 2009.

The French government ordered 94 million doses of swine flu jabs but only 5.5 million doses were administered in spite of an unprecedented campaign.

Only 269 deaths have been attributed to the swine flu in France as of the middle of January.

REUTERS

Emile Picy

L'Assemblée va enquêter sur la gestion de la grippe A(H1N1)

Reuters, 24 February 2010, à 18:15
https://www.boursier.com/actualites/reuters/l-assemblee-va-enqueter-sur-la-gestion-de-la-grippe-ah1n1-61133.html
http://fr.reuters.com/article/topNews/idFRPAE61N0RV20100224

PARIS - L'Assemblée nationale a décidé, par un vote à mains levées, de créer une commission d'enquête parlementaire sur la manière dont a été conduite la campagne de vaccination contre la grippe A(H1N1).

L'Assemblée nationale a décidé, par un vote à mains levées, de créer une commission d'enquête parlementaire sur la manière dont a été conduite la campagne de vaccination contre la grippe A(H1N1). La commission d'enquête, composée de 30 députés, sera constituée dans les tous prochains jours. (Reuters/Jean-Paul Pélissier)

Pour être rejetée, il aurait fallu que les 3/5e des députés s'opposent à cette demande du groupe du Nouveau centre (NC).

Les députés NC et du groupe de la gauche démocrate et républicaine (GDR, PC et Verts) ont voté pour.

Estimant la demande "superfétatoire et inutile", le groupe UMP s'est abstenu, de même que le groupe socialiste, radical et citoyen (SRC), qui a jugé le champ d'investigation trop étroit.

Roselyne Bachelot, ministre de la Santé, a pris acte de cette décision et s'est déclarée prête à "apporter tous les éléments d'information" nécessaires pour alimenter ses travaux.

"Je souhaite qu'elle soit l'occasion d'une analyse, de revenir sur le passé sans évidemment se livrer aux délices de la lucidité a posteriori ni à l'expertise de la troisième mi-temps", a-t-elle toutefois averti.

Roselyne Bachelot fait face aux vives critiques de l'opposition de gauche visant la gestion de la pandémie de grippe A (H1N1), qualifiée d'échec.

Même si elle dit avoir appliqué le principe de précaution, elle a confirmé en partie les problèmes qui font l'objet des critiques, laissant notamment entrevoir le paiement par l'Etat d'indemnisations à l'industrie après l'annonce de son intention de résilier des commandes portant sur 50 millions de doses de vaccin, sur 94 millions initialement commandées.

Des vaccins ont été revendus à certains pays, mais la France se retrouve avec des millions de doses inutiles alors que cinq millions de personnes ont été vaccinées à ce jour et que l'épidémie est officiellement terminée.

Enquête Sur le Rôle des Laboratoires

L'Organisation mondiale de la santé (OMS) est quant à elle accusée d'avoir exagéré les risques d'une pandémie de grippe A sous l'influence des laboratoires pharmaceutiques.

L'épidémie de grippe A (H1N1) a provoqué pour l'instant, en un peu moins d'un an, 14.000 décès dans le monde, c'est-à-dire moins que la grippe saisonnière, alors que 175 millions de doses ont été administrées, selon les chiffres de l'OMS.

La ministre de la Santé a souhaité que cette commission d'enquête "soit aussi l'occasion de réfléchir à un certain nombre de pistes, de tirer toutes les leçons que nous pouvons ensemble tirer sur l'acceptation de la vaccination et de la prévention dans notre pays".

La commission d'enquête, composée de 30 députés, sera constituée dans les tous prochains jours.
Elle disposera d'un délai de six mois pour enquêter "sur la manière dont a été programmée, expliquée et gérée la campagne de vaccination de la grippe A (H1N1) dans le but de faire des propositions au gouvernement pour rendre plus opérationnels, efficaces et réalistes nos futurs plans de vaccination contre les pandémies".

Le Sénat avait décidé le 11 février, à la demande du groupe communiste et apparentés, de créer une commission d'enquête sur le rôle des firmes pharmaceutiques dans la gestion de la crise.
Wolfgang Wodarg, médecin allemand et ancien député social-démocrate, a reproché le 26 janvier à l'OMS d'avoir "semé la panique", lors d'une audition devant l'assemblée parlementaire du Conseil de l'Europe.

Selon lui, l'OMS a affirmé que le virus ferait "au moins 500.000 morts", ce qui aurait permis "à l'industrie pharmaceutique d'engranger des recettes très juteuses".
Il en est résulté, a-t-il dit, un surcroît de dépenses de 18 milliards de dollars pour les systèmes de santé publique.

Keiji Fukuda, conseiller spécial auprès du directeur général de l'OMS sur les pandémies grippales, avait défendu devant le Conseil de l'Europe la stratégie de l'organisation.
nié que la décision de l'agence des Nations unies de déclarer l'état de pandémie ait été influencée par les liens qu'entretiennent nombre d'experts de l'OMS, scientifiques ou chercheurs, avec les laboratoires pharmaceutiques.

B.C Boursier.com
https://www.boursier.com › reuters · Translate this page

L'Assemblée va enquêter sur la gestion de la grippe A(H1N1)

PARIS (Reuters) - L'Assemblée **nationale a décidé, par un vote à mains levées, de** créer une commission d'enquête parlementaire sur la manière dont a été ...

THE FLU CASE

French National Assembly to launch commission of inquiry into mass swine flu vaccination campaign

The Flu Case, 26 February 2010, 13:29

https://web.archive.org/web/20100301040411/http://www.theflucase.com/index.php?option=com_content&view=article&id=2835%3Afrench-national-assembly-to-launch-commission-of-inquiry-into-mass-swine-flu-vaccination-campaign&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The National Assembly in France, the main chamber of the French parliament, is to hold a commission of inquiry into the mass swine flu vaccination campaign, it was decided on Wednesday.
The commission will be composed of 30 deputies who will dig through documents and cross examine the Health Minister Roselyne Bachelot over the controversial role played by pharmaceutical companies in the government mass vaccination campain.
It has emerged that 15 of the 17 experts of a key French government vaccine advisory group have links to pharmaceutical companies. Bachelot herself worked for pharmaceutical companies before entering politics fuelling fears that the campaign was launched for the profit of big pharma.
Only 5.5 million people in France took the untested jab in spite of an unprecedent government effort to vaccinate the entire population in especially established vaccine centers. As part of the campaign, unwilling nurses and doctors were requisitioned by police to administer the vaccines.
The French Senate is also to hold an inquiry into the vaccination campaign.

F / Santé

Martine Perez

Grippe A: les critiques de l'Académie de médecine

Le Figaro, 25 février 2010, à 12h45
https://sante.lefigaro.fr/actualite/2010/02/25/10073-grippe-critiques-lacademie-medecine

L'institution tire les leçons de l'échec de la vaccination tandis que l'Assemblée crée une commission d'enquête.

La gestion de l'épidémie de grippe A (H1N1) en France et dans le monde n'a pas fini de faire des vagues. L'objectif n'est pas tant de mettre en cause la manière dont les politiques, l'administration ou les experts ont géré l'irruption de ce nouveau virus pandémique, mais surtout d'en tirer des leçons pour les prochaines crises sanitaires liées à la grippe qui ne manqueront pas de se produire. Dans ce cadre, mardi dernier, l'Académie nationale de médecine, dans un communiqué rédigé par le professeur Pierre Bégué, au nom de la commission maladies infectieuses et médecine tropicale et de celle des vaccinations, a estimé que les bases sanitaires de la vaccination contre la grippe A (H1N1) étaient justifiées. Mais «la communication médiatique intense et les propos alarmistes ont fait naître rapidement des doutes dans le public sur la réalité des dangers alors difficilement évaluables. Un tel excès risque d'émousser l'adhésion de la population en cas d'une nouvelle alerte de santé publique». Toute la problématique tient à la difficulté de communiquer en période d'incertitudes.

Mais c'est surtout sur les modalités de vaccination que l'académie se montre le plus sévère et propose pour l'avenir un autre mode de gestion: «La stratégie vaccinale imposée par le ministère de la Santé avec recours aux centres de vaccination s'est heurtée à des difficultés logistiques et psychologiques dans la population française, où la vaccination est assurée depuis longtemps à 90 % par la médecine libérale (médecins généralistes et pédiatres). L'association d'emblée de ces praticiens de proximité au plan de vaccination aurait sensiblement amélioré l'adhésion de la population.»

Fallait-il choisir tout de suite l'option d'un vaccin pour tous ? «Le choix entre une vaccination de masse et une vaccination ciblée pour les personnes à risques n'a pas fait l'objet d'un débat préalable. L'acquisition des vaccins aurait dû se faire par étapes en fonction de l'évolution de la pandémie au sein de la population générale, répond l'Académie. La décision d'une vaccination de masse aurait dû être expliquée et justifiée.L'évolution actuelle de la pandémie est rassurante, mais un ou plusieurs rebonds ne peuvent être exclus, légitimant la poursuite de la vaccination.»

À ce jour, le bilan de la vaccination ne met pas en évidence d'effets secondaires inquiétants liés aux produits utilisés. Néanmoins, l'Académie estime « qu'à la fin de cette première campagne, l'efficacité, les effets secondaires et le coût de la vaccination (H1N1) devront être évalués avec précision». L'Académie nationale de médecine considère que dans de telles circonstances «une meilleure concertation entre les autorités sanitaires, les comités d'experts, l'industrie pharmaceutique, les sociétés savantes et les praticiens (généralistes et pédiatres) est indispensable » et elle souhaiterait être associée à l'évaluation de cette vaccination.

Nouveaux foyers en Afrique

Mercredi, l'Assemblée nationale a donné son feu vert à la création d'une commission d'enquête parlementaire sur la campagne de vaccination contre la grippe A (H1N1), réclamée par le groupe Nouveau Centre. Seuls les groupes Nouveau Centre et GDR (communistes et Verts) ont voté pour, UMP et SRC (socialistes et apparentés) se sont abstenus. En dépit de l'abstention de ces deux principaux groupes, la demande de commission d'enquête a été acceptée. Pour qu'elle soit rejetée, il aurait en effet fallu que les 3/5 des votants s'y opposent. «Il ne s'agit pas d'accuser mais d'enquêter», a lancé Jean-Luc Préel, en présentant la demande de commission d'enquête du Nouveau Centre. «Il nous faut connaître les raisons de ce non-succès de la vaccination pour pouvoir faire face à d'éventuelles nouvelles pandémies», a-t-il ajouté.

L'Organisation mondiale de la santé (OMS) a estimé mercredi qu'il était trop tôt pour prétendre que le pic de l'épidémie était complètement passé. À l'issue d'une téléconférence, les experts de l'OMS ont estimé que la situation mondiale était double, avec d'un côté «des preuves d'un déclin ou d'une faible activité de la pandémie dans de nombreux pays et de l'autre de nouveaux foyers de transmission en Afrique de l'Ouest». La pandémie est «clairement en déclin» en Amérique du nord ainsi qu'en Europe de l'Ouest, mais encore active en Europe de l'Est ainsi qu'en Asie, en Afrique de l'Ouest, notamment au Sénégal et en Mauritanie. En France, l'épidémie est terminée, selon les réseaux de surveillance.

THE FLU CASE

Panama waits for 200,000 swine flu jabs

The Flu Case, 25 February 2010 10:54
https://web.archive.org/web/20100301040320/http://www.theflucase.com/index.php?option=com_content&view=article&id=2825%3Apanama-waits-for-200000-swine-flu-jabs-&catid=1%3Alatest-news&Itemid=64&lang=en

Panama waits for 200,000 A/H1N1 flu vaccine dosages

PANAMA CITY, Feb. 16 (Xinhua) – Panama waits for 200,000 dosages of vaccines to prevent the A/H1N1 influenza, to arrive before the end of February, chief of Epidemiology of the Panamanian Health Ministry, Gladys Guerrero said on Tuesday.

The purchase of the vaccines was done through the Pan American Health Organization, and it is part of a pack bought by the Panamanian government to be used with the groups of most vulnerable people.

Guerrero said that the first to get these vaccines will be those children under 5 years old, the senior citizens and those patients with chronic diseases.

Guerrero said that last year the country received 100,000 vaccines, and 83 percent of them were already used during the first stage of sanitary campaign.

Jean-Charles Batenbaum

Villeurbanne demande Ã se faire rembourser le coût de la vaccination H1N1

Actualites News Environnement, 1 March 2010, 17:20
https://www.actualites-news-environnement.com/23044-Villeurbanne-rembourser-cout-vaccination-H1N1.html

La mairie Villeurbanne (Rhône), commune limitrophe de Lyon, va demander Ã l'Etat le remboursement des frais engagés pour la vaccination contre la grippe H1N1. Avec un coût qui s'élève Ã 96.400 euros pour la commune, la préfecture souhaite que l'Etat lui rembourse 80.000 euros.

Le centre de cette commune avait vacciné entre le 12 novembre et le 30 janvier, environ 10.000 habitants de Villeurbanne et de la commune voisine de Vaulx-en-Velin. La ville de Villeurbanne met en avant les dépenses de gardiennage et de nettoyage du site, la mobilisation du personnel administratif et la consommation en énergie. Elle doit envoyer prochainement un courrier dans ce sens Ã la préfecture, peut lire dans un communiqué de presse.

La vaccination contre la grippe A (H1N1) de 2009-2010 est inédite Ã l'échelle internationale Ã la fois par la rapidité avec laquelle les vaccins ont été développés, par les campagnes de vaccinations organisées, ainsi que par l'ampleur des polémiques déclenchées. De plus, s'appuyant sur les structures mises en place suite Ã l'épisode de grippe aviaire A(H5N1), cette campagne est exceptionnelle par la coordination internationale qui s'est instaurée autour de cette pandémie, notamment sur les dispositifs de pharmacovigilance instaurés pour le suivi des effets indésirables des vaccins.

Ces vaccins ont été rapidement mis sur le marché Ã large échelle auprès de nombreux pays dans le cadre de campagnes de vaccination massives destinées Ã enrayer la propagation de l'épidémie avant la saison hivernale.

Ces campagnes ont eu un succès variable suivant les pays. Des polémiques ont surgi, portant Ã la fois sur les risques médicaux potentiels associés Ã une opération de cette envergure avec des produits développés rapidement mais aussi sur les aspects sociaux et politiques de ces campagnes (la logistique employée, les coûts induits par l'achat des vaccins et par l'organisation de la vaccination, la communication gouvernementale, etc.).

La France a commandé 94 millions de vaccins, plus 34 millions optionnels pour 2010 auprès de trois laboratoires (Sanofi-Pasteur, GlaxoSmithKline (GSK) et Novartis). Les premiers vaccins ont été réservés aux personnes travaillant dans les secteurs de la santé, des secours et de la sécurité. Les centres de vaccination ont été ouverts au public le 12 novembre 2009. Le montant total de la commande serait d'environ 712 millions d'euros.

En France, le coût du plan de vaccination mis en place par la ministre de la Santé Roselyne Bachelot est estimé Ã un montant de 1,5 milliard d'euros en octobre 2009, dont 800 millions d'euros pour la fourniture des vaccins auprès des laboratoire GSK, Sanofi-Pasteur, Novartis et Baxter. La majeure partie doit être prise en charge par le budget de la Sécurité sociale, cependant une participation de 230 Ã 280 millions d'euros, fixée légalement, sera demandée aux mutuelles complémentaires. Celles-ci annoncent pour 2010 une augmentation de leurs cotisations de 1 % directement due au financement des vaccins H1N1, et de 4 % Ã 7 % en tenant compte de la prise en charge de dépenses dans d'autres domaines, jugés non prioritaires par l'État, et qui ne seront plus en charge par la Sécurité sociale.

À partir de novembre 2009, les autorités françaises essaient de revendre une partie des 27 millions de doses déjÃ livrées Ã des pays non pourvus. Les premiers acheteurs sont le Qatar (300 000 doses) et l'Égypte (2 millions de doses), la France étant par ailleurs en compétition avec

l'Allemagne et les Pays-Bas pour la fourniture de vaccins Ã l'Ukraine qui finira par les refuser et qui ne s'entendra qu'avec la Russie pour en produire par eux-mêmes de manière Ã contrôler intégralement leur composition et réduire leur toxicité. Le député socialiste Jean-Marie Le Guen fustige «une politique gouvernementale hyperactive et anxiogène».

En janvier 2010, le coût global de la campagne de vaccination en France est estimé Ã 2,2 milliards d'euros (vaccins et antivirus, communications renforcées, charges des salles réquisitionnées, coût du personnel...) alors que seulement 8 % des Français se sont fait vacciner.

Le 4 janvier 2010, Roselyne Bachelot annonce la résiliation de la commande de 50 millions de vaccins, sur les 94 millions de doses commandées. Fin janvier 2010, tous les centres de vaccination sont fermés «alors que des millions de Français continuent de recevoir leur bon de vaccination, avec l'adresse d'un centre» comme l'avait souligné Le Canard enchaîné.

Le Parisien

Villeurbanne veut se faire rembourser

le Parisien, 2 mars 2010 à 07h00

https://www.leparisien.fr/societe/villeurbanne-veut-se-faire-rembourser-02-03-2010-833041.php

La ville de Villeurbanne (Rhône) compte demander à l'Etat le remboursement des frais engagés pour la vaccination contre la grippe A/H1N1, a annoncé hier la mairie.

Le coût s'élève à 96 400 â? – pour la commune qui, déduction faite de l'avance versée par la préfecture, souhaite que l'Etat lui rembourse encore la somme de 80 000 â?

La ville met en avant les dépenses de gardiennage et de nettoyage du site, la mobilisation du personnel administratif et la consommation en énergie.

Elle doit envoyer prochainement un courrier dans ce sens à la préfecture. Entre le 12 novembre et le 30 janvier, le centre de Villeurbanne a vacciné environ 10 000 habitants contre l'épidémie de grippe A.

THE FLU CASE

French mayor demands reimbursement for swine flu vaccination centre

The Flu Case, 1 March 2010, 16:07

https://web.archive.org/web/20100525024938/http://www.theflucase.com/index.php?option=com_content&view=article&id=2873%3Afrench-mayor-demands-reimbursement-for-swine-flu-vaccination-centre&catid=1%3Alatest-news&Itemid=64&lang=en

A mayor in France has asked the government to reimburse his commune for money spent on the swine flu vaccination centre.

The mayor of Villeurbanne, close to Lyon, has asked the government to pay back 80,000 of the 96,000 euros that the local authorities spent on setting up a mass swine flu vaccination centre, including the cost of energy, personnel for administration and site maintainance.

The centre vaccinated about 10,000 people between November 12th and January 30th.

Paul Joseph Watson

Government Swine Flu Ad portrays vaccine skeptics as Raving Lunatics

Prison Planet, 4 March 2010,
https://web.archive.org/web/20100306164034/http://www.prisonplanet.com/government-swine-flu-ad-portrays-vaccine-skeptics-as-raving-lunatics.html

Glib propaganda fails to mention fact that H1N1 scare was "one of the greatest medical scandals of the century," according to investigation chief.

(prisonplanet.com) A glib 33 second propaganda ad produced by the Kentucky Department for Public Health portrays skeptics of the swine flu vaccine as raving lunatics, despite the fact that the head of the Council of Europe's investigation into the 2009 outbreak labeled it "one of the greatest medical scandals of the century."

The commercial, which is entitled 'H1N1 Vaccine Myths,' features a group of office workers spewing ridiculous theories about the swine flu vaccine that have never been embraced by any vaccine skeptic, in an attempt to build a classic straw man and smear people who question the necessity for taking the shot as unstable lunatics.

The actors in the ad debate whether the H1N1 vaccine was "made from platypus milk," or whether it "makes you susceptible to hypnotic suggestion."

The clip ends by another actor in the ad stating, "It was made from secret alien technology found on the moon."

"Some folks believe anything," states an assertive female voice, "The swine flu vaccine is safe, effective, and you still need it, learn more at Kentucky's flu website, that way you can separate the fact from the fiction."

Unfortunately, Kentucky health authorities have completely failed to separate the fact from the fiction during the course of their 33 second ad, because they attribute outlandish theories about the vaccine to skeptics who have never even uttered such things.

While the advertisement frames suspicion about the vaccine in the context of tin-foil hat wearing madness, in reality the swine flu pandemic has been denounced as a gargantuan hoax not by demented paranoid psychotics, but by the head of the Council of Europe's Sub-committee on Health, Dr. Wolfgang Wodarg, who as the chief of a major investigation into the H1N1 outbreak, labeled the case a "fake pandemic" manufactured by pharmaceutical companies in league with the WHO to make vast profits while endangering public health.

In a separate interview, Wodarg labeled the pandemic, "One of the greatest medical scandals of the century."

Makers of the swine flu vaccine such as CSL Limited and GlaxoSmithKine saw their profit margin soar by 63 per cent and 30 per cent respectively on the back of swine flu fearmongering that was dutifully practiced in spades by the corporate media throughout 2009. Roche made a whopping 12 times the profit during the second quarter of 2009 compared to the same period in 2008 as a result of the scare.

As we highlighted at the time, the very vaccine inserts that were publicly available clearly stated that the shot could cause Guillain-Barre Syndrome, Vasculitis, Paralysis, Anaphylactic Shock And Death. The vaccines also contained mercury and squalene, which have been directly linked with autism and Gulf War syndrome respectively.

Concerns about such dangers grew to such an extent that the majority of Americans told a Fox News poll that they thought the vaccine was more risky than catching the actual swine flu virus. Separate polls showed that the majority of doctors, nurses and health workers in the UK refused to take the shot.

In November 2009, take up of the vaccine was so slow that the U.S. government was forced to appoint what the media ludicrously billed as an "independent" group of health advisors whose job it was to whitewash adverse reactions to the swine flu vaccine and "explain" them to the public as mere coincidence. The "independent" group was lead by Dr. Marie McCormick of the Harvard School of Public Health, who had spent the last 10 years whitewashing reports of a link between vaccines and autism.

Suspicions surrounding the safety of the vaccine were confirmed when it was revealed that German Chancellor Angela Merkel and government ministers would be taking a shot that did "not contain disputed additives – contrary to the vaccine for the remainder of the population."

This commercial represents a desperate last ditch effort on behalf of health authorities to try and shift the endless batches of unused H1N1 vaccines that still remain precisely because millions of Americans believed the lunatics who warned them about the dangers of the shot and refused to take it.

So if you really do think you "still need" the H1N1 shot after it has been completely exposed as an international scandal by one of the premiere investigatory bodies in Europe, then roll up your sleeve and knock yourself out, after all, it's "safe" and "effective" according to the government, but apparently not "safe" and "effective" enough for the political class in major western countries to take the same injection that you'll be getting.

Watch the commercial below... (deleted)

THE TIMES OF INDIA

H1N1 shots from next week

Times of India, 4 March 2010, 02:26 IST
https://timesofindia.indiatimes.com/india/h1n1-shots-from-next-week/articleshow/5638121.cms

New Delhi: Mass vaccination against the deadly H1N1 swine flu virus are likely to begin in India next week. The 1.5 million doses of vaccines imported by the government from Sanofi Pasteur have passed the safety test.

The French vaccine manufacturers submitted the results of their clinical bridge study – conducted in Delhi and Pune on 100 adult subjects -- to the Drug Controller General of India on Wednesday. The trials were completed on February 21. The results were then checked thoroughly in Lyon before being submitted to DCGI.

DCGI Dr Surinder Singh told TOI, "The trials of the vaccine have proven its safety profile. By Friday, we will vet the results and give its clearance for use on humans in India. By next week, the vaccination should begin."

According to Union health ministry officials, 10 lakh doses of the vaccine will be sent to all Central government hospitals for administering on all frontline health workers and those at highest risk of getting infected.

The rest will be given to the armed forces while some doses will be retained by the ministry.

The ministry was more concerned about the vaccine's safety. The vaccine's safety profile was checked twice – first for seven days and then for 21 days. The trials took place in Kalavati Saran Hospital in Delhi and Bharatiya Vidyapith in Pune and the vaccines were found to be safe.

Dr Singh said, "We didn't want it to cause side-effects like the Guillain-Barri syndrome (GBS) – a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis. The company will, however, continue to check the vaccine's immunogenecity results, which will come in six weeks time."

Meanwhile, India's indigenous H1N1 vaccine is expected to be available by April 15 and could cost between Rs 80 and Rs 100.

Cadila Healthcare had on January 3 started human trials of India's live and inactivated indigenous H1N1 vaccine on 200 subjects. Three other Indian companies – Serum Institute (Pune), Bharat Biotech International (Hyderabad) and Panasia Biotec (New Delhi) – were also given clearance by DCGI to conduct human trials in January. These are expected to start soon.

While Serum will test the trials on around 350 people, Panacea has a subject size of over 1,100 and Bharat of 160.

Dr Singh said, "If all goes well with the Indian vaccines and they prove safe and effective, they should be available commercially between April 15 and 30.

Experts, however, say no vaccine is 100% safe for everyone. People with allergies to eggs, for example, can't take flu vaccines because eggs are involved in the manufacturing process.

H1N1 has spread to 210 countries. In India, it has infected over 29,710 people and killed 1,376 among them.

The World Health Organisation recently came out with a new warning that the H1N1 pandemic may not have peaked as yet. It also said that H1N1 has been by far the dominant virus round the world over the past year and all indications are that the virus will be around for quite a long time.

Over 300 million people have been vaccinated globally so far against influenza, and the shots, which have an excellent safety record, have proved 70-75% effective.

PR Newswire

CDC Awards Abt Associates Additional Contracts to Evaluate Effectiveness of H1N1 Vaccine

PR Newswire, Abt Associates, 5 March 2010, 09:43 ET
https://www.prnewswire.com/news-releases/cdc-awards-abt-associates-additional-contracts-to-evaluate-effectiveness-of-h1n1-vaccine-86587487.html

New Studies Include Evaluation of Vaccine Among Health Care Workers and Children.

Cambridge, Mass., March 5 /PRNewswire/ - The Centers for Disease Control and Prevention (CDC) has awarded Abt Associates two new contracts to evaluate the effectiveness of the H1N1 vaccine among health care workers and children under the age of 18. In December 2009 the CDC awarded the company a related contract to evaluate the vaccine's effectiveness among pregnant women. All three groups are considered high risk populations by CDC either because of increased risk for complications or because of increased risk of contracting or spreading the disease. The combined value of all 3 contracts total $12.8 million.

As with the original contract, Abt Associates will prepare detailed protocols for the studies, identify and enroll study participants, coordinate testing of participants for infection with influenza viruses, develop and maintain all study databases, and assist the CDC with data analysis.

To carry out this work Abt is partnering with two distinguished health services researchers: Adrienne G. Randolph, M.D., M.Sc., and Allison Naleway, Ph.D. Dr. Randolph is Associate Professor of Anesthesia at Harvard Medical School and the Chair of the Pediatric Acute Lung Injury and Sepsis Investigators (PALISI) network. The Palisi network will serve as the clinical partner for the children's study. Dr. Naleway, a senior researcher at Kaiser Permanente Northwest, will be the lead partner for the health care worker study for the Kaiser Permanente sites, which include Northwest, Hawaii and Georgia. Dr. Naleway is also the lead partner for the pregnant women study.

"Abt Associates is uniquely equipped to conduct an examination of the H1N1 vaccine," said Dr. Scott Royal, the company's Division Vice President for Domestic Health. "These studies will benefit from our highly experienced staff in the areas of epidemiology and biostatistics, our experience managing complex projects and large surveys, and our distinguished research partners."

Abt Associates, an employee-owned company, applies scientific research, technical assistance, survey, and consulting expertise to a wide range of social, economic and health policy issues; international development; clinical trials and registries; and complex business problems. Founded in 1965, the company provides services to U.S. federal, state and local governments; universities and foundations; media; and major corporations. In fiscal year 2009, the company had revenue of $264 million. Its staff of over 1,500 is located in Cambridge, Massachusetts; Atlanta, Georgia; Bethesda, Maryland; Durham, North Carolina; Lexington, Massachusetts (Abt Bio-Pharma Solutions, Inc.); New York, New York (Abt SRBI); and in Africa, Asia, Central Asia, Europe, Latin America, and the Middle East.

CNN

Bill Mears

Supreme Court accepts appeal over vaccine safety

CNN, 8 March 2010
http://edition.cnn.com/2010/HEALTH/03/08/vaccine.dangers/

Washington (CNN) – Parents who say that a range of preventive vaccines given their young children can cause serious health problems will have their appeal heard by the U.S. Supreme Court.

The justices Monday agreed to decide whether drug makers can be sued outside a special judicial forum set up by Congress in 1986 to address specific claims about safety. The so-called vaccine court has handled such disputes and was designed to ensure a reliable, steady supply of the drugs by reducing the threat of lawsuits against pharmaceutical firms.

The questions in the latest case are whether such liability claims can proceed, if the vaccine-related injuries could have been avoided by better product design, and if federal officials had approved another, allegedly safer drug. Oral arguments in the dispute will be held in the fall.

The lawsuit was brought by the parents of Hannah Bruesewitz, a girl from the Philadelphia, Pennsylvania, area. They said she was in fine health as an infant in 1992 when given a series of DPT shots – a combination of vaccines to prevent diphtheria, pertussis (whooping cough) and tetanus. After the third series, according to court briefs, the child began having seizures and became disabled. Now a teenager, Hannah continues to suffer what is described as "residual seizure disorder."

The Bruesewitzes alleged Wyeth Laboratories failed to adequately warn them and other parents of the risks associated with the vaccine. The vaccine court rejected the initial claim, so the family tried to revive the lawsuit in the federal courts. Their lawyers said the 24-year-old law does not ban all lawsuits, especially those filed when the harmful side effects were avoidable.

A federal appeals court eventually ruled for Wyeth, now owned by Pfizer Inc., concluding that all design-defect claims were barred under statute. Despite that victory, the company urged the high court to hear the case, saying it seeks final resolution on broader legal questions. The Obama administration also urged review and is supporting the company and the federal law in question.

Wyeth and other drug manufacturers say their products are generally safe, but side effects can occur in very rare cases. They also say that the vaccine industry is generally not profitable, but that the health benefits for society in general have kept them in the business. For that, they say, legal protection provided by Congress is essential to ensure such drugs are widely available and affordable.

The high court did not act immediately on a another related, pending appeal. The Georgia Supreme Court last year became the first appeals court in the U.S. to allow families to sue outside the special vaccine court. That case involved Atlanta-area parents who said their son Stefan Ferrari suffered severe neurological damage 12 years ago from booster shots, by Wyeth and GlaxoSmithKline, containing the mercury-based preservative thimerosal. Now 12, the boy is unable to speak, say his parents, Stefano and Carolyn Ferrari. The preservative has since been taken out of nearly all standard vaccines.

Despite winning at the state level, the family has since withdrawn its case, but the liability on drug companies resulting from that decision remains in force in Georgia.

The National Childhood Vaccine Injury Compensation Act was passed to establish a nationwide strategy to ensure a secure vaccine supply, promote safety and future research, and compensate innocent victims. Those goals were listed at the time as a "top public health priority."

Lawmakers acknowledged the vaccine supply was suffering under rising company costs from potential liability claims. Despite Food and Drug Administration approval for the vaccines, companies said they were being driven out of the market. The special federal court created under the legislation was a liability shield, designed to be a reliable, relatively quick, no-fault solution to various claims. Unresolved over the years is whether and when certain exceptions to liability should be in play in specific cases.

The case accepted is Bruesewitz v. Wyeth (09-152). The pending case is American Home Products Corp. v. Ferrari (08-1120)

HEALTH FREEDOM ALLIANCE
PRESERVE & PROTECT YOUR HEALTH FREEDOM

Supreme Court accepts Appeal over Vaccine Safety

Health Freedom Alliance, 8 March 2010
https://web.archive.org/web/20100313144755/http://blogs.healthfreedomalliance.org/blog/2010/03/08/supreme-court-accepts-appeal-over-vaccine-safety/

In what could have huge implications for the vaccine industry the US Supreme Court has agreed to hear in a case which will decide if parents can sue vaccine makers. Parents who say that a range of preventive vaccines given their young children can cause serious health problems will have their appeal heard by the U.S. Supreme Court.

The justices Monday agreed to decide whether drug makers can be sued outside a special judicial forum set up by Congress in 1986 to address specific claims about safety. The so-called vaccine court has handled such disputes and was designed to ensure a reliable, steady supply of the drugs by reducing the threat of lawsuits against pharmaceutical firms.

=> ... the same text ...

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THE TIMES OF INDIA

Rupali Mukherjee

Desi swine flu vaccine ready for commercial use by April-May

Times of India, 9 March 2010, 04.50am IST
https://timesofindia.indiatimes.com/india/desi-swine-flu-vaccine-ready-for-commercial-use-by-april-may/articleshow/5661122.cms

NEW DELHI: Pune-based Serum India's swine flu vaccine 'Fluvac' will be ready for commercial use by April-May, subject to all regulatory clearances. The Pune-based company received the drug regulators go-ahead on March 5 to carry out advanced safety tests on the vaccine – Phase II/III clinical trials crucial for its introduction in the market.

On Monday, it started clinical trials of nasal form of vaccine on 300 subjects at different locations around the country. After Ahmedabad-based Zydus Cadila, Serum Institute becomes the second company to have started Phase II/III trials, pushing it closer to the finishing line.

"The single dose vaccine will be available in two forms – nasal spray and as an injectable. The inhalation vaccine uses a live virus, which will be administered to three age groups. Further trials will be carried out later to test safety of the injectable vaccine on another set of people", Serum Institute of India's executive director S Jadhav told TOI.

The age group on which these trials will be administered is 9-19 years, 20-48 years and 48 and above. A single dose of the vaccine developed with egg-based technology will be initially tested in four cities across the country. The vaccine developed by indigenous players will most likely be administered as a single dose, and priced around Rs 150-200, sources close to the development said. (H1N1 vaccine globally cost between $9-15)

Brazil to launch massive swine flu vaccination drive

Earth Times, 9 March 2010, 13:58

https://web.archive.org/web/20100525025641/http://www.theflucase.com/index.php?option=com_content&view=article&id=2946%3Abrazil-to-launch-massive-swine-flu-vaccination-drive-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Brasilia - Brazil is to launch a *massive campaign aimed at vaccinating 91 million people* against the new H1N1 influenza virus, the Health Ministry said Thursday.

The campaign, which is to start Monday, targets just under half of Brazil's total population.

For the first two week, it will focus on *health-sector professionals* and *indigenous communities*.

In the second stage, from March 22 to May 21, it will be extended to pregnant women, people with chronic diseases, those above 60 years and children under 2 years.

The government currently has 83 million doses of the vaccine and is to acquire 30 million more doses in the coming months.

http://www.earthtimes.org/articles/show/312545,brazil-to-launch-massive-swine-flu-vaccination-drive.html

ASOCIACIÓN MÉDICA PERUANA
Organización que representa a los médicos, incluyendo todas las especialidades y sectores del Perú
Inscrita en Registros Públicos N° 11157403 y reconocida por R.M. 588-2004/MINSA

Campaña de vacunación contra la influenza A H1N1,
no tiene ningún sustento técnico, ni epidemiológico

Asociación Médica Peruana, 11 Marzo 2010
https://web.archive.org/web/20100406141542/http://www.asociacionmedicaperuana.org/vacunacioncontralainfluenzaAH1N1.html

- La incidencia y letalidad de casos reportados no justifica campaña y gasto.
- Existe el riesgo de que la población desarrolle reacciones adversas a esta vacuna nueva.
- No evitará la enfermedad por que el virus muta permanentemente.

La Asociación Médica Peruana (AMP) ha puesto de manifiesto que la vacuna contra la influenza AH1N1 no fue considerada en la Planificación de actividades de Atención Primaria 2010. Sus directivos sostienen que desde Noviembre del 2009, en que se inició la planificación de actividades, a la fecha, los informes de perfil de demanda y de vigilancia epidemiológica no reportan cambios en la incidencia del virus A H1N1 en el País.

"Los virus y sobre todo los del tipo RNA tienen la capacidad de mutar, por lo que la vacuna preparada serviría para la cepa de la epidemia de hace 1 año, más no para la que aparecería en el 2010", señaló Herberth Cuba, presidente de la Asociación Médica Peruana.

El dirigente sostuvo que la epidemia reportada de AH1N1 durante el 2009 ha demostrado ser una enfermedad con baja mortalidad (sólo 0.03% y asociada predominantemente a problemas médicos serios, no controlados), cuya posibilidad como en toda enfermedad infecciosa se da dependiendo de diferentes mecanismos: uno es el agente infeccioso y otro la respuesta del huésped.

La Dra. Flora Luna, por su parte, señaló, que existe la posibilidad de reacciones adversas con esta vacuna, lo que se incrementa con los adyuvantes como el Escualeno (núcleo básico del colesterol, y que su uso en vacunas se asocia a problemas de tipo inmunológico y endocrino) y Polisorbato 80 cuestionados adyuvantes, y sino el también cuestionado preservante Timerosal (etilmercurio).

Componentes de estas vacunas que han reportado reacciones adversas en el hemisferio norte, entre setiembre y noviembre del 2009, en países donde se realizo la campaña de vacunación como Holanda, Suecia, Francia y España.

"La mayor parte de cuadros de infecciones virales dentro de ellos la influenza son casos leves, autolimitados, algunos moderados que requieren solo de tratamiento sintomático. Lo que debe enfatizarse son las campañas educativas a la población" afirmó.

De acuerdo a la indicación del MINSA en una primera fase deberían vacunarse niños mayores de 6 meses, gestantes, trabajadores de salud; en una segunda fase adultos mayores con morbilidad. En este último grupo predominan los diabéticos y los hipertensos quienes por su enfermedad de fondo ya presentan alteración endotelial (daño del epitelio de los vasos sanguíneos).

La aplicación de la vacuna no protege de la infección de una epidemia de A H1N1 porque las cepas mutan constantemente; sin embargo, conlleva el riesgo de desarrollar reacciones adversas que

pueden ser graves si existe una base de disfunción endotelial. Las reacciones al escualeno no son inmediatas, sino que pueden presentarse tiempo después como fue demostrado en la campaña de vacunación experimental de los combatientes de la guerra del Golfo quienes presentaron Síndrome de Guillén Barre motivo por el cual la FDA suspendió el uso de escualeno, en el 2004.

De otro lado, la AMP sostiene que el Consejo Europeo ha abierto un debate cuestionando la decisión de la OMS sobre su accionar durante la epidemia de A H1N1, como el cambio en la definición de pandemia, que ha conllevado a decisiones alarmistas en salud pública como las que estamos experimentando. Así mismo, al Dr Albert Osterhaus asesor principal de la OMS, sobre el virus de la influenza, se le ha descubierto serios conflictos de interés, por su relación con laboratorios fabricantes de estas vacunas. (Revista Science 19 Octubre 2009)

La Asociación Medica Peruana concluye que la campaña de vacunación contra el influenza A H1N1 no tiene ningún sustento técnico; ni epidemiológico; la incidencia y letalidad de casos reportados no justifica el riesgo de la población de desarrollar reacciones adversas a una vacuna que no va a evitar la enfermedad.

Además, nuestro país carece de un Fondo de Compensación (indemnización) por reacciones adversas a las vacunas de aplicación obligatoria, como en EEUU. Por lo tanto, por esta decisión del gobierno en relación a esta vacuna nueva, ¿quién y cómo se responsabilizará por los daños?

=>

Pandemia No Hay Ninguna: ¡Detengan La Vacuna!
La pandemia es un alarde y la vacuna es un fraude

Andrea Santander

Rechazo de Asociación Médica Peruana a la Vacuna AH1N1
Peruvian Medical Association rejects AH1N1 vaccine

Detengan La Vacuna! – 22 March 2010, 17:02
https://web.archive.org/web/20100325171632/http://detenganlavacuna.wordpress.com/
http://detenganlavacuna.wordpress.com



The Telegraph

Kate Devlin

Swine flu: World Cup supporters 'should have vaccination'

The Telegraph, 18 March 2010, 5:45PM GMT
https://web.archive.org/web/20100322200509/https://www.telegraph.co.uk/health/healthnews/7474223/Swine-flu-World-Cup-supporters--should-have-vaccination.html

Experts warn that with the southern hemisphere due to begin its flu season, those who have not had the jab could be leaving themselves at risk.

Officials have changed the rules on the vaccination so that those travelling to the southern hemisphere can now get the injection from their GP.

Previously the jabs were given only to those in the groups thought most at risk.

These included NHS staff, pregant women, those with underlying health conditions and healthy children aged between six months and five years.

Experts have predicted that there could be a "third wave" of the pandemic in Britain this winter.

They point out that the last pandemic, in the late 1960s, was more serious during the second year of the outbreak than the first.

Sir Liam Donaldson, the Chief Medical Officer for England, said: "The next 'flu season in the southern Hemisphere will be starting soon and the pandemic 'flu virus is expected to return.

"Travellers should protect themselves by getting the vaccine well before they travel.

"Those attending the World Cup in South Africa in June should also take advantage of the protection the vaccine can offer."

VOANews.com ENGLISH
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Lisa Schlein

Dozens of Countries to Receive Swine Flu Vaccine

Voice of America, Geneva, 20 March 2010
https://web.archive.org/web/20100325065551/http://www1.voanews.com/english/news/health/Dozens-of-Countries-to-Receive-Swine-Flu-Vaccine-88722057.html

The World Health Organization says it is stepping up the delivery of millions of doses of H1N1 Swine flu vaccine to dozens of developing countries. WHO says about one dozen African countries will be among the recipients.

The World Health Organization says so far, it has delivered more than four million doses of the H1N1 swine flu vaccine to 17 countries. The stocks are among 180 million doses of the vaccine donated to the WHO from pharmaceutical companies and industrialized countries.

WHO spokesman Gregory Hartl says 95 developing countries have requested the vaccine. And he says in the coming weeks the WHO plans to ship millions of doses to some 25 countries in Africa, Central America and Eastern Europe.

"The countries were identified and the countries then had to express interest themselves," said Hartl. "So, they asked. So, it is their wish to receive the vaccine. And so those countries, which are ready and have expressed the wish, are those that will get it first. So, obviously, there are some countries that are further along then others."

Mongolia, Azerbaijan and Afghanistan were the first three countries to receive donations of H1N1 vaccines. Hartl says Togo, on Thursday, became the first African country to receive the vaccine. He says more African countries will follow, including Nigeria, Kenya and South Africa.

The World Health Organization says nearly 17,000 people in more than 213 countries and territories are confirmed as having died from H1N1 Swine Flu. It says the most active areas of pandemic influenza transmission continue to be in Southeast Asia and West Africa.

WHO says 167 deaths have been confirmed in Africa. Limited data suggests the spread of the pandemic flu virus has not yet peaked in West Africa. And localized outbreaks of the disease recently have been reported in parts of East Africa, particularly in Rwanda.

Hartl says countries have to meet certain criteria before they can become eligible to receive the donations.

"There have to be in place at each country level a national deployment plan that has certain elements in it in order to ensure that when the vaccine arrives in the country, it actually is received properly in cold storage and then distributed properly. So, there were a number of steps that had to be gone through. And, that is also then how quickly a country goes through these steps determines in part how quickly it gets the vaccine," he said.

Hartl says countries will receive enough vaccine to immunize up to 10 percent of the population. That includes health care workers, pregnant women and young people, who are at high risk of getting the disease.

The World Health Organization says it has delivered a first shipment of vaccine to Cuba, which has reported 54 deaths from H1N1, the greatest number in the Caribbean. It says Nigeria, Africa's most populous country, will receive about 2.8 million doses.

THE FLU CASE

Andrea Santander

Chile: Mass Swine Flu vaccination campaign starts today

The Flu Case, 22 March 2010, 17:02
https://web.archive.org/web/20100525024907/http://www.theflucase.com/index.php?option=com_content&view=article&id=3110%3Achile-mass-swine-flu-vaccination-campaign-starts-today-reports-andrea-santander&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Chile's Minister of Health is planning to role out the mass swine flu vaccination campaign from today.

The schedule is:

(1) From March 22th: Vaccination for all health workers in government employment.

(2) From March 29th to April 11th: Vaccinations for all pregnant women of 13 weeks and for kids between 6 months to 2 years old.

(3) Between April 12th and April 30th: All senior population older than 65 years old and chronical sick people.

Extra Vaccination: Special vaccinations will occur for kids in school from 2 years old to 14 years old.

This is in the regions more affected by earthquake (we´ve had a huge 8.8 earthquake on February 27th), and this means from region 6th to 9th.

Mobile vaccination centers will be settled.

The former government had planned to give the the swine flu shot to 2 million people, but the new government has set a target of 4 million people.

Chile has a population of around 16 million people.

THE DAILY JOURNAL

Cuba to vaccinate more than 1.1M against swine flu

The Daily Journal, 27 March 2010
https://www.smdailyjournal.com/news/world/cuba-to-vaccinate-more-than-1-1m-against-swine-flu/article_0710e03c-512b-5155-abc7-1212c0ffd405.html

HAVANA – Cuba will begin vaccinating nearly 10 percent of its citizens against swine flu next week, reversing its previous skepticism about the high cost and effectiveness of immunization to combat the virus.

Communist Party newspaper Granma said Friday that the vaccinations will come in two waves, the first beginning April 1. More than 1.1 million Cubans deemed particularly vulnerable to swine flu will get them in a country of about 11.4 million.

The vaccinations come from stocks *donated by the World Health Organization*.

Granma said about 80,000 of those to receive the vaccine are *pregnant women*. The list also includes *health and education workers*; airport employees and others who come into contact with foreigners; and islanders 6 months and older who suffer from specific health problems that swine flu can exacerbate.

President Raul Castro said in late December that 41 *Cubans had died of swine flu*. Officials have released no additional statistics.

Most of those killed by the virus suffered from chronic ailments and came into contact with visitors from the U.S., Mexico or other countries hit especially hard by the flu outbreak, the government says.

Health officials said last summer that Cuba preferred to rely on the army sealing off areas where the virus was spreading and mass quarantines to fight swine flu — rather than using imported vaccines that would be expensive and potentially only minimally effective.

Authorities softened that stance dramatically, however, after WHO Secretary-General Margaret Chan said during a visit to Havana in October that the organization would distribute 200 million doses of swine flu vaccine to 100 developing countries, including Cuba.

STANDART NEWS

Tanya Marinova, Nadia Pankova

Swine Flue" Topples down Bulgaria's Health Minister

Standard, 31 March 2010
https://web.archive.org/web/20100726161759/http://paper.standartnews.com/en/article.php?d=2010-03-31&article=32664

The swine flu overthrew a Bulgarian minister. Bozhidar Nanev - minister of health tabled his resignation after the prosecution's office accused him of signing an unprofitable deal. "With that deal the minister has defrauded the state revenue by 2.5 million leva (1 euro=1.95 leva)," announced Margarita Nemska - monitoring prosecutor on the first case against a minister from the incumbent cabinet. She explained that Bozhidar Nanev has signed two contracts for delivery of "Tamiflu" - vaccine combating swine flu, at a price was much higher than the offered by another company.

The delivery of medicines occurred a month and a half after the officially announced end of the flue epidemics.

"The case is really a very grave one," Nemska was explicit.

Nanev's case has been investigated by agents from the State Agency for National Security and the PM reportedly ordered the checks personally. A day ago SANS discovered the fraud and reported to Bulgaria's Prosecutor General who ordered an investigation and according to the conclusions of the prosecutors, charges were launched.

Danuta M. Skowronski, Gaston De Serres, Natasha S. Crowcroft,
Naveed Z. Janjua, Nicole Boulianne, Travis S. Hottes, Laura C. Rosella, etc.

Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada

PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.1000258
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258

Abstract

Background: In late spring 2009, concern was raised in Canada that prior vaccination with the 2008–09 trivalent inactivated influenza vaccine (TIV) was associated with increased risk of pandemic influenza A (H1N1) (pH1N1) illness. Several epidemiologic investigations were conducted through the summer to assess this putative association.

Findings: ... estimates from the sentinel and three other observational studies, involving a total of 1,226 laboratory-confirmed pH1N1 cases and 1,505 controls, indicated that *prior receipt of 2008–09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring–summer 2009*, with estimated risk or odds ratios ranging from 1.4 to 2.5. Risk of pH1N1 hospitalization was not further increased among vaccinated people when comparing hospitalized to community cases.

Conclusions: Prior receipt of 2008–09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring–summer 2009 in Canada. The occurrence of bias (selection, information) or confounding cannot be ruled out. Further experimental and epidemiological assessment is warranted. Possible biological mechanisms and immunoepidemiologic implications are considered.

In summary,
we report findings from four epidemiologic studies in Canada showing that *prior receipt of 2008–09 TIV was associated with increased risk of medically attended pH1N1 illness during the spring–summer 2009*. Bias cannot be ruled out in observational studies, and therefore these findings cannot be considered conclusive. If these observations do reflect a real biological effect, however, they raise important questions that warrant further scientific investigation.

Cécile Viboud, Lone Simonsen

Does Seasonal Influenza Vaccination Increase the Risk of Illness with the 2009 A/H1N1 Pandemic Virus?

PLOS Medicine, 6 April 2010 // https://doi.org/10.1371/journal.pmed.1000259
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000259

Unexpected Findings in a Sentinel Surveillance System

The spring 2009 pandemic wave was the perfect opportunity to address the association between seasonal trivalent inactivated influenza vaccine (TIV) and risk of pandemic illness. In this issue of *PLoS Medicine*, Danuta Skowronski and colleagues report the unexpected results of a series of Canadian epidemiological studies suggesting a counterproductive effect of the vaccine [4]. The findings are based on Canada's unique near-real-time sentinel system for monitoring influenza vaccine effectiveness. Patients with influenza-like illness who presented to a network of participating physicians were tested for influenza virus by RT-PCR, and information on demographics, clinical outcomes, and vaccine status was collected. In this sentinel system, vaccine effectiveness may be measured by comparing vaccination status among influenza-positive “case” patients with influenza-negative “control” patients. This approach has produced accurate measures of vaccine effectiveness for TIV in the past, with estimates of protection in healthy adults higher when the vaccine is well-matched with circulating influenza strains and lower for mismatched seasons [5]. The sentinel system was expanded to continue during April to July 2009, as the pH1N1 virus defied influenza seasonality and rapidly became dominant over seasonal influenza viruses in Canada.

...

Policy Implications and a Way Forward

The putative association between seasonal vaccination and 2009 pH1N1 illness remains an open question, given the conflicting evidence from available research. Canadian health authorities debated whether to postpone seasonal vaccination in the autumn of 2009 until after a second pandemic wave had occurred, but decided to follow normal vaccine recommendations instead, in part because of uncertainty about a resurgence of seasonal influenza viruses during the 2009–10 season [17]. This illustrates the difficulty of making policy decisions in the midst of a public health crisis, when officials must rely on limited and possibly biased evidence from observational data, even in the best possible scenario of a well-established sentinel monitoring system already in place.

INDEPENDENT

Alistair Dawber

Government cuts H1N1 vaccine order by two-thirds

Independent, 7 April 2010, 00:00 BST
https://www.independent.co.uk/news/business/news/government-cuts-h1n1-vaccine-order-by-twothirds-1937544.html

The Department of Health and GlaxoSmithKline yesterday agreed to cut the number of doses of swine flu vaccine the Government will buy from the group by about two-thirds, after the H1N1 virus proved to be far less devastating than first feared.

Last year, when concerns about the the virus were high, the Government ordered enough vaccine for everyone in Britain from GSK and the US pharmaceutical group Baxter. Health officials yesterday said that they would now take just 34.8 million doses of GSK's treatment, after initially ordering 90 million batches. The company had recommended at the start of the pandemic that each patient take two doses of the drug. The Government terminated its contract with Baxter in February.

"This deal means that the UK will save approximately one third of the original value of the orders with GSK," said the Health Secretary, Andy Burnham. "I am pleased we have reached an agreement that is good value for the taxpayer and means the department has retained a strategic stockpile to protect the UK population without incurring a cancellation fee."

While the Government is not paying a cancellation fee, it is paying substantially more per dose for the vaccine. GSK said that the Government would receive other treatments, such as H5N1 *bird flu* vaccine and courses of the anti-viral Relenza, to balance the deal.

The Department of Health said that the UK now has a stockpile of 23.6 million doses and confirmed that those deemed vulnerable to the virus, such as pregnant women and health workers, would continue to get the drug. The Government said it would donate 3.8 million batches of swine flu vaccine to the World Health Organisation.

Both the Government and GSK have refused to say how much the UK has paid for swine flu vaccine. A Freedom of Information request submitted by The Independent to force the Government to disclose how much it was paying per dose was rejected on the grounds that the details would "prejudice the commercial interests" of GSK and the Government's ability to negotiate with its commercial partners.

GSK has charged governments on a sliding scale, from €7 for the most developed economies, to 50 million free doses submitted for distribution by the World Health Organisation. The UK was offered a discount, but the size of the cut has not been made public.

Yesterday's deal is the result of lengthy negotiations between the Government and GSK and follows similar action from the German authorities, who agreed to take and pay for 70 per cent of its original order in January.

GSK is in talks with a number of other administrations over plans to par back vaccine orders. A host of northern hemisphere countries are known to want to slash orders after the initial spike in incidents of swine flu cases quickly tailed off. Among them, France, Belgium and Spain are thought to be in talks with GSK.

The company said that it would not be altering its earnings estimates for 2010, saying that it expects to see swine flu vaccine sales of about £880m this year, a similar amount to 2009.

The New York Times

H1N1 Vaccine, Still Available

The New York Times, 7/8 April 2010, A30
http://www.nytimes.com/2010/04/08/opinion/08thu3.html

[*Editorial*]: Just a few months ago, nervous Americans were clamoring for access to vaccines that could protect them against the swine flu. Now there is a glut of vaccine available, and American health officials are renewing their calls for more people to get vaccinated – just in case the virus resurges in coming months.

Meanwhile, the World Health Organization is scrambling to defend itself against baseless charges that it conspired with the pharmaceutical industry to exaggerate the dangers. Our fear is that the public and officials will get blasé about the next flu outbreak.

Efforts to rush vaccine into production did not go well. This dry run should lead health officials to push the vaccine makers even harder to adopt new technologies that can turn out vaccine more quickly. International organizations should also streamline procedures for transferring excess vaccine from advanced countries that typically buy up almost all of the supply to poorer nations whose citizens are at risk.

The swine flu virus first burst into public consciousness about a year ago when it sickened and killed people in Mexico and soon spread elsewhere, leading the W.H.O. to declare that a pandemic was under way. That was not based on the virus's virulence. Most of the early cases were relatively mild, but there was no way of knowing how bad it might get. It was instead based on the geographic reach of the virus and the fact that it was a new strain, which meant a vast majority of people had no immunity against it.

American health officials began a vigorous effort to vaccinate half the population and pushed manufacturers to speed production of a vaccine. The manufacturers couldn't supply vaccine as fast as needed. Luckily, the outbreaks proved relatively mild, and it turned out that a single dose of vaccine would provide protection for most people, another reason for the current glut. Now the epidemic appears to be waning in most, but not all, areas of the country, further diminishing demand for the vaccine.

Despite the excess vaccine, it would be wrong - and dangerous - to fault health authorities for the steps they took to protect their populations. Had the virus been more lethal, the penalty for late delivery and insufficient supplies of vaccine would have been a public health catastrophe. We may not get as lucky next time.

INQUIRER.NET

Anna Valmero

RP to get 1.9M doses of A(H1N1) vaccine

Inquirer, 7 April 2010, 17:17
https://web.archive.org/web/20100409010909/http://newsinfo.inquirer.net/breakingnews/metro/view/20100407-262911/RP-to-get-19M-doses-of-AH1N1-vaccine

Manila, Philippines – Health Secretary Esperanza Cabral said Wednesday that the Philippines will receive anytime this week about 1.9 million doses of vaccines against A(H1N1) flu virus, which will be distributed to high-risk groups.

Cabral said the vaccines donated by the World Health Organization (WHO) will be distributed for free among high-risk groups individuals such as those who are pregnant, health workers, children below five years and the elderly.

She said the DoH will post notices at barangay (village) health centers to notify high-risk groups of their vaccination schedule.

Under WHO guidelines, at least ten percent of the general population or 9 million Filipinos should be able to avail of the A(H1N1) vaccination but high-risk groups will be given priority.

Mail Online

Jenny Hope

How £ 300 million was squandered on swine flu jabs that we didn't need

The Daily Mail, 8 April 2010, 00:47
http://www.dailymail.co.uk/news/article-1263975/Swine-flu--300m-squandered-jabs-didnt-need.html#ixzz0kT9ejScp

Up to £300million of taxpayers' money has been wasted on swine flu jabs that were never needed.

Ministers ordered 90million doses of a vaccine last year at a cost of £540million as panic over the illness gripped the country.

But as the 'pandemic' failed to materialise it soon became clear that the order was far too large.

The Department of Health tried to get out of the enormous contract but the drug firm, GlaxoSmithKline, refused to back down.

Yesterday the Government announced it had signed a compromise deal that caps the number of shots of Pandemrix at 34.8million - but, astonishingly, at twice the price first agreed.

It means the Government will pay for two-thirds of the original deal but only receive just over a third of the doses.

The mild nature of the illness meant only 5.1million doses have been used.

The deal was yesterday criticised by the Tories and pressure groups, who said it proved the Government had mismanaged the seven-month outbreak.

The Department of Health ordered enough vaccine to cover the entire population, with three-quarters to be supplied by GlaxoSmithKline.

But it did not have a break clause in the contracts signed with GSK - unlike with the drug firm Baxter, which had its order cancelled for all but nine million of 36million doses.

The cost of the original GSK order has never been revealed but at £6 a dose it could have reached £540million.

The contract is now being capped at 34.8million doses, including those already received, with a one-third cut in the price.

The Department of Health also announced yesterday there would be no cancellation fee.

Under the agreement, the Government will also purchase an as yet undefined amount of the H5N1 bird flu vaccine as well as courses of GSK's anti-viral flu treatment Relenza.

Health Secretary Andy Burnham insisted that 'significant savings' had been made.

'I am pleased we have reached an agreement that is good value for the taxpayer and means that the department has retained a strategic stockpile to protect the UK population without incurring a cancellation fee,' he said.

'This both protects the public purse and ensures the UK remains at the forefront of pandemic preparedness worldwide.'



Britain will donate 3.8million doses of the vaccine to the World Health Organisation for use in Africa ahead of the rainy season.

Tory health spokesman Andrew Lansley accused Gordon Brown of 'seeking to bury bad news' on the day the election was called.

'This is a careless waste of precious NHS money,' he added.

'Labour failed to ensure there were proper break clauses in the contracts which means that British taxpayers have got an extremely bad deal.'

The TaxPayers' Alliance strongly criticised the mismanagement of the seven-month outbreak.

Chief executive Matthew Elliott said: 'It's an outrage that the Government has squandered millions of pounds of taxpayers' cash because they did a poor job of negotiating the contract for the swine flu vaccine.

'That money could have gone towards life-saving drugs for NHS patients but instead we have a huge stock of surplus vaccines and an excessive bill for doses we never needed.

'While there is obviously a margin of error in any assessment of the possible need for pandemic vaccines, this is an eye-watering amount of money to waste.'

Simon Jose of GlaxoSmithKline said: 'Understanding of the H1N1 pandemic has significantly evolved since the declaration (of a pandemic) by the World Health Organisation last June and we recognise that governments' needs and public health priorities are changing.

'We are committed to working with them to respond to their needs as the pandemic evolves and find appropriate and fair solutions.

'In line with these principles, we are pleased to have reached a settlement, which has been mutually agreed as representing fair value for the UK Government and for GSK.'

The drug firms that cashed in on a 'crisis'

The Mail investigated in February how drug firms, the World Health Organisation and ministers helped stoke fears of the swine flu 'pandemic'. Here is an abridged version of our disturbing findings:

Scientists and pharmaceutical companies that profited from the swine flu scare stand accused of grossly exaggerating the risks of the outbreak.

In Britain it was predicted up to 65,000 would die from the virus. The Government sprang into action and spent £1billion stockpiling anti-virals such as Tamiflu and ordering enough vaccines to give two doses to every man, woman and child.

The National Pandemic Flu Service or 'Swine Flu Hotline' was set up to take the pressure off GPs and 'diagnosed' 1.7million as suffering from the illness. Of these 1,125,000 collected free Tamiflu prescriptions.

The Government also launched a mass vaccination programme which gave 4.25million the jab and stockpiled between 90 and 120million doses of the vaccine.

But the Doomsday scenario never unfolded. Just 457 people died of swine flu, but as 80 per cent of these had underlying health problems, only around 100 died of swine flu alone.

The Government argues this relatively small impact is thanks to its prudence.

But in Poland, which refused to inoculate against swine flu, only 150 people died from the illness out of a 40million population.

And research suggests as many as eight out of ten people diagnosed with swine flu by the hotline did not have it.

This means more than 800,000 of the million-odd packets of Tamiflu were given needlessly.

The World Health Organisation stands accused of announcing 'a false pandemic' in June last year.

Critics claim the drug firms manipulated the WHO into downgrading its definition of a pandemic so they could cash in.

In all, the companies behind the vaccines and anti-virals will pick up an estimated £4billion windfall from swine flu.

GlaxoSmithKline has revealed sales of its H1N1 vaccine reached £835million in the fourth quarter of last year.

In the same period, Novartis notched up vaccine sales of more than £800million, the vast majority from H1N1 sales.

Swiss drugs firm Roche reported profits up 14 per cent to £8.89billion last year, helped by sales of Tamiflu.

These companies vehemently deny having influenced the way in which the swine flu pandemic was managed.

Scientists warn it is far too early to say that the threat from the H1N1 virus is over and that next winter swine flu will return.

But with a perception that the scientific community has cried wolf one too many times, the fear is that individuals will be less inclined to follow such advice.

BELLEVILLE
THE INTELLIGENCER

Luke Hendry

Governments wasted millions on H1N1 advertising: Schabas

The Intelligencer, 8 April 2010, 10:10:16 EDT AM
https://web.archive.org/web/20160604173319/http://www.intelligencer.ca/2010/04/08/governments-wasted-millions-on-h1n1-advertising-schabas

The federal and Ontario government wasted millions of dollars with badly-timed advertising for H1N1 influenza shots, the local medical officer of health says.



"The real problem is not so much how much money was spent but how the money was used and when it was used," Dr. Richard Schabas said Wednesday.

"A great deal of the advertising and in fact most of the immunization happened after the problem had essentially come and gone."

Government figures obtained through a federal information request by The National Post showed the Canadian government spent $37 million on advertising and other communication about last year's flu outbreak.

The newspaper quoted an estimate showing the Public Health Agency of Canada spent $322 million on pandemic campaign. Hundreds of millions more were spent by provinces and their health units on vaccine and advertising, the report said, putting the total federal and provincial H1N1 spending at a minimum of $1 billion.

Schabas told The Intelligencer much of the vaccinations themselves came too late – the vaccine wasn't available when the outbreak arrived earlier than the usual flu season. He questioned the need for the extensive advertising for something he said may not have been necessary in the first place.

"People should understand that the H1N1 outbreak in Canada and Ontario and certainly Hastings and Prince Edward Counties reached its peak in the last week in October and by the middle of November there was really no value in immunization," he said. "But the provincial government and the federal government persisted promoting immunization long after the danger had passed and spent a great deal of money doing that."

"The lesson is look at the evidence and base your decisions on the evidence, not on pre-existing plans. If you have a plan that you wrote years ago and you just stick to that regardless of changing circumstances you're going to end up frightening people unnecessarily, disrupting people's lives and wasting money."

Schabas has long been a critic of government response to pandemics. Prior to the fall H1N1 outbreak, he predicted it would not cause significant illness and related problems. Statistics later showed that to be the case.

He said his latest comments weren't intended to remind governments he and others were correct in earlier critiques, but that the outbreak's results were predictable.

"This is not an observation in hindsight," said Schabas.

"The evidence was there and at least some people, including me, spoke out about this before the fact and not just after the fact."

Debra Lynkowski, chief executive officer of the Canadian Public Health Association, defended the advertising campaign.

She said it would have been needed had the outbreak been worse.

"It's the difference between dealing with the health of an individual and dealing with the health of a population," she told The Post.

"If we hadn't implemented the plan and we hadn't invested and the outbreak was more severe, we can only guess what the price might have been in human lives or the health-care system."

Schabas dismissed that stance.

"That's a little bit like saying, 'If the Maple Leafs had won the Stanley Cup we wouldn't have been prepared for the victory parade,'" he said.

"This is not a what-if situation anymore. The facts are there. And the facts are very clear. The fact is the outbreak wasn't worse. In fact it was predictable it wasn't going to be worse. The vaccine didn't arrive until at or after the peak of the outbreak.

"Canada did more immunization, I think, than did any other country in the world.

"Poland did no immunization at all ... and their rates of disease were about the same as ours."

THE FLU CASE

UK government to buy bird flu vaccine

The Flu Case, 9 April 2010

https://web.archive.org/web/20100613225210/http://www.theflucase.com/index.php?option=com_content&view=article&id=3252%3Auk-government-to-buy-bird-flu-vaccine&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The UK government has committed itself to buying an unspecified amount of bird flu vaccine from GlaxoSmithKline as well as to replacing its depleted stocks of Relenza, as part of a deal with the pharmaceutical company limiting the purchase of swine flu vaccine.

GlaxoSmithKline: H1N1 hype unfounded as UK caps vaccine order

Apr 08, 2010 (Datamonitor via COMTEX) – Following poor uptake of the vaccine in several European markets, the UK Department of Health has opted to limit its H1N1 contract with GlaxoSmithKline to 34.8 million doses. Despite the media hype surrounding the influenza outbreak, the mild course of the pandemic and negative public opinion of the vaccine means that its commercial impact will be significantly reduced.

The UK government's restriction of its order at 34.8 million doses includes those already received. As part of the deal with GlaxoSmithKline, the government will purchase the H5N1 vaccine against bird flu and replace the antiviral stocks of Relenza (zanamivir) that were used during the outbreak.

The influenza A (H1N1) pandemic began in Mexico, where the first cases of an influenza-like illness of unknown origin were reported in mid-March 2009. The infection spread throughout Mexico and the US in the following weeks. Initially, H1N1 seemed to be associated with a high fatality rate and a sufficient supply of H1N1 vaccine became a key concern for governments and health authorities. Consequently, most countries, including the seven major markets, invested huge amounts in vaccine supply contracts.

Public awareness campaigns, press coverage of H1N1 and a fear of a 1918 or H5N1-like influenza pandemic created political pressure and further contributed to the stockpiling of vaccines by respective governments. This translated into a large commercial windfall for the major flu vaccine players, namely GlaxoSmithKline, Sanofi Pasteur and Novartis. In 2009, their combined pandemic flu sales amounted to $3 billion.

The cap in the vaccine order by the UK government is the result of several factors. Initial fears of a clinically severe pandemic have subsided over recent months, and despite the rapid spread of the virus, the course of disease has been mild to moderate in most patients. Furthermore, vaccine uptake has been limited, particularly in Europe, and governments have tried to re-negotiate with manufacturers in order to cut back on the supplies that were initially ordered.

This appears to have been a less of an issue in the US, where coverage amounted to approximately 25% of the total population. Across Europe, however, coverage rates have been less than 10%; in the UK, it is estimated that only 5.5 million doses of H1N1 vaccine were used. One explanation for this may be the use of new technologies such as adjuvants in manufacturing the H1N1 vaccine for the European markets. The lack of long-term safety data for such technologies has led to a negative public opinion, and therefore poor uptake.

Thus, despite the hype surrounding the H1N1 pandemic, its commercial impact for the major vaccines players will be significantly lower than expected. Additionally, the poor uptake of the vaccine has also resulted in losses for those governments which invested substantial amounts in supply contracts.

La grippe A(H1N1) a dopé la recherche dans les vaccins

RTBF.Info, 21 Avril 2010, 20:53
https://web.archive.org/web/20100424221815/http://www.rtbf.be/info/societe/sante/la-grippe-h1n1-a-booste-la-recherche-dans-les-vaccins-209432

Forts des leçons tirées de la pandémie de la grippe H1N1, autorités sanitaires et laboratoires aux Etats-Unis accélèrent le développement de nouvelles techniques de production de vaccins plus rapides et fiables que les méthodes traditionnelles.

Il s'agit des vaccins à base de cultures cellulaires et ceux plus récents produits grâce à des techniques de recombinaison génétique.

"*Nous n'avons jamais été dans une position aussi favorable pour créer de nouveaux et meilleurs vaccins*", a déclaré cette semaine Kathleen Sebelius, la ministre américaine de la santé à l'occasion du premier anniversaire de la découverte du nouveau virus (A) H1N1.

L'une des leçons de la dernière pandémie (...) a été de confirmer la nécessité de "*faire entrer la technologie de développement et de production de vaccin anti-grippe dans le XXIe siècle*", a expliqué à l'AFP le Dr Anthony Fauci, directeur de l'Institut américain des maladies infectieuses et des allergies (NIAID), partie des Instituts nationaux de la santé (NIH).

Le gouvernement américain investit des milliards de dollars dans le secteur privé sous forme de partenariats pour encourager cette conversion qui permettra de mieux combattre les futures pandémies qui sont imprévisibles et aussi inéluctables, a-t-il dit.

Il a rappelé que malgré la rapidité de la mobilisation aux Etats-Unis en 2009 pour identifier le nouveau virus (deux semaines et demi), isoler la souche pour être cultivée dans des oeufs, et procéder aux essais cliniques, il n'a pas été possible de produire le nombre de doses prévues car ce pathogène se développait lentement.

Bien que prouvée, la technologie traditionnelle "*à base d'oeuf reste fragile et soumise à des aléas qui sont hors de contrôle*", a observé le Dr Anthony Fauci.

Cette conversion vers de nouvelles techniques de production de vaccins se fera en deux phases avec tout d'abord le développement de la production de vaccin anti-grippe à partir de cellules animales, a-t-il poursuivi.

Ce processus n'est pas beaucoup plus rapide -quelques semaines à un mois de moins- mais est beaucoup plus prévisible et fiable, a expliqué cet infectiologue. Avec des oeufs, la production de vaccin peut prendre de six à neuf mois.

Supprimer la culture de virus

Mais l'objectif ultime est de convertir entièrement la production de vaccins anti-grippe basée sur la recombinaison génétique qui ne nécessite plus de cultiver un virus pour fabriquer un vaccin.

Cette technologie moléculaire permettra de produire très rapidement des vaccins, probablement en deux mois, a prédit le directeur du NIAID.

"*Nous devons maîtriser la technologie qui est à la mesure de notre réponse aux grandes menaces sanitaires mondiales*", a-t-il insisté.

Le Dr Fauci a cité l'exemple du laboratoire de la firme pharmaceutique suisse Novartis qui construit une usine en Caroline du Nord, avec des subventions du gouvernement fédéral, pour produire dans un délai raisonnable des vaccins à base cellulaire.

Le Ministère américain de la santé, qui coiffe les NIH, a passé aussi passé plusieurs contrats avec des firmes de bio-technologie comme Protein Sciences Corporation pour mettre au point des vaccins basés sur la recombinaison génétiques, a-t-il précisé.

Selon lui "*on verra les premiers vaccins produits ainsi, à destination humaine, d'ici environ un an*".

Le "*Saint Graal*" reste toutefois le développement d'un vaccin anti-grippe universel efficace d'une pandémie à l'autre, a noté ce chercheur estimant que cela est possible. "*Mais cela prendra entre cinq et dix ans*", a-t-il prédit. **AFP**

=> Englisi version

Ananya Mandal

Swine flu vaccine blues

News Medical, 22 April 2010
https://www.news-medical.net/news/20100422/Swine-flu-vaccine-blues.aspx

Exactly a year after the swine flu outbreak vigilance, newer vaccine techniques and other measures are being emphasized by researchers and key decision makers. Dr. Harvey Fineberg, chairman of the World Health Organization's pandemic review committee and President of the U.S. Institute of Medicine says, we need to look at the past to learn from it. "This is one of the really, I would say, 'sine qua non' of a fair assessment…You have to look at each decision from the vantage point of what was understood and known at that time. You still may be very critical, or you may be laudatory or you may be somewhere in between. But it's certainly inappropriate to look at it from a vantage point after the fact…Even prospectively you can still attend to errors of calculation and insufficient utilization of available information, failure to outline all of the options, failure to think about alternatives, failure to communicate successfully…That's part of what I hope we'll look into. And part of what I hope we can maintain as a committee, is this sense of looking retrospectively but with a prospective attitude." The pandemic had assumed huge proportions with over 12,000 Americans affected with H1N1 infections so far and WHO reports that nearly 18,000 people have died worldwide.

This statement comes after the critics' protests of wastage of precious tax-payers funds by procuring vaccines that remained unused and suggestions related to vaccine manufacturers who were hand in glove with the decision makers in creation of this over-hyped panic situation. The current review committee with 29 people from different countries assesses the situation of the swine flu scare. The committee, which met for the first time last week, is to report to WHO Director General Dr. Margaret Chan in time for her to present the findings to the World Health Assembly – the WHO's annual meeting – in May 2011.

Promises of new vaccine

Researchers are also looking into newer flu vaccine techniques for more effective coverage. According to US Health and Human Services Secretary Kathleen Sebelius, "We have never been in a stronger position to create new and better vaccines." Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health also believes that the pandemic served to "bring the technology of influenza vaccine development and manufacture into the 21st century." Fauci also said that there has been a partnership with Novartis in building a cell-based flu vaccine production unit in North Carolina. "It will be a gradual process," he said. "In the next year or so, you will be seeing some of these recombinant products ready to be used in humans," he said.

Surplus of spoiling vaccines

In another development the British Columbian government is looking to recover at least some of the $20-million swine flu vaccines that are spoiling before their expiry dates and have to be disposed. There are a surplus of 2.5 million doses that were promised to last one and a half year and are spoiling at six months. The government is in talks with manufacturer GlaxoSmithKline about recovering some of the cost. B.C. Health Living Minister Ida Chong said in a statement on Wednesday, "We're

working … to see what we can do to find out if there is any kind of recovery….No one wants to see unused vaccines discarded in this way. Certainly no-one would have expected this, but it was a very novel virus." There were a little over 1000 cases of swine flu in B.C. last year and according to Chong, "It was important that we ordered enough vaccine for all British Columbians, which is what we did."

B.C.'s chief medical health officer, Dr. Perry Kendall said people should make use of this opportunity. "If someone is worried, hasn't been vaccinated, is in a high-risk group, or newly pregnant, I'd suggest they take an opportunity to get the vaccine while we know we have ample supplies this month or next month," he said

News of Tomorrow

Jean-Jacques Crèvecœur

Se préparer au retour en force de la vaccination

News of Tomorrow, 23 avril 2010
https://web.archive.org/web/20100426041152/http://www.newsoftomorrow.org/spip.php?article7958

Madame, Monsieur, Chers amis,

Ce 25 avril 2010, nous célébrons le premier triste anniversaire du début de l'alerte à la pandémie de grippe porcine, rebaptisée grippe mexicaine, puis grippe A H1N1. Les «experts» corrompus de l'Organisation Mondiale de la Santé nous promettaient une hécatombe pire que celle de 1918 ! Et les pantins de Santé-Canada ont cherché tout l'automne à nous terroriser, nous annonçant que 25 à 35 % de la population québécoise serait touchée par le redoutable virus. Un an plus tard, vous n'avez certainement plus envie d'en entendre parler. Et je vous comprends. Moi aussi, j'aurais envie qu'on me foute la paix avec cette mascarade qui a coûté au Canada (c'est-à-dire à nous, les contribuables) plus d'un milliard de dollars. J'aurais envie de retourner à ce qui m'a toujours passionné, à savoir la santé, l'équilibre et la fluidité.

Pourtant, que vous le vouliez ou non, l'OMS continue de nous prendre pour de sinistres crétins en niant l'évidence de sa situation de corruption (voir référence -1), mais en plus, on nous annonce que les autorités sanitaires et les laboratoires états-uniens accélèrent le développement de nouvelles techniques de production de vaccins, à base de cultures cellulaires cancérisées (bonjour l'explosion des cancers dans les prochaines années) et à base de technique de recombinaison génétique (bonjour les humains OGM dégénérés !) (voir référence - 2).

(1) => https://web.archive.org/web/20100417163022/http://www.rtbf.be/info/economie/h1n1-des-experts-de-loms-dementent-toute-influence-du-secteur-pharmaceutique-206750

(2) => https://web.archive.org/web/20100424221815/http://www.rtbf.be/info/societe/sante/la-grippe-h1n1-a-booste-la-recherche-dans-les-vaccins-209432

Quand vous aurez lu ces deux petits articles, vous comprendrez que nous ne pouvons pas prendre ces informations à la légère. Car si nous ne faisons rien, cette vaccination obligatoire à laquelle nous avons échappé de justesse nous retombera sur la figure beaucoup plus rapidement que nous ne l'imaginons, et sans laisser, cette fois, aux lanceurs d'alertes la possibilité d'alerter la population…

Je ne vous cache pas que je suis extrêmement préoccupé et inquiet de ce qui se prépare. Dans ce contexte, il m'est difficile de ne pas me poser certaines questions…

* Pourquoi depuis fin février, plusieurs experts nous annoncent que la prochaine pandémie (prévue l'automne prochain) verra l'arrivée d'un nouveau virus, résultant de l'hybridation du virus de la grippe aviaire (H5N1 – très virulent) et celui de la grippe porcine (H1N1 – très contagieux). Et comment le savent-ils? (référence)

=> https://web.archive.org/web/20100329194832/http://www.businessweek.com/lifestyle/content/healthday/636221.html

Pourquoi le ministère de la santé français a-t-il demandé au professeur Bruno Lina (chef d'un laboratoire de biologie à Lyon – France, conseiller de Roselyne Bachelot et de l'OMS) d'arrêter tous ses travaux en cours pour se concentrer sur l'hybridation du H5N1 et du H1N1? (référence)

=> https://web.archive.org/web/20100501090431/http://www.leprogres.fr/fr/france-monde/article/2859863,192/A-Lyon-on-essaie-de-croiser-les-virus-H1N1-et-H5N1de-la-grippe.html

Pourquoi en Pologne, où la courageuse ministre de la santé a refusé de commandé le moindre vaccin, le nombre de victimes officielles du H1N1 est de 2,6 décès par million d'habitants, alors qu'au Canada, ce nombre est de 12 décès par million d'habitants;

Pourquoi en Europe, le vaccin fabriqué par Glaxo-Smith-Kline fait-il l'objet de beaucoup plus d'effets secondaires déclarés par millions de personnes (référence - 1) qu'au Canada, alors qu'il s'agissait du même vaccin, de la même composition et du même dosage ? Nous cacherait-on des choses ici au Canada? (référence)

=> 1. https://web.archive.org/web/20100531002635/http://www.ema.europa.eu/pdfs/influenza/25590710en.pdf
=> https://web.archive.org/web/20100412091431/http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/addeve-fra.php

Comment se fait-il que personne ne se soit interrogé sur la véritable raison de l'explosion du nombre de patients et de morts aux urgences en février dernier, alors que le Canada détient le record du monde du taux de vaccination?

Pourquoi aucun Québécois n'est descendu dans la rue quand on nous a annoncé qu'il faudra payer pour se présenter aux urgences et qu'il faudra payer, de plus, une taxe de 200 $ par personne (référence-1) pour soutenir les efforts de la santé publique, alors que Santé Canada a dilapidé notre argent pour des vaccins inutiles, dangereux et mortels et que les gouvernements provincial et fédéral ont fait, cet automne, un cadeau de 60 millions de dollars à Glaxo-Smith-Kline pour les soutenir dans leurs efforts de modernisation ? (référence-2)

=> 1- *Budget du Quebec: les contribuables devront payer* - https://web.archive.org/web/20100401210102/ (+) http://biz.branchez-vous.com/actuaffaires/2010/03/budget_quebec_bachand_impot_taxe_tarif.html

=> 2 - *GlaxoSmithKline obtient 20M$ de Québec* - https://web.archive.org/web/20100109023603/http://www. (+) lesaffaires.com/secteurs-d-activite/biotechnologies-et-pharmaceutique/glaxosmithkline-obtient-20m-de-quebec/498273

Pourquoi le docteur Wakefield (célèbre gastro-entérologue anglais interviewé dans le documentaire «Silence, on vaccine») vient d'être condamné et rayé de l'ordre des médecins, alors qu'il avait non seulement établi un lien entre la vaccination ROR et l'autisme, mais aussi qu'il avait soulagé et guéri des centaines d'enfants de l'autisme dont ils étaient atteints ? (référence)

=> https://web.archive.org/web/20100426041152/http://linabmoreco.wordpress.com/2010/02/04/le-lancet-et-le-dr-wakefield/

Pourquoi les articles de ce même docteur ont-ils été retirés des archives du journal dans lequel il les avait publiés (Le Lancet), douze ans plus tard, alors que ses travaux avaient été validés par des comités d'experts indépendants avant publication?

Pourquoi aucun médecin n'avertit les parents du danger mortel que représente le vaccin contre la coqueluche? Pourquoi nous cache-t-on que 70 % des morts subites du nourrisson (cause du tiers des décès des enfants entre 0 et 1 an) surviennent dans les trois semaines qui suivent la vaccination contre la coqueluche? Pourquoi?

Pourquoi ne nous dit-on pas que le mercure présent dans les vaccins occasionnent des dégâts neurologiques irréversibles, rendant l'acquisition des compétences cognitives et intellectuelles beaucoup plus difficile ? Pourquoi personne ne fait-il le lien entre la dégénérescence progressive des enfants et l'alourdissement du calendrier vaccinal ? (référence)

=> https://web.archive.org/web/20100426041152/http://commons.ucalgary.ca/mercury/

Pourquoi persiste-t-on à nous présenter le vaccin contre le papillomavirus comme le miracle anti-cancer du col de l'utérus, alors qu'aucune étude au monde n'a démontré sa capacité à réduire ce cancer qui ne représente qu'un pourcent de la mortalité par cancer chez les femmes ? Pourquoi nous cache-t-on les centaines de morts et les nombreux effets secondaires de ce vaccin coûteux et totalement inutile, tandis qu'on l'impose systématiquement dans les écoles de nos enfants à partir de l'âge de 10 ans?

Plus que jamais, les québécois auront besoin de gens comme vous pour relayer des informations qui pourront les protéger de ces poisons hautement toxiques, lorsque la nouvelle campagne de peur s'abattra sur nous.

Restons debout et conscient, plus que jamais !

Cordialement,

Jean-Jacques Crèvecœur => an English version

THE FLU CASE

We must prepare for another round of forced vaccinations, argues Jean-Jacques Crevecoeur

The Flu Case, 3 May 2010, 11:50

https://web.archive.org/web/20100517152640/http://www.theflucase.com/index.php?option=com_content&view=article&id=3377%3Awe-must-prepare-for-another-round-of-forced-vaccinations-argues-jean-jacques-crevecoeur&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Dear Ladies and Gentlemen,

On 25th April 2010, we mark the first and sad anniversary of the beginning of the swine flu pandemic alert, renamed the Mexican flu, then the influenza A H1N1 The corrupt "experts" in the World Health Organisation promised us a holocaust worse than in 1918! And the puppets in Canada-Health (Santé-Canada) sought throughout the Fall to terrorize us, telling us that 25-35% of Quebec 's population would be affected by the dreaded virus.

A year later, you certainly don't want to hear any more about it. And I understand you. Me too, I want to be left in peace by this charade that has cost Canada (that is to say, us the taxpayers) more than one billion dollars. I want to return to what has always fascinated me, namely health, balance and fluidity.

However, whether we like it or not, the WHO is still taking us for utter idiots by denying the evidence of its state of corruption (see reference), but in addition, we are told that American health authorities and laboratories are accelerating the development of new techniques for vaccine production based on cancerous cell cultures (look forward to an explosion of cancers in the coming years) and based on the technique of genetic recombination (look forward to degenerate GMO human beings!) (see reference).

When you have read these two short articles, you will understand that we cannot take this information lightly. Because if we do nothing, this mandatory vaccination that we have narrowly escaped will come back and hit us much faster than we imagine, and without letting people launch warnings to alert the population this time …

I do not deny that I am extremely concerned and worried about what is going on. In this context, it is hard not to ask questions…

Why since late February, have several experts told us that the next pandemic (expected this fall) will see the arrival of a new virus, resulting from the hybridization of the avian influenza virus (H5N1 - highly virulent) and swine flu (H1N1 – highly contagious). How do they know?

Why did the French Ministry of Health ask Professor Bruno Lina (leader pf a biology laboratory in Lyon - France, advisor for Roselyne Bachelot and the WHO) to stop all ongoing work in order to focus on the hybridization of H5N1 and H1N1?

Why in Poland , where the courageous Minister of Health refused to order any vaccine, was the official number of victims of H1N1 2,6 deaths per million inhabitants, whereas in Canada, the figure is 12 deaths per million inhabitants?

Why, in Europe, did the vaccine manufactured by Glaxo-Smith-Kline have more side effects reported by millions of people (reference) than in Canada , although it was exactly the same vaccine, same composition and same dosage? Are they hiding things from us here in Canada? (ref)

How is it that no-one has questioned the real reason for the explosion in the number of patients and deaths in emergency wards last February, while Canada holds the world record for vaccination rates?

Why did no-one in Quebec come out and demonstrate in the street when they announced that we would have to pay for emergency health care and that we would have to pay in addition, a tax of 200 $ per person (reference) to support the efforts of public health, while Health Canada (Santé Canada) has squandered our money on unnecessary, dangerous and deadly vaccines, and that the provincial and federal governments have made, this fall, a gift of 60 million dollars to Glaxo-Smith-Kline to support them in their modernization efforts?

Why has Dr. Wakefield (a famous English gastroenterologist interviewed in the documentary «Silence, we're vaccinating») just been convicted and removed from the medical association, when he had not only established a link between the MMR vaccine and autism, but had also relieved and cured hundreds of children suffering from autism? (reference)

Why were the articles by this same doctor removed from the archives of the newspaper in which he had published them (*The Lancet*), twelve years afterwards, when his work had been validated by panels of independent experts before publication?

Why did no doctor warn parents of the mortal danger posed by the vaccine against whooping cough (pertussis)? Why do they hide from us that 70 % of sudden infant death syndrome (the third cause of death of children between 1 and 1 year) occur three weeks after vaccination against whooping cough (pertussis)? Why?

Why don't they tell us that the mercury present in vaccines causes irreversible neurological damage, making the acquisition of cognitive and intellectual skills much more difficult? Why does no-one establish a connection between the progressive degeneration of children and the increases in the vaccination schedule? (ref)

Why do they persist in presenting the vaccine against HPV as a miracle cure against cervical cancer, while no study has shown the world its ability to reduce this cancer, which accounts for only one percent of deaths from cancer among women? Why do they hide from us the hundreds of deaths and many adverse effects of an expensive and totally unnecessary vaccine, while it is consistently being imposed on our children's schools from the age of 10?

If you want answers to these questions (with all the scientific references), and many others, I invite you to participate in two activities that we have prepared, my wife and I. I NOW SPECIFY *that the information we will give during this conference and on the training session day is new*, compared to what we sent last fall during our lecture tour, in the thick of the battle against the H1N1 vaccination.

We have organised these activities because, more than ever, complete and independent information is our only weapon to counter propaganda and disinformation perpetrated by Canada-Health (Santé-Canada) officials.

More than ever, Quebec will need people like you to relay information that will protect them from these highly toxic poisons when the new campaign of fear befalls us.

Read this information and sign up quickly. We will hold these lectures and these days only once, in Montreal and Quebec.

Let us stand up and be aware, more than ever!

Jean-Jacques Crèvecœur"

INDEPENDENT

A year on, swine flu shows need for new vaccine technology

Independent, AFP, 24 April 2010, 00:00 BST
https://www.independent.co.uk/life-style/health-and-families/a-year-on-swine-flu-shows-need-for-new-vaccine-technology-5536978.html

A year after the emergence of swine flu, US health authorities and laboratories say the pandemic illustrated the need for new vaccine production techniques that are faster and more reliable.

At present, vaccines like the one used against the swine flu are developed inside eggs, into which scientists implant a weakened version of the virus that will grow into a form suitable for inoculation.

But that process is relatively slow and unpredictable, and experts say the future lies in developing vaccines at the cell and DNA-level.

"We have never been in a stronger position to create new and better vaccines," US Health and Human Services Secretary Kathleen Sebelius said this week on the anniversary of the discovery of the A(H1N1) virus.

The swine flu pandemic illustrated the need "to bring the technology of influenza vaccine development and manufacture into the 21st century," said Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health.

The US government is now partnering with the private sector and investing billions of dollars into research to foster new vaccine development methods in time for future pandemics, Fauci told AFP in an interview.

He said US laboratories were able to quickly identify the A(H1N1) virus, isolate a "seed" for implantation in eggs and carry out clinical trials.

But despite their speed, they failed to produce the number of vaccine doses expected because growing the vaccine remained so slow.

"It's still a fragile technology, it's subject to vicissitudes that are beyond the control of the people that are making the vaccine," said Fauci. "Unfortunately that's what happened," he added. "We were fortunate that a single dose worked."

He said bringing vaccine development "into the 21st century" would occur in two phases.

"The first phase is to make a conversion from growing viruses in eggs to growing viruses in cells, which is much more reliable, and being able to scale up," he said.

Cell-based development of vaccines is still not a speedy process, Fauci said. But the development of vaccines in eggs can take between six and nine months, and cell-based vaccine development is much more reliable.

Eventually, the second phase of perfecting production techniques will be a move to so-called recombinant DNA technology, where pieces of different DNA strands are combined.

The technology would eliminate the need for scientists to grow the target virus in order to extract a vaccine, speeding up the process to as little as two months, Fauci said.

Informed by its experience with the swine flu pandemic, the US government is now partnering with the private sector to speed the emergence of quicker and more reliable vaccine development methods.

Fauci cited a partnership with Novartis, which has built a plant for the production of cell-based flu vaccines in North Carolina.

"It will be a gradual process," he said. "In the next year or so, you will be seeing some of these recombinant products ready to be used in humans."

Another field of continued research is a so-called "universal vaccine" for influenza.

"That's the Holy Grail," Fauci, adding that it wasn't likely to emerge for another five to 10 years, though he remained hopeful. "I think it's possible," he said.

The Local
SWEDEN'S NEWS IN ENGLISH

Swine flu bill tops 900 million kronor

The Local, 5 May 2010, 15:10 CET
https://web.archive.org/web/20100508144653/http://www.thelocal.se/26474/20100505

The swine flu vaccine is set to cost the Swedish tax payer 900 million kronor ($121 million), according to new figures released by the National Board of Health and Welfare.

The figure is 300 million kronor less than forecast after the vaccine's manufacturer Glaxo Smith Kline (GSK) agreed to cut the number of supplied doses by 25 percent from 18 to 13.5 million doses.

Since the launch of the mass vaccination programme last autumn six million doses have been used, with the remaining seven million doses held in central reserve in the instance of a new outbreak.

"It is a good guarantee for the future and a good base," said Anders Tegnell at the board.

According to the agreement with GSK the firm has committed itself to upgrading the existing vaccine stocks if the virus changes or if another strain of influenza develops into a pandemic.

Furthermore the portion of the vaccine that helps to strengthen the immune system will be replaced at no cost if it is shown that it expires within three years.

The pandemic petered out in December after a peak in the late autumn but despite the anti-climax, Tegnell defended the decision to offer the vaccine to everyone.

"We have learnt just how unpredictable pandemics can be," he said.

SPIEGEL Wissenschaft

Bundesländern droht Millionenverlust durch Impfstoff-Überschuss

Spiegel, 7 May 2010, 08.43 Uhr
https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-bundeslaendern-droht-millionenverlust-durch-impfstoff-ueberschuss-a-693500.html

Die Restbestände an Schweinegrippe-Impfstoff werden zum finanziellen Risiko für die Länderkassen. Sollten die Schutzmittel ihre Wirkung verlieren, droht ein Verlust von einer Viertelmilliarde Euro. Fieberhaft wird deswegen nach einem Abnehmer im Ausland gesucht - bislang ohne Erfolg.

Essen - Die befürchtete Schweinegrippe-Pandemie ist in Deutschland ausgeblieben. Doch nun sitzen die Bundesländer auf zahlreichen ungenutzten Impfdosen, die zu einer finanziellen Belastung für die Kassen werden könnten. Wegen der übermäßigen Bestellung drohe den Ländern ein finanzieller Verlust von mehr als 250 Millionen Euro, berichten die Zeitungen der WAZ-Gruppe am Freitag.

Allein Nordrhein-Westfalen habe 6,4 Millionen Impfdosen im Wert von 53,3 Millionen Euro auf Lager, hieß es. An Rhein und Ruhr ließen sich demnach nur knapp eine Million Menschen gegen die Schweinegrippe impfen.

Bundesweit blieben die Behörden auf rund 30 Millionen Impfdosen sitzen, weil sich viel weniger Bürger als ursprünglich angenommen schützen ließen. Die Uhr tickt: Spätestens Mitte 2011 läuft die Haltbarkeit des Serums ab. Dann wären die Mittel unbrauchbar.

Mögliche Verkäufer machen Rückzieher

Alle Bemühungen, wenigstens einen Teil des Serums ins Ausland zu verkaufen, seien vorerst gescheitert, sagte eine Sprecherin des niedersächsischen Gesundheitsministeriums. "Es brennt nicht. Es gibt zurzeit keine Interessenten." Niedersachsen hat derzeit den Vorsitz der Gesundheitsministerkonferenz und sucht bereits seit Januar im Namen aller 16 Bundesländer nach Abnehmern für den überschüssigen Grippeschutz.

Dem Bericht zufolge hatten Staaten wie Albanien, Moldawien, Mazedonien, der Kosovo und die Mongolei zunächst Interesse gezeigt. Sie machten aber einen Rückzieher, als die Angst vor der Schweinegrippe deutlich abgenommen hatte.

Nun hoffen die Länder, wenigstens einen Teil des Serums im Herbst zu Geld machen zu können. Experten untersuchten derzeit, ob der Impfstoff auch gegen die saisonale Grippe eingesetzt werden könne.

German government looks to give swine flu jab to people as regular flu shot

The Flu Case, 8 May 2010
https://web.archive.org/web/20100517160459/http://www.theflucase.com/index.php?option=com_content&view=article&id=3435%3Agerman-government-looks-to-give-swine-flu-jab-to-people-as-regular-flu-shot&catid=41%3Ahighlighted-news&Itemid=105&lang=en

The untested swine flu vaccine could be given to Germans as a regular seasonal flu jab later this year, according to Der Spiegel. Gerrman government officials are looking to see if they can shift surplus stocks of swine flu vaccines by using them as flu jabs before the expiration date is reached in the middle of 2011 at the latest, reports Der Spiegel.

The German government is sitting on 30 million unused jabs after people refused to take the untested and toxic vaccine for the mild swine flu. No country has offered to buy the surplus stocks.

The cost to the German tax payer of the unused jabs is an estimated 250 million euros.

The swine flu jab contains squalene believed to cause the Gulf War Syndrome and is allowed to be used in Europe and the USA even though there is inadequate clinical studies data showing its safety only because WHO has declared a pandemic emergency level 6.

It is not clear how the swine flu jab can be interchanged with the seasonal flu jab -- also because people who take the swine flu jab have to sign special consent forms.

nature

Klaus Stöhr

Vaccinate before the next pandemic?

Nature, 12 May 2010; 465, 161
https://doi.org/10.1038/465161a // https://www.nature.com/articles/465161a#citeas

Klaus Stöhr of Novartis argues that pre-pandemic immunization with a cocktail of likely strains could be a cheap, practical and equitable way to protect people against influenza.

The past 12 months are testimony that alternative ways are needed to prepare for pandemics. When swine influenza spread around the world from Mexico during April and May last year, governments and vaccine producers faced the same dilemma: no one knew how much vaccine to order or produce. There was little option but to prepare for the worst, because it takes at least six months to produce significant quantities of vaccine. Several companies, including Novartis, stepped up preparations in May. By the time the World Health Organization (WHO) declared the outbreak a pandemic in June[1], manufacturers were geared up to maximum capacity.

By December, with the outbreak already past its second peak, 495 million doses had been made – a record rate of production, yet only enough to cover 10% of the world's population. The WHO estimates that by June 2010 global supply will have reached around 1.3 billion doses, far too little too late if the worst forecasts had played out. Had that happened, governments would have been blamed for not securing more pandemic vaccine earlier. Yet many governments are now being criticized for squandering taxpayers' money on supplies that were not needed.

There is no sign that global equitable access to influenza vaccines could be established any time soon[2]. And if it was, how could it be successful if the limited supply was only reallocated and not increased?

A different approach is needed. An increasingly discussed method is to immunize people against pandemic-type viruses before a pandemic strikes. This could limit the spread of the virus in the early stages of a pandemic and significantly reduce the peak demand for vaccine. It would thus free up supply for countries where vaccination is patchy, or that do not have the infrastructure or budget to purchase any vaccine.

Existing infrastructure

Pre-pandemic immunization could be done cost-effectively via existing immunization infrastructure. For example, where there is universal seasonal immunization, such as in the United States and Ontario, pandemic-type vaccines could be added to and administered with seasonal vaccines; other regions could offer them as stand-alone formulations. A more radical suggestion is to add pandemic antigens to routine child-immunization programmes, a method likely to work best in developing countries that do not have regular adult-immunization programmes. People may need immunizing only once or twice to get at least some protection from a virus for years or even for life. Furthermore, vaccinating 20% of a population before a pandemic would prevent as many cases as vaccinating 60% after the first wave has struck, because it could mean that a certain number of people would never get infected and would not pass on the virus (see graphic).

Pre-pandemic vaccination has been controversial for two major reasons. The first is efficacy, because there is no way of telling which influenza subtype will hit next. Pre-pandemic formulations would contain a cocktail of strains most likely to cause the next pandemic, generally agreed to be H2, H5, H7 and H9. They should also enhance the effectiveness of the antigens by including adjuvants designed to provoke a long-term immune response to a range of virus subtypes, even viruses genetically different from the original strain[3]. Studies are ongoing on two further important questions: how long people remain protected after being primed with a pre-pandemic vaccine; and whether giving several antigens together interferes with the length of the immune response.

The other main concern is safety. Adequate safety data are lacking on the large-scale, repetitive and long-term use of recently approved adjuvants, but the use of millions of doses of adjuvant-containing vaccine in the recent H1N1 pandemic has helped to plug that gap. In March, the European Medicines Agency reported that since October more than 42 million Europeans, nearly half a million of whom were pregnant, had been vaccinated with one of the three pandemic vaccines authorized for use in the European Union, with no more adverse reactions than would be expected from a seasonal influenza vaccine[4]. And by the end of last year, more than 10 H1 vaccines were developed through clinical trials involving tens of thousands of subjects around the world, again with safety profiles comparable to seasonal flu vaccines.

Political difficulties

Despite the compelling case for pre-pandemic immunization, few public-health decision-makers are taking it seriously. Spending money on a medical threat that hasn't yet materialized is politically difficult and requires strong justification. Integrating pre-pandemic immunization into existing immunization programmes around the world would also take several years.

Yet the stage is set for a global public-health leader to carry out an in-depth assessment into the practicalities and cost-effectiveness of this approach and its long-term effect on public health. I invite those who find it unsurprising that an employee of a leading vaccine-producer holds this view to come up with alternative solutions to the sobering reality of 'too-little-too-late' supply when vaccine production begins after a pandemic strain emerges. One thing is clear: something has to change, because the current approach would leave at least 80% of the world's population unprotected in the face of a new pandemic, most of them in developing countries – and that is unacceptable.

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CIDRAP

Robert Roos

Proposal for prepandemic vaccination sparks discussion

CIDRAP, 13 May 2010
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/proposal-prepandemic-vaccination-sparks-discussion

May 13, 2010 (CIDRAP News) – An influenza expert who formerly headed the World Health Organization's (WHO's) flu program and now works for Novartis has suggested developing a prepandemic vaccine to get the jump on the next flu pandemic – an idea that other experts are greeting with caution or skepticism.

Dr. Klaus Stohr, former director of the WHO's Global Influenza Programme, proposes developing a vaccine containing a "cocktail" of flu strains deemed likely to cause the next pandemic, along with an adjuvant (immune-system stimulant). He presents the idea in an opinion article released online yesterday by *Nature.*

The idea of prepandemic vaccination has been around for years, fueled by some studies suggesting that adjuvants can make flu vaccines protective against more than just the specific viral strain they are based on. But because of the many uncertainties facing such an approach – including safety questions and the unpredictable timing of pandemics – it has never gained much traction.

Stohr says prepandemic vaccination would help address the problem that when a pandemic virus emerges, it takes about 6 months to develop and produce a well-matched vaccine for it – as was demonstrated last year with the pandemic H1N1 virus. He says this approach could also help mitigate the huge shortage of production capacity to meet global needs.

Stohr is vice president of influenza strategy at Novartis Vaccines and Diagnostics in Cambridge, Mass. The company makes flu vaccines and the adjuvant MF59, which is used in the Focetria vaccine for pandemic H1N1, licensed in Europe.

"An increasingly discussed method is to immunize people against pandemic-type viruses before a pandemic strikes," Stohr writes. "This could limit the spread of the virus in the early stages of a pandemic and significantly reduce the peak demand for vaccine. It would thus free up supply for countries where vaccination is patchy, or that do not have the infrastructure or budget to purchase any vaccine."

He suggests a prepandemic vaccine could contain H2, H5, H7, and H9 flu subtypes, plus adjuvants "designed to provoke a long-term immune response to a range of virus subtypes, even viruses different from the original strain."

Stohr says prepandemic vaccine could be added to or given along with seasonal flu vaccines in countries where seasonal vaccination is recommended for nearly everyone. Another option, particularly for developing countries, would be to include the prepandemic vaccine in routine childhood immunizations, he writes.

He acknowledges that few public health leaders take the idea of prepandemic vaccination seriously but says it deserves careful study. "I invite those who find it unsurprising that an employee

of a leading vaccine producer holds this view to come up with alternative solutions to the sobering reality of 'too-little-too-late' supply" in the event of a pandemic, he states.

Views of other experts

Other experts who spoke with CIDRAP News about Stohr's article agreed that new approaches are needed to solve the problem of providing pandemic flu vaccines, but they said the strategy would face serious obstacles, including possible public rejection of an adjuvanted vaccine against an uncertain future threat.

Dr. Gregory A. Poland, director of the Mayo Clinic's Vaccine Research Group in Rochester, Minn., said, "I think he's right in raising an important issue, and it's worth study and consideration, recognizing that it would raise a host of scientific questions that would have to be answered before we embark on it. . . . The thinking is right in that we need to do something innovative, because what we know to do is insufficient."

He said one form of prepandemic vaccination that might be considered would be to include a vaccine against one potential pandemic subtype in the seasonal flu vaccine each year, along with an adjuvant.

Including an adjuvant in the vaccine would be necessary because otherwise it would not generate sufficient long-term immune memory, Poland said. But using an adjuvant would raise safety questions, since adjuvanted flu vaccines have not been used widely, and not at all in the United States.

He said the public is likely to be skeptical about the need for and safety of a prepandemic vaccine. The pandemic H1N1 vaccine "was basically identical in safety to standard seasonal vaccine, and yet all sorts of safety misconceptions and fears were widely promoted, with no evidence," he commented.

Michael T. Osterholm, PhD, MPH, public health expert and director of the University of Minnesota Center for Infectious Disease Research and Policy, which publishes CIDRAP News, called Stohr's suggestion "not really practical."

One problem is that a vaccine against a given flu subtype does not guarantee protection against another strain of the same subtype, as was demonstrated in the H1N1 pandemic, he said. Vaccination against the seasonal H1N1 virus was not found to confer significant protection against the pandemic virus.

As to the assertion that adjuvants may provide some protection against flu strains other than what's in the vaccine, Osterholm said, "But the problem is that even if this is scientifically true, we learned [in the H1N1 pandemic] that the use of adjuvants might be a major deterrent to a large segment of the population even taking the vaccine, because of safety concerns." (In Europe, public reluctance to take the H1N1 vaccines was attributed in part to the use of adjuvants, which were seen as a new technology.)

Further, the production capacity to make a prepandemic vaccine is lacking, and it's not clear that money would be available. "I'm not convinced at this point that if you launched such a program the funding would be there," he said.

"I think the bottom line is we need new influenza vaccines that have heterotypic [broader] subtype protection, but I'm not convinced that they're going to be the same old vaccines," Osterholm said. He said that goal may require a vaccine that targets a viral comoponent other than the traditional antigen, hemagglutinin, and that induces both humoral and cellular immunity.

John Treanor, MD, a vaccine researcher at the University of Rochester in New York, noted that the idea of "priming" the population with a prepandemic vaccine has been under discussion for a while. He is a professor of medicine and of microbiology and immunology.

"There's some data that one thing that could work would be to prime people with a single vaccine now and then boost them with the pandemic strain that could emerge in the future," he said, adding that the priming vaccine could be part of routine immunizations.

Concerning whether adjuvants would make a vaccine sufficiently broadly protective to justify prepandemic vaccination, Treanor said, "I think that's a very complicated question; it's hard to say definitively one way or the other. There's a lot of data that say that adjuvants would be useful. Does that mean we should vaccinate the whole world with adjuvanted flu vaccines? I don't know. These are difficult issues."

From a practical point of view, the biggest advantage of adjuvants is that they lower the dose of vaccine needed, stretching the supply, Treanor said. The use of adjuvants and low-dose flu vaccines could be an important strategy for battling flu in developing countries, he observed.

"There's a good argument to say this [prepandemic vaccination] is the way to go, but you have to realize that he [Stohr] represents a company that makes the adjuvanted influenza vaccine that he's saying should be given to the entire world," Treanor commented.

Stohr K. Vaccinate before the next pandemic? (Commentary) Nature 2010 May 13; 465 (7295): 161

VaccineNewsDaily.com

Daniel Purt

Former WHO flu head calls for development of pandemic flu vaccine

Vaccine News Daily, 15 May 2010
https://web.archive.org/web/20101129123814/http://vaccinenewsdaily.com/news/213057-former-who-flu-head-calls-for-development-of-pandemic-flu-vaccine

CIDRAP News reports that the former head of the World Health Organization's flu program, Dr. Klaus Stohr, believes scientists should attempt to develop a prepandemic vaccine in an effort to "get the jump" on the next flu pandemic.

The report states that the idea was met with skepticism by other experts in the field.

Stohr, according to the report, now works for Novartis. In an opinion article recently published in the journal Nature, Stohr wrote that an effort should be made to pair an immune-system stimulant with a "cocktail" of flu strains that might be the next cause of a pandemic outbreak.

The report states that the idea has been floated previously, but safety concerns and the unpredictable nature of a pandemic flu have been some of several reasons the idea has not gone far past the drawing board.

The report states that Stohr believes such a vaccine would help alter the current response to a pandemic, such as the H1NI virus, which he said involves waiting for one to arise and then taking half a year to create a vaccine capable of fighting it off.

"An increasingly discussed method is to immunize people against pandemic-type viruses before a pandemic strikes," Stohr wrote, according to CIDRAP News. "This could limit the spread of the virus in the early stages of a pandemic and significantly reduce the peak demand for vaccine. It would thus free up supply for countries where vaccination is patchy, or that do not have the infrastructure or budget to purchase any vaccine."

While scientists generally agree that new efforts must be made to prevent and contain pandemics, Michael T. Osterholm, PhD, MPH, public health expert and director of the University of Minnesota Center for Infectious Disease Research and Policy, which publishes CIDRAP News, called Stohr's suggestion "not really practical."

Le Point

Grippe H1N1: il reste 10 millions de doses utilisables d'ici décembre

Le Point, (AFP), 10 June 2010, 16:41
https://www.lepoint.fr/societe/grippe-h1n1-il-reste-10-millions-de-doses-utilisables-d-ici-a-decembre-10-06-2010-465412_23.php

Paris – Il reste entre 20 et 25 millions de doses de vaccins contre la grippe H1N1 dans les stocks, dont quelque 10 millions sont utilisables jusqu'à la fin de l'année 2010, a indiqué jeudi Didier Houssin, directeur général de la santé, devant une commission d'enquête de l'assemblée.

Devant la commission d'enquête sur la gestion de la vaccination, M. Houssin a précisé qu'il restait 9,7 millions de vaccins Pandemrix (GlaxosmithKline), 9,3 millions de Panenza (Sanofi-Pasteur), 2,9 de Focetria (Novartis) et 15.000 de Celvapan (Baxter).

De ces quantités, environ 10 millions sont utilisables jusqu'à la fin de l'année, les autres ayant des dates de péremption plus précoces, a-t-il dit.

Il a reconnu aussi que les négociations étaient toujours en cours avec GSK pour les compensations à verser suite à l'annulation de commandes de vaccins.

Plus de la moitié du total des 94 millions de doses commandées l'avaient été auprès de ce laboratoire. Sur la base d'une compensation équivalant à 16% des contrats, le ministère de la Santé a estimé à 48 millions d'euros le coût total des indemnités à verser, mais, a dit le Pr Houssin, "on ne peut pas affirmer avec certitude" que ça reste à ce niveau-là à l'issue des négociations avec GSK.

A propos des chiffres avancés dimanche par la ministre de la Santé Roselyne Bachelot, qui avait estimé à quelque 500 millions d'euros le coût total de la campagne, incluant les 48 millions d'euros de dédit pour les laboratoires, il a rappelé qu'il n'incluait pas les 73 millions d'euros des vaccins donnés à l'Organisation mondiale de la santé.

Ce chiffre de 500 millions ne concerne que la campagne vaccinale, et non celle liée à la pandémie, c'est-à-dire les masques, les antiviraux, les respirateurs, la communication...

Toutes données incluses, le chiffre fourni à la Cour des comptes a été en mai de 700 millions d'euros, mais devrait être un peu inférieur selon M. Houssin, du fait d'une baisse de l'estimation des dépenses pour les professionnels de santé.

Le Pr Houssin a admis aussi qu'il allait falloir "réexaminer" le plan national de lutte contre la pandémie grippale en le présentant différemment, sous forme de "questionnements aux gestionnaires de crise", du type "Vous êtes dans cette situation, voici les questions qu'il faut vous poser et le guide mis a votre disposition". "Il y a des points d'amélioration incontestables", a-t-il noté.

REUTERS

S Nebehay

WHO chief says H1N1 flu pandemic is over

Reuters, 10 August 2010

https://web.archive.org/web/20221115034321/https://www.reuters.com/article/idINIndia-50750620100810

GENEVA (Reuters) - The H1N1 pandemic is over and the global outbreak turned out to be much less severe than was feared just over a year ago, the head of the World Health Organization (WHO) said on Tuesday.

WHO director-general Margaret Chan once again rebutted criticism that the United Nations agency had hyped the first pandemic in more than 40 years, whose mildness left some Western governments holding huge stockpiles of unused vaccines.

The Hong Kong public health expert said the world had been lucky the H1N1 virus had not mutated into a more deadly form and that a safe vaccine developed in record time remained effective against it.

"We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course," Chan said.

"That was the right call," she said, defending the decision taken in June last year to declare a pandemic.

The swine flu virus will continue to circulate as part of seasonal influenza for years to come, requiring health authorities to remain vigilant, she told a news conference.

It still threatens high-risk groups including pregnant women who would benefit from vaccination, she said.

Stockpiled H1N1 vaccines remain effective against the strain and so far the virus has not developed widespread resistance to the antiviral oseltamivir, the best treatment, she said.

The WHO's downgrading of the H1N1 outbreak to "post-pandemic" was based on recommendations by external influenza experts who conducted a review earlier in the day.

"I think even if we see severe outbreaks occurring in some countries – which is still definitely possible – that the global threat is really much lower and much different than a year ago," Keiji Fukuda, WHO's top flu expert, told reporters.

Continued Vigilance

In June 2009, the WHO said a new swine flu virus, H1N1, that emerged in the United States and Mexico and spread around the world in six weeks, was the first pandemic since 1968. A full pandemic corresponds to phase 6 on the WHO's six-point scale.

"We need to continue to maintain our vigilance and not be complacent," Chan said, noting that outbreaks continued in countries including India and New Zealand.

The behavior of influenza viruses is notoriously difficult to predict and no two pandemics are alike, flu experts say.

“I am very pleased that European member states prepared for something worse. I’d rather have it go that way than their planning for less or not being prepared at all,” Angus Nicoll, influenza program coordinator at the European Center for Disease Prevention and Control, told Reuters Tuesday.

The WHO has also rejected allegations that it acted under the influence of drug companies in declaring a pandemic.

Chan said that three viruses were now circulating as part of a “mixed virus pattern” in many countries, typically seen during seasonal epidemics. These were H1N1 and H3N2 -- both type ‘A’ influenza -- as well as type ‘B’.

Either H1N1 vaccine or a trivalent (triple shot) vaccine against the three strains should be used to inoculate those at risk, depending on their availability, she said.

“Pandemic and seasonal vaccine in both hemispheres confer the same protection (against H1N1),” Fukuda said.

An estimated 350 million people worldwide have been vaccinated against H1N1, he said.

Dozens of companies make influenza vaccines, including Sanofi-Aventis SASY.PA, GlaxoSmith Kline GSK.L, Novartis NOVN.VX, AstraZeneca AZN.L and CSL CSL.AX. Roche DNA makes the frontline antiviral oseltamivir, marketed as Tamiflu.

The U.S. Centers for Disease Control and Prevention said the WHO pronouncement will not alter U.S. plans for the upcoming flu season. The CDC recommends that everyone over 6 months of age be vaccinated against seasonal flu this year, the most universal recommendation yet for flu vaccines.

SPIEGEL Wissenschaft

Bund und Länder streiten über Millionenkosten

Spiegel, 11 August 2010, 12.23 Uhr
https://www.spiegel.de/wissenschaft/medizin/schweinegrippe-impfstoffe-bund-und-laender-streiten-ueber-millionenkosten-a-711246.html

Rund 30 Millionen ungenutzte Impfdosen gegen die Schweinegrippe gibt es noch in Deutschland. Nun ist die Seuche offiziell vorbei - und die Bundesländer befürchten, auf den Millionenkosten sitzenzubleiben. Ein Krisentreffen soll Abhilfe bringen.

Seit Dienstag ist die Schweinegrippe-Pandemie offiziell vorbei: Die Weltgesundheitsorganisation hat die Infektions-Warnstufe gesenkt.
https://www.spiegel.de/wissenschaft/medizin/who-schweinegrippen-pandemie-ist-offiziell-zu-ende-a-711180.html

Doch was passiert jetzt mit den überschüssigen Impfstoffdosen, die in den Lagern der deutschen Bundesländer auf ihren Einsatz warten? Weil sich nur ein Bruchteil der Bevölkerung impfen ließ (siehe Tabelle unten), dürften noch rund 30 Millionen Dosen übrig sein - auch wenn genaue Zahlen derzeit schwer zu beschaffen sind.

Die Bundesländer haben den Impfstoff gekauft und befürchten, auf den Millionenkosten sitzenzubleiben - weil die Krankenkassen nur für tatsächlich geleistete Impfungen zahlen. Nun haben die Länder ein Krisentreffen mit dem Bund angesetzt. Am Donnerstag trifft sich die aktuelle Chefin der Gesundheitsministerkonferenz, Aygül Özkan aus Niedersachsen, dazu mit Eckart von Klaeden, Staatsminister im Bundeskanzleramt. "Der Bund soll die Kosten für den nicht verimpften Impfstoff übernehmen", fordert Özkans Sprecher Thomas Spieker schon jetzt.

Nach einem Bericht der "Frankfurter Allgemeinen" besitzt etwa Baden-Württemberg noch 3,7 von 4,2 Millionen Impfdosen. Der Wert der ungenutzten Vakzine belaufe sich auf 35 Millionen Euro. In Nordrhein-Westfalen sei Wirkstoff im Wert von 50 Millionen Euro nicht genutzt worden.

Wird der Bund einen Teil davon übernehmen? Und welche Kosten werden die Länder am Ende selbst schultern? "Es ist eine Frage der Fairness, die Höhe der Forderungen dem Gesprächspartner selbst als Erstes kundzutun", sagt der niedersächsische Ministeriumssprecher Spieker. Im Grundsatz fordern die Länder vom Bund, aus "nationaler Verantwortung" die Kosten der Impfung zu übernehmen. Einen entsprechenden Beschluss hat die Gesundheitsministerkonferenz zuletzt Anfang Juli getroffen. In Zukunft, so die Forderung, solle sich der Bund außerdem komplett um die Pandemievorsorge kümmern. Das betreffe die Versorgung sowohl mit Arzneimitteln als auch mit Impfstoffen.

Die Hoffnung der Länder, ein Teil des überschüssigen Impfstoffs könne in der kommenden Grippesaison zum Einsatz kommen, hat sich inzwischen erledigt. Der empfohlene neue Impfstoff umfasst sowohl die Schweinegrippe als auch die normale saisonale Grippe. Eine gesonderte Impfung ist nicht mehr nötig.

Quellen: Gesundheitsministerium Niedersachsen, Wikipedia; Stand: Mai 2010

Anmerkung der Redaktion: In einer früheren Version des Textes hieß es fälschlicherweise, die Chefin der Gesundheitsministerkonferenz werde sich mit Vertretern des Bundesgesundheitsministeriums und nicht des Kanzleramts treffen. Wir bitten, den Fehler zu entschuldigen.

Schweinegrippe-Impfung in Deutschland

	Bevölkerung	Durchgeführte Impfungen	Impfquote	Georderte Impfdosen in Mio	Kosten in Mio Euro
Baden-Württemberg	10.744.921	k.a.	k.a.	4,4	36,9
Bayern	12.519.728	ca. 850.000	6,8	5,1	42,9
Berlin	3.431.675	150.301	4,4	1,4	11,7
Brandenburg	2.522.493	ca. 150.000	5,9	1,1	8,8
Bremen	661.866	28.612	4,3	0,3	2,3
Hamburg	1.774.224	k.a.	k.a.	0,7	6,0
Hessen	6.064.953	415.683	6,9	2,5	20,9
Mecklenburg-Vorpommern	1.664.356	ca. 125.000	7,5	0,7	5,9
Niedersachsen	7.947.244	ca. 660.000	8,3	3,3	27,5
Nordrhein-Westfalen	17.933.064	ca. 962.000	5,4	7,4	62
Rheinland-Pfalz	4.028.351	ca. 230.000	5,7	1,7	13,9
Saarland	1.022.585	k.a.	k.a.	0,4	3,6
Sachsen	4.162.265	k.a.	k.a.	1,8	14,7
Sachsen-Anhalt	2.381.872	ca. 264.000	11,1	1,0	8,5
Schleswig-Holstein	2.834.260	ca. 215.000	7,6	1,2	9,7
Thüringen	2.267.763	ca. 120.000	5,3	1,0	8,0
Gesamt	81.961.620	ca. 4.170.596	5,6	34,0	283,3

Berliner Morgenpost

Joachim Fahrun

Ungenutzter Impfstoff kostet Berlin Millionen

Berliner Morgenpost, 13 September 2010, 08:44
https://web.archive.org/web/20220119221351/https://www.morgenpost.de/berlin-aktuell/article104631694/Ungenutzter-Impfstoff-kostet-Berlin-Millionen.html

Berlin muss Millionen für den Impfstoff gegen das Schweinegrippe-Virus H1N1 zahlen - Impfstoff, den niemand wollte. Dafür wird nun unter anderem an der Sanierung der DRK-Kliniken gespart.

Die Schweinegrippe und die weitgehend unterbliebene Massenimpfung der Bevölkerung als Schutz vor dem Ausbruch einer Pandemie haben das Land Berlin 10,7 Millionen Euro gekostet. Hinzu kommen weitere 2,5 Millionen Euro, die die regionalen Krankenversicherungen und Beihilfestellen tragen müssen.

Das geht aus einem Bericht von Gesundheitsstaatssekretär Benjamin Hoff (Linke) ans Abgeordnetenhaus hervor. Da der Bund die Kosten absehbar nicht übernehmen werde, müssen die Kosten für den nicht verwendeten Impfstoff durch das Land Berlin getragen werden, heißt es darin. Das Geld muss bezahlt werden, auch wenn nur ein Bruchteil der beschafften Impfdosen tatsächlich genutzt wurde, um Menschen vor der Schweinegrippe zu schützen. Versuche des Landes Niedersachsen, das der Gesundheitsministerkonferenz derzeit vorsitzt, die Medikamente zu verkaufen, sind gescheitert.

Auf dem Höhepunkt der Schweinegrippendebatte im Juni 2009 waren die Gesundheitsminister der Länder davon ausgegangen, 30 Prozent der Bevölkerung zweimalig impfen zu müssen. Für Berlin hätte das zwei Millionen Impfdosen bedeutet, die jeweils acht Euro kosten. Die Kosten für das Mittel des Pharmakonzerns GlaxoSmithKline hätten sich auf 17 Millionen Euro belaufen.

Als man feststellte, dass es doch ausreiche, die Menschen nur einmal zu impfen, reduzierten die Gesundheitsminister die Bestellung von zunächst 50 Millionen Dosen bundesweit auf 34 Millionen Portionen des Impfstoffes Pandemrix. Berlin hat sich verpflichtet, davon 1,4 Millionen Dosen abzunehmen und zu bezahlen.

Nach dem Beginn der Impfungen gegen das H1N1-Virus wurden schließlich 737.000 Dosen nach Berlin geliefert. 272.000 Dosen Pandemrix lieferte die Gesundheitsverwaltung an Arztpraxen und andere Impfstellen aus. Tatsächlich verabreichten die Mediziner aber nur 152.000 Impfungen. 120.000 Portionen liegen noch in den Praxen oder wurden inzwischen entsorgt. Der Berliner Senat sitzt derzeit auf 464.000 Impfdosen Pandemrix sowie 5200 Dosen des für Schwangere beschafften Mittels CSL.

Das Dilemma Berlins, für die nicht benötigten Vorsichtsmaßnahmen nun teuer zur Kasse gebeten zu werden, teilen alle Bundesländer, die im vergangenen Jahr einen gemeinsamen Fonds zum Ankauf eines Großteils des flüssigen Impfstoffs bei den Herstellern gegründet haben. Laut dem Bericht ans Abgeordnetenhaus lagern noch 16,1 Millionen Impfdosen zentral, darunter sind auch die 664.000 Dosen, die Berlin nie erreicht haben, für die der Senat aber dennoch bezahlen muss.

Ein Teil der in Berlin benötigten Summe bringt die Gesundheitsverwaltung aus ihrem eigenen Haushalt auf. So werden 690.000 Euro eingebracht, die eigentlich für den zweiten Bauabschnitt bei der Sanierung der DRK Kliniken Köpenick geplant waren. Auch der Berliner Betrieb für zentrale gesundheitliche Aufgaben muss mit einem um 200.000 Euro abgesenkten Zuschuss auskommen. Den Löwenanteil der 10,7 Millionen übernimmt jedoch der Finanzsenator, der Gewinnabführungen landeseigener Unternehmen nutzt, um die Kosten zu decken.

The Guardian

Denis Campbell and Sarah Boseley

Swine flu: top doctor warns of crisis as few have H1N1 jab

The Guardian, 21 December 2010, 21.06 GMT

'Shockingly few' health professionals have been vaccinated as more than 300 people lie in critical care beds

The NHS may become unable to cope with the rapid spread of influenza because shockingly few people, including health professionals, have been vaccinated, a senior doctor warns today.

Professor Steve Field, who until last month was the chairman of the Royal College of General Practitioners, spoke out as the Department of Health revealed there are more than 300 people in critical care beds with flu and 17 people have died.

Field said the decision not to encourage the public to have a jab to protect themselves was "ill-advised" and needed to be urgently reversed.

The NHS should have acted more decisively to encourage people to have the jab because it was known that H1N1 swine flu was still circulating and that few NHS staff had the swine flu vaccine when it was offered to them late last year.

"Rates of uptake are shockingly low," said Field. "It was ill-advised not to have the public awareness campaign on seasonal flu jab uptake that we usually have, because we knew that the public and healthcare professionals were likely to become complacent after last year's swine flu pandemic wasn't the serious attack on the country that we thought it could be. With the added winter pressures on the NHS, we need NHS staff to be vaccinated as soon as possible, so that they can continue working,and we also need pregnant women and people who are vulnerable to have a flu jab that includes the swine flu vaccine as soon as possible."

He warned that there could be big problems after Christmas as the numbers build. "This is getting to the point where it's becoming an emergency for the public's health and also the NHS's ability to cope, and we want to avoid that," he said.

Yesterday, health secretary Andrew Lansley briefed the cabinet on flu and told colleagues the NHS had plenty of capacity to cope with an upsurge in cases. David Cameron told a press conference at Downing Street that the flu figures were a little worse than last year, but that despite a doubling of cases in the last week, the Department of Health had things under control. "I think there is a very good grip in the Department of Health on this issue. Andrew Lansley has a great grip over that department," he said.

The government's interim chief medical officer, Sally Davies, said at a briefing that England was experiencing a normal flu season. It was "just winter flu" but with swine flu as the dominant strain. "We have not got a pandemic," she said.

Of the 17 deaths so far, 14 have been confirmed as due to swine flu and none of the victims have been 65 or over. Eight are known to have been considered "at risk", such as people with asthma or heart problems – but that leaves nine who appear to have been previously healthy.

Most of those now in critical care are younger than is usual for a flu outbreak. While 23 of the 302 are aged 65 or over, 243 are aged 16 to 64. There are 12 children between the ages of five and 15 and 24 under-fives.

Take-up of the flu vaccine, which includes H1N1, has been very slow. Last year, on the back of the flu pandemic, the government spent £177,573 on advertising to persuade the elderly and those in at-risk groups to come forward.

This year, it was left to primary care trusts and GPs to tell people the vaccine was available. Davies said the Department of Health had been constrained by government spending curbs. "The government freeze on media meant we had to decide how best to use our resources, which were ploughed into local campaigns and local work. At the end of the winter we will have to assess where we are for future years," she said.

Professor Lindsey Davies, president of the UK Faculty of Public Health, said not enough had been done to persuade people to be vaccinated. "It may well be that the lack of a national campaign is making the difference to the take-up at the moment, and that's regrettable." It was "disappointing" that last year's Catch It, Bin It, Kill It anti-swine flu campaign had not been continued, she added.

The shadow health secretary, John Healey, said the government needed to "get a grip" on the outbreak. Lansley had been , suggesting he had been obsessed with reorganising the NHS and had "The only attention he's paid to the preparations for this winter's flu outbreak is to axe the autumn advertising campaign to encourage people to get vaccinated and make them aware of the risks. He made the wrong judgement and it's "left too many people without the flu protection they should have".," he said.

Davies sought to reassure people on the spreading flu outbreak, saying "the numbers are not massive and we are not at anything like capacity [in the NHS]".

However, she urged at-risk groups to get themselves protected. "We want more people to come forward for the vaccine, particularly pregnant women," she said.

But critical care beds around the country have come under pressure as the numbers taken ill have increased. In some places, this has led to the suspension of routine heart surgery and other procedures where critical care beds are essential for recovery.

For some of the sickest victims of swine flu, a procedure called ECMO, in which blood is oxygenated outside the body, has been used. But the UK has only a small number of ECMO beds. The main centre is Glenfield hospital in Leicester, which has five ECMO beds. Last week, because of demand, extra beds were commissioned at four other major centres – Papworth, the Royal Brompton in London, South Manchester and Newcastle. There are now 16 patients on ECMO treatment in England.

Chapter 15

Medicines & Methods

used to treat the Patients suffered from

Swine Flu



NESH **NEW ENGLAND SCHOOL OF HOMEOPATHY**
Teaching the Art and Science of Homeopathy
Publisher of *The Herscu Letter* 413.256.5949

Julian Winston

Influenza-1918: Homeopathy to the Rescue

The New England Journal of Homeopathy, Spring/Summer 1998, V 7 N 1
https://nesh.com/the-new-england-journal-of-homeopathy/vol-7-no-1-springsummer-1998/influenza-1918-homeopathy-to-the-rescue/

The following is an extract of the chapter on the influenza epidemic of 1918 from Julian Winston's upcoming history of homeopathy book-which does not yet have a title. Watch these pages for a review when it does come out. ed

It was called "the Great White Plague." It is hard to imagine the devastation caused by the Flu Epidemic of 1918-19. People who lived through it reported that someone who was up and well in the morning could be dead by evening.

Dr. H. A. Roberts was a physician on a troop ship at the time. Another boat pulled alongside to get any spare coffins- it's mortality rate was so high. On his return to port, the commander said to Roberts, "used all your coffins?" To which Roberts, who had been treating his ship with homeopathy, replied, "Yes, and lost not one man!"

The following is an extract from an article entitled "Homeopathy In Influenza- A Chorus Of Fifty In Harmony" by W. A. Dewey, MD that appeared in the Journal of the American Institute of Homeopathy in 1920.

Dean W. A. Pearson of Philadelphia collected 26,795 cases of influenza treated by homeopathic physicians with a mortality of 1.05%, while the average old school mortality is 30%.

Thirty physicians in Connecticut responded to my request for data. They reported 6,602 cases with 55 deaths, which is less than 1%. In the transport service I had 81 cases on the way over. All recovered and were landed. Every man received homeopathic treatment. One ship lost 31 on the way. – H. A. Roberts, MD, Derby, Connecticut.

In a plant of 8,000 workers we had only one death. The patients were not drugged to death. Gelsemium was practically the only remedy used. We used no aspirin and no vaccines. – Frank Wieland, MD, Chicago.

I did not lose a single case of influenza; my death rate in the pneumonias was 2.1%. The salycilates, including aspirin and quinine, were almost the sole standbys of the old school and it was a common thing to hear them speaking of losing 60% of their pneumonias. – Dudley A. Williams, MD, Providence, Rhode Island.

Fifteen hundred cases were reported at the Homeopathic Medical Society of the District of Columbia with but fifteen deaths. Recoveries in the National Homeopathic Hospital were 100%. – E. F. Sappington, M. D., Philadelphia.

I have treated 1,000 cases of influenza. I have the records to show my work. I have no losses. Please give all credit to homeopathy and none to the Scotch-Irish-American! – T. A. McCann, MD, Dayton, Ohio.

One physician in a Pittsburgh hospital asked a nurse if she knew anything better than what he was doing, because he was losing many cases. “Yes, Doctor, stop aspirin and go down to a homeopathic pharmacy, and get homeopathic remedies.” The Doctor replied: “But that is homeopathy.” “I know it, but the homeopathic doctors for whom I have nursed have not lost a single case.” – W. F. Edmundson, MD, Pittsburgh.

There is one drug which directly or indirectly was the cause of the loss of more lives than was influenza itself. You all know that drug. It claims to be salicylic acid. Aspirin’s history has been printed. Today you don’t know what the sedative action of salicylic acid is. It did harm in two ways. It’s indirect action came through the fact that aspirin was taken until prostration resulted and the patient developed pneumonia. – Frank L. Newton, MD, Somerville, Massachusetts

Aspirin and the other coal tar products are condemned as causing great numbers of unnecessary deaths. The omnipresent aspirin is the most pernicious drug of all. It beguiles by its quick action of relief of pain, a relief which is but meretricious. In several cases aspirin weakened the heart, depressed the vital forces, increased the mortality in mild cases and made convalescence slower. In all cases it masks the symptoms and renders immeasurably more difficult the selection of the curative remedy. Apparently aspirin bears no curative relation to any disease and it ought to be prohibited. – Guy Beckly Stearns, MD, New York

Three hundred and fifty cases and lost one, a neglected pneumonia that came to me after she had taken one hundred grains of aspirin in twenty-four hours. – Cora Smith King, MD, Washington, DC

I had a package handed to me containing 1,000 aspirin tablets, which was 994 too many. I think I gave about a half dozen. I could find no place for it. My remedies were few. I almost invariably gave Gelsemium and Bryonia. I hardly ever lost a case if I got there first, unless the patient had been sent to a drug store and bought aspirin, in which event I was likely to have a case of pneumonia on my hands. – J. P. Huff, MD, Olive Branch, Kentucky.

In reading the accounts of the epidemic it seems that most of the deaths were caused by a virulent pneumonia that was especially devastating to those who depressed their system with analgesics-the most common being aspirin.

The Physician from whom I first learned homeopathy, Raymond Seidel, MD, HMD, said that he decided to be a homeopathic doctor during the flu epidemic when he was working as a delivery boy for a homeopath in New Jersey. Raymond Seidel told me that he decided to become a homeopathic doctor when he was a ten-year old delivery boy for a local homeopath. He said, “I saw that the people who were taking aspirin were dying, about half those who were drinking a lot were dying, and those that received homeopathic remedies were living.”

Bernama.com

Vincent Low

Chinese Herbs Prove Effective in the Cure of Influenza A (H1N1)

Bernama, 24 July 2009 (this post has been deleted)
http://www.bernama.com.my/bernama/v5/newsgeneral.php?id=427649

Beijing, July 23 (Bernama) – Chinese herbs have proved effective in the cure of Influenza A(H1N1) in Ditan Hospital, Beijing where 88 out of 117 patients treated for the disease only on the herbs fully recovered and were discharged.

"From our clinical tests and observation, the traditional method of treatment left no after effects and it is safe, more over the recovery period was shorter and the cost relatively lower as compared to Tamiflu treatment," said Wang Yuguang, spokesman of Ditan Hospital at a special briefing for the media at Ditan Hospital Wednesday afternoon.

He said the advantage of using herbs on these patients was that the doctors could prescribe different combination of herbs according to the individual's health condition.

"Treatment cost per patient using Tamiflu is about RMB56 a day whereas using traditional herbs it cost only around RMB12."

Ditan Hospital first started using traditional medicine in combination with Tamiflu on H1N1 patient from May 15 to June 15, and when the method proved effective, started treating many patients solely on Chinese herbs.

"We have even tested using the method on high risk patients since July 1, and the results proved favourable." said Wang.

However, Wang did not reveal the herbs used to cure the patients.

Ditan Hospital is one of the two hospitals specially designated for H1N1 patients in Beijing since the pandemic started from May in China.

Built in 1946, Ditan Hospital is the highest-grade hospital for infectious diseases and comes under the supervision of the Ministry of Health, Beijing Municipal Health Bureau and the Chinese Centre for Disease Control and Prevention.

The hospital had excelled in 2003 and 2004 in the fight against SARS.

Meanwhile, Beijing Traditional Chinese Medicine Hospital has introduced an Influenza A(H1N1) prevention herbal medicine pack.

The Deputy Director of the hospital, Jin Wei, told a press conference earlier that the herbal pack contained seven little packs of four types of herbs in combination, which were said to be effective in the prevention of H1N1. "Just dip a small pack of herbs in a teapot of hot water and drink it like tea, or used it as mouthwash, and it helps to prevent people for being infected," said Jin.

She said the pack could even cure mild cases of H1N1. However if patients do not recover after taking the herbs for seven days, they are advised to go to the hospital for further treatment.

The combination of the herbs is as follows: Lonicera Japonica Thund - 3 grammes, Isatis Indigodica - 3 gms, Mentha Haplocalyx Brip.-3 gms and Glycyrrhiza Glabra - 3 gms. These herbs are available in Chinese herbal medicine shops.

Available at:
https://web.archive.org/web/20211026214752/http://www.uptownacupuncture.net/chinese-herbology/swine-flu-solutions/
https://fiveseasonshealing.com/preventing-and-treating-the-flu-with-herbs/
https://web.archive.org/web/20100303032032/http://www.uptownacupuncture.net/chinese-herbology/swine-flu-solutions/

Vincent Low, Chew Bakar

Chinese Herbs prove effective in the Cure of Inlfuenza A

J37 Forums, 24 July 2009, 06:45
https://www.j37.com/forums/3317/topics/369468/

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Effective H1N1 Cure Found: Mystery Chinese Herbs

Heritage Tech Net, HTNet, 24 July 2009
https://www.heritage-tech.net/1138/effective-h1n1-cure-found-mystery-chinese-herbs/

This is probably the most engaging and equally uninformative news surrounding the swine flu pandemic. Quoting *Bernama*:

> *Beijing, July 23 (Bernama) – Chinese herbs have proved effective in the cure of Influenza A(H1N1) in Ditan Hospital, Beijing where 88 out of 117 patients treated for the disease only on the herbs fully recovered and were discharged.*

Holy pigs! This is good news, right? That was my first impression too. Seriously, 88 out of 117 is over 75% success rate. Amazing is an understatement!

As I continued reading, I was happy to find out that this treatment is not only effective, it's also very cheap:

> "*Treatment cost per patient using Tamiflu is about RMB56 a day whereas using traditional herbs it cost only around RMB12*."

Google tells me that RMB56 is about USD$8.20; whilst RMB12 is just above USD$1.75 (RM29 and RM6.20 respectively).

Then comes the clincher:

> "We have even tested using the method on high risk patients since July 1, and the results proved favourable." said Wang.
>
> However, Wang did not reveal the herbs used to cure the patients.

Depressing isn't it? Especially considering that 90% of all medical news for the past two months has been about H1N1.

And here I was, thinking that this would potentially be Nobel prize winning stuff. But until I see real evidence; I count this as vaporware.

THE HINDU

Ananth Krishnan

Herbal remedy for A(H1N1) flu in China

The Hindu, 24 July 2009
https://web.archive.org/web/20090727154538/http://www.thehindu.com/2009/07/24/stories/2009072455271300.htm

Beijing: Chinese doctors say they have found a herbal remedy for preventing and treating the A(H1N1) Influenza which is both more cost-effective and better resistant to the virus than the drug Tamiflu.

Hospitals in Beijing have in the last month begun treating A(H1N1)-infected patients with this herbal remedy instead of the World Health Organisation-recommended Tamiflu, which is also being used to treat A(H1N1) in India. Doctors in two Beijing hospitals told The Hindu the results have so far been successful.

At Ditan hospital, where most of Beijing's patients are being treated, doctors have treated 117 out of 297 admitted patients with the herbal remedy, and 88 of them have been cured. The others are undergoing treatment.

There have so far been 1,668 reported cases of A(H1N1) flu in China, though no deaths have been reported. The government's Ministry of Public Health has expressed concern that as the winter flu season approaches, the chances of a serious outbreak are high. With some concern about Tamiflu's decreasing resistance to the virus and fears regarding the drug's side-effects, the government appears to have given full-backing to promoting a herbal treatment.

Meanwhile, two Chinese pharmaceutical companies this week have begun two month-long clinical trials for a vaccine to the infection.

In China, treatment and prevention of infections with herbal remedies as opposed to drugs – the practice is known as Traditional Chinese Medicine (TCM) – is common, and the cost-effectiveness of herbal cures has seen a popular resurgence in TCM in recent years.

TCM, mainly known overseas for its acupuncture therapies, is regarded as mainstream medicine in China, but not in the West.

The government has now sanctioned hospitals to launch TCM-based treatments for A(H1N1) on a large scale, Tu Zhitao, dean of the research and education department at the Beijing Administration of TCM told The Hindu. "We have found that Tamiflu is not sufficient, and it also weakens the body and has adverse affects on body tolerance," said Mr. Tu.

"This treatment is a better alternative, and we have begun to promote this treatment among the public."

Essential difference

Mr. Tu said the essential difference was that while the TCM remedy works to build up the body's resistance in a holistic way, the Tamiflu drug focuses on attacking the infection.

The herbal treatment is a mixture of four locally-used medicinal herbs: Jin yin hua (lonicera japonica), Da qing ye (Isatis indigodica), Bo he (Mentha haplocalyx) and Sheng gan cao (Glycyrrhiza glabra).

Doctors in Beijing first began using the remedy on May 15, treating patients with a combination of the herbal remedy and Tamiflu.

After successful trials, doctors have since June 15 begun prescribing only the herbal treatment. Ninety per cent of all A(H1N1) flu patients in China have been treated with a combination of the two treatments. Wang Yuguang, head of the Centre of Integrated Chinese and Western medicine at Ditan Hospital, said the treatment time for the herbal remedy was comparable with that of Tamiflu treatments. The big difference, he said, was the cost of the two treatments. The TCM remedy only costs between 10 and 13 Yuan (between Rs. 70 and Rs. 91) per day, while Tamiflu costs 56 Yuan (Rs. 392).

Mr. Wang said the herbal treatment was now undergoing clinical trials “to show concrete evidence that the treatment is scientific.”

He said the government had invested 10 million Yuan (Rs. 7 crore) in conducting a comparative study of herbal and Tamiflu treatments.

Mao Yue, president of the Ditan Hospital, said there was a “serious possibility” of a large-scale outbreak of the flu in the autumn and winter of this year, and that the government has already begun procuring enough herbs to treat a possible 2 million patients.

THE FLU CASE

Jane Burgermeister

Why there is no reason to fear this "swine flu" virus or any "virus"

The Flu Case, 31 July 2009, 00:00
https://web.archive.org/web/20090819235920/http://www.theflucase.com/index.php?option=com_content&view=article&id=126:why-there-is-no-reason-to-fear-this-swine-flu-virus-or-any-virus-&catid=41:top-headlines&lang=en

Colloidal silver

As the scare-mongering over the "swine flu" continues, it is important to remember that *colloidal silver* has been proven to kill every virus as Dr Rebecca Carley, expert on vaccines, has noted. (www.drcarley.com)

Under a recent EU directive, colloidal silver manufacturers were obliged to dilute their silver by 90 per cent, making it much less effective; in the USA, this powerful tool to kill every virus has also been marginalised. Nevertheless, a colloidal silver generator is easy to make yourself. You just need some distilled water, a couple of silver rodes attached to batteries and a dark glass bottle.

Drew Malone gives the low-down on making your own generator: "Gang, I've researched this and this and regardless of what you are told, and promised this is the cats meow… you can make this and it's not hard, anyone with any mechanical background can and should have a **Collodial Silver** generator in their possision asap ... check these direct links out…

http://www.atlasnova.com/ http://www.atlasnova.com/CSMakingInfo.htm

Everything can be purchase at 80% of the malls around the USA…. radio shack has the 33 OHM resisters, aligator clips etc. any jewelery store has 9999 silver rods voltage use is 3 or 4.9 volt batteries (I have used 4 and 3 both work) the only difference is the time form 13min – 20 min extra hints, email me your question if need be…

Semper Fi, Drew Malone; Raines III; Master Electronics Engineer; USMC 1967-1977

Owner: H.E.A.R.T. & Associates; 1983-Present; 3423 Avery Road; Little Rock, Arkansas 72209; http://www.amd.elequity.com; SKYPE: drewmalone.rainesiii 501.565.1833″

In the view of experts like Dr Carley, there is no better investment you can make of your time or money right now than in building or buying a colloidal silver generator. If you generate extra colloidal silver, you can also help your neighbours and your community. If you are really desperate, just put a silver coin or rod into some water and leave it there for a while.

Two things are important to remember about colloidal silver generators; firstly, a possible overdose of large silver particles and argyria, which is not toxic but which can you turn blue or grey if you drink large enough quantities; and secondly, the particle size may not be effective enough to penetrate all areas of the body.

However, a colloidal silver generator along with vitamins and minerals to strengthen your immune system will be a big help to anyone.

Another helpful product is Bionaid and ZeoHeal.

Bionaid's primary particle is below .004 microns in size, thus not tecnically classified as a colloid, so referring to Bionaid as a colloidal silver is not accurate.

Being that Bionaid is under 3ppm, no dilution is necessary, and even when it is diluted in water it is still quite lethal on pathogens. 4 oz per gallon of pure water is one of the suggested uses, mainly to encourge hydration at the same time and flush the body. The water base in Bionaid penetrates the cells as well, faster than any water tested.

What is important about Bionaid is not so much the silver in it, with other monatomic trace minerals, but the trioxide covalently bonded to all the monatomic minerals, including silver. Oxygen is the key, and the superior ability to enter through the aquaporin channel of the cells. The natural immunization with the oxygen is the key to its effetiveness. Bionaid uses NASA technology in Bionaid and has $1million dollar reward regarding superior safety and efficact (that has never been claimed by vaccine and drug proponents).

The particle is permanently suspended and the product is nonperishable and non-photosensitive.

ZeoHeal attacks pathogens also, chelates and clathrates the die-off and many other foreign metals and chemicals.

The fact that the US government has not investing in stockpiling these products as a way of combatting a so-called "pandemic" virus makes them guilty of gross negligence.

The existence of colloidal silver and bionaid make a forced vaccination with a vaccines full of disease and squalene at gunpoint in a quarantine center superfluous, even supposing the virus were dangerous, which it isn't.

David MacLucas has given his assessment of squalene, its impact and how to counter act it if you should ever find yourself being injected with the stuff under duress.

"I researched the Squalene extensively today… wow! What a catch 22 immune system quagmire that is. Squalene is both good and bad, but its how and how much that causes the variances of immune problems. When injected it bypasses the liver and overloads the immune system. Since the Squalene gets stored in fat and is what your body already uses theres no real way to eliminate it naturally. Basically it will really effect overwieght people, stressed people, and / or anyone with liver problems since Squalene is a super enzyme that eventually gets converted into Cholesterol by your liver.

Anything that lowers cholesterol, stress, balances the immune system and improves liver function will help… but still not a silver bullet to remove the Squalene.

However!

Best recommendations for anyone that HAPPENS to get the Vaccine, here is the beginning of a protocol… meaning not complete, nor approved

Firstly, Bionaid is a must must must. Anyone who understands the principles of Oxygen therapy and the effects of Collodial silver on viruses will have their jaw drop open when they learn how Bionaid is made. Bionaid is a 1, 2 punch of godly proportions on killing a virus that gave me butterflys when I learned how they made it.

Secondly, I have done years of research on Zeolite and have included it in my Cancer Elimination Kit. Zeolite is uncontestable and irrefutable at removing heavy metals… the molecular structe could not be more perfect at this task.

Thirdly, things like excercise increase your livers ability to process cholesterol and mediate enzymes. Eliminate the bad cholesterol from your diet now.

Fourth, if you do get the vaccination… relax, relax, relax for 2 weeks non-stop and reduce your bodys immune system response while the Squalene gets removed from your body naturally. I only found advance research done using a rat liver to accelerate the removal of Squalene – not a realistic choice."

It is important to recognise just how damaging stress is. Indeed, some have even said the international crime syndicate has collapsed the US and European economy also to induce massive amounts of stress in people, so making them more susceptible to illness.

Fight back today by taking charge of your mental household and throwing out the old furniture of thoughts that create anxiety, worry, stress or fear and bringing in thoughts that bring power, energy, inspiration, confidence and hope.

The biggest single thing you can do to stop stress in the long term is to help pave the way to the return of the rule of law. Then those responsible for these mass vaccinations with toxins can be made accountable for their actions once and for all.

Health Gem



Dr. Olson

Influenza Part 3:
Seasonal Flu vs. Swine Flu

Our Firm Foundation, August 2009, 24(8): 23-27
https://dn720001.ca.archive.org/0/items/2009-olson-influenza-part-1-4/2009_Olson_Influenza_Part%201-4.pdf

***Dr. Olson** comes from a long line of health professionals including MDs, naturopaths, and osteopaths. Having early wanted to help people, especially in the area of health, she was a missionary to Belize and Korea. A national speaker, an RN for years, a certified herbologist, and a naturopathic doctor, Dr. Olson is utilizing this experience and wealth of knowledge for the benefit of people all over the world*

How was Spanish flu defeated? Were vaccines effective? What can you do to prepare your body and mind in case of a deadly global pandemic? Last month I left off at these questions, and today I'll cover all this, and more!

Were Vaccines Effective at All?

So, how WAS the Spanish Flu ultimately defeated? Was there some wonder pill or vaccine that ended it?

At the height of the 1918 flu pandemic, acting Surgeon General, Dr. Victor Vaughn, reached a frightening conclusion. "If the epidemic continues its mathematical rate of acceleration," he announced, "civilization could easily disappear from the face of the earth within a few weeks."

"The death rate in Washington kept rising. A resolution shot through Congress, giving the Public Health Service a million dollars to fight the flu. Biochemists around the country worked feverishly to develop a vaccine. Hundreds were produced. Then, a researcher in Massachusetts came up with the most promising solution. Hopes rose: perhaps a cure was at hand. San Francisco's mayor wired for a huge shipment; a special envoy carried the vaccine across the country on the fleet Twentieth Century Express. Soon over 18,000 people in the city had been inoculated… But the vaccines didn't help. They thought it was caused by bacteria, so they made up a vaccine with the bacteria they thought was influenza ... But, you can't make a vaccine if you're looking at the wrong causative organism. They were on the wrong track; the influenza was caused by a virus." (1)

You'll note that before they knew if it worked or not, they were injecting this vaccine into thousands of people, giving them false hopes (and of course making money).

"Doctors gave out elixirs and vaccinated people against the flu, but to no avail. Crosby [an historian studying the flu of 1918] wondered about those flu vaccines. What was in them when no one knew what was causing the flu? He interviewed a doctor who had helped produce flu vaccines in 1918. The doctor, Crosby said, told him that the vaccines were just a "soup" made of blood and mucus of flu patients that had been filtered to get rid of large cells and debris. When they injected it into people's arms, their arms became sore "so they thought it really worked." (2)

This was a doctor, a medical doctor, saying this. Their arms became sore after the injection, so they "thought it really worked". And the people lined up to be inoculated. Why? Because the people trust the doctors and the vaccine-makers. They trust that they aren't just in it for a buck, but are actually there to help them.

What Can We Do?

So how did the Spanish Flu end? Sad to say, no one ever found an effective antidote, and the flu essentially killed until it could not kill anymore. Just as suddenly as it struck, the calamitous disease abruptly began to vanish. It essentially ran out of fuel and "burned out" so to speak, which can often happen to viruses. Fast forward to 2009, and the medical and scientific communities are on the edge of their seats hoping that the current Swine Flu will run out of fuel before it mutates and becomes more deadly. But no one can foresee the course the virus will take and how it may mutate, so all we can do is get ready.

So, the first question people ask is, "What can I do?" Usually followed closely by "Should I take the vaccine?" First, there are many things you can do to prepare for something like this. You can make sure your body and immune system are as strong as they can be through diet, exercise, lifestyle, and supplementation. I know you have heard it all before but it bears repeating. If this virus becomes deadly, you will wish you had heeded the warnings and supplied your body the necessary requirements to fight the virus or prevent it from ever taking hold. What happens if the virus putters out and goes away? Your body will still be stronger, healthier, and you will generally feel better all over. So it's a win/win situation! Here are some ways to prepare your body to meet this mighty foe:

1. *Get plenty of rest!*

Try to get to bed by 9 p.m. or earlier if at all possible. Lack of rest can hinder the body's defense mechanisms and prolong infection. When you rest in bed, and especially when you sleep, powerful immune-strengthening substances are released, enhancing the potency of immune functions.

In addition, during deep sleep, the production of growth hormone is at its peak. Growth hormone speeds the absorption of nutrients and amino acids into your cells and aids the healing of tissues throughout your body. This hormone also stimulates your bone marrow, where your immune system cells are born. Melatonin, often called the "sleep hormone," is also produced during sleep. This hormone inhibits tumors from growing, prevents viral infections (remember, the flu is a virus), stimulates your immune system, and has antioxidant properties.

So much of the body's healing occurs during the nighttime hours! It is vital to your health to get plenty of rest at night (especially between the hours of 8 pm and midnight). In fact, getting fewer than six hours of sleep each night increases your risk of contracting colds and the flu by a whopping 300 percent! Start getting to bed early and you will feel the difference. It could quite literally, save your life!

2. *Drink water, drink water, and when you're done… drink some more water.*

What does water have to do with the flu? In order to stay healthy, the mucous membranes lining the respiratory tract must be kept hydrated. When they become dry, they offer a desirable breeding ground for viruses (such as the flu). A moist respiratory tract repels viral infections. So drink plenty of water throughout the day. Daily, you should try to drink half of your body weight in ounces. (For example, a 150 pound person needs 75 ounces per day). No coffee, black tea, or colas as they dehydrate the body and weaken the immune system. Which leads me to the next item:

3. *Stop drinking coffee (and other caffeinated beverages)!*

Contrary to recent marketing as a source of antioxidants, coffee, tea (other than herbal tea), colas, and chocolate are some of the worst things you can do for your immune system and your health. Caffeine robs your body of minerals and vitamins, and it dehydrates you – leaving you more vulnerable to infection. A vitamin and mineral-robbed immune system is a weak immune system, and you are much more likely to get sick.

If you do drink caffeinated beverages, there are still things you can do to try to counteract the damage they cause. (First, try to limit your intake of these products as much as possible). Also, make sure you add an additional two glasses to your water intake per cup of caffeinated beverage you drink. A high quality vitamin/mineral supplement such as Mega Multi will help to offset caffeine's damage, too.

4. *Quit eating refined white sugar!*

If you do only one thing to boost your immune system, eliminating sugar should be it. When you stop eating refined sugar, you will see noticeable results in your energy levels, weight distribution, immunity, and your ability to think clearly. Many holistic nutritionists actually consider sugar a drug since it has such a dramatic impact on the human body!

Sugars depress the immune system, period. This limits the body's ability to kill bacteria and viruses (like the flu). In addition, blood sugar and vitamin C compete for entry into white blood cells. Which do you want to win?

To show how much sugar affects the immune system, consider this: eating or drinking 8 tsp. of sugar (the equivalent of one 12-ounce can of soda) can reduce the ability of white blood cells to kill germs by forty percent. The immune-suppressing effect of sugar starts less than thirty minutes after ingestion and may last for five hours. If only one can of soda can depress your immune system for 5 hours, think about people who drink a few sodas a day, or a couple 24 oz. bottles of soda per day. Just one 24 oz. bottle would be 10 hours of depressed immune function. Add in a cookie here, a piece of candy there, or any number of sweet treats – and you are living with a constantly depressed immune system.

Healthier sugars such as agave and stevia exist, but even natural sugars should be taken in moderation. Avoid artificial sweeteners such as Aspartame (NutraSweet or Equal), Saccharin, Sucralose (Splenda), etc.; they are more toxic than cane sugar!

6. *Quit Smoking!*

Obviously, anything that weakens the lungs will make the flu a more dangerous foe. Research shows smokers face a higher risk of flu infections and flu mortality (death from the flu) than nonsmokers, so smoking cessation is essential in preventing the flu. If you've been planning on quitting, but just haven't taken that final step, now is the time.

You don't want to still be smoking when this flu season hits. It may be the difference in your life or death!

7. *Quit Drinking Alcohol!*

Alcohol can depress the body's immune system in many ways. First, drinking alcohol produces an overall nutritional deficiency, depriving the body of valuable immune-boosting nutrients. This is the last thing you need coming into what could be the next big pandemic. Second, alcohol, like sugar, can directly lead to a weakened immune system by reducing the ability of white blood cells (B-cells and T-cells) to kill germs. B-cells and T-cells (the most abundant lymphocytes – immune system "soldiers") are essential for fighting foreign microorganisms that cause infections, bacteria, and viruses. In people who drink, the activity of these lymphocytes is suppressed, leading to a higher risk of infection and disease.

8. *Talk to your doctor if you are taking immunosuppressant drugs*!

The main problem with immunosuppressants, is that they suppress the immune system! Not surprisingly though, since that is what they are supposed to do. Unfortunately, modern immuno-suppressant drugs are not specific, meaning they suppress ALL of the immune system, leaving the patient vulnerable to a variety of infections that would normally be prevented by the immune system. Patients taking immunosuppressant medications are thus often called immuno-compromised (i.e. their immune system is compromised) and are at risk for numerous complications. These are usually given for auto-immune disorders (such as: Crohn's disease, eczema, lupus, rheumatoid arthritis, etc.) or to prevent transplant rejection. Check with your doctor if you are on an immunosuppressant drug to find out if there are other options for you.

9. *Don't take antibiotics unless you absolutely have to!*

Taking antibiotics before a swine flu infection greatly increases your risk of being killed by swine flu. How do we know that? Because antibiotics wipe out the friendly flora that have been scientifically proven to boost the body's defenses against influenza!

While the above information was mostly related to things you shouldn't do, here are some things that you should do that can help to boost your immune system and help prevent or fight the Swine Flu:

10. *Eat lots and lots of raw fruits and vegetables!*

Fruits and veggies are high in antioxidants, vitamins, minerals, fiber, and enzymes. The nutritional content that you receive from raw fruits and veggies is unparalleled. Many vitamins are also anti-oxidants that protect cells of your immune system from damage by toxins in the environment. Natural foods that are high in antioxidants such as vitamins A, C, E, B-6, folic acid, and zinc are particularly beneficial in supporting the immune system. Kiwi, oranges, grapefruit, cantaloupe, spinach, broccoli, strawberries, blueberries, carrots, bell peppers, cauliflower, and sweet potatoes are full of antioxidants and are fantastic for your immune system. Dark-colored produce (berries, kale, broccoli) tend to be higher in flavonoids and are powerful immune stimulators. Lemons are the ideal food for restoring acid-alkali balance.

Drinking freshly squeezed lemon juice in water helps maintain the body's internal "climate" at a healthy pH. A balanced pH supports healthy bacteria instead of the harmful bacteria and viruses that thrive in a more acidic environment. Regularly eating fresh fruits and vegetables is one of the best ways to naturally boost your immune system! If you do not eat, or cannot tolerate, many fruits and vegetables, try our nutrient rich Fruitilicious or Living Green Energy, to supply your body with whole food nutrients.

11. *Spend some time outside in the fresh air and sunshine!*

Exercise can make a noticeable difference to your health and happiness. Just 20-30 minutes of exercise daily outside in the fresh air (preferably in the sunshine) will help expel toxins and boost the immune system to fight infections. It will also help increase draining of the lymphatic system, which in turn, expels toxins. Only 10 minutes in the sunshine is enough to boost the immune system and help prevent both bacterial and viral infections from taking hold. One way it does this is by boosting white cell-building in the blood. White blood cells are the immune system's "army". The more "soldier" cells you have, the more ability your body has to fight and prevent infections!

12. *Get plenty of Vit D – especially if you suffer from asthma or other respiratory-related illnesses!*

If you're obeying #2, and getting out in the sunshine, hopefully you'll be getting plenty of vitamin D. However, if you aren't able to get enough, you can always complement with a high-quality Vitamin D supplement.

"In a study published in the Archives of Internal Medicine, researchers analyzed information on vitamin D levels and respiratory infections from nearly 19,000 adults and adolescents who participated in the Third National Health and Nutrition Examination Survey (NHANES III) from October 1988 to October 1994. The results showed those with the lowest vitamin D levels (less than 10 nanograms per milliliter of blood) were 36% more likely to report having a recent upper respiratory tract infection than those with higher levels (30 ng/mL or higher)." (3)

"The findings of our study support an important role for vitamin D in prevention of common respiratory infections, such as colds and the flu," says researcher Adit Ginde, MD, MPH, of the University of Colorado, Denver, Division of Emergency Medicine, in a news release. "Individuals with common lung diseases, such as asthma or emphysema, may be particularly susceptible to respiratory infections from vitamin D deficiency." (3)

This association persisted during all four seasons and was even stronger among those with a history or asthma or chronic obstructive pulmonary disease (COPD). For example, people with asthma with the lowest vitamin D levels were five times more likely to have had a recent respiratory infection. Among those with COPD, recent respiratory infections were twice as common among those with lowest vitamin D levels." (3)

13. Relax and be happy!

Stress slows the healing process and weakens the immune system, which will lengthen healing time. Our bodies respond to our emotions – if you're feeling harassed and anxious, it can manifest in a

sore throat or a cold. Prayer and Bible study can relax your mind and improve your health! Giving thanks to God for the blessings and abundance in your life and of the world around you helps! Think positive thoughts!! Pay attention to warning signs of sore throat or exhaustion so you can keep them from getting worse. Remember: A merry heart doeth good like a medicine (Proverbs 17:22). When you're happy, you're far less likely to get sick!

14. *Give your body an herbal boost.*

Many herbal products exist to give the immune system the additional support it needs during the flu season (or any time your immune system is compromised). If you have followed the H1N1 virus at all, you have probably seen that most doctors will be recommending Tamiflu, antiviral medication. Countries have already begun stockpiling this drug and don't even mention natural anti-virals (But why would they? There would be no money in it for them!). But the world is full of natural anti-viral medicine! It's found in tens of thousands of different plants. Culinary herbs like thyme, sage, and rosemary are anti-viral. Garlic, ginger, and onions are anti-viral. Berries and sprouts are anti-viral. And because these anti-viral plants contain literally thousands of different medicinal compounds, they are able to attack viruses with a full spectrum of synergistic natural medicines. Thus, even mutating viruses find themselves unable to escape the all-around medicinal cocktail of antiviral plants. Here are some products that I have personally studied, taken, and highly recommend: To help prevent an infection and boost immune system overall, I like:

- C-Blast – This is a whole food Vitamin C blend (which is much stronger than commercial synthetic Vitamin C products). C-Blast will give your immune system the boost it needs to fight off infections.
- Acerola Chews – For children, or adults, who don't like to swallow pills, this is a delicious chewable form of Vitamin C. Tastes great and gives your immune system a kick!
- Mighty Immune Plus – If you don't like pills: swallowable or chewable, this product is perfect for you. Mighty Immune Plus is an amazing liquid blend of over 200 vitamins, minerals, an herbs, and nutrients that will help to boost the immune system and prevent infections.

For natural anti-viral options, try:

- Ultra Fighter – Whenever I feel something coming on, I reach for Ultra Fighter. Known as a natural antibiotic and "anti-everything." This one fights all infections, whether the cause is viral (such as flu), bacterial (such as pneumonia), or fungal.
- Anamu – Especially helpful for serious immunodeficiency disorders, Anamu helps boost the immune system to fight against foreign, harmful, and damaging organisms and particles. Also helps kill viruses and bacteria! Great for colds and the flu!
- Odorless Garlic – An extremely potent natural anti-viral, garlic is an invaluable tool against viruses such as the Swine Flu.

For congestion in the lungs:

- Congesta-Clear – This product works quickly and effectively. When the infection is deep and congestion is present, some people may experience relief in as little as 15 minutes.

Stay tuned next month for the conclusion of the Flu series, and to find out the truth about Tamiflu and Swine Flu vaccines!

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Centre for Advanced Medicine Ltd

Swine Flu – a Case Report

Centre for Advanced Medicine LTD. 29 September 2009

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A 56 year old male was referred to Auckland Hospital ICU on 1 July 2009 with total respiratory failure, for ECMO external oxygenation. The patient had contracted H1N1 Swine flu (confirmed by tests) while on holiday overseas, and had developed what is known as 'white out' pneumonia. This refers to x-rays showing no air space in the lungs.

After 20 days of life-sustaining ECMO treatment and other critical care, the patient, who was unconscious by induced coma, had not responded. The ICU team advised the family of the likely outcome and had prepared them for the possibility of the patient's death.

Family members approached Centre for Advanced Medicine Limited (CAM) for advice on the clinical use of intravenous vitamin C for such cases.

At the family's request, information was provided to ICU doctors including ISO 9001: 2008 registered protocols, safety data, dosages and access to vials of IV vitamin C under CAM's license for wholesale medicines.

The ICU team agreed to administer intravenous vitamin C according to the family's wishes. This decision acknowledged the family's rights, in compliance with the New Zealand Health and Disability Act, 1997.

The patient received intravenous vitamin C starting on the evening of 21 July, continuing until 29 July. 25 grams was provided on the first day increasing over the first three days to 50 grams twice daily which was sustained for a further six days.

By 24 July x-rays indicated increasing lung function and ECMO external oxygenation was discontinued on 26 July. After several days of assisted ventilation and critical care for ongoing secondary conditions, the patient was able to commence his recovery and rehabilitation.

The patient was discharged from hospital on Friday 18 September, and is recovering at home on the farm.

The decision by the Auckland Hospital ICU team to administer adequate dosages of IV vitamin C, and their skillful coordination of ICU procedures, were responsible for the positive medical outcome.

Permission from the patient and his family has been sought by CAM to publish these details on its website and elsewhere in the interests of accuracy. This permission was willingly provided and CAM expresses its thanks, admiration and respect.

CAM welcomes opportunities to provide similar professional support for registered medical practitioners and their patients.



REUTERS

David Morgan

FDA warns against fake online H1N1 remedy claims

Reuters, 17 October 2009, 3:44 AM GMT+8
https://www.reuters.com/article/idUSN16359915/

Washington, Oct 16 (Reuters) - The U.S. government this week warned against the online marketing of unlicensed health remedies claiming to protect against H1N1 swine flu infection, including fake "Tamiflu" pills from India.

The Food and Drug Administration reported on Thursday that it had purchased and analyzed several products represented on the Internet as Tamiflu, Roche Holding AG's brand name [ROG.VX] version of the antiviral drug oseltamivir.

One order, which arrived in an unmarked envelope from India, consisted of unlabeled white pills that contained talc and the common pain reliever acetaminophen, the FDA said. Others contained various amounts of oseltamivir but were not approved for use in the United States.

In one action, the FDA and the Federal Trade Commission ordered well-known author and doctor Andrew Weil to stop marketing his Immune Support Formula to protect against the H1N1 flu virus.

"Claims that a dietary supplement can prevent, treat or cure human infection with the H1N1 virus must be supported by well-controlled human clinical studies," the regulatory agencies said in a warning letter to Weil.

Officials at Weil's Phoenix, Arizona-based headquarters were not immediately available for comment.

"Products that are offered for sale online with claims to diagnose, prevent, mitigate, treat or cure the 2009 H1N1 influenza virus must be carefully evaluated," FDA Commissioner Dr. Margaret Hamburg said in a statement.

Swine flu, which emerged in March, spread quickly around the world, and was declared a pandemic in June, poses a serious health threat because most people lack immunity to it.

But U.S. health officials say the most effective protection against infection is vaccination and the federal government hopes to offer as many as 250 million vaccine doses to the public by the end of the year.

The government has ordered vaccine from five companies – Sanofi-Aventis SA [SASY.PA], CSL Ltd [CSL.AX], Novartis AG [NOVN.VX], GlaxoSmithKline [GSK.L] and the AstraZeneca [AZN.L] unit MedImmune.

Once someone is already infected, oseltamivir and another antiviral drug called zanamivir - an inhaled medicine produced as Relenza by GlaxoSmithKline Plc can help relieve the severity of disease.

Widespread and unnecessary use threatens to make the H1N1 virus resistant to the antivirals, which would render them ineffective as medicine for people with severe flu cases.

Health officials have already reported H1N1 resistance to Tamiflu.

U.S. Department of Health & Human Services

U.S. Food and Drug Administration — Fraudulent 2009 H1N1 Influenza Products List

Fraudulent 2009 H1N1 Influenza Products List
140 entries in list

FDA US, 27 October 2009
https://web.archive.org/web/20091028235050/http://www.accessdata.fda.gov/scripts/h1n1flu/
https://web.archive.org/web/20090615000000*/http://www.accessdata.fda.gov/scripts/h1n1flu/

Purpose of the Fraudulent Products List

This list is intended to alert consumers about Web sites that are or were illegally marketing unapproved, uncleared, or unauthorized products in relation to the 2009 H1N1 Flu Virus (sometimes referred to as the "swine flu" virus). Note that until evidence to the contrary is presented to FDA, the owner of the listed Web site is considered responsible for promoting the unapproved, uncleared, or unauthorized products. The uses related to the 2009 H1N1 Flu Virus are not necessarily being promoted by the manufacturers of the products.

Consumer Considerations about the Products List

This list does not include every Web site that is marketing products related to the 2009 H1N1 Flu Virus without FDA approval, clearance, or authorization, only those Web sites to which FDA has issued a warning letter.

Even if a Web site is not included in this list, consumers should exercise caution before purchasing over the Internet any product purporting to diagnose, mitigate, prevent, treat, or cure the 2009 H1N1 Flu Virus.

Please note that some of these products may be approved or cleared by FDA for other medical uses. The fact that a product is listed on this page indicates ONLY that the products are not cleared, approved, or authorized for the diagnosis, mitigation, prevention, treatment, or cure of the 2009 H1N1 flu virus.

Supplement Products

- Acai Burn
- Ageless Herbs
- Allera
- Back to Health
- BioSET
- Buried Treasure
- CeraFlu
- Defend-Rx
- Dr. Coldwell's
- Dr. Weil
- Extreme Immunity
- Fitura
- Flucinex
- GlycoMeds
- Guardian
- Health Food Emporium
- Healthy Choice Nutritionals
- Herbal Remedies
- Hi-Tech Pharmaceuticals
- Living Streams
- Macro Greens
- Master Supplements, Inc.
- Mbi Nutraceuticals
- Meridian Lifeforce, Inc
- Miracle Reds
- NZYMES
- Natren
- Nature's Health Supply
- Nature's Sunshine
- Perelandra
- Royal Camu
- Simple Clinic
- Super Spectrim
- Susan Ambrosino's Herb Club, Inc.
- The New Silver Solution
- Universal Health Services
- Vitacroft
- Wellness Resources

THE FLU CASE

Jean Burgermeister

Natural ways to stay healthy: suggestions

The Flu Case, 7 November 2009, 10:18
https://web.archive.org/web/20100102040930/http://theflucase.com/index.php?option=com_content&view=article&id=1678%3Anatural-ways-to-stay-healthy-suggestions-&catid=1%3Alatest-news&Itemid=64&lang=en

To protect yourself against any virus, medical experts recommend a good diet and plenty of vitamins, especially C and D, routine disinfection measures such as washing your hands regularly, the use of face masks as well as of colloidal silver (used by NASA), and MMS.

Another list of suggestions on how stay health by harnessing the body's natural healing powers bas been sent in by Jean:

"Maybe you could add a list of hints, presented as links to reliable websites (with a global introductory note maybe, explaining the purpose).

As a suggestion, this list could include:

In English language :

- http://naturalhygienesociety.org/: a MASSIVE amount of informations on natural health, including historical background, up to date orientations, healthy lifestyles (vegetarianism, raw veganism, etc)
- http://www.thedoctorwithin.com/ (by Dr. Timothy O'Shea,californian chiropractor/naturopath who recently contributed with an article on your website)
- http://www.healself.org/ (website of Dr Bernarr Zowluck, Santa Monica, California)
- http://www.hippocratesinst.org/: Brian and Anna-Maria Clement are foremost promoters of living-foods diet and naturopath-way.
- http://life-enthusiast.com/index/Articles (warning: some naturopaths are also business(wo)men, but they are usually much less dangerous than allopaths)

In French:

- http://www.bickel.fr/ René Bickel is a naturopath, but he is also the author of remarkable books. He focuses on natural health /autonomy, and reveals the real nature of "big pharma" business, and the collusion of (still) a majority of health professionals.

He dedicated a book to the vaccine masquerade: "vaccination: la grande illusion".

His special way of telling the truth is very effective : he uses humor as a strategy to enlightenment/true awareness.

- http://www.santeglobale.info/: Dr Christian Tal Schaller (Switzerland) is a famous promoter of living-foods (raw-vegan), and long-time friend of Brian Clement (see up ref.).

This is just a "start/stump list", given as an example, and i could suggest you many others, for you to choose from, if you wish)

Sungazing: a master key for the restoration of human sovereignty

On a slightly different approach, SUNGAZING will play a key role in helping people to get back in connection with Nature: A few years ago, some indians exhumed this divine practise (mainly from Ayurveda, and Jainism): we humans can connect ourselves directly to the father-Sun, using our eyes as an integrated interface, and let lifeforce flow into our entire self, and dissolve all disorders (diseases, fear, selfishness, etc)

Sungazing can be practised by anyone, starting with a simple/convenient/safe protocol, as designed by Hira Ratan Manek (HRM)

The deep effectiveness of *Sungazing* will help many people get rid of all addictions, and restore their health freedom, get back into full control of their lives (motivated in escaping big pharma and conventional medicine inferno). Truly believe your website is the very right place to promote this divine practise (100% safe, and free of any cost !), as it will help people switch from fear/despair/addictive/consumerist lifestyle , back to Nature's way .

As a result, big pharma will loose all power: no more slaves/sheep -> no more master required (from Hegel principle)

=> So, *Sungazing* would deserve some introductory references (of course, it remains up to you to decide whether or not showing such references on your website !), anyway, here are a few suggestions/references on SUNGAZING (i would be very glad to further contribute, and help enrich the list, if you like):

- http://www.solarhealing.com/: Hira Ratan Manek's website, exposing a safe and simple method to practise Sungazing, and consequently improve tremendously one's life, at NO COST, with just a little bit of self discipline
- http://sungazing.vpinf.com/: Vinny Pinto is a long term sungazer, who provides exhaustive information on the practise of Sungazing (nobody ever got blind from looking at the Sun ! What a shame most of us are afraid, and this fear is culturally enforced, by our parents, ophtalmologists, the whole system/technocratic matrix !)
- http://sunlight.orgfree.com/: for those people who want to get a historical and a health-impact background on Sungazing.
- http://www.sunyoga.info/: Umasankar is the "other" indian rediscoverer of Sungazing. As far as we can infer from his website info, his way of practise differs significantly from that of Hira Ratan Manek. Since Umasankar gives no explicit/operational directives for practise, this website is best used by "advanced sungazers", ie people who have already practised Sungazing in the safe way, following HRM's protocol).

To go further (knocking down the vaccination dogma)

For people who would like to get further informations (not only operational ones, ie questioning "why" more than "how"), you may also add resources/references such as :

- http://www.soilandhealth.org/: a marvelous online library (free download of out of print or free of right natural health books).

By the way, there is specially a book there which covers the genesis of the vaccine dogma and describes also the authrntic roots of biology. This book is titled "RATIONAL BACTERIOLOGY", written by J.R. Verner, W. Veiant and R.J. Watkins in 1953 (but still deeply valuable, to lead us out of the vaccinalist maze).

This book may be downloaded by anybody from here:

http://www.soilandhealth.org/copyform.aspx?bookcode=020147 (just follow the instructions from the website)

In this web-library, there are also a profusion of valuable positive books on natural health, including those books written by famous hygienists : Herbert Shelton, Henry Lindlahr, Ross Horne, J.R.Trall, J.H. Tilden, etc...

We're on the road back to true freedom and human brotherhood, even if this seems at quite a distance from today...

We will defeat today's technical threats by positive thinking and acting (mostly upon ourselves : being healthier, stronger, determined, enlightened-intuitive, and USING our rational thinking only as a complementary tool).

Keep in mind that all the above are just suggestions, and it remains to you to decide whether or not such informations (and under which form) would fit into your website.

THE FLU CASE

Norway's police crackdown on "alternative medicine" as scare mongering over "new mutated" virus grows

The Flu Case, 21 November 2009, 13:58

https://web.archive.org/web/20100102042208/http://theflucase.com/index.php?option=com_content&view=article&id=2013%3Anorways-police-crack-down-on-qalternative-medicineq-as-scare-mongering-over-qnew-mutatedq-virus-grows&catid=1%3Alatest-news&Itemid=64&lang=en

As the hype and fear mongering grows in Norway over the emergence of a new mutated "killer" virus, the local media has reported that police have carried out coordinated raids to crack down on suppliers of alternative medicine.

It is not clear why "alternative" medicines, including vitamins and colloidal silver, which have been proven to offer safe, effective and inexpensive ways of protection against any virus, are being subjected to restrictions in Norway right now if there really is a killer virus about.

It would appear the government is trying to limit Norwegians choice for treating this "mutated virus" to a toxic and untested swine flu jab that will offer no protection against any mutated virus and that contains mercury and squalene and so will most likely cause damage.

NASA, the US space agency, recommends colloidal silver for its astronauts because it has been found to be one of the most effective ways of killing disease-creating organisms of any kind.

Boosting vitamin C and D levels will strengthen the immune system.

Washington DC

Genevieve Kiger

H1N1 Swine Flu symptoms have many people turning to natural remedies

Examiner, 4 December 2009, 4:29

https://web.archive.org/web/20091207071720/http://www.examiner.com/x-18331-Natural-Health-Examiner~y2009m12d4-H1N1-Swine-Flu-symptoms-have-many-people-turning-to-natural-remedies (this link has been corrupted)
https://web.archive.org/web/20100102052554/http://theflucase.com/index.php?option=com_content&view=article&id=2183%3Ah1n1-swine-flu-symptoms-have-many-people-turning-to-natural-remedies-reports-genevieve-kiger&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Could Garlic, Ginger, and Other Herbal Remedies Treat H1N1 Symptoms?

In the US, only two products have been approved for the treatment of H1N1 symptoms, and five vaccines to prevent swine flu symptoms in the first place; but this is not necessarily the case in other countries, nor does it keep people from using other products, such as herbal remedies; it only keeps those products from openly claiming to treat symptoms of swine flu. Two different press releases on December 3rd underscore these points.

Herbal Remedies Approved for Treatment of H1N1 Symptoms in China

Buchang USA hosted the first Buchang Health Forum in New York, whose primary goal, according to one of the press releases on December 3rd, was to "provide an integrative "East-meets-West" platform for healthcare experts and patient advocacy groups to exchange views and knowledge on the management of [pandemic H1N1] and other global pandemics."

Buchang is the producer of an herbal remedy product known as Xiangju, a formula containing 8 different herbal ingredients developed to help fight cold and flu virus symptoms. It is one of the products recently tested by the Ministry of Health in China for efficacy against H1N1, and was approved by the State FDA (China) "as an OTC product for the relief of flu and cold-like symptoms."

Another herbal formula, Lian Hua Qing Wen, is being recommended by the Chinese State Administration of Traditional Chinese Medicine (TCM) for people to take to help prevent developing H1N1 symptoms; though this same formula was warned by the US Food and Drug Administration (FDA) to remove claims that it prevents or treats H1N1 symptoms under penalty of regulatory criminal action.

Speculators say Price of Ginger may Skyrocket Due to Swine Flu Symptom Fears

Ginger, especially when combined with honey, are a well known and age-old herbal remedy for cold and flu symptoms, and H1N1 symptoms are no exception, at least in the eyes of many.

Garlic has similar preventative and virus-fighting qualities, and has seen a price increase of as much as 1500% since March, especially in China. Although ginger has not yet seen such a dramatic spike – only 85% in the same time – a press release on December 3rd claimed that "The health benefits of ginger and the current concerns over swine-flu . . . will very likely contribute to further the expected price increases." This is only made more likely as it coincides with supply shortages, as falling prices in recent years had many farmers changing to more profitable crops.

The **Idaho Observer**

1918 Flu Prevention: Baking Soda

Idaho Observer, 16 December 2009
http://www.proliberty.com/observer/20091216.htm

The proven value of Bicarbonate of Soda as a therapeutic agent (from a letter to the Church and Dwight Company):

"In 1918 and 1919 while fighting the Flu with the U.S. Public Health Service it was brought to my attention that rarely any one who had been thoroughly alkalinized with bicarbonate of soda contracted the disease, and those who did contract it, if alkalinized early, would invariably have mild attacks. I have since that time treated all cases of Cold, Influenza and LaGripe by first giving generous doses of Bicarbonate of Soda, and in many, many instances within 36 hours the symptoms would have entirely abated.

Further, within my own household, before Women's Clubs and Parent-Teachers' Association, I have advocated the use of soda as a preventative for 'Colds', with the result that now many reports are coming in stating that those who took 'Soda' were not affected, while nearly everyone around them had the 'Flu'.

…An occasional three-day course of the Bicarbonate of Soda increases the alkalinity of the blood, assists elimination and increases the resisting power of the body to all Infectious Diseases…

Whenever taking a bicarbonate solution internally, the soda should be dissolved in cold water. In the event of a threatened attack we recommend the following treatment: During the first day take six doses of half a teaspoon of Bicarbonate of Soda in a glass of cool water, at about two hour intervals."

Note: It's recommended to use aluminum-free baking soda such as Bob's Red Mill



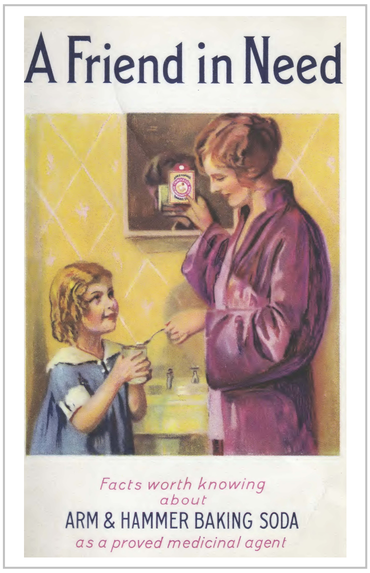
books.google.com.my › books

Educational Foundations - Volumes 33-39 - Page 6

1921 · Snippet view

FOUND INSIDE – PAGE 6

... **In 1918 and 1919 while fighting the ' Flu ' with** the U. S. Public Health Service it was brought to my atten- tion that rarely any one who had been thoroughly alkalinized with bicarbonate of soda contracted the disease , and those who ...



A Friend in Need (1933): Facts worth knowing
About Arm & Hammer Baking Soda, as a proved medicinal agent

=> https://archive.org/details/soda_20200712/mode/2up?q=%22In+1918+and+1919+while+fighting+the%22

THE FLU CASE

Cathy Margolin

Swine Flu cured using Chinese herbs

The Flu Case // Insider's Health, 18 December 2009, 19:26
https://autumnson-nwo.blogspot.com/2009/12/blog-post_6747.html
https://web.archive.org/web/20100102011409/http://theflucase.com/index.php?option=com_content&view=article&id=2344%3Aherbal-formula-for-h1n1-clinically-proven-effective&catid=1%3Alatest-news&Itemid=64&lang=en

.

Just a few days ago, a hospital in China published an article stating that a combination of four different herbs was able to successfully treat many people with swine flu (H1N1). This article describes these herbs.

An article released today from the Ditan Hospital in Beijing reported that, "88 out of 117 patients treated for (H1N1) the disease only on the herbs fully recovered and were discharged." This is a 75% success rate. What are these Chinese herbs that worked so well? The Deputy Director of the hospital said there were four herbs in the packets given to patients who drank them as a tea and used as a mouth wash. Lonicera Japonica, (honeysuckle flower), Isatis Indigodica, Mentha (mint) and Glycyrrhiza (licorice). All were dosed at 3 grams per serving. These same herbs are available in Chinese herbal medicine shops in the US.

The first herb, Lonicera, is used almost exclusively for prevention and treatment of the common cold and upper respiratory tract infections, sore throats and general flu symptoms. It can be used in a vaporizer and inhaled along with the traditional way of ingesting it after cooking (decocting) in water. In one study, 1150 patients were treated for influenza using a combination of herbs which included Lonicera and had excellent results. Using fresh Lonicera is best as it contains the most anti-inflammatory and antipyretic effects. As an antibiotic, it has "demonstrated a broad spectrum of inhibitory actions against staphylococcus aureus, E. Coli" and a host of other pathogens.

The second herb in the flu fighting formula is Isatis, otherwise known as Woad root. This herb is categorized as a toxic heat clearing herb in Chinese herbal medicine and is also commonly used for upper respiratory infections. It's pharmacological effects have been well studied and research supports its success in treating acute sore throats and influenza viruses. Like other Chinese herbs, it is often used in a formula combined with other herbs. Herbs often work more effectively when cooked together with the right combination of other synergistically compatible herbs. People allergic to sulfonamides may have an allergic reaction to this herb, and it is not recommended for those taking Coumadin or any blood thinning medication as it may potentiate this action. However, the risk of any serious interaction is slight. I mention this to emphasize that herbs are strong medicine and should be prescribed and dosed by a qualified practitioner.

The last two herbs in this very simple formula are herbs that I am certain everyone has heard of, but may not have held in high regard for treatment of flu virus such as Swine flu. I hope this article changes that perspective. Although mint and licorice are fairly common, they are not necessarily found in the neighborhood grocery store. As there are hundreds of different species, you must be certain of obtaining the correct species. Mentha has quite a history when comes to treating high

fever accompanied by flu symptoms. In fact, the original source text on mentha was written in approximately 600 A.D., while the beneficial effects of licorice were documented even earlier. Sore throats, red eyes, and headache are some of the most common symptoms mentha can treat. It is included in many famous Chinese herb formulas as is licorice. Both are considered GRAS (generally recognized as safe) by the FDA. Licorice is one of the most commonly used herbs in the Chinese Materia Medica with volumes of information and research. It is traditionally used to "harmonize" a formula in Chinese medicine, yet it has many therapeutic actions of its own. More than I can list here.

Together, these four powerful herbs are more than just the sum of their individual parts. Beijing Traditional Chinese Medicine Hospital has introduced a H1N1 prevention herbal medicine pack. If you are traveling to China, you may want to pick up a few. Better yet, consult your local Acupuncturist or Herbalist and get your very own powerhouse of herbs custom made for your constitution.

Text source:
http://www.insidershealth.com/ar%20...%20_chinese_herbs/3705

Early short release of July 24, 2009:
http://www.bernama.com/bernama/v5/newsindex.php?id=427649

Polish version, botanic terms adapted:
http://grypa666.wordpress.com/2009/12/17/chuny-wynalazly-ziolowy-lek-na-a-h1n1-niemcy-i-hiszpania-chca-zwrocic-szczepionki/

Irish Independent

John Von Radowitz

Nature provides swine flu defence

The Irish Independent, 19 December 2009, 23:00
https://www.independent.ie/regionals/herald/nature-provides-swine-flu-defence/27936614.html

A previously unknown natural defence against swine flu and other viruses has been discovered, which could lead to new treatments.

The virus-fighting proteins were identified 25 years ago but their role has been a mystery until now.

Scientists found that knocking the protein IFITM3 out of human cells allowed the H1N1 swine-flu virus to run wild, but when their levels were artificially increased, replication of the viruses was completely blocked.

Professor Stephen Elledge, from Harvard Medical School in Boston, USA, who led the research, said: "We've uncovered the first-line defence in how our bodies fight the flu virus.

"The protein is there to stop the flu. Every cell has a constitutive immune response that is ready for the virus. If we get rid of that, the virus has a heyday."

The proteins are believed to redirect the traffic of viral particles entering cells and route them to a disposal area where they can be degraded and rendered harmless.

Newsit-chuiko

The Chinese won the swine flu with medicine "Jin Hua"

News It Chuiko, 19 December 2009
https://web.archive.org/web/20091224083730/http://it-chuiko.com/others/1730-the-chinese-won-the-swine-flu-with-medicine-jin.html

"To develop the drug, which lasted six months, brought hundreds of Chinese and foreign experts, has spent about 10 million yuan (about 1,5 million dollars)", - said the director of the Beijing administration of traditional Chinese medicine, Zhao Jing.

The medicine against influenza A/H1N1, entitled "*Jin Hua*" ("*Golden Flower*") is based on prescriptions of traditional Chinese medicine, as well as with the involvement of the Western experience.
Full recovery occurs in 5-7 days. Moreover, the patient feels great relief already on the second day dosing. Drug price of 80 yuan (about $ 12).

Experts believe that the novelty will completely abandon the use of antibiotics in the treatment of swine influenza.

Natural Product Reports

Hu Ge, Yi-Fei Wang, Jun Xu, et al.

Anti-influenza agents from Traditional Chinese Medicine

Natural Product Reports, January 2010; 27 (12):1758-80. doi: 10.1039/c0np00005a.
https://pubs.rsc.org/en/content/articlelanding/2010/np/c0np00005a

After new human transmissible H1N1 (swine flu) viruses were reported in Mexico and the United States in April 2009, the World Health Organization (WHO) announced the emergence of a novel influenza A virus. Most governments in the world have been alerted and are monitoring the situation closely.

As one of the official responses to the H1N1 pandemic, the Chinese government has released three editions of a document entitled "Recommended Schemes for Pandemic Influenza A Diagnoses and Treatments".

The third edition recommended the use of not only two targeted anti-flu drugs, oseltamivir and zanamivir, but also four anti-flu TCM (Traditional Chinese Medicine) prescriptions.

Since then, TCM has played a significant role in fighting the pandemic. TCM drugs comprise multiple compounds regulating multiple targets for a given class of medical indications, and are tunable to the symptoms of the individual.

This review summarizes anti-influenza agents from TCM, including compounds, herbs, and TCM prescriptions, and suggests that, by further investigating TCM theory and mining TCM databases, a better drug discovery paradigm may arise – one that can be beneficial to both TCM and modern medicine.

The American Journal of
CLINICAL NUTRITION
A journal of the American Society for Nutrition

Mitsuyoshi Urashima, Takaaki Segawa, Minoru Okazaki, Mana Kurihara,
Yasuyuki Wada, Hiroyuki Ida

Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren

Am J Clin Nutr, 10 March 2010; May; 91(5): 1255-60.
doi: 10.3945/ajcn.2009.29094. Epub 2010 Mar 10. PMID: 20219962
https://www.sciencedirect.com/science/article/pii/S0002916523018324?via%3Dihub

Abstract

Background: To our knowledge, no rigorously designed clinical trials have evaluated the relation between vitamin D and physician-diagnosed seasonal influenza.

Objective: We investigated the effect of vitamin D supplements on the incidence of seasonal influenza A in schoolchildren.

Design: From December 2008 through March 2009, we conducted a randomized, double-blind, placebo-controlled trial comparing vitamin D(3) supplements (1200 IU/d) with placebo in schoolchildren. The primary outcome was the incidence of influenza A, diagnosed with influenza antigen testing with a nasopharyngeal swab specimen.

Results: Influenza A occurred in 18 of 167 (10.8%) children in the vitamin D(3) group compared with 31 of 167 (18.6%) children in the placebo group [relative risk (RR), 0.58; 95% CI: 0.34, 0.99; P = 0.04]. The reduction in influenza A was more prominent in children who had not been taking other vitamin D supplements (RR: 0.36; 95% CI: 0.17, 0.79; P = 0.006) and who started nursery school after age 3 y (RR: 0.36; 95% CI: 0.17, 0.78; P = 0.005). In children with a previous diagnosis of asthma, asthma attacks as a secondary outcome occurred in 2 children receiving vitamin D(3) compared with 12 children receiving placebo (RR: 0.17; 95% CI: 0.04, 0.73; P = 0.006).

Conclusion: This study suggests that vitamin D(3) supplementation during the winter may reduce the incidence of influenza A, especially in specific subgroups of schoolchildren. This trial was registered at https://center.umin.ac.jp as UMIN000001373.

THE TIMES
THE SUNDAY TIMES

Oliver Gillie

Vitamin D better than vaccines at preventing flu, report claims

The Times, 15 March 2010
https://web.archive.org/web/20110429025038/http://www.timesonline.co.uk/tol/news/uk/scotland/article7061778.ece

The risk of children suffering from flu can be halved if they take vitamin D, doctors in Japan have found. The finding has implications for flu epidemics since vitamin D, which is naturally produced by the human body when exposed to direct sunlight, has no significant side effects, costs little and can be several times more effective than anti-viral drugs or vaccine.

Only one in ten children, aged six to 15 years, taking the sunshine vitamin in a clinical trial came down with flu compared with one in five given a dummy tablet. Mitsuyoshi Urashima, the Japanese doctor who led the trial, told *The Times* that vitamin D was more effective than vaccines in preventing flu.

Vitamin D was found to be even more effective when the comparison left out children who were already given extra vitamin D by their parents, outside the trial. Taking the sunshine vitamin was then shown to reduce the risk of flu to a third of what it would otherwise be.

Altogether 354 children took part in the trial, which took place during the winter of 2008-09, before the swine flu epidemic. Vitamin D was found to protect against influenza A, which caused last year's epidemic, but not against the less common influenza B.

The trial, which was double blind, randomised, and fully controlled scientifically, was conducted by doctors and scientists from Jikei University School of Medicine in Tokyo, Japan.

The children were given a daily dose of 1200 IUs (international units) of vitamin D over a period of three months. In the first month children in the group taking the vitamin became ill just as often as those taking the dummy tablet. But by the second month, when the vitamin level in the children's blood was higher, the advantage of the vitamin was clear.

The Japanese scientists, writing in the *American Journal of Clinical Nutrition*, say that the anti-viral drugs zanamivir and oseltamivir reduce risk of flu infection by 8 per cent in children who have been exposed to infection, compared with a 50 per cent or greater reduction with vitamin D.

Anti-virals are also too expensive, and possibly too toxic, to be given to the population as a whole whereas vitamin D has additional benefits. The sunshine vitamin not only prevents bone fractures but is also believed to reduce risks of cancer, heart disease, diabetes and other illness, including various bacterial as well as viral infections.

The Japanese finding supports a theory that low blood levels of the sunshine vitamin occurring in winter explain why flu epidemics generally peak between December and March.

Vitamin D activates the innate immune system, enabling the body to produce several proteins such as defensin and cathelicidin which trigger cell activity and disable viruses.

Dr Urashima said: "Vitamin D and vaccine work by quite different mechanisms. Vitamin D enhances innate immunity while vaccine enhances acquired immunity. So we do not have to select only one way of prevention, rather we should do both ways, I think."

Dr John Oxford, professor of virology at Queen Mary School of Medicine, London, said: "This is a timely study. It will be noticed by scientists. It fits in with the seasonal pattern of flu. There is an increasing background of solid science that makes the vitamin D story credible. But this study needs to be replicated. If it is confirmed we might think of giving vitamin D at the same time as we vaccinate."

Respiratory Medicine
Supports open access • Open archive

Lei Wang, Rui-Ming Zhang, Gui-Ying Liu, Bao-Lin Wei, Yang Wang,
Hong-Yan Cai, Feng-Sen Li, Yan-Ling Xu, Si-Ping Zheng, and Gang Wanga

Chinese herbs in treatment of influenza: a randomized, double-blind, placebo-controlled trial

Respir Med. 22 June 2010 // Sep;104(9):1362-9.
doi: 10.1016/j.rmed.2010.05.015. Epub 2010 Jun 22 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7127189/

Abstract

Objective: To investigate the efficacy and safety of Antiwei, a traditional Chinese prescription, in the treatment of influenza.

Methods: In a multi-center, randomized, double-blind, placebo-controlled trial, we recruited 480 adults aged 18 to 65 years within 36 h of onset of influenza-like symptoms. There were 225 patients with confirmed influenza. Eligible patients were randomly assigned 6 g of Antiwei ($n = 360$) or placebo ($n = 120$) twice daily for three days. All patients recorded their temperature and symptoms on diary cards during treatment. Analyses were performed in both the influenza-like population and the influenza-confirmed population.

Results: Antiwei increased patients' recovery by 17% ($P < 0.001$), and reduced the severity of illness measured by the median symptom score by 50% ($P < 0.001$) in both the influenza-like and the influenza-confirmed populations, compared to placebo. The influenza-confirmed patients reported reductions in the severity of fever ($P = 0.002$), cough ($P = 0.023$) and expectoration ($P = 0.004$) after one-day of treatment with Antiwei, compared to placebo. The adverse event profiles were similar for Antiwei and placebo.

Conclusion: Antiwei was effective and well tolerated in treatment of natural influenza infection in adults. Antiwei represents a clinically valuable intervention in the management of influenza.



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Andrew Koh

Wen Bing (Warm Diseases) and the 2009 H1N1 influenza

Australian Journal of Acupuncture and Chinese Medicine, November 2010, 5 (2): 23-29
https://www.ajacm.com.au/wp-content/uploads/2017/10/2010-Volume-5-Issue-1.pdf

Abstract
The epidemiological data of influenza can serve as a basis for effective use of *Wen Bing* theory in the management of the 2009 H2N1 influenza. The long history of Chinese medicine in general and of the *Wen Bing* school specifically holds much evidence on adapting and responding to changes in the climate, environment and newly emerging diseases. Uncovering and comparing these data and information from Chinese medicine with modern epidemiological ones can perhaps offer another legitimate and valid way of understanding and treating contemporary diseases. Such a methodology may also be another strategy for integrating biomedicine with Chinese medicine. This paper will examine some of the epidemiological features of the 2009 H1N1 influenza and their similarities with the main characteristics of *Wen Bing* or warm diseases in Chinese medicine. It is suggested that the 2009 H1N1 influenza can be managed from a *Wen Bing* perspective using a four-phase approach.

Wen Bing (Warm Diseases) and the 2009 H1N1 Influenza

Clinical Commentary
The 2009 H1N1 influenza is the first flu pandemic of thetwenty-first century. It has caused considerable panicand anxiety in the public and medical establishment.The aetiology and presentation of the influenza areremarkably similar to those patterns enunciated bythe *wen bing* School of traditional Chinese medicine.On that basis, TCM practitioners can use *wen bing*theory as a foundation to manage the 2009 H1N1influenza effectively. This paper examines the similarmanifestations of warm diseases and swine flu andoffers a working framework covering their preventionand treatment.

NIH National Library of Medicine
National Center for Biotechnology Information

Universal treatment of acute infectious diseases

Mikhail Teppone

The phase dynamics of the COVID-19 pandemic: a systematic analysis of 213 Countries and Territories

Probl Soc Gig Zdrav Istor Med, July 2022; 30 (3): 347-355
DOI: http://dx.doi.org/10.32687/0869-866X-2022-30-3-347-355

1.2. Infectious disease is a battle between the human body's defense and viruses or bacteria

History of the battle against viruses and bacteria dates back at least several thousand years. Ancient physicians already knew about external pathogens which could cause acute febrile diseases. They also knew that an evolution of any clinical case depended on the health status of the patient before the onset of the disease, so they talked about «body defense». At the beginning of modern microbiology, the importance of body resistance was confirmed by a Prof. Max von Pettenkofer, who swallowed the entire contents of a tube filled with germs of cholera, but nothing happened to him. So, he claimed: «*The important thing is the disposition of the individual*!».[1]

Despite a variety of external pathogens, the human body has a limited number of defense mechanisms, which is accompanied by a few clinical syndromes, consisting of common symptoms, such as fatigue, chills or hot feeling, headache, cough, shortness of breath, nausea, vomiting, diarrhea, skin rashes or discoloration of the skin, etc.

In ancient times the mechanism of the onset of fever was differentiated into two main groups (*hot* & *cold*) based on the presence of thirst, sweating, chills, or feelings of heat; and the choice of individual treatment was determined by the type of fever. According to the modern view on fever, which commonly accompanies infectious diseases, one can define only two mechanisms leading to an increase in temperature: one is an increase in heat production (a ***cold*** type) and the other, a decrease in heat transfer (a ***hot*** type), or their combination.[2] Thus ancient and modern explanations of fever are quite similar, and two types of antipyretic medicines are necessary and sufficient to manage any case of excessive fever. Similarly, 2–3 mechanisms can be identified that underlie each of the remaining symptoms of any acute viral disease, so, a small group of commonly used drugs would be sufficient to manage any infectious diseases, including *old* and *new* ones.

After the discovery of bacteria and viruses as a cause of infectious diseases, the main emphasis was changed from supporting the body resistance to the fighting against pathogens. It was successful in the majority of bacterial infection cases, but it was almost useless when disease was caused by a virus.

Therefore, if there is no etiotropic treatment, then there is no need to identify a new viral disease. All pharmaceutical and non-pharmaceutical therapeutic modalities would be addressed to the well-known protective mechanisms of the human body, and treatment should be based on the leading syndromes and symptoms, using the principle called *off-label* therapy.

1.4. Treatment of patients suffering from acute infectious diseases

About 1800 years ago, Dr. Zhang Zhongjing summarized the results of research from previous generations and developed a theory of acute infectious diseases, which explained therapy based on leading clinical symptoms and syndromes.[3] According to this theory, there could be only 6 phases, and certain phases could have 2–3 variants. Thus, the whole variety of clinical syndromes related to infectious diseases was limited to 10–12 variants, each having specific treatment and prevention.

There are some examples of treatment of the initial phases of infectious diseases: in the case of initial fever with general cold feelings without sweating – *Herba Ephedrae* was recommended; if there is initial fever with general hot feelings – *Folium Mori Albae* or *Herba Menthae Haplocalycis* should be used; if there is initial fever with intensive sweating or tension in the muscles – *Ramulus Cinnamomi Cassiae* was recommended; in the case of fever with alternating cold and hot feelings – *Radix Bupleuri*, was used, etc. A change in symptoms pointed to a change in the phase of the disease and required an adjustment of therapy. If a patient has a severe fever with hemorrhagic symptoms, skin rashes, kidney and liver impairment, delirium, etc. – *Radix of Isatis tinctoria* should be applied.[4]

(a) Phases of Defense System Affection	(b) Six Phases of Acute Infectious Diseases			(c) General Adaptation Syndrome by H. Selye
Activation of defense	1.	*Tai Yang*	- Common cold symptoms	**Alarm Phase**
Unstable phase	2.	*Shao Yang*	- Unstable phase	
Highest activity of defense	3.	*Yang Ming*	- Progressive fever	(Adaptation Phase)
Exhaustion of defense	4.	*Tai Yin*	- Beginning of exhaustion	**Exhaustion Phase**
	5.	*Shao Yin*	- Hemorrhagic and other Complications	
	6.	*Jue Yin*		

Theories which describe phase evolution of acute infectious diseases:
(a) Four phases of defense in a case of disease caused by "excessive heat".[5]
(b) Six phases of diseases caused by either "cold" or "heat", or "wind".[3]
(c) Three phases according to the general adaptation syndrome theory discovered by Hans Selye.[6-8]

...

During later centuries, protocols of infectious disease treatment were updated according to the new scientific discoveries of that time. Excepting deadly epidemic diseases (plague, smallpox, or cholera), therapy of other infectious diseases was effective and successful.

Theoretically, modern medicine having a long history in the past and advanced pharmaceutical science nowadays must be able to treat any problem more effectively than our predecessors, but the helplessness of the modern medical system during the current pandemic (2019-2022) was beyond common sense, and raised questions about the quality of education of the distinguished medical leaders and their followers.

...

As far as acute infectious diseases are concerned, their pathological condition is not stable, but has several phases. Each of the phases requires the use of different medicines and patient care. It would be illogical to look for the treatment of COVID-19 in general, when each phase of the disease requires an appropriate group of medicines. Then a doctor should choose one or two medicines, taking into account the main symptoms of a certain patient.

Multiple attempts to find a unique medicine against 'COVID-19' have failed. That suggests that treatment of COVID-19 or any further new acute viral infectious diseases should be managed by means of routine drugs applied as *off-label* therapy.

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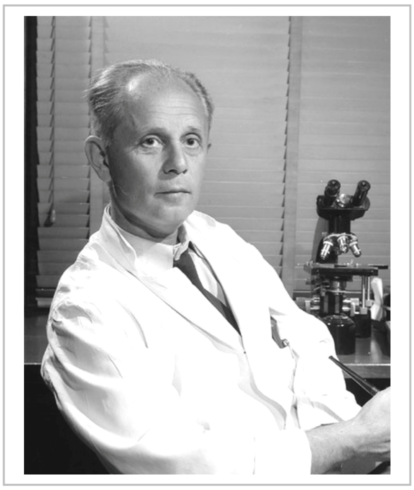
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Hans Selye
(1907-1982)

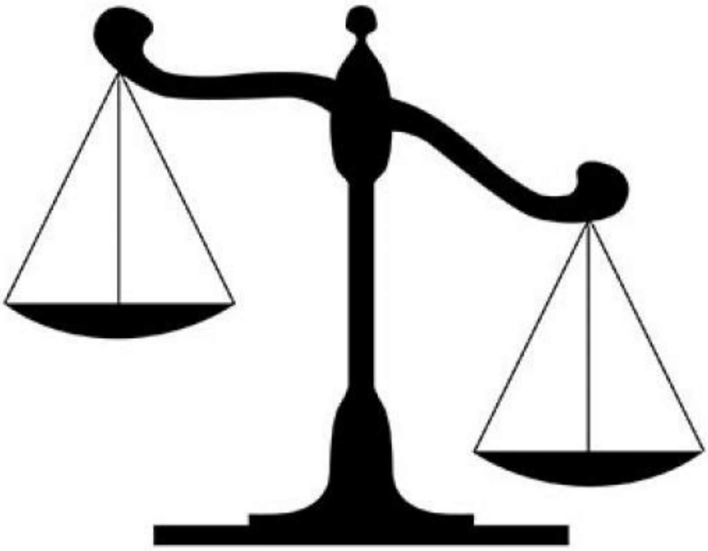


Dr. Zhang Zhongjing
(150 - 219)

Chapter 16

Tamiflu:

Various Claims and Reports related to its Application and Efficacy



Bilderbergers, Rumsfeld Profit from Avian Flu Scam

Global News Matrix, 24 October 2005
https://www.jesus-is-savior.com/Evils%20in%20Government/birdflu_scam.htm

You can't make any real money without a boogeyman, and the new "Bird Flu" hoax is the latest scam used to generate profits for pharmaceutical company insiders.

"Finally, the pieces of the puzzle start to add up," writes Dr. Joseph Mercola, author of the "Total Health Program." "President Bush sought to instill panic in this country by telling us a minimum of 200,000 people will die from the avian flu pandemic but it could be as bad as 2 million deaths in this country alone." http://mercola.com/blog/2005/oct/19/rumsfeld_to_profit_from_avian_flu_hoax

"This hoax is then used to justify the immediate purchase of 80 million doses of Tamiflu, a worthless drug that in no way shape or form treats the avian flu, but only decreases the amount of days one is sick and can actually contribute to the virus having more lethal mutations," Mercola continues.

"So the U.S. placed an order for 20 million doses of this worthless drug at a price of $100 per dose. That comes to a staggering $2 billion.

US Defense Secretary Donald Rumsfeld, former chairman of Gilead, the manufacturer of Tamiflu, will also make big profits, since he is a major shareholder.

Better yet, Bilderberger spokesman Etienne F. Davignon (Vice-Chairman, Suez-Tractebel) and Reagan-Bush Cabal insider former Secretary of State George P. Shultz, PhD (Distinguished Fellow, Hoover Institution, Stanford University) are also on the board of directors of Gilead.

Another Bilderberger regular is Lodewijk J.R. de Vink, who sits on the board of Hoffman-La Roche, Gilead's partner. http://www.roche.com/home/company/com_gov/com_gov_dir/com_gov_dir_vink.htm
In other words, the "Bird Flu" scam will generate outrageous profits for globalist-insiders like Shultz, Rumsfeld, Davignon, and de Vink.

And where did Tamiflu come from?

According to the Gilead website, "In September 1996, Gilead and F. Hoffmann-La Roche Ltd. entered into a collaborative agreement to develop and market therapies that treat and prevent viral influenza. Under the agreement, Roche received exclusive worldwide rights to Gilead's proprietary influenza neuraminidase inhibitors, including orally administered Tamiflu (oseltamivir phosphate), formerly known as GS 4104. As part of this collaboration, Gilead and Roche jointly conducted clinical development of oseltamivir phosphate, with Roche funding all research and development costs. Roche has worldwide commercial rights to Tamiflu, and Gilead receives payments from Roche for the successful completion of program milestones and royalties on product sales.")

It should be remembered that Rumsfeld loves pharmaceutical scams. It was after all Rumsfeld, as chairman of G.D. Searle, who pressured the FDA to get Aspartame approved.

The FDA blocked its approval for ten years before Rumsfeld twisted arms and broke who knows how many legs at the FDA. Now Aspartame, an artificial sweetener as ubiquitous as it is toxic, continues to poison America and the world.
So here's an advertising tagline.

Tamiflu – It's the Bird-Flu Scam-Drug For You

The New York Times

Rumsfeld to Avoid Bird-Flu Drug Issues

The New York Times, 28 October 2005, p. A13
https://www.nytimes.com/2005/10/28/politics/rumsfeld-to-avoid-birdflu-drug-issues.html

Washington, Oct. 27 – Defense Secretary Donald H. Rumsfeld has recused himself from government decisions concerning medications to prevent or treat avian flu, rather than sell his stock holdings in the company that patented the antiviral agent Tamiflu, according to a Pentagon memorandum issued Thursday.

The memorandum, to Mr. Rumsfeld's staff from the Pentagon general counsel, said the defense secretary would not take part in decisions that may affect his financial interests in Gilead Sciences Inc.

Before becoming defense secretary in January 2001, Mr. Rumsfeld was chairman of Gilead. On each of his annual financial disclosure statements, he has listed continued stock holdings in the company.

Gilead holds the patent on Tamiflu, but contracts for it are signed with an American subsidiary of F. Hoffman-LaRoche Ltd., which holds marketing and manufacturing rights.

Mr. Rumsfeld will remain involved in matters related to the Pentagon response to an outbreak, so long as none affect Gilead.

Nelson Schwartz

Rumsfeld's Growing Stake in Tamiflu

CNN, 31 October 2005
https://money.cnn.com/2005/10/31/news/newsmakers/fortune_rumsfeld/

New York (Fortune) – The prospect of a bird flu outbreak may be panicking people around the globe, but it's proving to be very good news for Defense Secretary Donald Rumsfeld and other politically connected investors in Gilead Sciences, the California biotech company that owns the rights to Tamiflu, the influenza remedy that's now the most-sought after drug in the world.

Rumsfeld served as Gilead (Research)'s chairman from 1997 until he joined the Bush administration in 2001, and he still holds a Gilead stake valued at between $5 million and $25 million, according to federal financial disclosures filed by Rumsfeld.

The forms don't reveal the exact number of shares Rumsfeld owns, but in the past six months fears of a pandemic and the ensuing scramble for Tamiflu have sent Gilead's stock from $35 to $47. That's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld isn't the only political heavyweight benefiting from demand for Tamiflu, which is manufactured and marketed by Swiss pharma giant Roche. (Gilead receives a royalty from Roche equaling about 10% of sales.) Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead since the beginning of 2005.

Another board member is the wife of former California Gov. Pete Wilson.

"I don't know of any biotech company that's so politically well-connected," says analyst Andrew McDonald of Think Equity Partners in San Francisco.

What's more, the federal government is emerging as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered $58 million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

Rumsfeld recused himself from any decisions involving Gilead when he left Gilead and became Secretary of Defense in early 2001. And late last month, notes a senior Pentagon official, Rumsfeld went even further and had the Pentagon's general counsel issue additional instructions outlining what he could and could not be involved in if there were an avian flu pandemic and the Pentagon had to respond.

As the flu issue heated up early this year, according to the Pentagon official, Rumsfeld considered unloading his entire Gilead stake and sought the advice of the Department of Justice, the SEC and the federal Office of Government Ethics.

Those agencies didn't offer an opinion so Rumsfeld consulted a private securities lawyer, who advised him that it was safer to hold on to the stock and be quite public about his recusal rather than sell and run the risk of being accused of trading on insider information, something Rumsfeld doesn't believe he possesses. So, he's keeping his shares for the time being.

OTTAWA CITIZEN

Shelley Page

Pandemic Paranoia
Rumsfeld's connection to Tamiflu has conspiracy theorists spinning

Ottawa Citizen, 13 November 2005, p. A9.
https://www.newspapers.com/image/456099794/

One day Americans were panic-buying Tamiflu, making the influenza remedy the most sought-after drug in the world; the next day, rumours were rampant that the U.S. response to bird-flu was more about profit than public health.

What happened?

In a name: Donald Rumsfeld.

From Kandahar to Kalamazoo, the U.S. Secretary of Defense has been vilified by opponents of the Iraq war as the hawkish ideologue who took America into a battle it could not win based on information about weapons of mass destruction that was at best shoddy research and at worst an out-right lie.

In 2003, he went so far as to claim he knew "where they are; they're in the area around Tikrit and Baghdad."

Until recently, Rumsfeld's duplicity on those alleged weapons appeared to be safely constrained – at least for us non-Americans and non-Iraqis – to the arena of the war. We may not trust him, but unless you've enlisted in the marines or own a time-share in Tikrit, he's another country's problem.

Then last week's report in Fortune magazine showed Rumsfeld had brought his talents to a company making huge profits off bird flu panic.

The magazine said Rumsfeld served as chairman of Gilead Sciences the California biotech company that owns the rights to Tamiflu, the antiviral that pundits have trumpeted as the best weapon against avian flu. Rumsfeld was chairman from 1997 until he joined the Bush administration in 2001, and according to federal financial disclosures filed by Rumsfeld, he still holds a stake in Gilead valued at between $5 million and $25 million.

The documents don't specify how many shares Rumsfeld owns, but in the past six months fears of a pandemic and panic buying of Tamiflu have sent Gilead's stock to $47 from $35. According to Fortune, that has made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld reportedly recused himself from any decisions involving Gilead when he left the biotech firm and became Secretary of Defense in early 2001. He also had the Pentagon's general counsel outline what he can and cannot be involved in if there is an avian flu pandemic.

He even considered unloading his shares, but would make so much money from the deal, independent counsel told him it was better to hold on to the stock and be public about his recusal rather than risk of being accused of trading on insider information.

Rumsfeld isn't the only Republican heavyweight benefitting from demand for Tamiflu, which is manufactured by Swiss pharma giant Roche. Fortune said former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7-million worth of Gilead since the beginning of 2005. (Roche gives Gilead a royalty equaling about io per cent of sales.)

But it's Rumsfeld's connection to Tamiflu that has suddenly sent the minds of conspiracy theorists spinning out of control.

If you can concoct reasons to invade another country, why not exaggerate the threat of bird flu on the other side of the globe? And it's not just his involvement in the hunt for bogus weapons of mass destruction that has raised suspicion among lefties about the sudden push to have Americans dosed with Tamiflu, it's also his involvement, more than two decades ago, in the approval of aspartame. And before that, mass vaccination of Americans against swine flu.

In 1976, a military recruit in New Jersey died from flu that experts thought could be the "swine flu" virus of 1918 fame. Rumsfeld, who was then Secretary of Defense for interim president Gerald Ford, urged him to begin a mass vaccination. The Ford administration quickly produced and distributed large numbers of doses of the vaccine. Some batches were contaminated and 52 people died while 600 fell ill. The program was stopped. Nobody got swine flu.

Then, in the early 1980s, Rumsfeld was the president and CEO of Searle, the company that originally owned the patent on aspartame.

The Food and Drug Administration had blocked its approval for io years because of objections from numerous researchers and studies that showed aspartame was dangerous, but Rumsfeld was able to use his political power to get aspartame approved by the FDA.

Afterwards, thousands of consumers filed adverse-reaction reports with the FDA blaming aspartame for migraine headaches, vision problems, epileptic seizures and other maladies – links the company says have never been clinically proven.

Now that Rumsfeld has been shown to be profiting from bird flu panic, suddenly America's response to bird flu, like weapons of mass destruction, and swine flu and aspartame before it, is not just a public health issue but a partisan one.

As *Global News Matrix*, a left-wing news website, stated last week, "You can't make any real money without a boogeyman, and the new 'Bird Flu' hoax is the latest scam used to generate profits for pharmaceutical company insiders."

Dr. Joseph Mercola, a frequent writer on health issues and author of the *Total Health Program*, wrote recently, "Finally, the pieces of the puzzle start to add up," alleging the media, U.S. President George Bush and the drug companies are orchestrating a terror campaign to make people buy Tamiflu, or at the very least, get the flu vaccine.

According to a draft of the government's plan to fight a potentially cataclysmic pandemic this new avian super-flu could kill nearly two million Americans. Best-case scenario, only 200,000 might die. But there wasn't a lot of reporting of that lesser figure.

Dr. Mercola questioned the assertion, made repeatedly by government officials and media, that the avian flu virus can jump from birds to humans and produce a fatal illness in 5o per cent of those infected.

A 50 per cent fatality rate sounds scary to anybody, he says. But how were these numbers derived? "Did they examine everyone who contracted the avian flu and use those numbers or did they examine the sickest of the sick who had come down with the avian flu and determine the mortality from there?" Of course, says Dr. Mercola, it was the latter.

"Unless you are a full-time bird handler in a Third World country that has a seriously challenged immune system, you probably have a much better chance of winning the lottery than dying from the proposed avian flu epidemic," he writes.

He says research like this would usually be dismissed if there wasn't some hidden motive. The U.S. has emerged as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered

$58-million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

And for what? Will Tamiflu really save the world?

We're told it's the best weapon we have, but it won't prevent flu.
According to the drug company, when used within two days of contracting the flu – not bird flu, mind you – Tamiflu was shown to reduce the severity of symptoms in adult victims by 38 per cent, with a 67 per cent reduction in secondary complications such as bronchitis, pneumonia, and sinusitis in otherwise healthy patients. The drug also reduces the duration of influenza by 37 per cent.

Still, the panic-buying goes on.
The demand was so great, the drug company suspended sales in Canada, while increasing production to get it to countries like China, where an out-break is said to be imminent. Who knows if bird flu will eventually kill millions of people?

Panic-purchasing Tamiflu in the meantime, is going to make the Secretary of Defense an even wealthier man.

CNN Money

Nelson D. Schwartz

The Tamiflu Tug of War

CNN, 14 November 2005
https://money.cnn.com/magazines/fortune/fortune_archive/2005/11/14/8360685/index.htm

(*FORTUNE* Magazine) – A Year Ago Tamiflu Was Known, If at all, as an obscure remedy for influenza, which doctors typically treat with bed rest and chicken soup. Today, with panic mounting over a potential bird flu pandemic, it's the most sought-after drug in the world, as everyone from suburban soccer moms in the U.S. to health officials in London and Taipei scramble to stockpile the pill. At the moment, it seems, virtually the entire world is on sick-chicken alert.

"One dead parrot in the U.K. and four dead ducks in Romania does not mean the pandemic has arrived," says William Burns, head of the pharmaceutical division of Roche, the Swiss company that manufactures Tamiflu. But the appearance in Europe of the H5N1 strain of bird flu – which has already infected 121 people in Asia, 62 fatally – has set off a stampede for the medicine and created a contagion of stock market speculation about Roche and the California biotech firm that first developed Tamiflu, Gilead Sciences. Despite worries about Tamiflu's effectiveness, the phenomenon is a reminder of just how quickly fear can spawn greed: The potential profit windfall for the drugmakers seems to be growing daily, and shares in both Roche and Gilead are surging.

Among the beneficiaries of the run on Tamiflu is Secretary of Defense Donald Rumsfeld, who was chairman of Gilead from 1997 to 2001 and owns at least $5 million of the stock, which has jumped from $35 in April to $47. Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead in 2005.

As the bird-flu issue heated up earlier this year, according to a senior Pentagon official, Rumsfeld considered unloading his entire Gilead stake to avoid any perceived conflict of interest. He sought the advice of the Department of Justice, the Securities and Exchange Commission, and the federal Office of Government Ethics. When those agencies didn't offer an opinion, Rumsfeld consulted a private securities lawyer, who advised him to hold on to the stock and be vocal about his earlier recusal from all matters involving Gilead, rather than sell and run the risk of being accused of insider trading. Holding on has paid off--it's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer. In late October, Rumsfeld had the Pentagon's general counsel issue instructions on what he could and could not do in the event of an epidemic.

Gilead developed Tamiflu on its own, then licensed it to Roche in 1996 to get help manufacturing and marketing it. But Gilead has complained for years that Roche wasn't aggressive on either front. In June, Gilead, which receives royalties equal to about 10% of Tamiflu sales, took the unusual step of terminating its licensing agreement with Roche and going into arbitration to win back exclusive rights to the drug.

Roche CEO Franz Humer rejects Gilead's claims that his company neglected Tamiflu. He points out that Roche has doubled Tamiflu production since last year, and will double it again next year. What's more, Humer is confident the two companies will come up with a compromise that leaves Tamiflu in Roche's hands. The most likely scenario would be that Roche simply coughs up more in

royalties to Gilead. That prospect has Wall Street very excited. Analyst Sapna Srivastava of Morgan Stanley says she's been getting calls from brokers who want to know whether to buy Tamiflu, as well as shares of Gilead. "It's suddenly become a stock everyone knows and talks about."

And interest goes well beyond Wall Street. Already drugstores are finding demand for the drug, well, contagious. "We've got doctors getting it for their families, sometimes a double treatment," says pharmacist Joseph Damin of Spencer Pharmacy in Scarsdale, N.Y. In late October, Roche halted delivery of the drug to the U.S. and Canada, to prevent hoarding and make sure there's still some Tamiflu left when the normal flu bug arrives this winter.

While the soccer moms may be going overboard, the people who really should be worrying about the threat seem remarkably blasé. Although governments in Europe are buying enough Tamiflu to cover a quarter of their population –and the Pentagon has already ordered $58 million worth of Tamiflu for U.S. troops around the world--the U.S. government has purchased only 4.3 million doses of Tamiflu and another anti-viral, Glaxo's Relenza, enough for just 1.5% of Americans. Despite months of debate about an additional multibillion-dollar purchase, Congress and the White House haven't agreed on a final plan.

Making tons of Tamiflu isn't easy. The drug is derived from the pods of Chinese star anise plants in a yearlong process that is expensive and dangerous – at one stage the stuff is highly explosive. "It's not like you press the button in the morning and in the afternoon Tamiflu falls out," says Humer. "We don't yet have a firm order from Washington ... words are not enough."

the village VOICE

James Ridgeway

Capitalizing on the Flu
Flu pandemic would spark enough fear to make it a greed pandemic

The Village Voice, 15 November 2005.
https://web.archive.org/web/20090501120739/http://www.villagevoice.com/2005-11-15/news/capitalizing-on-the-flu/http

Washington, D.C. – President Bush's vague plan for coping with a serious outbreak of bird flu is based largely on fear and greed. There is no secret about this. He seeks to get people's attention by scaring the citizenry with visions of millions of people dying from a pandemic so bad it leads to martial law, mass quarantines, restrictions on travel, and so on. He wants to encourage private business to meet the crisis by producing more of existing drugs such as Tamiflu to combat a flu plague and entice the drug companies to work harder and faster to make a vaccine by ensuring its profitability.

The answer to a bird flu pandemic is not a passive first-world population riveted to the TV, watching one person after another drop dead across the world as sickened birds fly closer and closer and finally land in our midst.

The answer lies in effective communication at all levels among different nations, through their medical establishments, scientists, and spotters, so that as soon as sick or dead birds are found, the birds in surrounding areas can be culled. This is a job for the World Health Organization, which is part of the United Nations, the organization Bush and his ambassador, John Bolton, are determined at all costs to wreck.

While developed countries race to lay in supplies of antiviral drugs, there is little interest in the animals themselves and in animal-human interaction where flu can begin and spread. The WHO and Food and Agriculture Organization have only 40 veterinarians between them.

"Reducing human exposure requires education about handling poultry and a fundamental change in cultural attitudes towards human-animal interactions and husbandry in many parts of the world," writes *The Lancet*, the British medical journal.

"In some African countries, people sleep in the same places as poultry. In southeast Asia, 'wet markets,' where live poultry are traded and slaughtered on the spot, pose a risk of human transmission. And in Central Asia and Eastern Europe, hunting of wild birds may have played a major part in the spread of avian influenza."

Changing the interplay of animals and humans may meet considerable resistance among small poultry farmers in poor countries, who face the loss of whole flocks in a mass culling. If farmers are offered too little to cull their birds, they won't do it. And if too much money is proffered, "the money will be an incentive to deliberately infect their flocks," Milan Brahmbhatt, the World Bank's lead economist for East Asia and the Pacific, told *The Lancet*.

The overall effect of a pandemic in Asia will be to drive small poultry farmers out of business and open the way for U.S.-style industrial chicken farming, with ownership concentrated in the hands of a few. Among the major exporters are China and Thailand (Southeast Asia now accounts for about a quarter of the world poultry business). Most of their chickens go to Japan. Many countries are banning imports from these two nations, and that is running up the price of chickens worldwide and promising to up exports from such places as the U.S., Brazil, and the EU.

Robber Barons

A serious effort to stave off a pandemic also means stopping the pharmaceutical companies from scaring people to make more money. It is by now well-known that the drug companies provide huge sums of cash to politicians – $133 million to federal candidates since 1998, according to the Center for Public Integrity, with upwards of $1.5 million going to Bush, the top recipient. The industry operates an elaborate lobby in Washington that in 2004 spent $123 million and employed an army of 1,291 lobbyists, more than half of whom were former federal officials. The industry's sales machine aims to bypass doctors with TV and other advertising aimed directly at the patient, appealing to his or her judgment over that of a physician.

In the case of making and marketing drugs to combat flu, the results are disastrous. The industry claims it can't make flu vaccines because there is no money in it. When asked about last year's flu vaccine shortage by CBS's Bob Schieffer, Bush said the industry was fearful of damage suits concocted by ambulance-chasing lawyers. He explained the shortage this way: "Bob, we relied upon a company out of England to provide about half of the flu vaccines for the United States citizen, and it turned out that the vaccine they were producing was contaminated. And so, we took the right action and didn't allow contaminated medicine into our country." This was not true. The American inspectors had approved flu vaccine shipments from a U.S. producer's British company. It was British inspectors who blocked shipment of the questionable vaccine from the American firm.

With no vaccine in sight, the U.S. government, along with others, is belatedly stocking up on Tamiflu, a drug that supposedly offers some defense against bird flu. But last week Japanese newspapers told how children who were administered Tamiflu went mad and tried to kill themselves by jumping out of windows. In a cautionary statement the FDA noted 12 deaths among children, and said there are reports of psychiatric disturbances, including hallucinations, along with heart and lung disorders. Roche, the manufacturer, is quoted by the BBC as stating that the rate of deaths and psychiatric problems is no higher among those taking its medication than among those with flu. The company is increasing Tamiflu production to 300 million doses a year to meet demand.

Rumsfeld's drug connections

There are other reasons people are leery of Tamiflu. Given the rip-offs in Iraq and after the hurricanes, people are understandably interested in knowing just who is going to get rich off the plague. Secretary of Defense Donald Rumsfeld, himself former CEO of drug company Searle, currently owns stock in the one company that owns Tamiflu patents – to the tune of at least $18 million. Rumsfeld says he understands why people might question his holdings, but selling them would raise even more questions. So, he is hanging on to what he's got.

A flu pandemic could mean a reduction in travel. A recent Citicorp report says likely economic losers would include airlines (such as British Airways, Lufthansa, and Air France), insurers like AXA, and luxury-goods conglomerates such as Richemont.

The report adds: "Winners could include drug makers such as Gilead Sciences, Roche, GlaxoSmithKline, and Sanofi-Aventis. Other possible winners are hospital chains such as Rhoen Klinikum, cleaning-products makers such as Henkel, Ecolab, and Clorox, as well as home entertainment companies such as Blockbuster and Nintendo."

In order for the pharmaceutical companies to profit from making flu vaccine in the administration's $7.1 billion pandemic flu plan, Bush now is proposing to ban liability suits against them except in cases of willful misconduct. As for those injured by a flu vaccine, possible lawsuits remain an open question.

With a worldwide market estimated at more than $1 billion, there's big money in a flu plague. Kimberly-Clark's Chinese subsidiary is already ramping up manufacture of new lines of medical masks, wipes, and hand-washing liquids, according to Business Week, with consulting firms Kroll and Booz Allen Hamilton selling flu preparedness advice to companies and governments. "Crisis is an opportunity as long as you see it first," Pitney Bowes's Christian Crews tells the magazine.

If all Bush wants to accomplish is to see the drug industry make more money, any fight against the flu will be uphill.

THE SUNDAY TIMES

Jonathan Carr-Brown

Doctor says bird flu drug is useless

The Sunday Times – Ireland, 4 December 2005, 12:00 AM
https://www.thetimes.co.uk/article/doctor-says-bird-flu-drug-is-useless-ftkbvjk7p05
https://web.archive.org/web/20060104003647/http://www.timesonline.co.uk/article/0,,2091-1903144,00.html
https://web.archive.org/web/20150318051721/http://www.thesundaytimes.co.uk/sto/news/uk_news/article208383.ece

A Vietnamese doctor who has treated dozens of victims of avian flu claims the drug being stockpiled around the world to combat a pandemic is “useless” against the virus.

Dr Nguyen Tuong Van runs the intensive care unit at the Centre for Tropical Diseases in Hanoi and has treated 41 victims of H5N1. Van followed World Health Organisation (WHO) guidelines and gave her patients Tamiflu, but concluded it had no effect.

“We place no importance on using this drug on our patients,” she said. “Tamiflu is really only meant for treating ordinary type A flu. It was not designed to combat H5N1 . . . (Tamiflu) is useless.”

Her verdict casts doubt on the pandemic flu policy put in place by the Irish government. Mary Harney, the minister for health, has ordered 1m doses to “protect” a quarter of the population against the flu pandemic.

=> another version:

Her verdict casts doubt on the pandemic flu policy put in place by the British government. Sir Liam Donaldson, the chief medical officer, has ordered 15 m doses to “protect” a quarter of the population against the flu pandemic he believes “is only a matter of time”.

Van, who has also treated patients with Sars, the respiratory condition linked to birds, said avian flu had a frightening effect on its victims and the only way to keep patients alive was to “support” all their vital organs, including the liver and kidneys, with modern technology such as ventilators and dialysis machines.

Van would not criticise governments for stockpiling Tamiflu but said doctors had to explain its limitations. Roche, the company that makes Tamiflu, has sold stockpiles of the drug to 40 countries and insists there is clear evidence it will protect against a future flu virus. However, it stresses the drug must be given within 48 hours to be effective.

“Laboratory studies show that Tamiflu is effective against all strains of flu,” said Bill Hall, director of the National Virus Reference Laboratory, who defended Ireland’s stockpiling of Tamiflu and other flu treatments. “The only limitation is when it is not administered within the first 24 hours of onset of symptoms.”

The WHO admitted Tamiflu had not been widely successful in humans. “However, we believe in many Asian countries it hasn’t been used until late in the illness,” a spokesman said.

INDEPENDENT

Geoffrey Lean, Jonathan Owen

Donald Rumsfeld Makes $5M Killing on Bird Flu Drug

Independent, 12 March 2006, 01:00, p. 46
https://www.independent.co.uk/news/world/americas/donald-rumsfeld-makes-5m-killing-on-bird-flu-drug-6106843.html

Donald Rumsfeld has made a killing out of bird flu. The US Defence Secretary has made more than $5m (£2.9m) in capital gains from selling shares in the biotechnology firm that discovered and developed Tamiflu, the drug being bought in massive amounts by Governments to treat a possible human pandemic of the disease.

More than 60 countries have so far ordered large stocks of the antiviral medication – the only oral medicine believed to be effective against the deadly H5N1 strain of the disease – to try to protect their people. The United Nations estimates that a pandemic could kill 150 million people worldwide.

Britain is about halfway through receiving an order of 14.6 million courses of the drug, which the Government hopes will avert some of the 700,000 deaths that might be expected. Tamiflu does not cure the disease, but if taken soon after symptoms appear it can reduce its severity.

The drug was developed by a Californian biotech company, Gilead Sciences. It is now made and sold by the giant chemical company Roche, which pays it a royalty on every tablet sold, currently about a fifth of its price.

Mr Rumsfeld was on the board of Gilead from 1988 to 2001, and was its chairman from 1997. He then left to join the Bush administration, but retained a huge shareholding.

The firm made a loss in 2003, the year before concern about bird flu started. Then revenues from Tamiflu almost quadrupled, to $44.6m, helping put the company well into the black. Sales almost quadrupled again, to $161.6m last year. During this time the share price trebled.

Mr Rumsfeld sold some of his Gilead shares in 2004 reaping - according to the financial disclosure report he is required to make each year - capital gains of more than $5m. The report showed that he still had up to $25m-worth of shares at the end of 2004, and at least one analyst believes his stake has grown well beyond that figure, as the share price has soared. Further details are not likely to become known, however, until Mr Rumsfeld makes his next disclosure in May.

The 2005 report showed that, in all, he owned shares worth up to $95.9m, from which he got an income of up to $13m, owned land worth up to $17m, and made $1m from renting it out.

He also had illiquid investments worth up to $8.1m, including in partnerships investing in biotechnology, issuing reproductions of paintings, and operating art galleries in New Mexico and Wyoming. He also has life insurance with a surrender value of up to $5m, and received up to $1m from the DHR Foundation, in which he has assets worth up to $25m, and $773,743 from the Donald H Rumsfeld Trust, in which he has assets of up to $50m.

Late last week no one at Gilead Sciences was available to comment on Mr Rumsfeld's sale of its stock. In a statement to The Independent on Sunday the Pentagon said: "Secretary Rumsfeld has no relationship with Gilead Sciences, Inc beyond his investments in the company. When he became Secretary of Defence in January 2001, divestiture of his investment in Gilead was not required by the Senate Armed Services Committee, the Office of Government Ethics or the Department of Defence Standards of Conduct Office.

"Upon taking office, he recused himself from participating in any particular matter when the matter would directly and predictably affect his financial interest in Gilead Sciences."

Barbara Mikkelson

Tamiflu and Donald Rumsfeld
Does Secretary of Defense Donald Rumsfeld own Tamiflu stock?

Snopes, 6 May 2006
https://www.snopes.com/fact-check/tamiflu/

Claim: U.S. Secretary of Defense Donald Rumsfeld owns stock in the company that makes Tamiflu.

"Bird Flu" Do you know that 'bird flu' was discovered in Vietnam 9 years ago? Do you know that barely 100 people have died in the whole world in all that time? Do you know that it was the Americans who alerted us to the efficacy of the human antiviral *Tamiflu* as a preventative? Do you know that *Tamiflu* barely alleviates some symptoms of the common flu? Do you know that its efficacy against the common flu is questioned by a great part of the scientific community? Do you know that against a supposed mutant virus such as H5N1, *Tamiflu* barely alleviates the illness? Do you know that to date Avian Flu affects birds only? Do you know who markets *Tamiflu*? Roche Laboratories. Do you know who bought the patent for *Tamiflu* from Roche Laboratories in 1996? Gilead Sciences Inc. Do you know who was the then president of Gilead Sciences Inc. and remains a major shareholder? Donald Rumsfeld, the present Secretary of Defence of the USA. Do you know that the base of *Tamiflu* is crushed aniseed? Do you know who controls 90% of the world's production of this tree? *Roche*. Do you know that sales of *Tamiflu* were over $254 million in 2004 and more than $1000 million in 2005? Do you know how many more millions *Roche* can earn in the coming months if the business of fear continues?

So, the summary of the story is as follows: Bush's friends decide that the medicine *Tamiflu* is the solution for a pandemic that has not yet occurred and that has caused a hundred deaths worldwide in 9 years. This medicine doesn't so much as cure the common flu. In normal conditions the virus does not affect humans. Rumsfeld sells the patent for *Tamiflu* U to ROCHE for which they pay him a fortune. Roche acquires 90% of the global production of crushed aniseed, the base for the antivirus. The governments of the entire world threaten a pandemic and then buy industrial quantities of the product from Roche. So, we end up paying for medicine while Rumsfeld, Cheney and Bush do the business.

Are we crazy? Or are we idiots? At least pass this on so that it can be known!

Origins: This particular e-mail first came to us in April 2006. As to its claims, rather than take them in order, we'll examine them in two parts: whether the U.S. Secretary of Defense owns stock in the company that produces Tamiflu, and whether Tamiflu is effective against influenza.

As to the first, it is true Donald Rumsfeld does indeed have stock holdings in Gilead Sciences, Inc., the California biotech company that developed Tamiflu (a product now manufactured and sold by the pharmaceutical giant Roche), and so he benefits financially from increases in that company's stock price. (Gilead receives a royalty from Roche equal to about 10% of sales.) Rumsfeld was a member of Gilead's board of directors between 1988 and 2001, and he was its chairman from 1997 until he joined President George W. Bush's cabinet as Secretary of Defense in 2001. According to federal financial disclosures filed by Rumsfeld, he has Gilead stock holdings valued at between $5 million and $25 million.

The Secretary of Defense is not the only politically-connected person to have ties to Gilead. Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead stock since the beginning of 2005. Another Gilead board member is the wife of former California governor Pete Wilson.

Rumsfeld is in a "damned if you do, damned if you don't" position because of his stock holdings, even though he apparently has no say in what Gilead does (he's no longer on its board) and has removed himself from being part of governmental decisions that affect it (he's recused himself). In a statement to The Independent in March 2006, the Pentagon said: "Secretary Rumsfeld has no relationship with Gilead Sciences, Inc. beyond his investments in the company. When he became Secretary of Defense in January 2001, divestiture of his investment in Gilead was not required by the Senate Armed Services Committee, the Office of Government Ethics or the Department of Defense Standards of Conduct Office. Upon taking office, he recused himself from participating in any particular matter when the matter would directly and predictably affect his financial interest in Gilead Sciences."

If Rumsfeld holds onto his stock and its share price rises (which one would expect it to do if an avian flu pandemic becomes a reality, or if concerns about such a pandemic continue to grow), he will be seen to be profiting mightily from sales of a product the U.S. government has been buying in large quantities. If he sells his stock and so divests himself of further interest in Tamiflu sales, he will be accused of locking up profits from the rise in share price that has already occurred. (In 2001, shares of Gilead Sciences, Inc. traded in a range between $6.64 and $17.93. Between January and April 2006, its price range has been $53.00 to $65.62.)

As to the second aspect of the e-mail, whether Tamiflu is effective against influenza (especially the specific H5N1 strain now referred to as avian or bird flu), the e-mail's dismissive "This medicine doesn't so much as cure the common flu" is misleading in that Tamiflu isn't meant to be a flu cure. Positioning the drug as a medicine that flopped obscures that fact.

Tamiflu does not cure the flu, but if taken soon after symptoms appear, Tamiflu can reduce the flu's severity. As to how well it's going to match up against bird flu, that is not yet known and indeed it may well not be knowable until the time comes. However, it is anticipated Tamiflu will have at least some effect against bird flu, and with that in mind, more than 60 countries (including the U.S.) have so far ordered large stocks of it. Such stockpiling is likely going to appear highly prudent if the bird flu pandemic, a worldwide medical disaster the United Nations estimates could kill 150 million people, does materialize.

Influenza is not a straightforward disease, as it is constantly mutating. While media attention has now conditioned us to regard "bird flu" as a particular entity, in truth there are many forms of "bird flu." The one now the focus of so much concern, the H5N1 strain, was first noted in Asian birds in 1997. That first year, 18 people in Hong Kong were diagnosed with the contagion, 6 of whom died. Since 1997, there have been approximately 206 known human cases bird flu (of which 114 died), but as the CDC points out: "It is possible that the only cases currently being reported are those in the most severely ill people, and that the full range of illness caused by the H5N1 virus has not yet been defined."

Viewed from one angle (114 deaths over the course of nine years), avian flu is not worth being much concerned about. But viewed from a more informed standpoint about the nature of influenza, there may indeed be great cause for alarm. Influenza can jump species and move from birds (and other animals, such as pigs) into humans. During the process of that move – and afterwards, as one person infects another – the virus changes form. What at one moment can be a containable and well-understood virus can in the space of hours or days become almost an entirely new virus. For this reason, flus are hard to combat: they change as they are passed along, staying well ahead of science's attempts to contain them.

Most strains of flu are not deadly to humans, save for members of groups especially at risk to all forms of contagion (e.g. the very young, the very old, and the infirm of all ages). Bird flu, however, is a killer, and if it jumps species and mutates on the fly into a form that humans can easily pass to each other, it could take the lives of millions in the space of weeks, ultimately making the United Nations' projected death toll of 150 million worldwide look like wishful thinking.

CIDRAP

Tamiflu may pose risk of mental side effects

CIDRAP, 14 November 2006
https://www.cidrap.umn.edu/influenza-general/tamiflu-may-pose-risk-mental-side-effects

Nov 14, 2006 (CIDRAP News) – Mainly on the basis of reports from Japan, drug manufacturer Roche and US regulators are warning that influenza patients treated with oseltamivir (Tamiflu) may have an increased risk of self-injury and delirium.

"People with the flu, particularly children, may be at increased risk of self-injury and confusion shortly after taking Tamiflu and should be closely monitored for signs of unusual behavior," says a warning that Roche has added to its official product information, according to a company letter posted on the Food and Drug Administration (FDA) Web site.

Oseltamivir, a neuraminidase inhibitor, is used both to prevent and to treat flu and is regarded as the best available drug for dealing with a potential pandemic strain of flu. The United States and many other countries are stockpiling it because of the pandemic threat.

The warning follows an FDA review of 103 reports of neuropsychiatric adverse events associated with oseltamivir use between Aug 29, 2005, and Jul 6, 2006, of which 95 came from Japan. That compares with 126 such adverse events reported between 1999 and August 2005. About two thirds of the problems were in children and youth (younger than 17 years).

A report by the FDA's Center for Drug Evaluation and Research says the adverse events included three fatal falls – one in a 14-year-old boy who apparently fell to his death from a condominium balcony and two in men. Most of the events (60 of 103) were described as delirium with disturbed behavior. Other problems included "suicidal events," panic attacks, delusions, convulsions, depressed consciousness, and loss of consciousness.

The FDA and Roche both say the contribution of the drug to the adverse events is not known. The FDA report says influenza by itself can lead to neuropsychiatric disorders, but many of the problems reported, especially delirium and suicide attempts, were not typical of those associated with flu alone.

Citing factors that seem to implicate oseltamivir in the events, the FDA said most of the problems occurred within a day after the start of treatment, and in many cases the physician suspected the drug was the cause. In addition, many of the patients recovered quickly after they stopped taking oseltamivir.

"It is still unclear whether these neuropsychiatric events are drug-related only, disease manifestations alone, or a combination" of the two, the report states.

The analysis notes that oseltamivir is used much more widely in Japan, with 24.5 million prescriptions from 2001 thorugh 2005, than in the United States, with 6.5 million prescriptions in the same period. In Japan the product information already includes a warning about possible psychoneurological problems.

The FDA report expresses concern that if oseltamivir use in the United States increases to the levels seen in Japan, the number of adverse events will increase as well. "Therefore, it would be prudent to update the U.S. labeling to be similar in scope with the current Japanese labeling," it says.

The Japanese origin of most of the adverse event reports might suggest that the problems are related to genetic characteristics common in Japan, the FDA analysis says. But given the much greater use of the drug in Japan and the possibility of different surveillance practices there, the lack of cases reported in the United States doesn't constitute good evidence for that hypothesis, it states.

The FDA analysis was prepared for the agency's Pediatric Advisory Committee, which is scheduled to meet Nov 16.

The latest developments come about a year after that committee concluded that 12 deaths in Japanese children who had been taking oseltamivir were not related to the drug. The FDA said then that the deaths seemed to be part of a wave of flu-related encephalitis and encephalopathy cases in Japanese children that began in the mid-1990s, before the drug was approved. But the committee asked the FDA to continue monitoring the situation and report again in a year.

The Sydney Morning Herald

Justin Norrie

Bird flu drug probe after 18 teenage deaths in Japan

The Sydney Morning Herald, 1 March 2007, 11.00 AM
https://www.smh.com.au/national/bird-flu-drug-probe-after-18-teenage-deaths-in-japan-20070301-gdpkln.html

Japanese health authorities are investigating a flu medicine that is also available in Australia after a teenager jumped 11 storeys to his death after taking the drug. It was the 18th juvenile fatality linked to Tamiflu in 17 months.

The Ministry of Health, Labour and Welfare has asked the Japanese importer of Tamiflu, an anti-viral drug regarded as the most important shield against bird flu in humans, to collect information about the conditions of patients who take the drug.

The 14-year-old boy's death follows a similar case two weeks ago, when a girl also 14, died after jumping from an apartment building at Gamagori, in central Japan.

It also comes after a warning by the US Food and Drug Administration late last year about the dangers of giving children Tamiflu. The drug is being stockpiled in Australia as the first line of defence against bird flu. In Australia, as in Japan, it is only available by prescription.

The Swiss manufacturer, Roche, says the rate of deaths and psychiatric disturbances among people taking its medication is no higher than for flu sufferers generally. It denies there is evidence of a direct correlation between the drug and the fatalities.

In the latest case the teenager, from Sendai in Japan's north-east, had been prescribed a five-day course of Tamiflu by his doctor. After taking two tablets on Monday, he woke during the evening and told his mother he was going to the bathroom, but went out the front door instead.

His mother followed him and called out when she saw him climbing a 1.3-metre handrail. Police said he did not respond, throwing himself off to the parking lot below. There was nothing to suggest the death was a suicide.

Hakuo Yanagisawa, the Minister of Health, Labour and Welfare, urged the public to stay calm. "There needs to be clear evidence," he said.

Drug companies reported that 54 people using Tamiflu died in Japan before November, the ministry said.

The Korea Times

Bae Ji-sook

Bird Flu Medicine Toxic for Teens

The Korean Times, 13 May 2008
http://www.koreatimes.co.kr/www/news/nation/2008/05/117_24103.html

Concerns are rising over side effect of bird flu drug Tamiflu on teenagers.

Tamiflu is Swiss-based Hoffman-La Roche's antiviral for general influenza A and B but is also used to combat bird flu. However, worries have surfaced about the possibility of the medicine causing mental disorders among teenagers.

With fear of the H5N1 virus sweeping the nation, the government has doubled the quantity of the drug in storage, as it is the most effective treatment against avian influenza.

Whether to prescribe the pills with risks of side-effects such delusions or other disorders is being widely discussed among medical experts.

Although the drug has been the only medicine accredited to be effective against the H5N1 virus strain by the World Health Organization (WHO), the Japanese and Korean governments restricted its being prescribed to teenagers last year.

The Korea Food and Drug Administration announced that the drug should not be prescribed to those between 10 to 19 years old except for emergencies.

According to Roche, there has not been a reported case of side effects here, but the Seoul Shinmun, a local daily, reported that a woman in her 30s said she had nightmares after taking the drug in 2005.

The government's decision came after Japanese health authorities banned its prescription for teenagers in March 2007.

Japan has imported the drug since 2001, long before its effect on bird flu was acknowledged.

However, since then, there have been 1,268 cases of extraordinary behavior reported, of which 85 percent were from teenagers. They reportedly committed suicide by jumping out of buildings or into cars.

Health experts admit to the dilemma and said when necessary, it should be prescribed with extra prudence.

"We will have no option but to give out the pill once someone contracts the disease. But for teenagers we need to be extra careful and make sure it is prescribed at the most appropriate time," Korean Pharmacists for a Democratic Society spokesman Shin Hyeong-geun said. "Let's hope we will never have to worry about that."

The Telegraph

Roger Highfield

Government's bird flu drugs strategy is 'flawed'
The Government's strategy to defend the nation
against a bird flu pandemic has been called into question.

The Telergraph, 15 May 2008, 1:06AM BST
https://web.archive.org/web/20090321005642/http://www.telegraph.co.uk/news/uknews/1956677/Governments-bird-flu-drugs-strategy-is-flawed.html

The Department of Health has built up millions of doses of Tamiflu, an antiviral drug, in preparation for a pandemic of the kind that killed 50 million people in 1918.

However, a team at the Medical Research Council's National Institute for Medical Research in London warned that a mutation in the H5N1 strain of the virus could make it resistant to the vaccine.

The researchers found that when mutation occurred in the H5N1 virus it became resistant to Tamiflu.

They advised against stockpiling only supplies of Tamiflu, suggesting that these should be augmented by other antiviral drugs.

Dr Steven Gamblin, who led the research, said: "It is likely a future pandemic will need to be tackled using a three or four-pronged approach, much as we tackle HIV today."

A Department of Health spokesman said: "We are considering how much of our stockpile should consist of a back-up antiviral

LIVEJOURNAL

Теракт "Калифорния-04/2009" – III

Live Journal, 2 мая 2009, 6:48 PM
https://malchish-org.livejournal.com/65581.html

Кто подложил свинью?

Я уже хотел было отойти от темы свиного гриппа до прояснения ситуации. Однако тема сама меня не отпускает. Читатели подкидывают новые факты. Дело "Калифорния-04/2009" разрастается как снежный ком и уже напоминает настоящее расследование. Выясняется, например, что препарат Тамифлю разработала американская фирма Gilead Sciences. Она продала лицензию на производство этого препарата фармацевтическому гиганту Roche, о котором я писал в прошлый раз. Согласно условиям контракта, концерн Roche продолжает выплачивать Gilead Sciences определенный процент от реализации Тамифлю в США и других странах. По некоторым данным 20%. Но самое интересное в том, что в состав совета директоров Gilead Sciences входил Дональд Рамсфельд, глава Пентагона при Буше. Он был одним из директоров Gilead Sciences с 1988 года, а с 1997 года возглавлял его.

В 2001 году, получив предложение войти в администрацию Джорджа Буша, Рамсфельд отошёл от руководства Gilead Sciences, однако продолжал оставаться одним из крупнейших акционеров компании. Только по официальным данным паника по поводу птичьего гриппа принесла ему 5 млн. долларов. Дональд Рамсфельд выгодно продал часть принадлежавших ему акций GileadSciences в 2004 году, в момент, когда цена на акции компании достигла очередного пика. Согласно финансовому отчёту министра обороны США за 2004 год, ему тогда удалось заработать только на этой сделке более $ 5 млн. Однако и после этой сделки Рамсфельд продолжает располагать 25-миллионным пакетом акций Gilead Sciences. Кроме того, после падения цены на акции, Рамсфельд мог вернуть и проданную часть, заработав на колебании курса акций как обычный биржевой спекулянт.

Известно, что в США работы по проектам "Геном человека" и "Геном ради жизни" финансируются преимущественно по линии Минобороны США. Именно этому министерству Конгресс выделяет миллиарды долларов якобы на защитные мероприятия от "птичьего гриппа". На финансирование гражданских исследований в 2004 г. было выделено 40,2 млрд. долл., из них на биологические и медицинские науки – 25,7 млрд. долл. Для сравнения: на машиностроение – 8,2; физические науки – 4,7; охрану окружающей среды – 3,5; математику и компьютерные исследования – 2,6; другие точные и естественные науки - 1,4; социальные науки – 1,4 и психологию – 0,86 млрд. долл. =>
https://web.archive.org/web/20090531174333/http://www.vpk-news.ru/print.asp?pr_sign=archive.2006.131.articles.rostrum_01

Итак, что мы обнаружили? Бывший глава Пентагона США оказывается "материально заинтересован" в пандемии гриппа! Не более и не менее. И долгое время у него в подчинении были секретные лаборатории из Института патологии Вооружённых сил США и центра по контролю за инфекционными заболеваниями, то есть те, что занимались восстановлением и изучением вируса "испанки". Есть мотив и есть оружие. Суд присяжных уже бы приговорил Рамсфельда к длительному тюремному заключению. Правда и у защиты ещё есть шансы - на оружии нет отпечатков пальцев обвиняемого. Достать мог, выстрелить мог, отпечатков нет. Однако и "отпечатки" есть!

Случай с Baxter International, в вакцине которого обнаружили настоящий птичий вирус H5N1 в комбинации с человеческим H3N2 уже можно считать таким отпечатком. Baxter пару лет назад получил штамм вируса птичьего гриппа из Индонезии с обязательством сделать для него вакцину, но "случайная ошибка" производителя вакцин могла вместо этого привести к пандемии смертельного для человека гриппа. Мало того, что Baxter International придерживается системы BSL3 (Уровень Биологической безопасности 3), по которому путаница просто невозможна, так и комбинация обнаруженных в "вакцине" вирусов имеет совершенно не случайный характер.

РИА НОВОСТИ

"Тамифлю" негативно влияет на здоровье детей и не помогает от A/H1N1

РИА Новости, 10 августа 2009, 16:05
https://ria.ru/20090810/180373589.html

Лондон, 10 августа. – РИА Новости, Елена Пахомова. Антивирусный препарат "Тамифлю", рекомендованный Всемирной организацией здравоохранения (ВОЗ) для лечения и профилактики гриппа A/H1N1, негативно влияет на здоровье детей, при этом не предотвращая распространения инфекции, говорится в докладе ученых Оксфордского университета.

Документ, опубликованный в понедельник в журнале British Medical Journal, призывает британское министерство здравоохранения изменить свою политику в отношении борьбы с распространением так называемого "свиного" гриппа.

Ученые провели исследование с участием детей до 12 лет, результаты которого показали, что негативные последствия от "Тамифлю" "значительно превышают положительный эффект".

Организм большинства детей либо не реагирует на препарат никак, либо вызывает рвоту, что, утверждают специалисты, может вызвать обезвоживание и другие осложнения.

Ранее о нежелательности применения лекарства для лечения и профилактики гриппа у детей заявляли и российские ученые. Как сообщил РИА Новости директор НИИ гриппа РАМН Олег Киселев, "Тамифлю" вызывает у детей побочные эффекты, так как их организм более чувствителен.

Темпы распространения гриппа в Соединенном Королевстве за последнее время значительно сократились. На данный момент число инфицированных превышает 300 тысяч человек, однако с каждой неделей количество вновь выявленных случаев сокращается в разы.

Всего от гриппа в стране скончался 41 человек, при этом в подавляющем большинстве случаев грипп A/H1N1 был осложнен сопутствующими заболеваниями.

FINANCIAL TIMES

Andrew Jack

Benefits of swine flu drug questioned

Financial Times, 10 August 2009
https://www.ft.com/content/697f5f68-85c6-11de-98de-00144feabdc0

The medicine now being widely handed out by the government for treating pandemic flu offers only modest benefit in children and adults in seasonal outbreaks of the virus, according to British researchers.

The findings will spark a fresh debate over the wisdom of the UK government – and many others in the developed world – to spend hundreds of millions of pounds on stockpiling Tamiflu and establishing systems for its easy prescription.

In an article in the British Medical Journal on Monday, a group led by Matthew Thompson at Oxford University said use in children under 13 of oseltamivir – branded as Tamiflu – and zanamivir (Relenza) reduced the duration of flu symptoms by an average of 12 to 36 hours with no decline in asthma or the need for antibiotics. They concluded that the drugs – a class known as neuraminidase inhibitors – "provide a small benefit by shortening the duration of illness in children with seasonal influenza and reducing household transmission". Tamiflu also caused vomiting in some cases.

The findings came after a separate article published last week in Lancet Infectious Diseases, by researchers led by Jane Burch at the University of York, concluded that otherwise healthy adults showed a reduction in symptoms of just over half a day earlier when taking the drugs.

"Recommending the use of antiviral drugs for the treatment of people presenting with symptoms is unlikely to be the most appropriate course of action," they concluded, adding that it was "reasonable" in the case of those at increased risk of suffering flu-related health complications.

The two studies were based on analyses of clinical trials on the drugs that have previously been published for seasonal flu, and do not consider the specific data related to the current swine flu pandemic virus, for which information so far remains scant.

Sir Liam Donaldson, the chief medical officer, said the study on drugs in children was limited in its scope, tentative in its conclusions and not directly comparable to the current situation.

"Antivirals are the only available weapon, albeit imperfect, against the virus until a vaccine is developed and ready for use," he said. "Like all drugs, they can have side-effects in some people."

Roche, which sells Tamiflu, said in a statement: "Tamiflu has been shown to prevent influenza infection, to reduce the duration and severity of influenza illness, its complications and associated hospitalisations."

The reviews came as an Australian company, Biota, which originally developed Relenza – since licensed to GlaxoSmithKline – raised the prospects of the introduction of a third and longer-lasting neuraminidase inhibitor to treat flu by 2011.

It said its drug, called laninamivir, developed with its partner Daiichi Sankyo, would be filed with regulators as soon as March 2010 for approval in Japan. In common with Relenza, it is inhaled, while Tamiflu is swallowed as a pill.

BioCryst of the US and its partner Shionogi of Japan said last month they planned to file with regulators later this year for Peramivir, a fourth antiviral drug, which is injected.

The INDEPENDENT

Jane Kirby

Don't give Tamiflu to children'

The Independent, Press Association, 10 August 2009, 15:23 BST
https://www.independent.co.uk/life-style/health-and-families/health-news/don-t-give-tamiflu-to-children-1770154.html

Children should not be given the anti-viral drug Tamiflu to combat swine flu, Oxford University researchers said today. They urged the Department of Health to urgently rethink its policy on giving the drugs to youngsters affected by the current flu pandemic.

Some 300,000 people in England, including children and adults, have received courses of Tamiflu through the Government's National Pandemic Flu Service for England.

Today's study, published in the British Medical Journal (BMJ), warned that Tamiflu can cause vomiting in some children, which can lead to dehydration and the need for hospital treatment. The researchers said children should not be given the drug if they have a mild form of the illness although they urged parents and GPs to remain vigilant for signs of complications.

Parents of children with a compromised immune system or a condition like cystic fibrosis should discuss the harms and benefits with their GP, they said. But overall, the researchers said, children who were otherwise healthy could suffer more harm than benefit from taking Tamiflu or another anti-viral, Relenza.

They found the drugs had little or no effect on asthma flare-ups, ear infections or the likelihood of a youngster needing antibiotics.The researchers also found that using anti-virals preventatively had little effect - reducing transmission of flu by 8 per cent. This means 13 children would have to be treated to prevent one additional case of the flu. However, anti-virals could reduce symptoms by between half a day and one day.

Dr Carl Heneghan, a GP and clinical lecturer at Oxford University, said the current policy of giving Tamiflu for mild illness was an "inappropriate strategy". He added: "The downside of the harms outweigh the one-day reduction in symptomatic benefits." He and Dr Matthew Thompson, a GP and senior clinical scientist at Oxford University, analysed four studies involving children aged one to 12.

The children were being treated for normal seasonal flu but Dr Thompson said the findings would extend to the current swine flu pandemic. "I don't think we have got any reason to think our results would be any different," he said. "The current swine flu is generally a mild flu illness...it does not seem that different from current seasonal flu. "We would be happy to say our results apply to the current swine flu strain." He said children with mild symptoms should be treated in the same way as if they had any other mild flu - with drinks to cool high temperatures and rest.

Dr Heneghan said the only benefit found in the study was that children were back to normal half a day to one day earlier if taking Tamiflu or Relenza. He said his advice to GPs was "not to rely on Tamiflu as a treatment to reduce complications" or to think of it as a "magic bullet". And he warned that widespread use of Tamiflu could result in the flu becoming resistant to the drug. "What is a problem going forward - like with antibiotics - is you run into a resistance issue. "Going forward we have a treatment which is ineffective because we've given it to everybody."

Both researchers called on the Department of Health to review its current policy. Dr Thompson said: "It's possible a more conservative strategy (such as) reserving these anti-viral drugs for people, for children who are more likely to have complications of the illness might be a more sensible strategy." Dr Heneghan added: "I think the Government should be looking at this urgently, this week."

The experts said the studies had been publicly available to the Government before it formulated its current strategy with regard to Tamiflu. And they said the Government should have demanded more data from the pharmaceutical companies which manufacture the drugs - Roche, which makes Tamiflu, and GlaxoSmithKline, which makes Relenza.

Today's research was published in the British Medical Journal (BMJ) and follows two recent studies which found that more than half of children taking Tamiflu suffered side-effects such as nausea, insomnia and nightmares. Experts from the Health Protection Agency (HPA) found a high proportion of British schoolchildren reporting problems after taking the anti-viral preventatively.

The experts behind one of the studies said that although children may have attributed symptoms which were due to other illnesses to the use of Tamiflu, that was "unlikely to account for all the symptoms experienced". That study was carried out in April and May - before the Government decided to stop using Tamiflu preventatively.

Only those with suspected or confirmed swine flu are now getting the drug and are being urged to get access to Tamiflu through the Pandemic Flu Service, which is accessed online or via a telephone helpline. Children are known to be at high risk of catching the flu, with more than 40% of pre-school children getting the virus and 30% of school-age children doing so, the researchers said.

A Department of Health spokesman dismissed the researchers' claims that their findings would also apply to swine flu. "The BMJ review is based on seasonal flu and not swine flu," he said.

"As the authors note, the extent to which the findings can be applied to the current pandemic is questionable - after all, we already know that swine flu behaves differently to seasonal flu, and past pandemics have hit younger people hardest.

"Whilst there is doubt about how swine flu affects children, we believe a safety-first approach of offering anti-virals to everyone remains a sensible and responsible way forward."

He said the policy would be kept under review and people with mild symptoms "may find bed rest and over-the-counter flu remedies work for them.

"But for those who experience severe symptoms, the best scientific advice tells us that Tamiflu should still be taken as soon as possible - and to suggest otherwise is potentially dangerous.

"If people are in any doubt about whether to take Tamiflu, they should contact their GP."

Liberal Democrat health spokesman Norman Lamb said: "This analysis needs to be taken extremely seriously and demands an immediate response from the Government. "An urgent review must be carried out into whether the benefits of prescribing certain anti-viral drugs are worth the risks when it comes to our children's health."

A total of 36 people in England have died after getting swine flu.

Daily News

WHO: Save Tamiflu for the young, old and pregnant

Daily News, 21 August 2009, at 12:00 a.m.
https://www.dailynews.com/2009/08/21/who-save-tamiflu-for-the-young-old-and-pregnant/amp/

LONDON – The World Health Organization said Friday that Tamiflu should only be given to particularly vulnerable people – a warning to countries like Britain where the swine flu drug is being handed out freely.

WHO previously said it was up to doctors to decide who should get Tamiflu. On Friday, the U.N. agency said healthy people who catch mild to moderate cases of swine flu don't need the drug, but the young, old, pregnant, and those with underlying health problems surely do.

WHO said people thought to be at risk for complications from swine flu – children less than 5 years old, pregnant women, people over age 65 and those with other health problems like heart disease, HIV or diabetes – should definitely get the drug.

The agency also recommended all patients, including children, who have severe cases of swine flu, with breathing difficulties, chest pain or severe weakness, should get Tamiflu immediately, perhaps in higher doses than now used.

"The WHO guidance is quite different from what has been done in England," said Hugh Pennington, a flu expert at the University of Aberdeen. "England's approach is out of step with the rest of the world on this."

In Britain, the government's response to the swine flu outbreak has come under fire for allowing Tamiflu to be handed out by call center workers who have as little as three hours of training.

Since the British set up a national flu service in July to deal with the surge of swine flu cases, Tamiflu has been available to anyone suspected of having the disease.

At its summer peak, British authorities guessed there were about 110,000 new cases of swine flu, also known as H1N1, every week. The number of new cases dropped last week to about 11,000, but the fall/winter flu season has not yet begun.

Boasting that Britain had the world's largest supply of Tamiflu, enough to cover 80 percent of its nearly 61 million people, Health Minister Andy Burnham promised the drug would be available to anyone who needed it.

Britons who call the national flu line can get Tamiflu without ever seeing a doctor – it is given out by call center workers who have no medical training. The operators' training lasts from three hours to a day. There are no health workers present at the call centers. Scotland, Northern Ireland and Wales decided not to participate in the swine flu phone line.

On its swine flu Web site, the Department of Health says "the government has decided to offer the antivirals Tamiflu or Relenza to everyone confirmed with swine flu."

To stop people fraudulently getting Tamiflu, the web site says "the government is relying on the public to use the system responsibly." In its first two weeks of operation, the call center workers handed out more than 511,000 courses of Tamiflu.

Some experts have criticized that approach, warning that blanketing the population with Tamiflu increases the chances of resistant strains emerging.

Pennington called the strategy "a very big experiment" that could render Tamiflu useless. The U.S. Centers for Disease Control and Prevention says antivirals must be prescribed by a health care professional. Canada's Public Health Agency does not recommend Tamiflu for people with mild illness.

Pennington said Britain's national flu line should be dismantled so that Tamiflu would only be used sparingly.

"This approach increases the likelihood of a resistant strain and that is not a risk worth running," Pennington said.

Officials have already found widespread drug resistance in seasonal strains of H1N1 flu and worry that might also crop up with swine flu. So far, only a handful of Tamiflu-resistant swine flu strains have been found.

Charles Penn, a WHO antivirals expert, said it was up to countries to decide how they used their Tamiflu stocks. He said in most cases, the drug should be prescribed by a doctor or nurse, and that resistance could emerge if Tamiflu was overused.

WHO said most patients infected with swine flu worldwide recover within a week without any medical treatment. Still, about 40 percent of the severe swine flu cases are occurring in previously healthy children and adults, usually under 50 years of age.

WHO has estimated that as many as 2 billion people could become infected over the next two years with swine flu – nearly one-third of the world's population. At a swine flu conference in Beijing, a top WHO official predicted there would be "an explosion" of cases in the future.

Lewis Smith

Government's Tamiflu advice is wrong, says WHO

The Independent, 22 August 2009, 00:00
https://www.independent.co.uk/life-style/health-and-families/health-news/government-s-tamiflu-advice-is-wrong-says-who-1775807.html

Only seriously ill and vulnerable patients should be prescribed antiviral drugs to help them to get over swine flu, the World Health Organisation said yesterday, in advice which conflicts with the decision taken by the British Government to prescribe Tamiflu to everyone with swine flu.

Most people will recover from swine flu within a week, just as they would from seasonal forms of influenza, the WHO said.

"Healthy patients with uncomplicated illness need not be treated with antivirals," the WHO concluded in guidance issued on the internet. "*Worldwide, most patients infected with the pandemic virus continue to experience typical influenza symptoms and fully recover within a week, even without any form of medical treatment*."

Swine flu, now present in 177 countries, has been blamed for 1,799 deaths, and it is feared that over-use of Tamiflu will lead to the virus becoming resistant to it. The WHO has been formally notified of 12 cases where the H1N1 virus has already been found to have developed resistance after mutating.

The WHO issued its advice after a panel of international experts reviewed the effectiveness and safety of antivirals in tackling the pandemic.

It agreed, however, that antivirals are appropriate in cases where patients suffer a severe bout of swine flu or have an underlying medical condition. In these cases the drugs have proved effective at reducing the risk of pneumonia setting in.

The Department of Health responded to the WHO guidance by saying that the decision to offer Tamiflu remained right and sensible.

"We believe a safety-first approach of offering antivirals, when required, to everyone remains a sensible and responsible way forward. However, we will keep this policy under review as we learn more about the virus and its effects," a spokesman said.

Andrew Lansley, the shadow Health Secretary, has backed the Government's approach, especially in the early stages of the outbreak when the severity of the disease was unclear.

He added: "In the light of this latest expert advice, it may be appropriate for GPs and the fluline to make clear to otherwise healthy patients that there may be little benefit in taking anti-virals. But I do not think it would be appropriate for us to not offer treatment to those who request it."

The number of courses of antivirals issued in England by the National Pandemic Flu Service has almost halved since the beginning of the month. In the seven days up to 18 August there were 45,986 courses prescribed, compared to 90,363 the previous week. Last week there were 11,000 new cases of swine flu reported, down from 25,000 the week before.

In its advice the WHO included pregnant women as one of the at-risk groups that should continue to receive antivirals.

"As pregnant women are included among groups at increased risk, WHO recommends that pregnant women receive antiviral treatment as soon as possible after symptom onset," it said.

The WHO recommended that children under five be regarded as being a high-risk group and should therefore be treated with antivirals as soon as possible once symptoms began.

Children over five years, however, should only be given the drugs if their condition becomes serious or if they have an underlying health problem.

Earlier this month a team of researchers from Oxford University said children with mild symptoms should not be given the antiviral to combat swine flu and urged the Department of Health to urgently rethink its policy.

Сергей Голубицкий

Мистер грипп

Бизнес-журнал, Август 2009, № 8 (163): 60-64.
https://www.klerk.ru/boss/ articles/158863/
https://books.google.com.my/books?id=IHnrAwAAQBAJ&source=gbs_navlinks_s

...

Поводом к изучению биографии Дональда Рамсфелда послужил очередной всплеск дорогой моему сердцу конспирологии: сценарий главной страшилки 2009 года расписали браво и уверенно – обнаружили на ровном месте свиной грипп, посовещались во Всемирной организации здравоохранения, постановили считать эпидемией, раздули истерию и тут же подсунули пилюлю-панацею, препарат Tamiflu – тот же самый, что эксклюзивно использовался для «лечения» птичьего гриппа в 2005 году.

И что с того? Как же, как же: ведь Tamiflu изготавливает и продает швейцарская фирма Hoffmann-La Roche, но патент на препарат принадлежит калифорнийской Gilead Sciences, в которой министр обороны в кабинете Джорджа Буша-младшего хозяйничал практически со дня основания в 1987 году! В 2005 году «Дабья»,* адекватно оценив цифры урона, нанесенного человечеству птичьим гриппом, – за девять лет «жуткой эпидемии» во всем мире умер 121 человек, застращал Конгресс мрачными пророчествами: не сегодня-завтра в одних только Соединенных Штатах скончаются в лучшем случае 200 тысяч человек, а при неудачном развитии событий – целых 2 миллиона. Спасение, тем не менее, есть – это Tamiflu, о котором в отчете одного провинциального Центра по контролю и предотвращению эпидемий (Center for Disease Control and Prevention) сказано, что он точно помогает!

Перепуганный Конгресс поспешно выделяет «Дабья» 7,1 млрд долларов на борьбу со смертельной угрозой «птичьего гриппа», из которых 2 млрд идут прямиком на закупку 20 млн доз Tamiflu по 100 долларов за штуку! Продажи Hoffmann-La Roche молниеносно вырастают с 254 млн (в 2004-м) до миллиарда (в 2005-м), после того как истерические закупки США поддержали правительства Великобритании, Японии и Израиля.

Читатели помнят, что эпидемия птичьего гриппа канула в никуда так же неожиданно, как и появилась на свет – едва ли не на следующий день после удачного распила выделенных на борьбу средств. Все то время, что «Дабья» стращал человечество апокалипсическими перспективами, за его спиной находился Дональд Рамсфелд, который, скромно потупив очи, подсчитывал прибыль от мажоритарного пакета акций Gilead Sciences, находящихся в его распоряжении (по прикидке журналистов – на сумму от 5 до 25 млн долларов). Не удивительно, что стоило в 2009 году сценарию практически дословно повториться со «свиным гриппом», как общественность, раздраженная дежавю, тут же припомнила Рамсфелда, тем более что и панацея оказалась знакомой – Tamiflu.

Рамсфелда сразу же обвинили во всех смертных биохимических грехах: и в том, что он якобы раскрутил вреднейший для здоровья аспартам в конце 70-х годов, и то, что выпустил из секретных лабораторий Пентагона «чуму XX века» СПИД, а заодно синтезировал птичий грипп, а теперь – еще и свиной. Именно это последнее обвинение, точь-в-точь повторяющее предыдущие, наполнило меня скепсисом и подвигло на более глубокое изучение биографии Дональда Рамсфелда.

Дело в том, что ситуация с рукотворными эпидемиями, лекарствами и политиками в 2009 году коренным образом отличается от той, что была в 2005-м. Когда население планеты спасали по первому кругу от птичьего гриппа посредством миллиардодолларовых закупок Tamiflu (сделанные тогда запасы поныне пылятся невостребованными на стратегических складах), Рамсфелд работал министром обороны, был правой рукой Буша и патроном-покровителем Gilead Sciences, а Hoffmann-La Roche эксклюзивно грузила мировые правительства волшебными пилюлями по заоблачным ценам.

В 2009-м все по-другому: Рамсфелд пишет мемуары, заседая в почетных фондах в статусе пенсионера, Gilead Sciences вяло и тщетно переругивается с Hoffmann-La Roche на предмет отзыва лицензии на эксклюзивное производство Tamiflu, а сами швейцарцы давно потеряли контроль над рынком: дженерики волшебного лекарства производят Вьетнам, Таиланд, Китай и Индия. Последний случай особенно показателен: фармацевтическая компания Cipla обвинила в индийском суде Hoffmann-La Roche в преступном укрывательстве от человечества противогриппозной панацеи и потребовала разрешения производить собственный дженерик вообще без всякой лицензии. В декабре 2008 года Cipla дело выиграла, а в мае 2009-го Всемирная организация здравоохранения официально признала, что ее дженерик «Antiflu» не уступает Tamiflu по эффективности, и включила индийский препарат в рекомендательный список.

Ну и где же во всей этой истории конспирология? Тем паче – в контексте Дональда Рамсфелда как отца всех современных биохимических надругательств? Да, подсобил родному предприятию, будучи министром обороны. Случалось такое и ранее. Даже так: подсоблял при малейшей оказии всегда, когда только мог. Так ведь это ж естественно! Взгляните на то, что вытворял в Ираке Дик Чейни со своим Halliburton'ом, не говоря уж о Goldman Sachs, щупальца которого, кажется, торчат из каждого правительства Западной Европы (об Америке вообще речи нет – там у «Сакса» все схвачено сверху донизу). Так что подобными подвигами сегодня никого не удивишь.

Между тем фигура Дональда Рамсфелда – не проходная во всех отношениях. Скажу больше: трудно назвать второго деятеля современной истории, который добился бы столь уникальных результатов одновременно в политике, идеологии и бизнесе. Дональд Рамсфелд, оставаясь всю жизнь на вторых ролях в тени харизматичных своих товарищей, достигал результатов, которые харизматичным товарищам даже не снились. Постараюсь продемонстрировать свою гипотезу на биографическом материале.

* * *

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* - «Дабья» - полагаю, читатели не забыли культового прозвища самого оригинального президента Америки – Dubja, основанное на том, как он сам произносит свое среднее имя – W. (George W. Bush): «дабья» вместо грамотного «дабл ю».

Health Gem



Dr. Olson

Influenza Part 4:
The Facts on Tamiflu and Swine Flu Vaccine

Our Firm Foundation, September 2009, 24(9): 23-25
https://dn720001.ca.archive.org/0/items/2009-olson-influenza-part-1-4/2009_Olson_Influenza_Part%201-4.pdf

***Dr. Olson** comes from a long line of health professionals including MDs, naturopaths, and osteopaths. Having early wanted to help people, especially in the area of health, she was a missionary to Belize and Korea. A national speaker, an RN for years, a certified herbologist, and a naturopathic doctor, Dr. Olson is utilizing this experience and wealth of knowledge for the benefit of people all over the world*

Last month I mentioned several natural ways you can boost your immune system to get ready for this coming flu season (and possibly the Swine Flu), but you're still concerned. You say, all of that is wonderful, but why not at least try Tamiflu? What about a swine flu vaccine? If one is offered, should I take it? Ok, let's take a better look at this "wonder" drug, Tamiflu:

"Unusual" Behavior

"First approved by the FDA in 1999, Tamiflu was touted as a drug that could significantly reduce the length and severity of influenza. These claims even prompted the U.S. government to purchase 20 million doses of Tamiflu – at a cost of $2 billion – in the event that a bird flu pandemic occurred. The Pentagon followed, paying a whopping $58 million in July, 2005, for treatments of U.S. troops around the world. However, problems with Tamiflu began to surface in 2004. It was thought that the drug... was causing some of its users to manifest very unusual behavior. For example, during the 2004 and 2005 flu seasons, two teenage boys committed suicide within hours of taking Tamiflu. The 17-year-old jumped in front of a large truck on a busy road after walking outside his house barefoot and in pajamas during a snowstorm. The 14-year-old jumped to his death from the balcony of a ninth-floor flat. Later, a teenage girl was narrowly prevented from jumping to her death from a window within days of starting a course of the flu drug. By November, 2005, it had been reported that 12 Japanese children had died while on the drug and that others had experienced hallucinations, encephalitis, and other symptoms."(1)

No Warning From the FDA

"Despite these alarming reports, the FDA voted not to issue a warning about the drug's potential for causing abnormal behavior. Instead, the FDA chose to warn of Tamiflu's potential for producing skin rashes. It wasn't until reports surfaced of more than 100 new cases of delirium, hallucinations, and other abnormal psychiatric behavior in children treated with Tamiflu that the FDA changed course and added a warning label in November 2006." (1)

Read this part carefully: "Over the years, the FDA has been accused of causing high drug prices, keeping life-saving drugs off the market, allowing unsafe drugs on the market because of pressure from pharmaceutical companies and censoring health information about nutritional supplements and foods. One such critic is Dr. David Graham, Associate Director for Science and Medicine and a senior drug safety researcher at the U.S. Food and Drug Administration (the FDA). In his estimation, the FDA is "responsible for 140,000 heart attacks and 60,000 dead Americans. That's as many people as were killed in the Vietnam War." His words offer an insider's perspective on the fatal role he believes the FDA played in thousands of heart attacks and deaths caused by the pain medication

Vioxx – a medication the FDA approved and initially failed to warn of its potential effects. Indeed, the Vioxx debacle was brought to America's attention when Congress was presented with evidence showing that among the estimated 20 million users of Vioxx, hundreds of thousands had died or suffered heart attacks as a result of taking the drug… Yet as Graham has pointed out, "Rarely will they keep a drug from being marketed or pull a drug off the market."…The pharmaceutical companies also bear the responsibility – and the blame – for unsafe drugs being approved and put out on the market. "The FDA assumes the drug is safe and now it's up to the company to prove that the drug isn't safe," remarked Graham.

"Well, that's a no-brainer. What company on earth is going to try to prove that [their] drug isn't safe?" It should come as no surprise that the pharmaceutical companies have the federal government in their hip pocket.

Americans and Congress should be Screaming Bloody Murder

According to a 2005 report from the Center for Public Integrity, "The pharmaceutical and health products industry has spent more than $800 million in federal lobbying and campaign donations at the federal and state levels in the past seven years." In fact, no other industry has pent more money to sway public policy during that period… With an estimated 200,000-plus people dying every year from prescription drugs, Graham believes "Americans and Congress should be screaming bloody murder. They should be beating on the doors of the FDA demanding change." (1)

With the deaths of the children in Japan, it should come as no surprise that there are physicians beginning to stand up in protest. "The anti-Tamiflu forces in Japan are led by Dr. Rokuro Hama, an epidemiologist and internal medicine specialist who heads the Japan Institute of Pharmacovigilance, a medical industry watchdog. Hama believes that Tamiflu can directly cause temporary neurological disorders in a small percentage of users – especially young people. That can ead to abnormal behavior, such as a seemingly happy, healthy teenager suddenly deciding to leap off a high-rise apartment building. 'There is no possibility whatsoever" that there could be another cause behind the Tamiflu deaths, says Hama. "Ultimately it should be taken off the market'." (2)

What does Tamiflu Actually do?

If it wasn't bad enough that Tamiflu causes deadly side effects and it is still on the market, 3 cases of swine flu have now proven resistant to Tamiflu (3) (4) – with more cases suspected resistant, yet it is still being recommended for almost everyone as a preventative or in case of actual swine flu infection. And for the people it does "work" for, what does it actually do? According to Roche's (the manufacturer of Tamiflu) own website it says if the Tamiflu is taken within 48 hours of the onset of symptoms: it may be able to reduce the length of illness by about a day. Keep in mind, along with the "normal" potential side effects like nausea, fever, vomiting (sounds kind of like the flu, doesn't it?), Tamiflu carries a couple serious/life-threatening potential side effects as well: hepatitis and Stevens-Johnson syndrome (a life-threatening condition in which the skin blisters and sloughs off – has been called a type of "flesh eating" disease).

So if you're asking me… I would rather have one extra day of the flu than to suffer potentially life-threatening side effects. Plus, whenever I'm considering taking a drug, the questions I like to ask are: 1. Who is saying that the drug (Tamiflu, swine flu vaccine, or fill-in-the-blank) works? And, 2. Can you trust that person/establishment?

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5. The American Experience: Influenza 1918, PBS

(=> continuation see **12. Vaccine Hesitancy** and Opposition to Vaccination by Medical staff ...)

Los Angeles Times

Thomas H. Maugh II

FDA approves emergency use of intravenous peramivir against Swine Flu

Los Angeles Times, 24 October 2009, 9:20 AM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-10-24/fda-approves-emergency-use-of-intravenous-peramivir-against-swine-flu

Responding to a request from the Centers for Disease Control and Prevention, the Food and Drug Administration on Friday approved emergency use of the experimental intravenous antiviral drug peramivir to treat hospitalized patients with pandemic H1N1 influenza.

Tamiflu, the primary drug used to treat swine flu, is given orally, and Relenza, also used, is given as a nasal spray. Some experiments have been conducted with an intravenous form of Relenza and it has been credited with saving at least one swine flu patient's life, but it is considered more experimental than peramivir.

The problem with existing drugs is that some people have difficulties tolerating the oral Tamiflu and that the nasal spray Relenza may not get deep enough into the lungs to reach the swine flu virus when it causes viral pneumonia. The emergency use authorization says peramivir can be used when other drugs have failed or when delivery by a route other than intravenous is not expected to be feasible.

Peramivir, manufactured by BioCryst Pharmaceuticals Inc., is still in Phase 3 clinical trials. Known side effects include diarrhea, nausea, vomiting and decreases in white blood cell count, all of which stop when its use is halted. It has not been tested in pregnant women.

Biochemical and Biophysical Research Communications

Xiaojing Lin, Jianfang Zhou, Yonghui Zhang, Jia Wu, Fengwei Zhang, Zi Li, Ye Zhang, Shengli Bi, Yuelong Shu, Yue Wang

Oseltamivir boosts 2009 H1N1 virus infectivity *in vitro*

Biochem Biophys Res Commun. 29 October 2009 (Epub),
Dec 25; 390(4):1305-8. doi: 10.1016/j.bbrc.2009.10.142
https://www.academia.edu/17981681/Oseltamivir_boosts_2009_H1N1_virus_infectivity_in_vitro

Abstract

The neuraminidase inhibitor oseltamivir has been identified to have significant anti-influenza activity in clinical practice. However, its efficacy has not been verified in enough subtypes of influenza A virus, particularly, the current pandemic virus, H1N1. In vitro, using our influenza pseudotyped particle system, oseltamivir displayed significant inhibitory effects on viral NA activity and pp release. Conversely, a boosting effect on viral infection was observed, particularly with the 2009 H1N1 pp at oseltamivir concentrations above 0.025 μM. Further testing on two wild 2009 H1N1 virus strains, A/California/07/09 and A/Sichuan/1/09, as well as a seasonal flu virus, A/Baoan/51/2008, confirmed these findings.

Introduction

The surface proteins of influenza viruses, HA and NA, play important roles in virulence, host specificity, and human immune response. Influenza A viruses are believed to enter host cells via HA binding to sialic acid receptors on the cell surface [1]. Human viruses known to be capable of tropism bind preferentially to sialic acid linked to galactose via a-2,6 linkages, while avian viruses of this type tend to bind to a-2,3 linkages [2,3]. In particular, the 2009 H1N1 virus prefers both a-2,6 and a-2,3 linked sialic acids [4]. NA is believed to remove sialic acid from sialyloligosaccharides to aid viral release and spread [1,5,6], NA inhibitor oseltamivir is designed to inhibit this function and has been lead to the expected effects with some influenza viruses [7-9].

While, as a NA inhibitor, oseltamivir could play contradictory roles in the influenza virus life cycle; that is, when NA is inhibited by oseltamivir, viral release is inhibited, but more receptors in target cells may be provided to the HA of the viruses already released. In this study, we evaluated the role of oseltamivir in both the early infection stage and release event using our newly established influenza virus pseudotyped particle system (pp) and wild virus strains. Our study advances our knowledge of oseltamivir and urges us to consider the possible consequences related to its effect on viral infection in clinical practice.

...

Discussion

Accumulating clinical evidence indicates that some severely ill patients might even deteriorate if treated with oseltamivir [13,14] and drug-resistant variants were thought to be responsible for this [13]. In this study, none of the strains represented by pps and the wild viruses possessed H274Y or other mutations [15]. If we recheck current clinical cases, deterioration after oseltamivir treatment may possibly be partially due to this viral infection enhancement effect in individuals with high viral load, thus, it is urgent to evaluate this possibility and distinguish resistance from the enhancement effect of oseltamivir.

Our study advised us the anti-viral profile of oseltamivir with different subtypes of influenza viruses should be evaluated comprehensively prior to its administration to treat a certain virus strain and it is important to evaluate the anti-viral effect in all processes of the viral life cycle especially for drugs like NA inhibitors.

Conclusion

This study has advanced our knowledge of oseltamivir and urges consideration of the possible consequences related to its effect on virus infection during the use of oseltamivir in clinical practice.

the japan times

151 young flu patients have exhibited abnormal behavior

The Japan Times, 2 December 2009
https://www.japantimes.co.jp/news/2009/12/02/national/151-young-flu-patients-have-exhibited-abnormal-behavior/

The health ministry has reported that 151 flu patients up to age 17 demonstrated abnormal behavior between late September and mid-November, including acting violently or uttering gibberish.

Most of the cases are believed to have involved patients with swine flu, and the strange behavior is thought to have occurred regardless of whether they were given the drug Tamiflu, according to a report submitted to a research group at the Health, Labor and Welfare Ministry.

The number of cases, coming in a period of less than two months, is already close to the total of 179 seen in all of last year's flu season.

A ministry official said cases this year have been on the rise in line with the spread of the new H1N1 flu and young patients should be watched carefully for at least two days after developing a fever.

Of the 151 patients, it is known that Tamiflu was used in 26 cases, Relenza in 36 and neither of them in 16.

Tamiflu has been banned for use among teenagers out of fear it may cause abnormal behavior, though it can still be used in some cases.

thebmj

Tom Jefferson, Mark Jones, Peter Doshi, and Chris Del Mar

Neuraminidase inhibitors for preventing and treating influenza in healthy adults: systematic review and meta-analysis

BMJ, 8 December 2009, 339: b5106; doi: 10.1136/bmj.b5106
www.bmj.com/cgi/content/abstract/339/dec07_2/b5106

Abstract

Objectives To update a 2005 Cochrane review that assessed the effects of neuraminidase inhibitors in preventing or ameliorating the symptoms of influenza, the transmission of influenza, and complications from influenza in healthy adults, and to estimate the frequency of adverse effects.

Search strategy An updated search of the Cochrane central register of controlled trials (*Cochrane Library* 2009, issue 2), which contains the Acute Respiratory Infections Group's specialised register, Medline (1950-Aug 2009), Embase (1980-Aug 2009), and post-marketing pharmacovigilance data and comparative safety cohorts.

Selection criteria Randomised placebo controlled studies of neuraminidase inhibitors in otherwise healthy adults exposed to naturally occurring influenza.

Main outcome measures Duration and incidence of symptoms; incidence of lower respiratory tract infections, or their proxies; and adverse events.

Data extraction Two reviewers applied inclusion criteria, assessed trial quality, and extracted data.

Data analysis Comparisons were structured into prophylaxis, treatment, and adverse events, with further subdivision by outcome and dose.

Results 20 trials were included: four on prophylaxis, 12 on treatment, and four on postexposure prophylaxis. For prophylaxis, neuraminidase inhibitors had no effect against influenza-like illness or asymptomatic influenza. The efficacy of oral oseltamivir against symptomatic laboratory confirmed influenza was 61% (risk ratio 0.39, 95% confidence interval 0.18 to 0.85) at 75 mg daily and 73% (0.27, 0.11 to 0.67) at 150 mg daily. Inhaled zanamivir 10 mg daily was 62% efficacious (0.38, 0.17 to 0.85). Oseltamivir for postexposure prophylaxis had an efficacy of 58% (95% confidence interval 15% to 79%) and 84% (49% to 95%) in two trials of households. Zanamivir performed similarly. The hazard ratios for time to alleviation of influenza-like illness symptoms were in favour of treatment: 1.20 (95% confidence interval 1.06 to 1.35) for oseltamivir and 1.24 (1.13 to 1.36) for zanamivir. Eight unpublished studies on complications were ineligible and therefore excluded. The remaining evidence suggests oseltamivir did not reduce influenza related lower respiratory tract complications (risk ratio 0.55, 95% confidence interval 0.22 to 1.35). From trial evidence, oseltamivir induced nausea (odds ratio 1.79, 95% confidence interval 1.10 to 2.93). Evidence of rarer adverse events from pharmacovigilance was of poor quality or possibly under-reported.

Conclusion Neuraminidase inhibitors have modest effectiveness against the symptoms of influenza in otherwise healthy adults. The drugs are effective postexposure against laboratory confirmed influenza, but this is a small component of influenza-like illness, so for this outcome neuraminidase inhibitors are not effective. Neuraminidase inhibitors might be regarded as optional for reducing the symptoms of seasonal influenza. Paucity of good data has undermined previous findings for oseltamivir's prevention of complications from influenza. Independent randomised trials to resolve these uncertainties are needed.

thebmj

Peter Doshi

Neuraminidase inhibitors – the story behind the Cochrane review

BMJ, 8 December 2009, 339: b5164; doi: 10.1136/bmj.b5164
https://www.bmj.com/content/339/bmj.b5164.long

Although billions have been spent on oseltamivir in the face of pandemic influenza, the team updating the Cochrane review of neuraminidase inhibitors in healthy adults found that the public evidence base for this global public health drug was fragmented and inconsistent. Peter Doshi tells the story

Since August 2009, our Cochrane review team has tried to obtain the data needed to verify claims that oseltamivir (Tamiflu) lowers serious complications of influenza such as pneumonia. We failed, but in failing discovered that the public evidence base for this global public health drug is fragmented, inconsistent, and contradictory. We are no longer sure that oseltamivir offers a therapeutic and public health policy advantage over cheap, over the counter drugs such as aspirin. If the public is to trust in public health policies, the scientific basis informing knowledge of the harms and effects of those interventions must be public and open to independent analysis.

How a Cochrane review update turned controversial

Systematic reviews are designed to synthesise the most reliable evidence on the effects of interventions. Following the outbreak of influenza A/H1N1 in April 2009, the UK NHS National Institute of Health Research commissioned an update of the Cochrane systematic review of neuraminidase inhibitors in healthy adults. In retrospect, our review began on a naive note. Although the review had last been updated in 2008, our new task was to include a safety assessment component. Tom Jefferson, who led the review, wrote to the group then just being formed, "Dear Friends…although it is always dangerous to pre-judge the issue, I expect no new effectiveness data but a lot of pharmacovigilance data." Two days later, a paediatrician from Japan, Keiji Hayashi, submitted a comment to the Cochrane Collaboration that would ultimately leave us doubtful about the ability of systematic reviews to deal with the challenges of contemporary pharmaceutical evaluation ...

thebmj

Nick Freemantle and Mel Calvert

What can we learn from observational studies of oseltamivir to treat influenza in healthy adults?

BMJ, 8 December 2009, 339: b5248; doi: 10.1136/bmj.b5248
https://www.bmj.com/content/339/bmj.b5248.long

Post-marketing studies can provide important information about safety and efficacy in real practice. However, Nick Freemantle and Mel Calvert found studies of oseltamivir identified by Roche were of limited value

The treatment effects of drugs are conventionally estimated in randomised controlled trials. Random allocation of patients ensures that any difference in outcome observed between the experimental groups must be attributable either to chance or to the randomised treatments. Although a remarkably durable approach, randomisation does have limitations. Randomised trials conducted for regulatory purposes rarely include people with comorbidities, since adverse events observed as a result of these comorbidities may undermine the attempts to establish the safety of the new drug. Furthermore, randomised trials are costly and time consuming and may not be conducted by industry sponsors when a "positive" outcome seems unlikely. Thus health policy makers often have to make important decisions about new drugs when not all relevant trials have been undertaken. This is the situation currently regarding the use of antiviral therapy in H1N1 influenza. It may be argued that at such times we should be informed by all available evidence and not constrained by randomised trials alone.

The authors of the Cochrane Collaboration systematic review of neuraminidase inhibitors for preventing and treating influenza in healthy adults1 approached Roche, the manufacturer of oseltamivir, for unpublished data. Among the incomplete data that Roche provided was a list of observational studies that it considered to describe the "real life" value of antiviral treatment. The BMJ invited us to provide a rapid review of these studies and the extent to which they support the use of oseltamivir to treat influenza in healthy adults.

Problems of non-randomised trials

In non-interventional study designs the difference in outcomes between those receiving and not receiving the treatment of interest may be due to the play of chance, to …

thebmj

Fiona Godlee and Mike Clarke

Why don't we have all the evidence on oseltamivir?

BMJ, 8 December 2009, 339: b5351; doi: 10.1136/bmj.b5351
https://www.bmj.com/content/339/bmj.b5351

The full data from drug trials must be available for scrutiny by the scientific community

This week the *BMJ* publishes an updated Cochrane review on neuraminidase inhibitors in adults with influenza.1 The review and a linked investigation undertaken jointly by the *BMJ* and Channel 4 News[2] cast doubt not only on the effectiveness and safety of oseltamivir (Tamiflu) but on the system by which drugs are evaluated, regulated, and promoted.

In the process of updating their review, Jefferson et al found several important inconsistencies. Prompted by a reader of their previous update,[3] they attempted to reconstruct the evidence from a much cited analysis on which they had based their previous conclusions. The analysis, by Kaiser et al,[4] looked specifically at the effects of oseltamivir on the risk of hospital admission and complications (pneumonia and other lower respiratory tract infections) in people with influenza. Jefferson et al noted that the Kaiser analysis was funded by the drug's manufacturer Roche and was based entirely on 10 trials funded by Roche, only two of which had been published as articles in peer reviewed journals. All 10 included trials were authored by Roche employees and paid academic consultants. The Cochrane reviewers could find no independently funded trials of oseltamivir in healthy adults.

Other questions also arose, as outlined by one of the Cochrane reviewers Peter Doshi[5] and by Deborah Cohen in our feature.[2] Which authors of the trials had seen the raw data? Why were key authors of the published papers and abstracts not named in company documents submitted for drug approval, while people named in these documents were not included in the published papers? Were ghost writers involved in some of the manuscripts, as alleged by former employees of the medical communication company hired by Roche? Why …

thebmj

James Smith

Roche replies to the authors of the Cochrane Review on oseltamivir

BMJ, 8 December 2009, 339: b5364; doi: 10.1136/bmj.b5364
https://www.bmj.com/content/339/bmj.b5364

We would like to respond to some of the issues raised with regard to the Cochrane Review on oseltamivir published in this issue of the BMJ.[1]

We were not provided with this article in advance to allow detailed comment, but we understand from correspondence with Dr T Jefferson of the review team that it may omit from its assessment data that show the efficacy and safety of this drug – namely, a meta-analysis of 10 studies published in 2003.[2] This review indicated that oseltamivir treatment reduces lower respiratory tract infections and hospitalisations in both healthy and "at risk" adults with flu illness. The publication is one of numerous data sources supporting the efficacy and safety of the drug, including a pooled analysis by Singh et al.[3] studies from Hong Kong[4] and Canada[5] showing a reduction in mortality, evidence of efficacy from claims database studies,[6,7,8] a brief review of evidence of efficacy in cases of pandemic 2009 H1N1 flu infection, 9 and the European summary of product characteristics.[10]

Over the past weeks we and investigators involved in certain publications evaluating the utility of Tamiflu in reducing flu related complications have been approached separately or jointly by the BMJ and Channel 4 News, requesting answers to wide ranging questions on access to study data, interpretation of data, procedures for writing publications, authorship, and other matters. Responses to all questions have been provided in full to the BMJ and Channel 4, and should leave no doubt about the high integrity of the data, publications, and interactions between ...

thebmj

James Smith

On behalf of Roche
Point-by-point response from Roche to *BMJ* questions

BMJ, 8 December 2009, 339: b5374; doi: 10.1136/bmj.b5374
https://www.bmj.com/content/339/bmj.b5374.abstract

James Smith responds on behalf of Roche to some of the issues raised with regard to the Cochrane Review on oseltamivir published in the BMJ (doi:10.1136/bmj.b5106)

Below is a point-by-point response to the questions and allegations raised by the BMJ [questions from the BMJ are in italics].

1. The Cochrane Review
We have been closely following the efforts of the Cochrane Collaboration to update its review on: 'Neuraminidase inhibitors for preventing and treating influenza in healthy adults. A systematic review and meta-analysis'. This update will be published in the BMJ on 8th December 2009.

As part of its investigations, the Cochrane Review sought to examine in detail Professor Laurent Kaiser's paper, 'Kaiser L, Wat C, Mills T, Mahoney P, Ward P, Hayden F. Impact of oseltamivir treatment on influenza-related lower respiratory tract complications and hospitalizations. Arch. Intern. Med. 2003 Jul 28; 163(14): 1667-1672.' - which has been extensively cited, by Roche and public health authorities, as evidence for the effectiveness of Tamiflu in reducing hospitalisations. As publishers of the review, the BMJ has been in close contact with the Cochrane Review team. In a linked feature, we intend to report on the following matters: a. that the Cochrane Review team was unable to obtain access to the complete data sets of the 10 RCTs which the Kaiser 2003 paper meta-analysed (8 of which have not been fully published in peer-reviewed journals).

Response: In addressing the issue of access to data, we note that, according to our records, Roche was initially approached with a request for data on 9 September 2009 by Philip Carter from ITN regarding a Channel 4 news request, and not the Cochrane review team itself. We believe this is in conflict with accepted standard practice: the merits of scientific studies, and debate relating to them, are of course to …

Los Angeles Times

Thomas H. Maugh II

British medical journal questions efficacy of Tamiflu for swine flu – or any flu

Los Angeles Times, 8 December 2009, 11:40 am
https://web.archive.org/web/20091213043911/http://latimesblogs.latimes.com/booster_shots/2009/12/british-medical-journal-questions-efficacy-of-tamiflu-for-swine-flu-or-any-flu.html

A major controversy about the efficacy of the antiviral agent Tamiflu in treating influenza has erupted in the online version of BMJ, formerly known as the British Medical Journal.

A team from the prestigious Cochrane Review says that its analysis of published data about clinical trials of the drug, known generically as oseltamivir, shows that the drug is able to reduce the course of an influenza infection by a day but that they are unable to conclude that the drug is effective at reducing complications and hospitalizations caused by flu because they do not have access to key data from eight clinical trials sponsored by the drug's manufacturer, Roche Laboratories Inc.

=> Jefferson T, Jones M, Doshi P, Mar CD. Neuraminidase inhibitors for preventing and treating influenza in healthy adults: systematic review and meta-analysis. – BMJ, 8 December 2009, 339: b5106; doi:10.1136/bmj.b5106
https://web.archive.org/web/20091214095112/http://www.bmj.com/cgi/content/abstract/339/dec07_2/b5106

In a commentary accompanying the report, BMJ editor Fiona Godlee said, "Governments around the world have spent billions of pounds on a drug that the scientific community now finds itself unable to judge."

=> Godlee F. Mike Clarke. Why don't we have all the evidence on oseltamivir? – BMJ, doi: 10.1136/bmj.b5106
https://web.archive.org/web/20091222053207/http://press.psprings.co.uk/bmj/december/Godlee.doc

In a response, Roche officials said that the data from the eight trials simply duplicated the results from published trials and did not provide enough new information to justify publication. => Response: Roche replies to the authors of the Cochrane Review on oseltamivir. – BMJ, 8 December 2009, doi:10.1136/bmj.b5364;
https://web.archive.org/web/20091214234425/http://www.bmj.com/cgi/content/extract/339/dec08_3/b5364

The company also said that all of the data were submitted to the Food and Drug Administration and other regulatory agencies when the company sought approval to market the drug and that those agencies found it convincing. Roche also said it would post the eight disputed trials on a password-protected website so that researchers would have access to it – although that has not occurred yet.

Although the controversy involves trials of the drug against seasonal influenza, the debate has particular significance now because Tamiflu is the primary tool used in combating pandemic H1N1 influenza in the face of poor availability of the swine flu vaccine. In response to the new findings, both the World Heatlh Organizaton and the Centers for Disease Control and Prevention said they would continue to stand by their guidelines for use of the drug, arguing that it is not a good tool for prophylaxis against the swine flu virus but that it does provide benefit in reducing complications.

The Cochrane Review is a nonprofit British organizaton that specializes in independently reviewing published trials on drug efficacy to determine whether the medications are effective. In a 2005 review of Tamiflu and a 2008 update, a group headed by Tom Jefferson of the Cochrane Collaboration's Acute Respiratory Infections Group in Rome concluded that the drug was effective in reducing influenza complications. But a letter from Japanese pediatrician Keiji Hayashi this

summer questioned its conclusion, arguing that the team had not actually seen much of the data on which they were basing its conclusion. Hayashi was concerned about the side effects of the drug, which include insomnia, nausea, bad dreams, abdominal pain, headache and a rare neuropsychiatric disease that caused some users to attempt to harm themselves. Such side effects might be tolerated if the drug was effective, but not otherwise. Hayashi was particularly concerned because Japan consumes more than 60% of the world production of the drug. => Deborah Cohen, Complications: tracking down the data on oseltamivir. - BMJ, 8 December 2009, 339:b5387 doi:10.1136/bmj.b5387
https://web.archive.org/web/20091214233716/http://www.bmj.com/cgi/content/extract/339/dec08_3/b5387

Under Cochrane rules, the team had six months to respond to Hayashi.

Jefferson attempted to obtain data from the trials, but the situation took a strange turn when the request was made through England's Channel 4 News, which was also investigating the efficacy of Tamiflu. Eventually, Roche agreed to provide the data, providing Jefferson would sign a confidentiality agreement preventing its publication. He refused, and negotiations reached an impasse. Meanwhile, the six-month deadline was nearing its expiration, and Jefferson's team decided to publish its findings without considering the data from the eight studies. And without those studies, they could not reach any conclusions about the effectiveness of the drug.

Roche also provided BMJ with some data about observational studies of Tamiflu, which the group forwarded to Dr. Nick Freemantle and Dr. Melanie Calvert of the University of Birmingham. Reviewing the data, they concluded that "oseltamivir may reduce the risk of pneumonia in otherwise healthy people who contract flu. However, the absolute benefit is small, and side effects and safety should also be considered." => Freemantle N, Calvert M. What can we learn from observational studies of oseltamivir to treat influenza in healthy adults? – BMJ 8 December 2009; 339: b5248 doi:10.1136/bmj.b5248
https://web.archive.org/web/20091214062207/http://www.bmj.com/cgi/content/extract/339/dec07_2/b5248

Jefferson's team and BMJ had other concerns about the clinical studies, including original documents that cited Roche employees whose names did not appear on the final papers and the use of professional writers to help produce published papers. Roche made a point-by-point response to their concerns in an online statement. The company also noted that it was standard industry practice 10 years ago, when the studies appeared, not to publish all results from clinical trials and to employ professional writers whose names did not appear on published reports. The company said that its policies have since changed and that it now publishes all new data online and acknowledges all contributions to written reports.

James Smith responds on behalf of Roche to some of the issues raised with regard to the Cochrane Review on oseltamivir published in the BMJ (doi:10.1136/bmj.b5106)
=> Letters; Response: Roche; Point-by-point response from Roche to BMJ questions. – BMJ, 8 December 2009, doi:10.1136/bmj.b5374; https://www.bmj.com/content/339/bmj.b5374.abstract

The final conclusions from the brouhaha: It probably doesn't hurt to treat patients with severe flu complications with Tamiflu, and it may help. But the drug should not be used in an effort to prevent infection among people who have been exposed to the virus or in those who have only very mild infections.

The Cochrane Library:
https://web.archive.org/web/20100105124257/http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME

REUTERS

Ben Hirschler

New review questions benefit of Roche drug Tamiflu

Reuters, 9 December 2009, 3:10 AM
http://www.reuters.com/article/idUSTRE5B74GA20091208

London (Reuters) – There is no clear evidence that Roche's widely used drug Tamiflu prevents complications such as pneumonia in people with flu, a group of medical experts said on Tuesday.

Governments around the world have mobilized Tamiflu stockpiles to fight swine flu but an updated review of past clinical trial results found there was insufficient data to know if the medicine cut complications in otherwise healthy people.

Roche contested the finding and said it stood behind the robustness and integrity of previous data showing a benefit.

Sales of the antiviral drug, also known by the generic name oseltamivir, have soared since the start of the current H1N1 flu pandemic in April due to massive government orders.

That has provided a windfall for the Swiss drugmaker, which said in October it expected Tamiflu revenue to reach 2.7 billion Swiss francs ($2.65 billion) this year.

The latest analysis, which updates an earlier 2006 review, was published online by the British Medical Journal, whose editor-in-chief, Fiona Godlee, said it left important questions about Tamiflu's effectiveness unresolved.

"Governments around the world have spent billions of pounds on a drug that the scientific community now finds itself unable to judge," she said.

The BMJ report was also the subject of a Channel 4 News story on British television.

At issue is whether or not certain previously published trials on Tamiflu should be included or excluded when analyzing the drug's effectiveness.

For the latest review, a team led by Chris Del Mar from Bond University in Australia looked at 20 trials – but they decided to drop eight that were included in the earlier review because they were unable to independently verify the results.

As a result they concluded that while Tamiflu reduced flu symptoms by about a day they had no confidence in previous claims that it cut the risk of flu complications.

David Reddy, Roche's pandemic taskforce leader, said the expert group was wrong to exclude the data from the eight studies.

He told reporters that Roche would have supplied full data on the contested studies if the investigators had signed confidentiality agreements, which were drawn up to protect patients.

"We fully stand behind the robustness of the data and the integrity of that data, particularly the efficacy and safety of Tamiflu, the conduct of our clinical studies and the publication process," Reddy said.

Tamiflu, which Roche manufactures under license from Gilead Sciences, has been commercially available for 10 years as a treatment for seasonal flu and used by around 68 million people worldwide.

The pill competes with another less widely used flu medicine from GlaxoSmithKline, called Relenza, which must be inhaled.

($1=1.020 Swiss francs)

MailOnline

Daniel Martin

Just one in five people given Tamiflu by NHS hotline was actually suffering from swine flu (and 800,000 wrongly told to stay home)

Daily Mail, 9 December 2009, 08:09 BST
https://www.dailymail.co.uk/news/article-1234135/Just-diagnosed-swine-flu-hotline-actually-disease.html#ixzz0ZC3eWQK9

Hundreds of thousands of people were wrongly diagnosed with swine flu after calling the Government's emergency helpline, it was revealed yesterday.

Around 800,000 people were incorrectly told to stop work and take the Tamiflu drug, costing employers hundreds of millions of pounds and adding to the NHS drug bill.

In fact just one in every five people diagnosed by the controversial call centres actually had the illness.

And at the height of the scare during the summer the rate fell to as low as one in 20, the Health Protection Agency disclosed.

The revelation came as a survey concluded there was no clear evidence that Tamiflu reduced the risk of life-threatening complications.

The Government's pledge to vaccinate all under-fives against swine flu this month was also mired in chaos as GPs pulled out of the scheme in a row over cash.

Just 20 per cent of all cases diagnosed by the National Pandemic Flu Service were actually cases of swine flu, HPA scientists found. Everyone diagnosed by the service was given vouchers to get Tamiflu.

It means that more than 800,000 of the 1million packets of Tamiflu - which cost around £15 each - were given out needlessly.

In the busiest week 40,000 doses of Tamiflu were dished out - yet now it would appear that 95 per cent - 36,000 packets - should not have been.

It could also mean that millions of working days were lost by people taking time off claiming to have been hit by the pandemic.

Businesses say the mistakes have lost them more than £500million after thousands took the opportunity to take swine flu 'sickies'.

This will also raise concerns that the system could have encouraged the virus to become resistant to Tamiflu.

Critics have attacked ministers for handing out the drug in such huge quantities at the beginning of the outbreak, when it was feared that up to 65,000 may die.

Now the expected death toll has been revised to less than 1,000 - with 270 having died so far, of whom 80 per cent had other illnesses or underlying conditions.

Scientists warned in the summer that handing out the antiviral to healthy people could be a bad move, because a more resistant form of the virus could be dangerous in those with underlying health problems which makes them more likely to die from the disease.

Two weeks ago it emerged that the first case of Tamiflu-resistant swine flu being passed from person to person had occurred in Wales.

The Government's swine flu call centres, staffed by unqualified students and temps, were set up to take the strain off GPs' surgeries.

People with suspected swine flu were told to ring the helpline or a related internet site to get the antiviral rather than visit their doctors. The requirement to get a sick note from the GP was waived.

Similar tests of patients diagnosed by GPs found half of their patients were also misdiagnosed.

Liberal Democrat health spokesman Norman Lamb said the potential danger to misdiagnosed patients is 'seriously concerning'.

'Ministers had years to prepare for such an outbreak but completely failed to put in place an effective flu-line service,' he added.

And Mark Wallace, of the TaxPayers' Alliance, said: 'If call centres were so inaccurate, then it suggests this was more about PR than medical treatment. In effect, this was a very expensive press release.'

A Department of Health spokesman insisted the 'best scientific advice' states Tamiflu should still be taken as soon as possible. 'To suggest otherwise is potentially dangerous,' he added.

Bloomberg

Michelle Fay Cortez

Roche's Tamiflu not Proven to cut Flu complications, Study says

Bloomberg, 9 December 2009
https://web.archive.org/web/20100107164229/http://www.bloomberg.com/apps/news?pid=20601100&sid=a9acc7qIJFdU

Dec. 9 (Bloomberg) – Roche Holding AG's antiviral drug Tamiflu may not prevent complications from influenza in healthy adults, according to a review by an independent research group that reversed its previous findings that the medicine warded off pneumonia and other deadly conditions linked to the disease.

The pill has been the mainstay of treatment for pandemic swine flu, which has killed nearly 9,000 people since it emerged in April, according to the World Health Organization. Roche, based in Basel, Switzerland, defended the benefits of the drug, which it expects to generate 2.7 billion francs ($2.64 billion) in sales this year.

An analysis of 20 studies by the Cochrane Collaboration showed Tamiflu offered mild benefits for healthy adults and found no clear evidence it prevented lower respiratory tract infections or complications of influenza, according to the group. The review, published in the British Medical Journal and broadcast yesterday on the U.K.'s Channel 4 News, showed the drug eased and shortened symptoms if taken quickly. => https://www.bmj.com/content/339/bmj.b5106

The report, an update of a 2005 analysis by Cochrane, excluded eight studies funded by Roche that haven't been published and whose full data wasn't given to the researchers. The exclusion reversed the nonprofit group's earlier finding that Tamiflu protects against complications.

Insufficient Evidence

"We now conclude there is insufficient evidence to describe the effects of Tamiflu on complications of influenza or the drug's toxicity," Tom Jefferson, the lead researcher from the Cochrane Collaboration in Rome, said in a telephone interview. "We have multibillion-dollar public health policies in place that rely on evidence not available for independent analysis."

The group, which reviews medical evidence, excluded the eight studies, involving 2,500 patients, because it couldn't get satisfactory access to the data involving the healthy adults in the study, he said.

The report raises questions about how drugs are reviewed, approved and distributed, Fiona Godlee, the British journal's editor in chief, wrote in an editorial. The studies originally used to establish the benefits of Tamiflu were written by Roche employees and paid consultants, under-reported serious side effects and failed to clearly identify all the authors, she wrote. In at least one case, a study was attributed to a researcher who disavowed any involvement to the journal, Godlee wrote.

Godlee F, Clarke M. Why don't we have all the evidence on oseltamivir? BMJ, 8 Decmber 2009; 339:b5351; DOI: 10.1136/bmj.b5351; https://pubmed.ncbi.nlm.nih.gov/19995815/

'Taken on Trust'

Governments relied on the studies to justify the widespread use of Tamiflu, known chemically as oseltamivir, she said. The reviewers were unable to find any independent studies of the drug in healthy adults, she said.

"This case exposes how much of the evidence on drug safety and effectiveness is taken on trust," Godlee wrote. "Governments around the world have spent billions of pounds on a drug that the scientific community has found itself unable to judge." She called for more independent research, greater access to raw data used to license and sell drugs and stricter regulations on the conduct, review and publication of medical research.

Roche defended the drug's benefits and its research, saying confidentiality agreements with patients enrolled in the trials kept the company from giving the investigators unreserved access to the findings.

"We fully stand behind the robustness of the data and the integrity of that data, particularly the efficacy and safety of Tamiflu, the conduct of our studies and publication policies," David Reddy, head of the company's global pandemic task force, said on a conference call with reporters. "We believe this drug is playing a pivotal role in the management of the current pandemic."

Data From Pandemic

Two published trials show Tamiflu reduces complications in patients with seasonal influenza, while an observational study suggests it may lower death rates, Reddy said. Data emerging from the swine flu pandemic shows giving the drug within two days of symptoms appearing is the only effective way to help patients, he said.

More than 8,768 people worldwide have died from swine flu since it was first identified in Mexico and the U.S. in April, according to the Geneva-based WHO. More than 68 million people have taken Tamiflu since it was approved a decade ago. Influenza kills as many as 500,000 people worldwide each year.

The WHO recommends giving Tamiflu to infected people with a high risk of developing complications, including pregnant women and people with underlying medical conditions. The researchers said there is little evidence now available to show that otherwise healthy people should be routinely given Tamiflu.

In the U.K., patients can get a Tamiflu prescription by calling a national hotline or filling out an online questionnaire about their symptoms.

"The evidence shows that if taken within 24 hours, Tamiflu reduces symptoms of influenza by about a day," Jefferson said. "It may reduce transmission. But we could not verify the claims that Tamiflu reduces complications. Once you took out the eight unpublished studies, the data relating to healthy adults that weren't published, what remained showed no effect."

REUTERS

Stephanie Nebehay

WHO backs findings on Tamiflu for seasonal flu

Reuters, 11 December 2009

http://www.reuters.com/article/idUSGEE5BA0UY20091211?type=marketsNews (deleted)
https://web.archive.org/web/20091215062127/http://www.reuters.com/article/idUSGEE5BA0UY20091211?type=marketsNews

GENEVA, Dec 11 (Reuters) - The World Health Organisation on Friday endorsed findings that there is no clear evidence the antiviral Tamiflu prevents complications such as pneumonia in otherwise healthy people with seasonal flu.

But the WHO continues to recommend that Tamiflu, made by Swiss drugmaker Roche (ROG.VX), be used immediately in people infected with the separate H1N1 virus who are at high risk of complications or whose symptoms persist for three days or worsen.

The WHO also said pandemic influenza has peaked in North America, most of Western Europe except France, and possibly in Russia as well, the WHO said in a weekly statement.

In a weekly update, it said swine flu outbreaks are still on the rise in Japan, as well as in Hong Kong and Taiwan, where peaks had previously been recorded. The virus is also circulating across most of Africa.

An updated review of past clinical trial results for Tamiflu by researchers from the Cochrane Review, published by the British Medical Journal on Tuesday, found there was insufficient data to know if the drug cut complications from flu in otherwise healthy patients. [ID:nGEE5B71WW]

"We would not take issue with the Cochrane conclusions concerning seasonal influenza," WHO spokesman Gregory Hartl said.

Hartl told Reuters: "That is entirely consistent with our views and guidelines. For otherwise healthy people presenting with uncomplicated seasonal influenza, they do not need to be treated with the drugs."

Roche has contested the finding and said it stood behind the previous data showing a benefit.

At issue is whether or not certain previously published trials on Tamiflu should be included or excluded when analysing the drug's effectiveness.

Governments around the world have stockpiled Tamiflu, known generically as oseltamivir, to fight swine flu. H1N1 virus emerged in April and started an influenza pandemic which has killed at least 9,596 people, according to WHO's latest update.

"We need to make very clear that what Cochrane was looking at was seasonal influenza, it was not H1N1," Hartl said.

In the course of the H1N1 pandemic, "a substantial body of evidence has been building up to indicate oseltamivir is effective at reducing and/or preventing severe illness and even death," he added.

This was mainly in people who are at higher risk from H1N1 due to underlying medical conditions such as asthma or in patients who develop severe illness, he said.

"So our recommendations have been and continue to be that concerning infections with H1N1, if you are in a high risk group you should start oseltamivir treatment immediately.

"If you are not in a high risk group but if you have symptoms which persist over 3 days and or get worse, you should begin oseltamivir treatment."

Otherwise healthy individuals do not need to be treated with Tamiflu, as the great majority of H1N1 patients recover without any kind of medical care, the WHO spokesman said.

The pill competes with another less widely used flu medicine from GlaxoSmithKline (GSK.L), called Relenza and known generically as zanamivir, which must be inhaled.

PreventDISEASE.com
Aiming Towards Better Health

WHO still recommends Tamiflu for H1N1 despite the proof it's useless

Prevent Disease, 14 December 2009
https://web.archive.org/web/20100102174942/http://preventdisease.com/news/09/121409_WHO_still_recommends_tamiflu_despite_proof_its_useless.shtml

Ironically, the World Health Organization (WHO), the agency responsible for the H1N1 flu, vaccine and antiviral hype, is now endorsing findings that there is no clear evidence the antiviral Tamiflu prevents complications such as pneumonia in otherwise healthy people with seasonal flu.

Despite this evidence, and to coincide with the WHO's junk science and contradictions which have dominated their pandemic statements and policies, they continue to recommend that Tamiflu be used in people infected with the H1N1 virus.

The WHO also said pandemic influenza has peaked in North America, most of Western Europe except France, and possibly in Russia as well, the WHO said in a weekly statement.

An updated review in the Cochrane Review published by the British Medical Journal, researchers found there was insufficient data to know if the drug cut complications from flu.

Roche, the manufacturer of Tamiflu, has made it impossible for scientists to assess how well the anti-flu drug stockpiled around the globe works by withholding the evidence the company has gained from trials, doctors alleged.

"We would not take issue with the Cochrane conclusions concerning seasonal influenza," WHO spokesman Gregory Hartl said.

Hartl told Reuters: "That is entirely consistent with our views and guidelines. For otherwise healthy people presenting with uncomplicated seasonal influenza, they do not need to be treated with the drugs."

Roche has contested the finding and said it stood behind the previous data showing a benefit.

At issue is whether or not certain previously published trials on Tamiflu should be included or excluded when analysing the drug's effectiveness.

In direct contradiction to his previous statements, Hartl then said that in the course of the H1N1 pandemic, "a substantial body of evidence has been building up to indicate oseltamivir is effective at reducing and/or preventing severe illness and even death."

This was mainly in people who are at higher risk from H1N1 due to underlying medical conditions such as asthma or in patients who develop severe illness, he said.

"So our recommendations have been and continue to be that concerning infections with H1N1, if you are in a high risk group you should start oseltamivir treatment immediately."

Other experts have noted that evidence also suggests that Tamiflu and other antivirals lower body temperatures. They make people (who can still transmit the virus) asymptomatic for longer periods and can therefore be expected to facilitate and contribute to the spread of the pandemic. If populations begin taking Tamiflu as a preventive measure, it could potentially cause the reverse of the intended effect, causing an explosion of viral transmission.

"If you are not in a high risk group but if you have symptoms which persist over 3 days and or get worse, you should begin oseltamivir treatment," the WHO said.

In early 2008, the WHO began stating on their own website that they had reported a high rate of resistance to Tamiflu. A total of 30 countries from all WHO regions reported Tamiflu (oseltamivir) resistance for H1N1. Since then, the WHO has been suspiciously downplaying the rapid growth of mutations and antiviral resistance. Some experts suggest that the number of actual cases of antiviral resistance are far higher than those being reported by the WHO.

Despite the adverse reactions of antivirals such as Tamiflu, and their use consistently reporting pneumonia and respiratory failure, the WHO's recommendation is to administer these drugs antivirals to people who have already developed pneumonia, an endorsement that could potentially promote millions of fatalities.

The World Health Organization also said last month that H1N1 vaccine had been cleared of blame for 41 deaths which health authorities worldwide had investigated after suspicions they might have been caused by the inoculation. The agency reaffirmed that the pandemic vaccine is as safe as the seasonal flu vaccine.

"No new safety issue has been identified from reports issued to date ... Reporting so far reconfirms that the pandemic flu vaccine is as safe as the seasonal flu vaccine," Marie-Paule Kieny, WHO's top vaccine expert, told a telephone conference.

Perhaps the 2300 reports of adverse reactions from the pandemrix vaccine in Sweden, the plethora of miscarriages, paralyses and other reactions from around the world, and the 200 deaths in Canada in addition to the 170,000 doses recalled due to safety issues all went unnoticed by the WHO.

NATURAL NEWS
Defending Health, Life and Liberty

Mike Adams

Tamiflu anti-viral drug revealed as complete hoax; Roche studies based on scientific fraud

Natural News, 14 December 2009
https://web.archive.org/web/20100104234830/http://www.naturalnews.com/027734_Tamiflu_Roche.html

When it comes to selling chemicals that claim to treat H1N1 swine flu, the pharmaceutical industry's options are limited to two: Vaccines and anti-virals. The most popular anti-viral, by far, is Tamiflu, a drug that's actually derived from a Traditional Chinese Medicine herb called *star anise*.

But Tamiflu is no herb. It's a potentially fatal concentration of isolated chemical components that have essentially been bio-pirated from Chinese medicine. And when you isolate and concentrate specific chemicals in these herbs, you lose the value (and safety) of full-spectrum herbal medicine.

That didn't stop Tamiflu's maker, Roche, from trying to find a multi-billion-dollar market for its drug. In order to tap into that market, however, Roche needed to drum up some evidence that Tamiflu was both safe and effective.

Roche engages in science fraud

Roche claims there are ten studies providing Tamiflu is both safe and effective. According to the company, Tamiflu has all sorts of benefits, including a 61% reduction in hospital admissions by people who catch the flu and then get put on Tamiflu.

The problem with these claims is that **they aren't true**. They were simply invented by Roche.

A groundbreaking article recently published in the *British Medical Journal* accuses Roche of misleading governments and physicians over the benefits of Tamiflu. Out of the ten studies cited by Roche, it turns out, only two were ever published in science journals. And where is the original data from those two studies? *Lost.*

The data has disappeared. Files were discarded. The researcher of one study says he never even saw the data. Roche took care of all that, he explains.

So the *Cochrane Collaboration*, tasked with reviewing the data behind Tamiflu, decided to investigate. After repeated requests to Roche for the original study data, they remained stonewalled. The only complete data set they received was from an unpublished study of 1,447 adults which showed that Tamiflu was no better than placebo. Data from the studies that claimed Tamiflu was effective was apparently lost forever.

As *The Atlantic* reports, that's when former employees of Adis International (essentially a Big Pharma P.R. company) shocked the medical world by announcing *they had been hired to ghost-write the studies for Roche*.

It gets even better: **These researchers were told what to write by Roche!**

As one of these ghostwriters told the *British Medical Journal*:

"The Tamiflu accounts had a list of key messages that you had to get in. It was run by the [Roche] marketing department and you were answerable to them. In the introduction ...I had to say what a big problem influenza is. I'd also have to come to the conclusion that Tamiflu was the answer."

In other words, **the Roche marketing department ran the science** and told researchers what conclusions to draw from the clinical trials. Researchers hired to conduct the science were controlled by the marketing puppeteers. No matter what they found in the science, they had already been directed to reach to conclusion that "Tamiflu was the answer."

F / Santé

H1N1: la prescription du Tamiflu fait débat

Le Figaro, 14 December 2009, 21:46
https://sante.lefigaro.fr/actualite/2009/12/15/9945-h1n1-prescription-tamiflu-fait-debat

Des représentants des médecins généralistes critiquent les nouvelles recommandationsdes autorités sanitaires.



La prescription systématique de Tamiflu aux patients grippés, préconisée depuis la semaine dernière par la Direction générale de la santé (DGS), est loin de faire l'unanimité dans le monde médical. Le 10 décembre, la DGS a annoncé que les traitements antiviraux, jusque-là recommandés uniquement dans les formes sévères et chez les personnes à risque, étaient désormais justifiés chez tous les patients avec une grippe clinique. Les antiviraux, Tamiflu mais aussi Relenza, issus du stock constitué par le gouvernement, seront délivrés gratuitement sur ordonnance dans les pharmacies, au plus tard le 21 décembre.

Mais cette stratégie, rendue publique à peu près en même temps qu'une publication très critique sur le Tamiflu dans le British Medical Journal (BMJ), est de plus en plus mise en cause. Pour des représentants des médecins généralistes comme le Collège national des généralistes enseignants (CNGE), les nouvelles recommandations ne sont pas justifiées d'un point de vue médical. Tandis que des spécialistes de maladies infectieuses ou de pneumologie regrettent qu'elles interviennent trop tard dans l'évolution de l'épidémie.

Le CNGE, qui représente les médecins généralistes chargés d'enseignement dans les facultés de médecine et revendique 1 500 adhérents, est monté au créneau lundi. Dans un communiqué, il a fait savoir qu'il «ne recommande pas l'utilisation systématique de médicaments antiviraux en cas de suspicion de grippe A (H1N1)». Soulignant que, pour cette grippe, «les données actuelles sont trop fragmentaires et de très faible niveau de preuve», le CNGE demande carrément à la DGS «d'indiquer les arguments scientifiques et les niveaux de preuve sur lesquels s'appuie ce changement soudain de recommandation». Une attitude contestatrice plutôt inhabituelle de la part de cette instance. «Selon les données dont nous disposons, la balance bénéfice-risque du Tamiflu est défavorable, explique le Dr Vincent Renard vice-président du CNGE. Les bénéfices ne sont pas établis, contrairement aux effets secondaires : nausées et vomissements qui sont fréquents chez les adultes, troubles du sommeil chez les enfants. Or, si des millions de patients sont traités, ce sont les généralistes qui auront à gérer les effets indésirables.»

Plusieurs spécialistes interrogés par LeFigaro se montrent également sceptiques sur l'intérêt du Tamiflu et l'extension des indications. «L'argumentation n'est pas solide sur le plan scientifique. Je ne comprends pas que la décision ait été prise sans discussion avec les sociétés savantes», réagit le Pr Bruno Housset, chef du service de pneumologie de l'hôpital intercommunal de Créteil et, par ailleurs, président de la Fédération française de pneumologie. Selon lui, la prescription systématique d'antiviraux aurait pu être logique il y a trois semaines, quand la circulation du virus H1N1 était prédominante par rapport aux autres virus respiratoires, mais elle ne l'est plus à ce stade de l'épidémie. «Mon opinion personnelle est que si le Tamiflu a une efficacité en termes de santé publique, c'est lorsqu'il y a une circulation virale très importante. Aujourd'hui, ce moment est passé», renchérit le Pr Jean-Paul Stahl, chef du service de maladies infectieuses du CHU de Grenoble, et président de la société de pathologie infectieuse de langue française. «La décision a été tardive», juge aussi le Dr Jean-Marie Cohen, coordonnateur des groupements régionaux d'observation de la grippe (GROG), qui note que des experts du comité de lutte contre la grippe avaient recommandé l'élargissement des prescriptions dès début novembre.

Mais au-delà de ce problème de calendrier, qu'en est-il de l'efficacité du Tamiflu ? L'article du BMJ, qui repose sur l'analyse de vingt études, conclut que cet antiviral réduit d'environ une journée la durée des symptômes cliniques. Mais ses bénéfices sur les complications de l'infection sont jugés peu convaincants. «Cette revue de la littérature avait déjà été faite en 2003, mais il n'y a pas plus de données aujourd'hui, observe le Pr Stahl. Cela ne signifie pas que le Tamiflu n'est pas efficace, mais qu'il n'en a pas fait la démonstration.» Le Pr Alain Chantepie, président de la Société française de pédiatrie est moins sévère. «Nous n'avons pas de certitude sur l'efficacité, mais c'est un traitement plutôt bien supporté. Les recommandations actuelles ne me choquent pas, dans le cadre du principe de précaution», dit-il. Pour le laboratoire Roche, fabricant du Tamiflu, la publication du BMJ est tronquée. «Cette métanalyse n'a porté que sur des sujets sains, qui ne sont pas les groupes qui font le plus de complications» , souligne un représentant de Roche, qui s'étonne aussi de la non-prise en compte d'une étude démonstrative portant sur 3 500 personnes pourtant publiée dans une revue de haut niveau. En outre, selon le laboratoire, «des études incluses dans les dossiers d'autorisation de mise sur le marché attestent d'une diminution statistique des complications respiratoires sous Tamiflu.»

French GP's Union criticises decision to distribute Tamiflu for free

The Flu Case, 18 December 2009

https://web.archive.org/web/20100102020806/http://theflucase.com/index.php?option=com_content&view=article&id=2336%3Afrench-gps-union-criticises-decision-to-distribute-tamiflu-for-free&catid=1%3Alatest-news&Itemid=64&lang=en

A key medical union for GPs in France has criticised the government for recommending Tamiflu for treating the swine flu after studies casting doubt on the efficacy of antivirals were published in the BMJ and Lancet.

On December 10th, the French health authorities said they planned to make antivirals available for free to any patient with swine flu symptoms, however mild. Government stocks of Tamiflu and Relenza are to be delivered to pharmacies by December 21st, reports Le Figaro. The French army medical corps – also supplying 100-150 vaccination teams to work in the especially established vaccine centers – significantly increased its production of Tamiflu licenced by Roche from this summer.

The CNGE union for teachers and researchers focussing on general practice, representing 35 regional colleges in medical schools, 150 associated professors and lecturers, 900 teachers, 4000 trainers and involving more than 4000 GP’s, said in a press release on Monday that they are "not in favour" of the systematic prescription of antivirals.

Dr Vincent Renard, vice president of CNGE, told the newspaper Le Figaro: "According to the facts at our disposal, the benefit-risk balance of Tamilfu is not favourable. The benefits are not established, contrary to the secondary effects: nausea, vomitting are frequent among adults and difficulties in sleeping among children. However, if millions of patients are treated, the GPs will be the ones who have to cure the undesirable side effects," he said.

Collège National des Généralistes Enseignants

Stéphane Solanille

Argumentaire du CNGE sur l'utilisation systématique des antiviraux dans la grippe H1N1

SNGE, 15 Décembre 2009
https://web.archive.org/web/20091226021058/http://www.cnge.fr/article.php3?id_article=1276

Le Collège National des Généralistes Enseignants ne recommande pas l'utilisation systématique de médicaments antiviraux en cas de suspicion de grippe A/H1N1 2009

Efficacité des inhibiteurs de la neuraminidase

Les données disponibles relatives au traitement de la grippe saisonnière **ne sont pas** en faveur de la prescription systématique des inhibiteurs de la neuraminidase (IN) pour les patients ayant des signes cliniques de grippe. Les dernières publications confirment et précisent les données antérieures:

Selon les données disponibles, il n'y a pas de preuve que les IN préviennent les décès et les formes graves dus à la grippe chez les patients avec ou sans facteur de risque.

L'administration précoce d'IN (avant 48 heures d'évolution et de préférence dans les premières heures suivant l'apparition des symptômes) permet de réduire la durée des symptômes de moins d'une journée.

Les avis de la commission de transparence ont été régulièrement mis à jour et notamment pour l'oseltamivir recommandé par la DGS en première intention en traitement curatif. Dans cette indication et dans les 5 avis publiés entre le 11/02/2004 et le 21/10/2009, la Commission a toujours conclu à un service médical rendu insuffisant impliquant l'absence de remboursement, pour les personnes sans comorbidité et pour les patients âgés de 1 à 65 ans avec comorbidité. D'après la Commission, les études prospectives et rétrospectives [1,2] concernant le lien éventuel entre traitement par oseltamivir et hospitalisation, ou mortalité, ne permettaient pas de conclure à une efficacité de ce médicament.

Les deux dernières et récentes publications sont une revue systématique avec méta-analyse dans le BMJ [3], incluant 7 essais pour le zanamivir et 5 essais pour l'oseltamivir, et une méta-analyse du Lancet [4] incluant 6 essais pour le zanamivir et 4 pour l'oseltamivir (essais concernant l'indication curative). La publication du BMJ a confirmé le bénéfice sur la durée des symptômes pour les deux IN, à condition d'être administrés moins de 48 heures après le début des symptômes ; ce gain est qualifié de modeste (< à 24h). Dans celle du Lancet, le bénéfice était évalué à 0,55 jours en moins pour l'oseltamivir chez les patients en bonne santé et 0,74 chez les patients à risque. La pertinence clinique de ce bénéfice était considérée comme discutable par rapport à une durée habituelle d'environ 7 jours.

Après évaluation de l'ensemble de la littérature, aucune de ces deux publications, n'a fait état d'une quelconque efficacité des IN en termes de prévention des complications, des hospitalisations et de la mortalité.

Tolérance des IN

La tolérance des IN est globalement acceptable, mais ils provoquent un nombre significatif d'effets indésirables, notamment des nausées/vomissements, avec l'oseltamivir.

La revue du BMJ montre un taux significatif de nausées sous oseltamivir 75 (mg) versus placebo (odds-ratio = 1,79 : IC 95% = 1,10-2,93), et une incidence de 0,5% d'effets indésirables neuropsychiatriques. La compilation des publications montre une fréquence des nausées et/ou des vomissements de 15 à 30%, des douleurs abdominales de 12 à 20%, ainsi que des troubles du sommeil et du comportement pour 20% des enfants [3, 5, 6]. Le BMJ pointe le manque de connaissances sur la toxicité éventuelle des IN et sollicite des études complémentaires.

Les revues systématiques et méta-analyses ne se sont pas spécifiquement attachées à évaluer les effets secondaires des IN. Un article récent [7] résumait ainsi la situation : « Aucune information n'est disponible concernant la tolérance et l'efficacité d'oseltamivir chez les patients présentant un état clinique suffisamment sévère ou instable pour nécessiter une hospitalisation ».

Pour la pandémie A/H1N1

Pour la grippe A/H1N1, les données actuelles sont trop fragmentaires et de très faible niveau de preuve. Il n'y a pas de donnée plaidant en faveur de l'efficacité supplémentaire des IN sur le virus A/H1N1 2009. Par ailleurs, l'impact d'une diffusion massive des IN sur la souche virale pandémique est inconnu. La méta analyse du Lancet [5] posait le problème de l'émergence des résistances sans argument solide en faveur d'un lien entre l'apparition des résistances et l'importance de la diffusion des IN. Cependant, l'effet d'une diffusion massive n'a pas été évalué, notamment dans le cas d'une deuxième vague épidémique.

La publication du BMJ [3] considère que les IN ne sont pas un moyen optimal susceptible de freiner la diffusion virale puisqu'ils ne préviennent pas l'infection et ne suppriment pas l'excrétion virale par voie nasale. La revue Prescrire [7]) souligne que les effets des antiviraux sur la contagiosité, son ampleur et son délai d'action sont inconnus.

Directive de la DGS

La nouvelle directive de la Direction Générale de la Santé recommandant l'utilisation systématique des IN pour tous les cas de grippe sans autre précision ni arguments est pour le moins contradictoire avec les données scientifiques publiées et les avis de la Commission de la Transparence. Le CNGE demande à la DGS de dévoiler les arguments scientifiques et les niveaux de preuve sur lesquels s'appuie ce changement soudain de recommandation.

Il semblerait que cette recommandation s'appuie sur des opinions sans preuve à l'appui. La comparaison entre la mortalité en Argentine qui a peu utilisé d'IN et au Chili qui les a utilisés massivement l'été dernier n'a aucune valeur scientifique. En effet, la mortalité dépend du dénominateur, c'est-à-dire du nombre total de cas identifiés dans la population. La mortalité élevée en Argentine (>4%) traduit l'absence de recensement ou d'évaluation de l'ensemble des cas et ôte toute fiabilité à la comparaison. Dans sa note du 05/08, l'INVS appelait déjà à une très grande prudence dans l'interprétation de ces données. Par ailleurs, la survenue de cas graves et notamment de syndromes de détresse respiratoire aiguë sévère chez des sujets jeunes est une autre opinion avancée pour promouvoir la prescription des IN.

Il n'existe actuellement aucun argument scientifique pour affirmer que les IN préviennent un seul cas de grippe sévère alors que ces médicaments sont commercialisés depuis une dizaine d'années.

Rapport bénéfices/risques

Comme pour toute intervention préventive ou curative, il convient de réfléchir en termes de bénéfices/risques aux conséquences d'une éventuelle prescription massive des IN comme le recommande la DGS.

Dans l'esprit du communiqué de la DGS, cette utilisation large aurait pour objectif de prévenir les complications graves chez les patients sans facteur de risque, les patients à risque étant déjà mis sous oseltamivir selon les recommandations.

Au 08/12 selon l'INVS, il y avait 4,6 millions de cas de grippe A estimés, mais beaucoup plus de syndromes grippaux puisque la proportion de ces derniers effectivement dus au virus de la grippe A/H1N1 ont varié de 4% à 9% en septembre jusqu'à 65% lors du pic de l'épidémie (données GROG). Dans les semaines à venir, compte tenu de l'évolution et de l'émergence notamment du VRS, le virus A/H1N1 va repasser en dessous de 50% des étiologies de syndromes grippaux. Depuis le début de l'épidémie en France métropolitaine, il y a eu 20 décès et environ 10% des 630 cas sévères chez des patients sans facteur de risque, soit 1 décès/230 000 et 1 cas grave/73 000 liés au virus A/H1N1.

Alors qu'il n'y a pas de preuve d'efficacité des antiviraux en termes de mortalité et d'hospitalisations, prévenir ces 20 décès et 60 cas sévères aurait nécessité d'exposer aux IN tous les patients atteints d'un syndrome grippal clinique. En prenant comme hypothèse très élevée une fréquence moyenne de 50% de virus A/H1N1 dans les syndromes grippaux, il aurait fallu traiter 9,2 millions de personnes par IN.

Chez les patients atteints d'un syndrome grippal, cette stratégie aurait provoqué 15 à 30% de nausées ou vomissements (1,35 à 2,7 millions de patients), 12 à 20% de syndromes douloureux abdominaux (1,1 à 1,8 millions de patients) et 20% de troubles du sommeil et du comportement chez les enfants atteints. En cas d'incidence de 0,5%, les effets neuropsychiatriques graves auraient concerné 46 000 patients.

Autrement dit, compte tenu de la prévalence des syndromes grippaux, appliquer les recommandations de la DGS conduirait les prescripteurs à provoquer plusieurs millions d'effets indésirables dont certains graves, sans preuve scientifique de la capacité des antiviraux à prévenir le moindre décès ni la moindre hospitalisation liés à la grippe.

Cette fréquence d'effets indésirables aurait pour première conséquence des difficultés importantes d'évaluation de la sévérité du tableau clinique par les médecins généralistes et conduirait à un nombre non évaluable d'hospitalisations, probablement élevé et sans rapport avec le nombre de cas réellement graves.

Compte tenu de ces éléments, le rapport bénéfices/risques d'une prescription large des IN est clairement défavorable, y compris d'un point de vue de santé publique. Par ailleurs, ce rapport devrait être de plus en plus défavorable car les indicateurs montrent que le pic épidémique est atteint, et que la proportion du virus A/H1N1 diminuera dans les semaines à venir, notamment avec l'émergence actuelle du VRS [8].

D'un point de vue médico-économique, les coûts induits par la recommandation de la DGS seraient considérables. Aux coûts directs des IN s'ajouteraient les coûts indirects générés par les conséquences des effets indésirables.

Recommandation du CNGE

Dans l'immédiat, compte tenu du risque très faible de complication pour les sujets en bonne santé, de l'absence de preuve du bénéfice clinique des IN dans cette situation, du risque tangible de mauvaise tolérance notamment digestive, *le CNGE recommande de ne pas prescrire systématiquement les IN en cas de suspicion clinique de grippe*.

Compte tenu des informations scientifiques disponibles, *le CNGE considère qu'il n'y a aucun argument scientifique pour modifier les recommandations existantes.* Même si aucune donnée solide ne permet de recommander l'utilisation des IN chez les patients à risque, les réserver aux situations à risque, aux femmes enceintes et aux sujets à risque est recevable. Dans ces cas, les IN doivent être prescrits le plus précocement possible, de préférence dans les 24 heures après le début des symptômes. Ils peuvent aussi être prescrits dans les formes graves en l'absence d'alternative thérapeutique.

Ces recommandations du CNGE relèvent du principe de précaution sans qu'il soit possible d'affirmer leur réelle pertinence puisque les données de la littérature ne permettent pas d'en escompter un bénéfice clinique.

Le CNGE rappelle que la vaccination anti A/H1N1 reste le meilleur moyen pour éviter la grippe et donc les formes graves, en particulier chez les sujets à risque. Les tests d'immunogénicité

montrent une réponse de bonne qualité au vaccin non adjuvé (Panenza®) et aux deux vaccins adjuvés (Pamdemrix® et Focetria®) utilisés dans la vaccination en France. Dans la grippe saisonnière, lorsque le vaccin protège contre la souche responsable de l'épidémie, la vaccination antigrippale réduit l'incidence de la grippe, la mortalité et les hospitalisations [9].

Conclusion

Les médecins généralistes sont confrontés à la difficulté de gérer l'épidémie grippale, les patients malades, leur entourage, les patients en bonne santé inquiets ou interrogatifs, la prévention et le traitement.

Les recommandations des autorités sanitaires ont des conséquences dont elles n'ont parfois pas conscience. La prise en compte du rapport bénéfices/risques dans toutes ses dimensions, celle des données de la science, du contexte et de l'environnement, mais aussi du patient et de ses préférences, sont indissociables d'une démarche de soins de qualité en médecine générale.

Le CNGE demande que les recommandations qui sont élaborées à l'intention des médecins généralistes le soient en concertation étroite avec les sociétés scientifiques de leur discipline. C'est le minimum que les médecins généralistes sont en droit d'attendre.

Vincennes, le 15 décembre 2009

Le groupe grippe du CNGE: Dr. Vincent RENARD, Pr. Henri PARTOUCHE, Dr. Alain EL SAWY, Pr.Serge GILBERG, Pr. Jean Pierre AUBERT, Dr. Denis POUCHAIN.

1. McGeer A, Green KA, Plevneshi A, Shigayeva A, Siddiqi N, Raboud J et al. Antiviral therapy and outcomes of influenza requiring hospitalization in Ontario, Canada. Clin Infect Dis 2007 ;45:1568-75.

2. Chang YM, Li WC, Huang CT et al. Use of oseltamivir during an outbreak of influenza A in a long-term care facility in Taiwan. Journal of Hospital Infection 2008 ;68:83-7.

3. Jefferson T, Jones M, Doshi P, Del Mar C, coordinating editor of Cochrane Acute Respiratory Infections Group. Neuraminidase inhibitors for preventing and treating influenza in healthy adults : systematic review and meta-analysis. BMJ 2009 ;339 :b5106.

4. Burch J, Corbett M, Stock C et al. Prescription of anti-influenza drugs for healthy adults : a systematic review and meta-analysis. Lancet Infect Dis 2009 ;9:537-45

5. Jefferson T, Demicheli V, Di Pietrantonj C, Jones M, Rivetti D. Neuraminidase inhibitors for preventing and treating influenza in healthy adults. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No :CD001265. DOI:10.1002/14651858.CD001265.pub2. Last updated 19 May 2008. Issue 4, 2009 Unchanged

6. Prescrire rédaction. Antiviraux dans la prise en charge de la grippe H1N1. Ne pas trop compter sur les antiviraux. Rev Prescr 2009 ;29:850-1.

7. Trémolières F. Les antiviraux de la grippe servent-ils à quelque chose ? Médecine et maladies infectieuses 2009 ;39:667-73.

8. Bulletin GROG n°15 du mercredi 09/12/2009

9. Prescrire rédaction. Vaccins grippaux H1N1v : vacciner les personnes à risque élevé de complication grave avec des préférences quant au vaccin. Rev Prescr 2009 ;29 : 806-10

ChosunMedia THE CHOSUNILBO National/Politics

First Case of Tamiflu-Resistant H1N1 Flu Death

The Chosunlbo, 18 December 2009, 11:40
http://english.chosun.com/site/data/html_dir/2009/12/18/2009121800633.html

Health officials said an infant with the H1N1 virus died of pneumonia and respiratory failure on Dec. 1 after showing no response to the anti-viral drug Tamiflu.

The one-year-old girl who was suffering from nervous-system disorders was hospitalized with a high fever and coughing last month but her condition continued to worsen despite taking the drug.

Health authorities have confirmed that they discovered a strain of the H1N1 virus resistant to Tamiflu in her body.

The health ministry is in consultations with the WHO to see if the country's first case of such a fatality is also the world's first case

unisfaceauvaccin.org

Lettre ouverte - pétition à Didier Houssin,
Directeur Général de la Santé

Unisfaceauvaccin, 19 December 2009

https://web.archive.org/web/20100220010925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2355%3A600-french-doctors-launch-petition-against-tamiflu-prescription-&catid=1%3Alatest-news&Itemid=64&lang=en
http://www.fmcdinan.org/article-lettre-ouverte-petition-a-didier-houssin-directeur-general-de-la-sante-41196553.html

Devant la nouvelle demande des autorités sanitaires faite aux médecins de prescrire systématiquement de l'oseltamivir (Tamiflu®) pour les syndromes grippaux, le Formindep demande à la Direction Générale de la Santé des données fiables et transparentes pour justifier cette mesure, avant de la mettre en œuvre.

See: Nouvelles recommandations sur la prise en charge des patients grippés. – Sante-Sports, 10 Décembre 2009. https://web.archive.org/web/20091213220135/http:/www.sante-sports.gouv.fr/nouvelles-recommandations-sur-la-prise-en-charge-des-patients-grippes-10-decembre-2009.html

Chaque médecin peut s'associer à cette demande en signant cette lettre (voir ci-dessous).

Le 15 décembre 2009
Le Formindep à:
Monsieur le Professeur Didier Houssin, Directeur Général de la Santé
Direction Générale de la Santé 14, avenue Duquesne 75350 Paris 07 SP

Monsieur le Directeur,

Les médecins par l'intermédiaire de leurs URML [1], viennent de recevoir votre courrier en date du 9 décembre 2009 leur enjoignant de se conformer à de nouvelles recommandations les incitant à prescrire systématiquement de l'oseltamivir (alias Tamiflu®) en traitement curatif des syndromes grippaux. Cette molécule serait d'ailleurs dispensée gratuitement en pharmacie sur prescription médicale.

Vous motivez ces recommandations par une extension de l'épidémie, une circulation active et prépondérante du virus A (H1N1), et l'augmentation des hospitalisations et des formes graves. Vous précisez que ces recommandations nous sont faites « sur proposition des experts».

Or ces recommandations sont en contradiction avec les données scientifiques fiables actuellement portées à notre connaissance.

Les règles de prescriptions des médicaments doivent se conformer au résumé des caractéristiques des produits (RCP). Une modification d'autorisation de mise sur le marché du Tamiflu® est intervenue le 23/10/2009, elle repose cependant toujours sur le RCP [2].

Le chapitre 5.1 du RCP décrit l'efficacité de l'oseltamivir. Il précise que l'effet attendu en traitement curatif est une diminution de la durée de l'épisode grippal évaluée à 24 heures, qu'en traitement post exposition l'oseltamivir diminue le risque de contamination secondaire de 6 %, selon ces données, il faudrait ainsi traiter plus de 16 personnes-contacts pour éviter une grippe classique. Il est par ailleurs indiqué que les études auxquelles se réfèrent le RCP ne mettent en évidence aucune efficacité du médicament dans le traitement des personnes âgées de 65 ans atteintes d'insuffisance cardiaque et respiratoire, ni chez les enfants asthmatiques.

L'oseltamivir n'a jamais démontré aucun effet sur la diminution de la mortalité ni le taux d'hospitalisation des personnes atteintes d'un syndrome grippal à l'exception d'une méta-analyse entièrement contrôlée par le laboratoire Roche commercialisant le Tamiflu®, dont les données brutes sont inaccessibles, et dont les résultats qui font polémique sont largement remis en cause par le British Medical Journal du 12 décembre et les membres de la Collaboration Cochrane [3].

A notre connaissance l'oseltamivir n'a jamais fait l'objet d'une étude randomisée dans la grippe A (H1N1v) et, toujours dans le British Medical Journal, des membres de la Collaboration Cochrane indépendants de l'industrie ont demandé la mise en place de telles études [4].

Concernant le fait que des experts puissent être à l'origine de ces recommandations, nous vous rappelons que l'avis d'expert est reconnu par l'ensemble de la communauté médicale internationale comme le plus faible niveau de preuve pour apprécier la validité d'une information médicale.

En conséquence, nous vous demandons de bien vouloir nous communiquer dans les meilleurs délais l'ensemble du texte de la recommandation, son argumentaire, et les éléments et niveaux de preuve sur lesquels elle se fonde. Nous vous remercions également de bien vouloir nous adresser l'analyse exhaustive du rapport bénéfice risque de l'usage extensif de l'oseltamivir en population générale, en particulier sur la grippe A (H1N1v).

Enfin les experts auxquels vous faites référence n'étant pas identifiés, nous vous demandons communication de leur identité et de leurs déclarations publiques d'intérêts ainsi que l'exige la loi [5] pour tout collaborateur de la Direction Générale de la Santé.

Nous vous remercions de la diligence avec laquelle vous nous ferez parvenir ces informations indispensables, car nous regretterions de devoir priver nos patients d'une éventuelle chance supplémentaire si, après leur étude attentive, nous estimions qu'elles devraient être mises en œuvre.

Vous comprendrez bien évidemment, qu'en tant que professionnels de santé soucieux de l'unique intérêt des patients, les signataires du présent courrier, et les médecins membres du Formindep, ne pourront déférer à votre injonction sans avoir en mains tous les éléments scientifiques d'un niveau de preuve suffisant, pour pouvoir déterminer en toute responsabilité et conscience leur attitude vis-à-vis de leurs patients.

L'urgence sanitaire d'une situation, qui reste largement à démontrer, ne peut en aucun cas exonérer les médecins de la responsabilité professionnelle de soins rigoureux et rationnels, comme pour vous de diffuser une information fondée sur des données fiables, transparentes et indépendantes.

Dans l'attente de votre réponse rapide, nous vous assurons, Monsieur le Directeur, de notre ferme vigilance pour continuer à travailler en toute indépendance dans l'unique intérêt des patients, à l'abri de toutes pressions.

Pour le Formindep,
Dr Philippe Foucras, Président
Docteur Philippe Masquelier, Vice-Président

Les auteurs déclarent n'entretenir aucun lien avec des entreprises produisant ou commercialisant des produits de santé, ni avec des organisme de conseil intervenant sur ces produits, en respect de L 4113-13 du CSP.

[1] URML: Union Régionale des Médecins Libéraux

[2] Le RCP du Tamiflu® peut être consulté sur le site de l'Afssaps

[3] Fiona Godlee (editor in chief, BMJ),Mike Clarke (director, UK Cochrane Centre, Oxford) - Why don't we have all the evidence on oseltamivir ? The full data from drug trials must be available for scrutiny- BMJ | 12 december 2009 | Volume 339.

[4] Herxheimer A, Clarke M, Edwards R, Jefferson T, Sabazia A., H1N1 flu : Time for case-control studies of NSAIDs and oseltamivir - BMJ 2009 ;339:b3048

[5] Article R1421-2-1 du code de la santé publique - Article L4113-13 du code de la santé publique

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600 French Doctors Launch Petition Against Tamiflu Prescription

The Flu Case, 21 December 2009 12:49
https://web.archive.org/web/20100220010925/http://www.theflucase.com/index.php?option=com_content&view=article&id=2355%3A600-french-doctors-launch-petition-against-tamiflu-prescription-&catid=1%3Alatest-news&Itemid=64&lang=en

600 French doctors have signed an open letter to Didier Houssin, Director Gernal of Health, criticising the government for recommending the use of Tamiflu for treatment for the swine flu.

the Atlantic

Shannon Brownlee and Jeanne Lenzer

The Truth about Tamiflu:
Has the U.S. wasted $1.5 billion on an ineffective drug?

The Atlantic Magazine, December 2009
https://www.theatlantic.com/magazine/archive/2009/12/the-truth-about-tamiflu/307801/
https://web.archive.org/web/20110905055204/http://www.theatlantic.com/magazine/archive/2009/12/the-truth-about-tamiflu/7801/

Two months ago, we pointed out in our story on flu in *The Atlantic* that the antiviral drug Tamiflu might not be as effective or safe as many patients, doctors, and governments think.
https://www.theatlantic.com/magazine/archive/2009/11/does-the-vaccine-matter/307723/
The drug has been widely prescribed since the first cases of H1N1 flu surfaced last spring, and the U.S. government has spent more than $1.5 billion stockpiling it since 2005 as part of the nation's pandemic preparedness plan.

Now it looks as if our concerns were correct, and the nation may have put more than a billion dollars into the medical equivalent of a mirage. This week, the British medical journal *BMJ* published a multi-part investigation that confirms that the scientific evidence just isn't there to show that Tamiflu prevents serious complications, hospitalization, or death in people that have the flu.
https://web.archive.org/web/20110905055204mp_/http://www.bmj.com/cgi/content/full/339/dec07_2/b5106
The *BMJ* goes further to suggest that Roche, the Swiss company that manufactures and markets Tamiflu, may have misled governments and physicians. In its defense, Roche stated that the company "has never concealed (or had the intention to conceal) any pertinent data."
https://www.bmj.com/content/339/bmj.b5374.full

The *BMJ*'s investigation began innocently enough, with an update of a review by the Cochrane Collaboration, a widely-respected international consortium of researchers who periodically examine the medical literature to assess the safety and effectiveness of various treatments. Roche has claimed that its drug reduces hospital admissions by 61% in patients who were otherwise healthy before they got the flu. http://www.bmj.com/cgi/content/full/339/dec08_3/b5387
It has also said that Tamiflu reduces such complications as bronchitis, pneumonia, and sinusitis by 67%, and lower respiratory tract infections requiring antibiotics by 55%. A 2006 Cochrane review of Tamiflu came to similar conclusions – based largely on a paper that looked at ten studies, all of them funded by the company.

The dog ate my homework

But when the Cochrane team, led by Chris Del Mar, from Bond University in Australia, re-examined the studies they had previously used in 2006, they found some discrepancies. It turned out that only two of the ten studies had ever been published in medical journals, and those two showed the drug had very little effect on complications compared to a dummy pill, or placebo. So the Cochrane reviewers decided to look at the data for themselves.

First they went to the lead authors of the published studies – the researchers who were supposed to have access to all of the data. One author said he had lost track of the data when he moved offices

and the files appeared to have been discarded. The other said he'd never actually seen the data himself, and directed the Cochrane team to go directly to the company.

Four months and multiple requests later, the Cochrane researchers had a hodgepodge of data from the company, including two studies that showed the drug was ineffective, but which the company had never published. Roche also provided data from a third study, which involved 1,447 adults and adolescents aged 13-80, the largest study of the drug ever conducted. Yet the company never published that one either. (A summary of this and other studies is available at www.roche-trials.com).

https://web.archive.org/web/20110905055204mp_/http://www.roche-trials.com/patient/trialresults/stur10633.html

But with only partial data, the Cochrane team couldn't even figure out what the study had been intended to measure.

In the meantime, two former employees of Adis International, a large communications company, came forward with documents showing they had ghostwritten some of the published studies of Tamiflu. One of the ghostwriters told the *BMJ*, "The Tamiflu accounts had a list of key messages that you had to get in. It was run by the [Roche] marketing department and you were answerable to them. In the introduction . . . I had to say what a big problem influenza is. I'd also have to come to the conclusion that Tamiflu was the answer."

Stockpiling

The Cochrane team eventually concluded that the evidence that Tamiflu reduces complications, hospitalizations, or deaths is weak at best, and if the drug does offer any benefit, it is slight indeed. This is precisely the conclusion of the U.S. Food and Drug Administration (FDA), and the UK's National Institute for Health and Clinical Excellence (NICE). As we reported in our story in *The Atlantic*, the FDA directed Roche to state on the drug's label the following caveat: "Tamiflu has not been proven to have a positive impact on the potential consequences (such as hospitalizations, mortality, or economic impact) of seasonal, avian, or pandemic influenza."

http://www.theatlantic.com/doc/200911/brownlee-h1n1

An FDA spokesperson told the *BMJ*, "The clinical trials . . . failed to demonstrate any significant difference in rates of hospitalization, complications, or mortality in patients receiving either Tamiflu or placebo." Yet in the wake of the H1N1 pandemic, the FDA gave temporary approval for the drug to be given to hospitalized flu patients, who are at risk of dying.

Another big unknown is just how safe – or dangerous – Tamiflu may be. According to an FDA spokesperson, side effects may include potentially fatal heart problems. If the drug is going to be used to prevent death, it seems reasonable to ask whether or not its potentially deadly side effects are outweighed by potential benefits. We asked the FDA whether it had required Roche to conduct an additional trial or trials looking at whether or not, on balance, the drug reduces more serious complications than it causes. This week, a spokesperson reported back that there has been no such request made to Roche.

All of which leaves open the question of why governments around the world have invested so much – on the order of $3 billion since the emergence of H1N1 last spring, according to investment bank, JP Morgan – in a drug that appears to do so little.

The answer may lie in the politics of disease. Far from a commercial success when it was initially approved by the FDA in 1999, Tamiflu's fortunes began to look up in 2003, after the SARS outbreak and the emergence of bird flu. Then Hurricane Katrina hit. In the wake of criticism over its handling of the disaster in New Orleans, the Bush Administration announced a multi-billion-dollar pandemic and bioterrorism preparedness strategy, which included stockpiling millions of doses of Tamiflu.

As the nation's lead public health agency, the Centers for Disease Control and Prevention appears to be operating in some alternative universe, where valid science no longer matters to public policy. The agency's flu recommendations are in lockstep with Roche's claims that the drug can be life-saving – despite the FDA's findings and despite the lack of studies to prove such a claim. What's more,

neither the CDC nor the FDA has demanded the types of scientific studies that could definitively determine whether or not the company's claims are true: that Tamiflu reduces the risk of serious complications and saves lives. Nancy Cox, who heads the CDC's flu program, told us earlier this year she opposes a placebo-controlled study (in which one half of patients would be given Tamiflu and the other half would be given placebo), because the drug's benefits are already proven.

There are a couple of take-home messages here. One is pretty obvious: Tamiflu may not be doing much good for patients with the flu who take it, and it might be causing harm. The more important issue, however, involves the need for trust in science and medicine. Governments, public health agencies, and international bodies such as the World Health Organization, have all based their decisions to recommend and stockpile Tamiflu on studies that had seemed independent, but had in fact been funded by the company and were authored almost entirely by Roche employees or paid academic consultants. So did the Cochrane Collaboration, at least in its earlier assessments of Tamiflu. Millions of flu patients have taken the drug as a result.

That trust appears to have been misplaced, and a drug touted as beneficial on the basis of flimsy evidence has by now become so entrenched that no one appears willing to conduct the sort of study needed to prove whether or not it can, in fact, save lives.

Stuff

Rebecca Todd

Mass buy-up of flu medication raises questions

Stuff, 19 June 2010, 15:54
https://www.stuff.co.nz/national/3815985/Mass-buy-up-of-flu-medication-raises-questions

New Zealand's purchase of millions of doses of flu medication and swine flu vaccines has been called into question by European reports suggesting pandemic advice was driven by drug company interests.

A British Medical Journal (BMJ) investigation has found key scientists advising the World Health Organisation (WHO) on planning for a flu pandemic had done work for drug companies who ultimately benefited from the guidance the scientists gave.

WHO's advice led to governments worldwide stockpiling billions of dollars of antiviral drugs such as Tamiflu before and during the recent swine flu pandemic. However, WHO has strongly denied that commercial interests played any part in its advice.

In 2005, the New Zealand government started stockpiling about 1.2 million doses of Tamiflu for use in a global influenza pandemic.

Only 20,000 courses have been used and 60,000 distributed to district health boards.

Shortly after the swine flu H1N1 virus reached New Zealand in early 2009, the Government bought 235,000 courses of Relenza, another antiviral.

The Government also bought 300,000 doses of a monovalent (single strain) swine flu vaccine.

As of last month, more than 900,000 doses of the seasonal flu vaccine – which includes the H1N1 strain – had been distributed nationwide, nearly as many doses as were distributed in the entire 2009 influenza season.

The Ministry of Health said it could not reveal the amount paid for these pharmaceuticals because it was "commercially sensitive".

It usually spent about $9 million a year on flu vaccinations.

Otago University, Christchurch, professor Les Toop said there was no question that drug companies had undue influence over governments and medical professionals.

The efficacy of antivirals such as Tamiflu was "well overplayed" by the companies as their effect turned out to be "very underwhelming".

Toop questioned why, despite there being no signs of a second wave and the H1N1 strain being included in the regular seasonal flu vaccine, the monovalent was still given to thousands of Kiwi health workers and pregnant women.

"Once you've bought it you want to use it," he said.

The Government's initial response to swine flu was right in that it was based on advice given at the time that the virus was easily spread and potentially deadly, he said.

However, this should have been reviewed once it became obvious that for most people it caused just a mild illness.

The BMJ investigation found that WHO advisers who wrote 2004 guidelines recommending stockpiling drugs in a pandemic had received payment from Roche (manufacturers of Tamiflu) and GSK (manufacturers of Relenza) for lecturing and consultancy work.

WHO director general Margaret Chan has strongly denied the organisation's advice was affected by connections to drug companies.

"At no time, not for one second, did commercial interests enter my decision-making," she said.

A Council of Europe report released this month said the handling of the swine flu pandemic, "led to a waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public".

Chapter 17

Million doses of H1N1 vaccine were Destroyed, Discarded or Donated



World Health Organization

Pandemic vaccine donations for the developing world

Geneva, WHO, 18 September 2009

https://web.archive.org/web/20090922171635/http://www.who.int/mediacentre/news/statements/2009/pandemic_vaccine_donations_20090918/en/index.html

WHO applauds and welcomes the announcement of donations of pandemic vaccine made today by the United States of America, in concert with Australia, Brazil, France, Italy, New Zealand, Norway, Switzerland, and the United Kingdom.

The announcement demonstrates the commitment of these countries to fairness in sharing of scarce resources as the 2009 H1N1 influenza pandemic continues to evolve.

Current supplies of pandemic vaccine are inadequate for a world population in which virtually everyone is susceptible to infection by a new and readily contagious virus.

Given that current demand outstrips supply, these donations, together with the doses pledged by manufacturers, will help increase supplies of pandemic vaccines to populations that would otherwise not have access.

WHO continues to support developing countries to ensure donated vaccines are distributed where they are most needed.

THE FLU CASE

Unwanted vaccine piles up in Sweden

The Flu Case, 14 October 2009, 08:57
https://web.archive.org/web/20091018051450/http://www.theflucase.com/index.php?option=com_content&view=article&id=1024%3Avaccine-mountain-in-sweden&catid=1%3Alatest-news&Itemid=64&lang=en

Mass vaccinations against the highly questioned so-called "swine flu" have started in Sweden and the hard reality of this mistake is now confronting everyone involved. One big issue for politicians seem to be that they have signed a contract which forced them to purchase a certain amount of vaccine as soon as the WHO declared pandemic level 6. Now, with a mild so-called "swine flu" and a vaccine-hesitant popuation, the amount of vaccine ordered will pile up and soon become a political scandal. Especially since less than half of the population intend to get the shot.

Swedish news paper Aftonbladet writes:

Vaccine mountain in Sweden

Sweden has bought two vaccine shots for every citizen. Only one is needed. Now the local authorities are trying to get rid of the unnecessary vaccine mountain.

18 million doses for over one billion SEK (144 million dollars). That is how much swine flu vaccine Sweden is bound to purchase since it was calculated that two doses would be needed per citizen. But yesterday that all changed reports Sveriges Radio (Swedish state radio).

Only one dose

Now, both manufacturers of the vaccine and experts from World Health Organization, WHO, claim that one dose per person will be enough. For Sweden this means unused medication for half a billion SEK (70 million dollars). But Göran Stjernstedt from Sveriges Kommuner och Landsting, SKL, hopes that the vaccine manufacturers will take back some of all the medication.

"- I presume that we can renegotiate with the company since the conditions have changed. The product delivered is another from the one promised when we signed the agreement" he says to Ekot.

So far, 600 000 doses have arrived to Sweden and are being distributed.

BILL & MELINDA GATES *foundation*

Gates Foundation Statement on Global Agreement to Supply H1N1 Vaccine to Developing Countries

Bill & Melinda Gates Foundation, 18 September 2009.
https://web.archive.org/web/20090923192518/http://www.gatesfoundation.org/press-releases/Pages/gates-foundation-statement-on-global-agreement-h1n1-vaccine-090918.aspx

Seattle – Dr. Tachi Yamada, president of the Global Health Program of the Bill & Melinda Gates Foundation, released the following statement on the announcement by several nations regarding access to H1N1 vaccine by developing countries:

"We heartily applaud the commitment by nine nations to donate a portion of their H1N1 vaccine supply on a rolling basis to the World Health Organization for distribution to countries that would otherwise not have direct access.

Australia, Brazil, France, Italy, New Zealand, Norway, Switzerland, the United Kingdom, and the United States have all shown tremendous leadership. Wealthier countries have an obligation to ensure more equitable access to vaccines in this global pandemic. This issue is surely one of the most pressing moral challenges of our time.

This announcement underscores the interdependency of all people when it comes to matters of health. As important as the announced generosity is, we must keep in mind that the needs are great, and more must be done to ensure that all nations have access to vaccines and other tools.

We understand that these are hard decisions to make right now. We hope and expect that more nations will join this effort."

Bill & Melinda Gates Foundation

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people – especially those with the fewest resources – have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Jeff Raikes and Co-chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

THE FLU CASE

170,000 doses of Pandemrix destroyed by GSK in Belgium

The Flu Case, 4 November 2009, 11:29
https://web.archive.org/web/20091107021136/http://www.theflucase.com/index.php?option=com_content&view=article&id=1588:170000-doses-of-pandemrix-destroyed-by-gsk-in-belgium&catid=41:highlighted-news&Itemid=105&lang=en

GlaxoSmithKline (GSK) has had to destroy 170,000 doses of its swine flu vaccine Pandemrix at its production facilities in Belgium, it has emerged.

The reason why the company had to destroy 170,000 doses of Pandemrix is not clear.

It appears that the adjuvant AS03 squalene for the Pandemrix vaccine is largely manufactured in Belgium. GSK Biologicals, the division responsible for vaccine production, is headquartered in Rixensart/Wavre.

The incident only came to light when the Norwegian Health Minister Anne-Grete Strøm-Erichsen sent a letter to the CEO of GlaxoSmithKline asking for additional doses, as reported in the Swedish newspaper Aftonbladet.

This is the report in Aftonbladet:

WHO slår larm efter norska dödsfall

Bloggat om artikeln

Från bloggen:

04 nov 11:33

Världshälsoorganisationen, WHO, är oroliga över att svininfluensan skördat så många dödsfall i Norge och vill nu skicka en expert.

Men Norge säger nej. Det skriver VG i dag.

Det var i måndags som norska hälsoministern Anne-Grete Strøm-Erichsen (Ap) skrev ett brev till VD:n för läkemedelsföretaget GlaxoSmithKline.

”Influensapandemin sprider sig snabbt i hela landet och tätbefolkade områden har nu drabbats hårdast. Jämfört med andra europeiska länder har vi en högre dödlighet, vilket lett till att WHO uttryckt oro och kontaktat vår hälsomyndighet för att hjälpa till”, skriver hälsoministern i brevet.

Bad om ytterligare doser

Hälsoministern skrev brevet efter att 170.000 doser av influensavaccin Pandemrix gått förlorade vid en olycka i en fabrik i Belgien. I brevet bad hon därför läkemedelsjätten att få ytterligare doser så snart som möjligt.

Nej till hjälp

Hälsoministern Anne-Grete Strøm-Erichsen bekräftar att man sagt nej till hjälpen från WHO.

– Vi har fortlöpande dialog med WHO, men avvaktar erbjudande om hjälp. De vet att vi har vaccin och gör vad vi kan, säger hälsoministern.

Sammanlagt har Norge beställt 9,4 millioner doser av vaccinet, vilket beräknas räcka till alla norrmän.

Sammanlagt ska 13 personer avlidit till följd av svininfluensan i Norge, enligt de senaste uppgifterna.

Irish Independent

Eilish O'Regan

HSE has ordered too many swine flu vaccines

Irish Independent, 17 November 2009, 13:00.
https://www.independent.ie/life/health-wellbeing/hse-has-ordered-too-many-swine-flu-vaccines/26587318.html

THE Health Service Executive (HSE) is now expected to have surplus stocks of the swine flu vaccine next year after it entered into an €80m contract with drug companies.

Ireland was one of the countries which placed early orders for pandemic vaccines and is promised 7.7 million doses.

Although several hundred thousand doses have now been delivered here, the supply is expected to accelerate from next month onwards.

But with the announcement that just one dose, instead of two doses, of the vaccine Pandemrix is needed for everyone over 13 years of age, there will be excess stocks here next year. Two doses of the vaccine Celvapan, made by Baxter and delivered in HSE clinics, will still have to be administered.

The Department of Health said that it was in talks with the drug companies again but it was unclear if it could extricate itself from the contract for 7.7 million doses. The vaccine is now being administered to at-risk groups as well as healthcare workers and the first group of healthy under-fives.

Meanwhile, Beaumont Hospital in Dublin yesterday reiterated its appeal to visitors to heed restrictions to reduce the risk of swine flu spreading.

Hospitals haveimposed various restrictions in response to the threat. However, a Beaumont Hospital spokesman said "that the failure of the public to heed visiting restrictions could force it to take further action".

Asked what further action could entail, he said the most extreme measure was to ban all visitors with a few exceptions, but the situation had not reached that point.

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Ireland government has ordered too many swine flu jabs, reports Irish independent

The Flu Case, 18 November 2009 15:16
https://web.archive.org/web/20100102015540/http://theflucase.com/index.php?option=com_content&view=article&id=1855%3Aireland-government-has-ordered-too-many-swine-flu-jabs-reports-irish-independent&catid=1%3Alatest-news&Itemid=64&lang=en

Impfkritik.de
Portal für unabhängige Impfaufklärung

Bremen will bestellten Schweinegrippe-Impfstoff stornieren

Impfkritik // Deutsches Ärzteblatt, 9 Dezember 2009, 18:45
https://web.archive.org/web/20200314231823/https://impfkritik.de/pressespiegel/2010010404.html

Bremen (ddp). Das Land Bremen will sich für eine Stornierung bereits bestellter Impfstoffe gegen die Schweinegrippe beim Hersteller einsetzen. Wie eine Sprecherin der Gesundheitsbehörde auf ddp-Anfrage sagte, ist am Mittwoch ein entsprechendes Schreiben an die anderen Bundesländer gegangen. «Wir wollen möglichst ein gemeinsames Vorgehen aller Länder noch vor Weihnachten erreichen», sagte sie.

Bislang hätten sich in Bremen nur etwa vier Prozent der Bevölkerung impfen lassen. Hinzu komme nun, dass nur noch eine Impfdosis gebraucht werde statt zwei, wie ursprünglich angenommen. Der bestellte Impfstoff, der für 30 Prozent der Bevölkerung ausreichen sollte, sei also nun genug für 60 Prozent der Bevölkerung, sagte die Sprecherin. «Das brauchen wir auf keinen Fall.»

Das Problem ist, dass die Krankenkassen nur die Kosten für die tatsächlich verbrauchten Impfdosen übernehmen. Niedersachsen etwa könnte deshalb am Ende auf rund 30 Millionen Euro Kosten sitzen bleiben. In Bremen rechnet man damit, dass das Land durch das Stornieren des noch nicht ausgelieferten Impfstoffes etwa eine Million Euro sparen könnte.

aerzteblatt.de

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Bremen will bestellten Schweinegrippe-Impfstoff stornieren Aerzteblatt.de - 09.12.2009, 18:45 Uhr	Antworten: 0 Hits: 524	Aerzteblatt.de 09.12.2009, 18:45

THE FLU CASE

German State wants to Cancel Contract over unwanted Swine Flu Jabs

The Flu Case, 9 December 2009, 11:55
https://web.archive.org/web/20100102034836/http://theflucase.com/index.php?option=com_content&view=article&id=2220%3Agerman-state-wants-to-cancel-contract-over-unwanted-swine-flu-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

The federal state of Bremen in Germany has said that it wants to cancel its existing contract with pharmaceutical companies for swine flu vaccine in view of the low interest in the shot.

Only about 4 % of the people in Bremen have had the swine flu shot, according to the local authorities estimates, leaving the state sitting on millions of doses and needing to foot the bill of 30 million euros for the unused jabs.

REUTERS

Ben Hirschler and Kate Kelland

Germany and Spain seek to cut H1N1 vaccine orders

Reuters, 17 December 2009, 10:31 PM GMT+8
https://www.reuters.com/article/idUSTRE5BG2PD/

London (Reuters) – Germany and Spain want to reduce deliveries of swine flu vaccine and potentially return excess supplies to manufacturers, due to low uptake of the shots, in a move that could hit drugmakers' profits.

Germany's health ministry said on Thursday some German states had been in talks with Britain's GlaxoSmithKline about reducing deliveries of H1N1 vaccine, but the talks had as yet yielded no results.
The German federal government will also start negotiations in January with other countries that might be interested in taking some of its excess supplies, he added.

Germany said earlier this month it wanted to sell on more than 2 million H1N1 vaccine doses because of weak demand at home.

Spain's health minister Trinidad Jimenez said her country was "speaking with the pharmaceutical companies" about returning unused vaccine, according to a report on the specialist news service APM Health Europe.

A health ministry official in Madrid said Spain expected to either return surplus vaccines to suppliers so they could be sold at pharmacies, or send them to other European Union countries to help with their vaccination programmes.

"The health ministry introduced clauses in contracts signed with GSK, Novartis and Sanofi-Pasteur which foresaw the possibility of returning surplus vaccines in case they were not necessary," the official told Reuters.

"Vaccination forecasts at the time were made on the basis that two doses per person would be needed, but this has not turned out to be the case."

A single dose of vaccine is now deemed sufficient for immunizing adults by health authorities around the world.

Countries Have "Number of Options"

Germany ordered 50 million doses of H1N1 vaccine from Glaxo, while Spain bought 22 million doses from Novartis, 14.7 million from Glaxo and 400,000 from Sanofi-Aventis.

Analysts at Morgan Stanley said revenues generated from swine flu were expected to total $600 million for Novartis, 2.2 billion pounds ($3.6 billion) for Glaxo and 750 million euros ($1.1 billion) for Sanofi, to be booked in the last quarter of 2009 and first three months of 2010. – "The return of excess quantities by Germany and Spain creates downside risk of up to 15 percent of total swine flu revenues for these companies," they said.

The World Health Organization's (WHO) flu expert Keiji Fukuda said countries with surplus vaccine had "a number of options" including donating it to those who have none, or keeping it in reserve for a later date.

"This is a virus that we don't expect to just suddenly disappear," he told a briefing.

The Geneva-based WHO is coordinating efforts to encourage rich countries to share vaccines with poorer nations who had little or no access to supplies. Fukuda said six manufacturers and 12 countries had so far pledged some 180 million doses of vaccines to be distributed to around 95 countries.

Officials at the drug companies had no immediate comments on the German and Spanish government moves

REUTERS

Ben Hirschler, version française Marc Delteil

Grippe-Berlin, Madrid veulent réduire leurs commandes de vaccins

Reuters, 17 December 2009, 9:02 PM GMT+8
https://www.reuters.com/article/idUSLDE5BG1CS/

Londres, 17 décembre (Reuters) - L'Allemagne et l'Espagne souhaitent réduire leurs commandes de vaccins contre le virus H1N1 de la grippe A et éventuellement renvoyer leur excès de stocks aux fabricants, signe d'un tassement de l'épidémie.

Le ministère allemand de la Santé a fait savoir jeudi que certains Länder étaient en pourparlers avec le laboratoire britannique GlaxoSmithKline en vue de réduire ses livraisons.

Le gouvernement fédéral entamera pour sa part en janvier des négociations avec les autorités de pays qui pourraient être intéressés par la reprise de ses surplus de vaccins - plus de deux millions de doses -, a précisé le ministère de la Santé.

La ministre de la Santé espagnole, Trinidad Jimenez, a annoncé, de son côté, que Madrid négociait avec les fournisseurs de vaccins la reprise de ses surplus, là encore faute d'une demande soutenue, afin qu'il puissent être redistribués dans d'autres pays.

L'Allemagne avait commandé 50 millions de doses à Glaxo. L'Espagne en avait acquis 22 millions de Novartis , 14,7 millions de Glaxo et 400.000 de Sanofi-Aventis .

The Philadelphia Inquirer

Tom Randall

AstraZeneca recalls 4.7 million flu vaccine doses

The Philadelphia Inquirer, 23 December 2009, 3:01 a.m. ET
https://www.inquirer.com/philly/health/20091223_AstraZeneca_recalls_4_7_million_flu_vaccine_doses.html

AstraZeneca P.L.C.'s MedImmune unit announced a recall of 4.7 million doses of its nasal spray version of the swine flu vaccine because tests showed a decline in potency, U.S. regulators said yesterday.

There are no questions about the safety of the doses, and people who have already been inoculated don't need to get vaccinated again, said Norman Baylor, director of vaccines research and review for the Food and Drug Administration. About 3,000 of the doses remain in warehouses, and AstraZeneca will contact clinics that may still have unused vials, he said. The company has its U.S. headquarters near Wilmington.

The recall follows a similar move on Dec. 15 by Sanofi-Aventis SA, which recalled 800,000 doses of swine flu vaccine. After vaccines are shipped from the manufacturers, companies keep samples from each lot and continue to test them for potency declines, Baylor said. Both swine flu vaccine recalls were voluntary after potency dropped below pre-specified thresholds.

"There are no safety concerns with these lots," Baylor said in a conference call with reporters yesterday. "We do see a decline in potency every now and then."


Fierce Pharma
https://www.fiercepharma.com › pharma
MedImmune recalls 4.7M doses of H1N1 vaccine
23 Dec 2009 — AstraZeneca's **MedImmune unit announced a recall of 4.7 million doses of its nasal spray** version of the swine flu vaccine because tests ...

Inquirer.com
https://www.inquirer.com › philly › health › 2009122...
AstraZeneca recalls 4.7 million flu vaccine doses
23 Dec 2009 — AstraZeneca P.L.C.'s **MedImmune unit announced a recall of 4.7 million doses of its nasal spray** version of the swine flu vaccine because tests ...

Information

Kristian Villesen, Louise Voller

WHO donerer mio. af doser overskudsmedicin til u-lande

Information, 23 december 2009
https://www.information.dk/indland/2009/12/who-donerer-mio-doser-overskudsmedicin-u-lande?lst_cntrb

180 millioner doser af vestens overskydende H1N1-vacciner gives lige nu til WHO, der deler dem ud i 95 lande, som er 'sårbare over for pandemien'. Afghanistan, Aserbajdsjan og Mongoliet er blandt de 35 lande, der har bedt om de gratis vacciner og skrevet under på, at de udvikler en national pandemiplan.

De gratis vacciner møder dog kritik fra flere eksperter. Når WHO skaffer sig af med de kæmpe lagre af vacciner, gør de sig samtidig fri af en politisk dårlig sag, lyder det bl.a. fra Tom Jefferson, epidemiolog ved det uafhængige forskningsinstitut, Cochrane Centre.

»Hvorfor giver de overhovedet vaccinerne til udviklingslandene? Pandemien er afblæst i store dele af verden. Den største trussel i de fattige lande lige nu er hjerte-kar-sygdomme, mens virus kommer meget langt nede på listen. Hvad er den lægelige begrundelse for at donere 180 millioner doser væk?«

Influenza en lille trussel

Medlemslande ligger inde med millioner af doser H1N1-vaccine på grund af kontrakter med vaccineproducenterne, der blev indgået før pandemien brød ud, og dermed før man kendte til pandemiens omfang. Frankrig købte 94 millioner doser og har til dato kun brugt tre millioner doser, mens Storbritannien købte 60 millioner doser. Af dem har de brugt godt fem millioner. Norge og Tyskland har besluttet at donere vaccinerne til lande, der ikke selv har mulighed for at købe vaccinerne.

Professor i virussygdomme på Rigshospitalet, Jens Lundgren, siger: »Umiddelbart vil jeg mene, at u-landene har betydeligt større ting at slås med end den her influenza. Hvis man gerne vil gøre noget for u-landene, så skal man nok gøre noget andet,« siger Jens Lundgren.

Speciallæge i almen medicin Claus Hancke undrer sig også: »For mig at se har u-landene ikke en pind at bruge H1N1-vaccine til. Influenza er ikke et særligt stort problem i de lande, hvor der er meget sol. Dertil kommer, at svineinfluenzaen har vist sig ikke at være særlig farlig,« siger Claus Hancke og tilføjer:

»Det virker som om, at vi gerne vil løse et affaldsproblem, og gør det ved at sende den overskydende vaccine til u-landene. I den logik er det åbenbart bedre at sprøjte affaldet ind i mennesker end at destruere det. Det er grotesk,« siger Claus Hancke, som tidligere har frarådet folk at lade sig vaccinere, fordi H1N1-vaccinen er dårligt testet og muligvis kan have ukendte bivirkninger.

Hvem holder øje?

WHO har gennemført ni workshops i alle regioner, der skal hjælpe landene med at udfærdige nationale pandemiplaner og forberede vaccinernes ankomst. Pandemiplanerne indeholder instruktioner

i, hvem vaccinen gives til, hvordan den skal administreres og anbefalinger om først at vaccinere sundhedspersonale.

Alligevel er administrationen af vaccinen den største udfordring, mener Tom Jefferson fra Cochrane Centeret: »Det er enormt vigtigt, at man er i stand til at overvåge ny medicin, når man dumper millioner af doser ned i et samfund. Man skal overvåge både effekt og bivirkninger, og hvordan har man tænkt sig at gøre det i Afghanistan?« siger han og uddyber:

»Den bedste forklaring, jeg kan komme på, er, at WHO forsøger at formindske de enorme H1N1-lagre. Den største taber i den her pandemihistorie er troværdigheden hos de offentlige sundhedssystemer og WHO. Vi kommer til at betale en enorm pris for det, når vi engang står med en rigtig folkesund-hedskrise, og ingen længere stoler på sundhedssystemet. Troværdigheden er det sande offer«.

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THE FLU CASE

Louise Voller, Kristian Villesen

WHO Donates millions of doses of surplus medical supplies to Developing Countries

Information // The Flu Case, 28 December 2009
https://web.archive.org/web/20100117114421/http://theflucase.com/index.php?option=com_content&view=article&id=2419:whos-swine-flu-jab-donations-to-developing-countries-demarks-information-reports&catid=41:highlighted-news&Itemid=105&lang=en

180 millions of doses of surplus H1N1 vaccines are in the process of being donated to WHO, which will distribute them to 95 countries that are "vulnerable to the pandemic."

Afghanistan, Aserbajdsjan and Mongolia are among the 35 countries which have asked for free vaccines and signed an agreement to develop national plans for a pandemic.

However, several experts have criticised the free vaccines.

By getting rid of the enormous stocks of vaccines, WHO at the same time frees itself of political problem, says, among others, Tom Jefferson, an epidemiologist at the Cochrane independent research center.

"Why do they give the vaccines to the developing countries at all? The pandemic has been called off in most parts of the world. The greatest threat in poor countries right now is heart and circulatory diseases while the virus figures at the bottom of the list. What is the medical reason for donating 180 million doses?"

Flu is a Small Threat

The member countries have millions of doses of H1N1 in stock because of the contracts with the vaccine producers, which were signed before the pandemic broke out, and so before the scope of the pandemic was known.

France bought 94 million doses but has so far used only used three millions, while Great Britain bought 60 million doses. Of these, a little over five millions have been used. Norway and Germany have decided to donate the vaccines to countries, which cannot afford to buy the vaccines.

Professor for virological diseases at the central Danish hospital, Rigshospitalet, Jens Lundgren, says: “My first thought is that the developing countries have greater problems to fight than this flu. If you really want to do something for the developing countries, you should probably do something else,” says Jens Lundgren.

Claus Hancke, a medical doctor who is specialized in ordinary medicine, is also wondering:

“From my point of view the developing countries have no need whatsoever for H1N1 vaccine. Flu is a minor problem in countries where there is a lot of sunshine. Furthermore it has turned out, that the swine flu is not particularly dangerous,” says Claus Hancke, adding:

“It seems we would like to find a solution to the problem of waste, and are doing so by sending the surplus vaccine to the developing countries. Following this logic it seems to be better to inject the waste into people instead of destroying it. It is grotesque,” says Claus Hancke, who early on has advised people not to take the vaccine as the H1N1 jab is not properly tested and possibly may have unknown sideeffects.

WHO Survey?

WHO has conducted workshops in all regions to help the countries to establish plans for pandemics and prepare for the arrival of the vaccines. The plans for the pandemic contains instructions concerning who is going to receive the vaccine, how it is going to be administered and the recommendations to inoculate health staff first of all.

Still the administration of the vaccine is the greatest challenge, believes Tom Jefferson from the Cochrane Center.

“It is extremely important to be able to monitor new medicine when you dump millions of doses on a society. You have to survey both for effect and side effects, and how is that supposed to be done in Afghanistan?” he says and elaborates:

“The best explanation I can imagine is that WHO is trying to reduce the enormous stocks of H1N1. The greatest loser in this story about the pandemic is the credibility of the public health systems and the WHO. We are going to pay an enormous price for this when we one day have a real crisis in public health, and nobody trusts the health system any longer.

Credibility is the true victim”.

Julie Steenhuysen

More swine flu vaccine recalled: FDA

Reuters, 24 December 2009, 1:39 AM
https://www.reuters.com/article/us-recall-idINTRE5BM30U20091223

Chicago (Reuters) – The U.S. Food and Drug Administration said on Tuesday AstraZeneca’s MedImmune unit is voluntarily recalling some of its H1N1 swine flu vaccine because it was not as potent as it should be.

Norman Baylor, director of the office of vaccines research and review at the FDA, said the recall involves a total of 4.7 million doses of the company’s nasal spray vaccine, but only about 3,000 of those doses are left in warehouses.

The rest of the doses were given out in October and November, when the vaccine was still at full potency, Baylor told reporters on a conference call.

The FDA said people who had already received the vaccine do not need another dose.

The company is the second to recall H1N1 swine flu vaccine in the past month. Sanofi-Aventis SA on December 15 recalled 800,000 doses of its pediatric H1N1 swine flu vaccine because it is not as potent as it should be.

MedImmune said in a statement the recall involves unused doses of 13 specific lots of 2009 H1N1 nasal spray vaccine, because of a slight decrease in potency that was detected during regular checks.

"The doses were well within potency specifications at the time of distribution,” said Tor Constantino, a spokesman for the unit of AstraZeneca.

He said the recall was not for safety issues, but was intended to notify any healthcare providers who may still have some of the recalled vaccine in their refrigerators.

"The cause of the loss of potency is being investigated,” Constantino said by telephone, adding that this has not been an issue in the past with the company’s seasonal flu vaccine.

MedImmune is recommending that all lots marked with an expiration date of between January 19 and January 26, 2010 not be used.

Constantino said the company has delivered 23 million of the total 40 million doses on its contract with the U.S. government. He said the recalled doses were some of the earliest the company made, and most have already been given to people.

The U.S. Health and Human Services Department has contracts with five companies to make 251 million doses of H1N1 vaccine as well as seasonal flu vaccine – Sanofi Aventis, CSL of Australia, AstraZeneca unit MedImmune and GlaxoSmithKline.

The CDC’s Dr. Anne Schuchat said on Tuesday 111 million doses of H1N1 vaccine have been made available so far.

Newsweek 90

Kate Dailey

Would Want a Vaccine Pulled Off the Shelves (But Still ...)

News Week, 24 Dec 2009, 10:39 AM EST
https://www.newsweek.com/more-h1n1-vaccine-recalled-best-reason-one-would-want-vaccine-pulled-shelves-still-222092

Another batch of H1N1 vaccine has been recalled, this time the nasal-spray version made by AstraZeneca. According to the FDA, 4.7 million doses of MedImmune were recalled yesterday. Last week, the vaccine made headlines when it was revealed that 800,000 vials of the children's vaccine, made by Sanofi-Aventis SA, were also being recalled. Luckily, neither company's products are being recalled due to any serious safety concerns─in fact, the only safety concern is that the vaccine might not protect against H1N1. However, it does present a troubling problem that health officials will need to address sooner rather than later.

In both cases, the vaccine was recalled due to the lower-than-usual potency of the doses. H1N1 vaccines are made with the H1N1 virus, to which the body reacts and produced antibodies. In the case of the pediatric vaccine, the virus was de-activated. The nasal vaccine used a live virus. But both vaccines tested less powerful than needed to fight H1N1 infection.

When determining the efficacy of the vaccine, researchers decide how much of the deactivated virus is necessary to ensure that enough antibodies are created. After vaccines are produced, they are regularly tested to ensure that the level of antibody-creating virus remains above the baseline needed to remain effective, says to Lance Rodewald, M.D., director of the Division of Immunization Services in the National Center for Immunization and Respiratory Diseases at the Center for Disease Control and Prevention. He spoke to reporters last week as part of a training session for the Association of Health Care Journalists. Most vaccines lose some potency over time, which is why they come with expiration dates. But potency levels H1N1 vaccines, he said, are degrading much faster than usual. So when these drug companies test for efficacy, the saw that the vaccine was about to become or had just become too weak to be effective. Those who have received the vaccine already don't need to worry – they most likely received the vaccine at a proper potency.

But WHY is the H1N1 vaccine losing power so quickly? Scientists don't know, says Rodewald, but they speculate that the viruses in the serum is especially sticky – clinging to the walls or being absorbed into the syringes in which they're housed. How to make less absorbent syringes, or a less sticky vaccine have yet to be determined.

Currently, the recalled vaccines are not an issue of life and death. But if, as predicted, there's a second wave of influenza outbreak, or if swine flu returns as the dominant flu strain next season, it's a problem that needs to be resolved as quickly as possible.

Business Post

Susan Mitchell

HSE cuts swine flu vaccine order

Business Post, 26 December 2009
https://www.businesspost.ie/legacy/hse-cuts-swine-flu-vaccine-order/

The Health Service Executive has renegotiated orders for one of the swine flu vaccines, resulting in a saving of up to €35 million.

The HSE told pharmaceutical firm Baxter it was cancelling orders for its Celvapan vaccine after December 21. That move means that the HSE will not be taking 3.7million doses of the Celvapan vaccine that it had originally ordered from Baxter.

The HSE had scaled back orders for Celvapan because two doses of the vaccine are required for full protection. Recent studies have shown that most people require a single dose of the Pandemrix vaccine, which is manufactured by GlaxoSmithKline (GSK). The HSE had originally placed orders for 7.7 million vaccines from Baxter and GSK, with a projected cost of about €88 million. It said the move would result in savings of between €25 and €35 million.

Other countries are attempting to renegotiate their contracts with vaccine suppliers.

While contracts between governments and suppliers vary widely, most did not anticipate re-negotiations in the event of lower demand, as they were agreed at a time when forecasts suggested demand for vaccines would outstrip supply.

In a research note, investment bank Morgan Stanley said the efforts to return vaccines could hit earnings per share at the pharmaceutical companies.

More than 550,000 people have been vaccinated in Ireland and the overall incidence of swine flu is continuing to decline, according to the HSE. However, there have been 22 deaths in Ireland so far, and Dr Darina O’Flanagan of the Health Protection and Surveillance Centre said there were still high infection rates among young people.

Berliner Morgenpost

Christine Richter

Berlin will weniger Impfstoff kaufen

Berliner Morgenpost, 30 December 2009, 12:40
https://www.morgenpost.de/berlin/article104978374/Berlin-will-weniger-Impfstoff-kaufen.html

Die Berliner sind impfmüde - und das Land kann dies teuer zu stehen kommen. Um nicht Millionen für nicht verwendete Schweinegrippe-Impfdosen zahlen zu müssen, wollen die Bundesländer nun Serum abbestellen. Die Weltgesundheitsorganisation warnte allerdings davor, die Schweinegrippe als besiegt anzusehen.

Berlin und die anderen Bundesländer bestellen weniger Schweinegrippe-Impfstoff. Die Berliner sind bislang sehr impfmüde, so dass weniger Dosen gebraucht werden als bei Vertragsschluss mit dem Pharmakonzern Glaxo-Smith-Kline abzusehen war, sagte eine Sprecherin der Berliner Senatsverwaltung für Gesundheit. Außerdem sei zunächst von einer Zweifach-Impfung ausgegangen worden. "Es ist aber in fast allen Fällen nur eine Impfung nötig", sagte die Sprecherin. Trotz der geplanten reduzierten Bestellung von Impfstoff gegen die Schweinegrippe will Berlin aber genug Dosen für den Gesundheitschutz der Bevölkerung bereit halten.

Durch den Beschluss der Gesundheitsministerkonferenz der Länder, statt 50 Millionen nur 25 Millionen Dosen Impfstoff zu bestellen, könnte Berlin viel Geld sparen. Die Krankenkassen bezahlen die Impfung nur, wenn Ärzte das Serum Patienten auch tatsächlich spritzen.

Bislang haben sich aber nur schätzungsweise 120.000 bis 130.000 Berliner zur Impfung entschlossen, hatte Berlins Infektionsschutzbeauftragte Marlen Suckau zuvor gesagt. Bleibt es bei dieser Impfmüdigkeit, muss das Land die Rechnung für seine Impfvorräte selbst begleichen. Auf Berlin könnten nach Suckau dann Kosten von bis zu 13 Millionen Euro zukommen. Wie viel Geld das Land durch die reduzierte Bestellung des Impfstoffs einsparen kann, ist laut Gesundheitsverwaltung allerdings noch nicht absehbar.

Auch in Brandenburg ist eine Impfmüdigkeit zu bemerken, sagte Brandenburgs Infektionsschutzreferent Ulrich Widders. Über die Reduzierungspläne sagte er nur: "Wir warten erstmals die Verhandlungen ab."

Das Robert Koch-Institut in Berlin wollte sich am Mittwoch zu dem Beschluss der Länder nicht äußern. "Das ist eine Entscheidung der Politik, das kommentieren wir nicht", sagte eine Institutssprecherin. Die Chefin der Weltgesundheitsorganistation (WHO) Margaret Chan sagte der Schweizer Zeitung "Le Temps", auch in den kommenden sechs bis zwölf Monaten müsse die Verbreitung des Virus A (H1N1) weiterhin wachsam verfolgt werden, bevor von einem Sieg über den Erreger gesprochen werden könne, sagte . Auch wenn der Höhepunkt der Schweinegrippe in einigen Ländern der nördlichen Erdhalbkugel überschritten sei, darunter die USA und Kanada, steckten andere Länder noch mitten in der Epidemie. "Der Winter ist noch lang", sagte die WHO-Generaldirektorin mit Blick auf die Influenza-Hochsaison.

Wie das Bielefelder "Westfalen-Blatt" berichtet, wollen die Länder am 7. Januar mit dem Hersteller über die verminderten Liefermengen des Impfstoffs Pandemrix verhandeln. Der Pharmakonzern Glaxo-Smith-Kline sei bereits informiert, dass die Landesgesundheitsminister 25 Millionen Impfdosen für ausreichend halten. Bei der Bestellung von 50 Millionen Impfdosen sei noch von einer Zweifach-Impfung ausgegangen worden, führte Schubert aus. Somit habe sich die Vertragsgrundlage für die Abnahme der 50 Millionen Dosen geändert. Schubert geht dem Bericht zufolge davon aus, dass bis Ende Dezember wie geplant 20 Millionen Dosen an die Bundesländer ausgeliefert würden. Anfang 2010 sollten die Lieferungen auslaufen, heißt in dem Zeitungsbericht. Ein Verkauf von Impfstoff an bedürftige ausländische Staaten sei bisher nicht zustande gekommen, sagte Schubert. Es sei lediglich bekannt, dass die Ukraine, der Kosovo und die Türkei Impfstoff in Deutschland angefragt hätten. Konkrete Verhandlungen habe es aber bisher nicht gegeben.

NEWS

France sells off surplus swine flu vaccine

BBC News, 3 January 2010, 17:30 GMT
http://news.bbc.co.uk/2/hi/health/8438663.stm

France is selling off millions of surplus swine flu vaccine doses to other countries, officials say.

They say the move was decided after health authorities found they had more than enough to deal with the outbreak.

Germany and The Netherlands announced similar sales late last year. The H1N1 virus appears to have peaked in North America and parts of Europe.

However it remains active elsewhere. More than 11,500 people worldwide are believed to have died from swine flu.

A French health ministry official told AFP on Sunday: "We started with a plan for two-dose vaccinations but since one dose is sufficient we can start to resell part of the stock."

The government bought 94 million swine flu vaccine doses - more than one for every French person - and started vaccinating in October.

Only about five million people are recorded as having been vaccinated in France so far, AFP reports.

Le Parisien newspaper quotes officials as saying Qatar had bought 300,000 doses and Egypt was negotiating to buy two million.

Last week the head of the World Health Organization Margaret Chan said it was "premature" to say that the H1N1 pandemic was over.

LesEchos.fr

Boris Horvat

Bachelot résilie la moitié des commandes de vaccins contre la grippe

Les Echos.fr, 4 Janvier 2010, 22H17
https://web.archive.org/web/20100322233732/http://www.theflucase.com/index.php?option=com_content&view=article&id=2465%3Afrench-health-minister-cancels-consignment-of-50-million-swine-flu-jabs&catid=41%3Ahighlighted-news&Itemid=105&lang=en#

En pleine polémique sur la campagne de vaccination contre le virus pandémique H1N1, la ministre de la Santé Roselyne Bachelot a annoncé avoir résilié les commandes de 50 millions de doses de vaccin, soit "une économie de plus de la moitié" du total engagé.

"Ces commandes n'avaient été ni livrées, ni payées, elles sont donc résiliées", a précisé la ministre, dans un entretien lundi sur TF1.

"Les vaccins représentaient 712 millions d'euros, cela fait une économie de plus de la moitié", a dit Mme Bachelot.

Ce chiffre diffère du montant de 869 millions d'euros précédemment annoncé par le ministère de la Santé pour les commandes de vaccin, du fait d'un changement de TVA (de 19,6% à 5,5%) lié à l'autorisation de mise sur le marché, explique-t-on au cabinet de Mme Bachelot.

L'entourage de la ministre n'a pu préciser lundi soir si des clauses de résiliation prévoyaient le versement d'indemnités aux laboratoires.

Dans la perspective d'une pandémie mondiale redoutée par l'Organisation mondiale de la santé (OMS), la France avait commandé 94 millions de doses de vaccin auprès de GlaxoSmithKline (GSK, 50 millions de doses), Sanofi Pasteur (28 millions), Novartis (16 millions) et Baxter (50.000), pour un montant total de 869 millions d'euros, selon le ministère de la Santé.

GlaxoSmithKline France et Sanofi Pasteur se sont déclarés prêts à examiner une éventuelle demande de renégociation du contrat avec le gouvernement.

La ministre de la Santé a déclaré lundi à propos des doses commandées, "avoir négocié directement avec les laboratoires".

Les critiques à l'encontre du gouvernement, qui a confirmé dimanche avoir commencé à revendre des surplus de vaccins à des pays tiers, se sont multipliées lundi.

Premier à porter le fer, le socialiste Jean-Marie Le Guen a réclamé dimanche une "mission d'information parlementaire". A droite, le député UMP Bernard Debré a vilipendé le "principe absurde, poussé à l'extrême, de précaution".

Les laboratoires ont également été jugés "grands vainqueurs de cette affaire" par le porte-parole du PS Benoît Hamon.

Pour sa part, la ministre s'est défendue d'en faire "trop ou pas assez". "Je le dis clairement, il faut pratiquer le principe de précaution", a-t-elle martelé lundi soir, évoquant la crise sanitaire du sang contaminé.

"Cette grippe a tué 18 personnes ce week-end, en trois jours, en particulier des personnes qui n'avaient aucun facteur de risque", a souligné Mme Bachelot.

Selon elle, la vente des vaccins aux autres pays sera "marginale" au regard de la résiliation des commandes annoncée ce lundi.

Sur le total de 94 millions de doses, en plus des 50 millions résiliés, 9,4 millions ont été promises à l'Organisation mondiale de la santé (OMS) et 2 à 3 millions seront vendues, selon le ministère. Quelque 25 millions de doses resteraient ainsi disponibles pour la vaccination en France, selon le ministère.

"Je serai attentif à ce qui va se passer", a déclaré M. Le Guen lundi soir à l'AFP après l'annonce de la résiliation de commandes. "J'ai tendance à penser que c'est un artifice", a-t-il ajouté.

Mme Bachelot a appelé à ne "pas relâcher la garde sur la vaccination", précisant que "la semaine prochaine les médecins généralistes volontaires pourront vacciner dans leur cabinet".

La vaccination va également se poursuivre dans les centres de vaccination et doit "continuer jusqu'à septembre prochain", a déclaré la ministre.

Mme Bachelot a souligné qu'avec 5 millions de vaccinés, la France avait "des chiffres parmi les meilleurs d'Europe".

L'EXPRESS

Bachelot annule la moitié des commandes de vaccins

L'Express, 5 January 2010, 07:12

https://www.lexpress.fr/sciences-sante/sante/bachelot-annule-la-moitie-des-commandes-de-vaccins_839962.html

Grippe A. En pleine polémique sur la stratégie de vaccination du gouvernement, la ministre de la Santé résilie les commandes de 50 milions de doses.

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THE FLU CASE

The French Health Minister Roselyne Bachelot yesterday evening announced that existing contracts for the delivery of 50 million swine flu vaccines would be cancelled

The Flu Case, 5 January 2010 12:32

https://web.archive.org/web/20100322233732/http://www.theflucase.com/index.php?option=com_content&view=article&id=2465%3Afrench-health-minister-cancels-consignment-of-50-million-swine-flu-jabs&catid=41%3Ahighlighted-news&Itemid=105&lang=en

She told TF1 TV news that a consignment for 50 million swine flu jabs had not been "delivered or paid for and so was retracted."

The announcement comes amid a growing protest in France over the costs and dangers surrounding the unprecedented mass vaccination campaign with an untested substance.

Only about 5 million people have taken the jab in France according to Bachelot, leaving the country sitting on about 90 million doses of swine flu vaccine.

France ordered 94 million doses of the jab from GlaxoSmithKline (GSK, 50 million), Sanofi Pasteur (28 million), Novartis (16 million) et Baxter (50.000).

LE TEMPS

Paris résilie la commande de 50 millions de vaccins

Le Temps, 5 janvier 2010 à 08:59
https://www.letemps.ch/monde/paris-resilie-commande-50-millions-vaccins?srsltid=AfmBOoroZZ1vKNcRoGvFGkixGeIWQhNcxd31_MuBgd-MaS7VxAHL10Yj

En pleine polémique suscitée par l'organisation des vaccinations et la découverte de gros surplus de vaccins, la ministre de la Santé française Roselyne Bachelot a annoncé résilier plus de la moitié des commandes prévues.

«Ces commandes n'avaient été ni livrées, ni payées, elles sont donc résiliées», a précisé la ministre, dans un entretien lundi sur TF1. «Les vaccins représentaient 712 millions d'euros, cela fait une économie de plus de la moitié», a dit Mme Bachelot.

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Un communiqué du ministère a précisé lundi soir que cette résiliation «unilatérale» avait un «motif d'intérêt général»: «il s'agit de tirer les conséquences» de la recommandation des autorités sanitaires internationales d'une vaccination en une seule dose au lieu de deux, intervenue en novembre.

Cette résiliation concerne GSK à hauteur de 32 millions de doses, Sanofi-Pasteur à hauteur de 11 millions de doses et Novartis à hauteur de 7 millions de doses. Des discussions sont menées «avec les industriels pour dénouer juridiquement les éléments résiliés des contrats passés sous le régime du code des marchés publics», ajoute le ministère de la santé.

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Tollé à gauche et à droite

Les critiques à l'encontre du gouvernement, qui a confirmé dimanche avoir commencé à revendre des surplus de vaccins à des pays tiers, se sont multipliées lundi. Premier à porter le fer, le socialiste Jean-Marie Le Guen a réclamé dimanche une «mission d'information parlementaire». A droite, le député UMP Bernard Debré a vilipendé le «principe absurde, poussé à l'extrême, de précaution».

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Selon elle, la vente des vaccins aux autres pays sera «marginale» au regard de la résiliation des commandes annoncée ce lundi.

Sur le total de 94 millions de doses, en plus des 50 millions résiliées, 9,4 millions ont été promises à l'OMS et 2 à 3 millions seront vendues, selon le ministère. Quelque 25 millions de doses resteraient ainsi disponibles pour la vaccination en France, selon le ministère.

Mme Bachelot a appelé à ne «pas relâcher la garde sur la vaccination», précisant que «la semaine prochaine les médecins généralistes volontaires pourront vacciner dans leur cabinet». La vaccination va également se poursuivre dans les centres de vaccination et doit «continuer jusqu'à septembre prochain», a déclaré la ministre. Mme Bachelot a souligné qu'avec 5 millions de vaccinés, la France avait «des chiffres parmi les meilleurs d'Europe».

REUTERS

Ben Hirschler and Caroline Jacobs

French move fuels fears for flu vaccine sales

Reuters, 5 January 2010, 7:27 PM GMT+8
https://www.reuters.com/article/breakingviews/french-move-fuels-fears-for-flu-vaccine-sales-idUSLDE6040M7/

London/Paris, January 5 (Reuters) - France's decision to cancel over half the swine flu vaccines it ordered has increased concerns that manufacturers' revenues from the H1N1 pandemic will be lower than forecast.

Experts had initially anticipated that everyone would need two shots of vaccine for immunity against the H1N1 virus, but a single dose of vaccine is now deemed sufficient for adults.

That, combined with scepticism about the need for immunisation among the general population, has resulted in reduced demand for vaccines across Europe.

The French government said on Monday it aimed to cancel 50 million of the 94 million doses ordered from Sanofi-Aventis (SASY.PA), GlaxoSmithKline (GSK.L), Novartis (NOVN.VX) and Baxter International (BAX.N) because of over-supply. [ID:nnLDE6031W2]

A government spokesman said on Tuesday it had already cancelled 9 million doses from Sanofi Pasteur, the vaccines unit of Sanofi-Aventis, and was in talks about cancelling the remaining excess supply from other companies.

The decision follows similar moves last month by Germany, Spain and Switzerland to try and cut deliveries, return unwanted stocks to suppliers or sell them on to other countries, due to a low uptake at home. [ID:nLDE5BG1CU] [ID:nLDE5BH0X3]

Morgan Stanley analysts said the latest French cutbacks highlighted declining demand for H1N1 vaccines and translated into a modest near-term risk to earnings at Glaxo, Sanofi and Novartis.

"Longer term, the evident overcapacity with H1N1 should limit any multiple expansion related to income associated with pandemic flu," they added.

Shares in Glaxo were down 2.2 percent at 1310 pence while Sanofi's were down 1.6 percent at 55.82 euros by 1118 GMT. Novartis was down 1.7 percent at 54.10 Swiss francs, also hit by concerns over dilution following its offer to buy out minorities in eye care group Alcon (ACL.N) via a share swap.

Sales of H1N1 vaccines have been a windfall for drugmakers since mid-2009 as governments have built up stockpiles, with Glaxo expected to be the single biggest beneficiary with anticipated sales of some $3.5 billion by the end of the first quarter of 2010, according to industry analysts.

Sanofi and Novartis have been forecast to book around $1 billion and $600 million apiece.
The latest cancellations in Europe could trim those numbers, although there is still outstanding demand from other parts of the world.

A spokesman for Sanofi Pasteur said his company expected to replace the lost sales in France with other orders.

"We see additional orders from countries we were not in position to supply before," he said.

"We still see virus circulation going in many regions of the world. As it goes away from the north there will be strong reasons for governments in the south to have H1N1 vaccinations," the Sanofi Pasteur spokesman said. He declined to disclose the countries interested in Sanofi's vaccine.

Glaxo declined to comment on the commercial impact of the latest developments but a spokeswoman said the British group was in discussions with governments about orders. (Editing by Greg Mahlich)

The Guardian

Nick Fletcher

GlaxoSmithKline slips after France cuts back on swine flu vaccine

The Guardian, 5 January 2010, 11:43 GMT
https://www.theguardian.com/business/marketforceslive/2010/jan/05/glaxosmithkline

The FTSE 100 may be on the rise again - up nearly 30 points at the moment - but GlaxoSmithKline is missing out on the rally.

Shares in the pharmaceutical group are down 28p at 1311.5p on concerns about the revenue prospects for its swine flu vaccine. This has been prompted by news yesterday that France has cancelled 50m doses of H1N1 vaccine from Glaxo and other suppliers, around half of the shots it had ordered. Traders said that the initial thought was that two shots per person would be needed, but now one may be sufficient.

The French move followed decisions by Spain, Germany and Switzerland last month to cut deliveries. Analysts are therefore becoming increasingly pessimistic about revenue and earnings prospects for the vaccine.

Rudolf Balmer

Schweinegrippe-Impfung in Frankreich: Bestellt und nicht abgeholt

Taz, 5 January 2010, 2:00 Uhr
https://taz.de/Schweinegrippe-Impfung-in-Frankreich/!5149995/

Die französische Gesundheitsministerin Bachelot möchte 50 von 94 Millionen Impfstoffen abbestellen. Kritiker werfen ihr massive Fehlplanung vor, die 2,2 Milliarden Euro gekostet hat.

PARIS taz | Gegen Polemik gibt es in Frankreich keinen Impfschutz. Gesundheitsministerin Roselyne Bachelot ist wegen ihrer Strategie zur Bekämpfung der Schweinegrippe massiv unter Beschuss geraten. Die weitgehend erfolglosen Versuche, die riesigen Überschüsse an unbenötigten Impfstoffen im Ausland zu verkaufen oder sonst an interessierte Staaten zu verschenken, sind für die Opposition der schlagende Beweis für das "Scheitern" der Gesundheitspolitik.

Die Sozialisten, aber auch die zur Regierungskoalition gehörende Zentrumspartei "Nouveau Centre", verlangen eine parlamentarische Untersuchungskommission, damit die Lehren aus dem "Fiasko" gezogen würden. Bereits jetzt kritisiert beispielsweise der sozialistische Abgeordnete Pierre Moscovici eine "maßlose Überreaktion": "Frankreich hat viel zu viel Impfstoffe gekauft, wovon in geradezu unverschämter Weise die Pharmaindustrie profitiert. Das hat mit mehr als zwei Milliarden Euro einen Preis für die öffentlichen Finanzen, die bereits in einer extrem schwierigen Lage sind."

Frankreich wollte die gesamte Bevölkerung von 65 Millionen Menschen impfen und dies, gemäß ursprünglicher Empfehlung der WHO, lieber zwei statt ein Mal. Nicht vorgesehen war, dass die Franzosen und Französinnen überhaupt wollten. Zudem klappte die zentralistische Organisation der Impfkampagne in speziellen Zentren sehr schlecht. Die meisten haben ihr amtliches "Aufgebot" bis heute nicht erhalten. Nur knapp fünf Millionen Personen wurden überhaupt geimpft.

Auch renommierte Mediziner, die meist von Beginn weg die Kampagne der Regierung in Frage gestellt hatten, machen jetzt Vorwürfe. Der frühere Minister und Klinikchef Bernard Debré sagte, Frankreich habe zehn Prozent der weltweit produzierten Impfstoffe und einen Drittel der Tamiflu-Antivirenmittel gehortet. Das sei "absurd" gewesen. Und schlimmer: Die Katastrophe mit enormen Überschüssen wäre vorzusehen gewesen.

Professor Marc Gentilini, Ex-Präsident des Roten Kreuzes Frankreich und Spezialist für Infektionskrankheiten, hatte ebenfalls die übertriebene Angstmacherei und die Impfung der ganzen Bevölkerung als "disproportioniert" kritisiert. Er rechnet vor, dass Frankreich mit geschätzten Ausgaben von 2,2 Milliarden Euro für die Schweinegrippe drei Mal mehr ausgebe als für das Fünfjahresprogramm der staatlichen Krebsbekämpfung. Für ihn handelt es sich darum um einen krassen Fall falsch gesetzter Prioritäten.

Dominique Paillé von der Regierungspartei UMP nimmt dagegen die Gesundheitsministerin Roselyne Bachelot in Schutz: "Was hätte man im gegenteiligen Fall gesagt, wenn die Regierung nicht genügend vorsichtig gewesen wäre?" Frühere Regierungen mussten sich wegen Skandalen mit

HIV-verseuchten Blutkonserven und krankheitserregenden Wachstumshormonen verantworten. Auch bei der Hitzewelle von 2003, der in Frankreich 15.000 Menschen zum Opfer fielen, waren die Behörden der mangelnden Vorbereitung beschuldigt worden.

Solche Vorwürfe wollte sich Ministerin Bachelot nicht gefallen lassen. Sie kann auch darauf verweisen, dass andere Länder wie Deutschland, Niederlande und die Schweiz vergleichbare Probleme haben und ihre überzähligen Impfungen zu verkaufen suchen. Um wenigstens Geld zu sparen, hat Bachelot angekündigt, sie mache kurzerhand die Bestellung von 50 Millionen "noch nicht gelieferten und nicht bezahlten" Dosen rückgängig.

Das französische Unternehmen Sanofi-Pasteur hatte sich bereit erklärt, über die noch ausstehenden Bestellungen zu "verhandeln". Einen einseitigen Vertragsbruch des französischen Staates werden die Impfstoffproduzenten aber kaum ohne finanzielle Kompensation hinnehmen.

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THE FLU CASE

Swine Flu Jab Campaign to Cost France 2.2 Billion Euros

The Flu Case, 6 January 2010, 11:46
https://web.archive.org/web/20100220012102/http://www.theflucase.com/index.php?option=com_content&view=article&id=2476%3Aswine-flu-jab-campaign-to-cost-france-22-billion-euros&catid=1%3Alatest-news&Itemid=64&lang=en

The swine flu vaccination campaign could cost France 2.2 billion euros according to Professor Marc Gentili, specialist in infectious diseases and former head of the French Red Cross, report the German newspaper TAZ.

EurActiv .com

EU governments seek to offload flu vaccines

EurActiv // Reuters, 5 January 2010.
https://web.archive.org/web/20100108102310/http://www.euractiv.com/en/health/eu-governments-seek-offload-flu-vaccines/article-188534

Governments in Western Europe are selling off surplus stocks of the H1N1 flu vaccine and cancelling orders for additional supplies amid low public demand. But the World Health Organisation is warning that flu transmission is still on the rise in Central and Eastern Europe.

Background:

Last June, the World Health Organisation (WHO) raised its flu pandemic alert level to phase six, marking the first full-scale global pandemic in 41 years. European governments put forward national response plans and prepared for an anticipated surge in cases as winter approached.

The European Health Agency Directorate predicted that 30% of Europeans would be infected with the H1N1 virus. Most people infected with the virus - which is sometimes referred to as swine flu or Mexican flu - make a full recovery, but deaths have been recorded on all continents.

Around 1,700 people have died in Europe as a result of being infected with H1N1. An estimated 28 million people have been vaccinated in Europe to date, using one of the three vaccines authorised by the European Medicines Agency (EMEA).

Initially, two doses of each vaccine were thought to be necessary, but it became clear during the autumn that a single dose would be sufficient.

EU health ministers agreed last October to work closely on sharing information and medical resources should the threat of the virus continue to grow.

France is looking to sell large volumes of surplus vaccine after ordering millions more doses than it needed. Germany hopes to row back on a large order of drugs placed during the early phase of the pandemic, while Spain wants drug companies to buy back its excess vaccine stocks.

A similar picture is emerging in the Netherlands and the UK, where demand has fallen well short of expectations, partly due to the relatively mild impact of the virus and partly due to public unease over mass vaccination.

Switzerland and Canada have also acknowledged that they have more vaccine available than necessary.

Experts say the winter peak has not brought the much-feared wave of infections and the response to national vaccination programmes has been sluggish.

Critics say authorities 'overreacted'

News that health ministers had vastly overestimated the demand for vaccines has prompted accusations that governments overreacted to the threat posed by the novel flu virus.

The French Health Ministry said it had originally bought 94 million individual vaccinations against the H1N1 virus from Sanofi-Pasteur, GlaxoSmithKline (GSK), Novartis and Baxter International at a cost of €870 million, on the basis that it would need to provide two doses of the vaccine for most of its population.

However, it emerged during the autumn that a single jab would be sufficient to provide immunity, leaving France with a massive oversupply of vaccines.

Some five million people in France have so far been vaccinated against H1N1, health officials say. The flu virus has killed an estimated 198 people on mainland France, according to data released on 29 December, but doctors have said new infections have fallen sharply in recent weeks.

Around 300,000 shots have already been sold by France to Qatar, while a further two million could be sold to Egypt later this month.

"We are in contact with other countries, notably Ukraine and Mexico," the health ministry in Paris said in a statement, without providing any financial details of the deal.

Vaccine oversupply creates buyer's market

When the first batch of vaccines arrived in Germany in November, news media reported that patients had to be turned away from clinics due to limited supplies.

The position had changed dramatically by the end of last month, however, when Germany announced that it wanted to sell millions of doses of vaccine, even though its order of 50 million vaccines will not be delivered in full until March.

Afghanistan and Central European countries are among those interested in snapping up the excess supplies – if the price is right.

Last week Bloomberg reported that Germany hoped to cancel 50% of the swine flu shots it ordered from GSK. The order of 50 million doses was based on the expectation that two shots per person would be required, which proved excessive, Deputy Health Minister Hartmut Schubert said. Germany will start negotiations with suppliers this week.

Spain is seeking to return unused vaccines to the manufacturers due to slow uptake. The Spanish government says its contracts with GSK, Novartis and Sanofi-Pasteur include clauses that allow it to return surplus vaccines if they prove to be unnecessary.

Ireland too has renegotiated a deal with Baxter pharmaceuticals in a bid to save up to €35 million. The Irish government had originally ordered 7.7 million doses of vaccine - enough to give double doses to each of the population. This order was split between GSK and Baxter at a total cos t of €88 million.

This means Ireland will not take delivery of 3.7 million doses of Baxter's Celvapan vaccine under a new deal which came into effect at the end of 2009.

The Netherlands has also announced plans to sell 19 million of the 34 million doses that it ordered now that single doses are considered to be sufficient. In Britain, a health ministry spokesman told press agency AFP on Sunday (3 January) that sales of the vaccine were also being considered.

Switzerland, whose total population is 7.7 million, ordered 13 million doses of the vaccine from GlaxoSmithKline and Novartis, while Canada is currently debating whether to sell excess stocks or to keep millions of doses in reserve. Canada expects to have around 20 million unused doses in April unless demand picks up significantly.

Virus spreading in parts of Europe

While the number of new cases of flu appears to have peaked in several Western European countries, neighbouring nations in Central and Eastern Europe are still grappling with the worst of the pandemic.

The most active areas of flu transmission include Greece, Poland, Bulgaria, Serbia, Ukraine and the Urals region of the Russian Federation, the WHO said in its weekly pandemic update.

According to the European Centre for Disease Prevention and Control (ECDC), just over 1,700 fatal cases of H1N1 influenza had been recorded in the EU and European Free Trade Association (EFTA) countries to date.

The European Medicines Agency (EMEA) said that while most deaths have been in Western Europe, there are increasing numbers of deaths being reported from Central and Eastern Europe.

"However, because of lack of laboratory confirmation and underreporting, among other factors, this is likely to be a gross underestimation of the true number of fatalities associated with the pandemic," it said.

At least 28 million people - including at least 218,000 pregnant women - have been vaccinated to date in Europe with one of the three centrally-authorised vaccines. The most frequent adverse reactions that have been reported are not serious, according to the EMEA.

THE IRISH TIMES

Eithne Donnellan

Order for swine flu vaccines cancelled

Irish Times, 6 January 2010, 00:00

https://web.archive.org/web/20160702072652/http://www.irishtimes.com/news/order-for-swine-flu-vaccines-cancelled-1.1265629

An order placed by the State for some 3.7 million doses of swine flu vaccine from the Baxter pharmaceutical company has been cancelled, the Health Service Executive has confirmed, writes.

It said the vaccines were no longer required now that experts agreed most people would only require one dose. It was originally envisaged two jabs would be required.

A spokeswoman said this would result in a saving of €25 million to €35 million.

wyborcza.pl

Dominika Pszczółkowska

Swine Flu Vaccine Closeout

Gazeta Wyborcza, 6 January 2010

http://wyborcza.pl/1,75248,7419254,Wyprzedaz_szczepionek_na_swinska_grype.html?utm_source=Nlt&utm_medium=Nlt&utm_campaign=2015058 (deleted)
https://web.archive.org/web/20100220012125/http://www.theflucase.com/index.php?option=com_content&view=article&id=2486%3Agermany-holland-switzerland-france-desperately-getting-rid-of-h1n1-vaccine-excess&catid=1%3Alatest-news&Itemid=64&lang=en

Germany, the Netherlands, Switzerland, France – European governments increasingly trying to sell influenza A/H1N1 vaccine, of which they bought too much.

The case evokes heated controversy among others on the Seine River. Disproportion between the number of vaccines purchased and consumed there is huge - 94 million doses purchased, 5 million used.

Did the government panicked? Wanted to quietly support the pharmaceutical companies? Or it only showed a caution against the danger, which seemed huge?

In autumn, when Polish authorities decided not to buy vaccines, media in Western Europe counted patients, predicted a huge number of cases, recommended not to kiss.

Authorities – not only because of public pressure, but under the influence of WHO recommendations – ordered a large quantity of vaccines. Queues formed, but the epidemic has proved weaker than expected, France, Germany, Britain ceased to turn up for the vaccine.

It also turned out that one dose will do, and not – as initially thought – two doses of vaccine. The governments are left with large amount of unused doses.

The authorities of the Netherlands, Germany and Switzerland already in autumn stated they would be willing to sell part of the vaccine. Considering it are also the British and Italians. After the New Year it turned out that a large number of vaccines is also to be sold in France, which spent 870 million euros for them. "The Ministry of Health turned for two months in a warehouse in which the A/H1N1 vaccines were overdosed.

Disproportion between the number ordered and used in vaccines must cause controversy" - writes "La Nouvelle Republique". "Sud-Ouest" strikes even harder, noting that Health Minister Roselyn Bachelot has worked in the pharmaceutical industry. "870 million hurriedly transferred to four big pharmaceutical companies can no longer be called carefulness, it is a plan to revive this branch of industry" - says this regional newspaper.

However according to the leftist "Libération" it was impossible not to make a maximum confronting an unknown virus A/H1N1. Newspaper criticizes rather chaotic way of distribution and that the French went for it.

One of the companies, Sanofi Pasteur, which accepted the order of half of the 94 million vaccines, ststed it is willing to rethink the contract, if the government so requests. Part of the vaccines has not yet been delivered.

Paris defends itself, saying authorities of Qatar and Egypt want to buy the vaccine, but this is a very small part of them. In France 200 people died of the swine flu, many times less than that every year die of ordinary flu. Worldwide virus killed more than 11.5 thousand people, mainly in the U.S. and Brazil.

Poland won't buy. Our government is not equipped himself for the vaccine because - as explained to the minister of health - no producer wanted to take responsibility for any possible side effects of the vaccine and its introduction into the pharmacy. So it can not be considered a safety product - said Min. Kopacz.

Now, when Western Europe is left with millions of vaccines, officials triumph. - Clogging of the vaccine is problem of their governments. You can see now that it is common sense and merit approach, which we presented in the Pandemic Committee. Swine flu virus is several times less virulent than the seasonal influenza virus and the infections wave dropped. I do not know why it led to a situation where everyone felt very vulnerable - v-ce Health Minister Adam Fronczak told us yesterday.

In early December, Citizen Rights Spokesman issued to the National Prosecutor to initiate a national inquiry into the lack of vaccine. Minister Ewa Kopacz was blamed to bring the epidemiological risks.

According to data of the Chief Sanitary Inspector, in the week of 16-22 December 2009 in Poland, there were nearly 39 thousand incidences of flu that is about 38 percent less than in the previous week. In Poland, there were 116 deaths among people infected with A/H1N1.

Government of Canada Gouvernement du Canada

Canada to Bridge Mexico's H1N1 Flu Vaccine Requirements

Gov. Canada, 6 January 2010

https://www.canada.ca/en/news/archive/2010/01/canada-bridge-mexico-h1n1-flu-vaccine-requirements.html

(Ottawa) – The Honourable Leona Aglukkaq, Minister of Health, on behalf of the Government of Canada, has announced it will be providing five million doses of H1N1 flu vaccine to Mexico to help bridge that country's immediate pandemic vaccine requirements. This is not a donation. Mexico will replenish Canada's H1N1 vaccine supply by March 31, 2010.

"We are privileged that we are in a position to support Mexico's pandemic response efforts," said Minister Aglukkaq. "The immediate response to Mexico's request by Canada's federal, provincial and territorial governments serves as testimony to the special relationship that exists between Canada and Mexico."

The Government of Mexico has placed orders for H1N1 flu vaccine with several manufacturers; however, the bulk of Mexico's order will only be available at the end of January 2010. Accordingly, the Mexican government has requested Canada provide five million doses of H1N1 flu vaccine GSK Canada is currently holding for provinces and territories. Initial shipments of the H1N1 flu vaccine to Mexico from Canada will begin during the first week of January.

Provincial and territorial governments unanimously agreed to the request. Canada already has distributed and has stockpiled enough vaccine in Canada to meet its immediate and ongoing needs, as well as to accommodate Mexico's request.

"The Public Health Agency of Canada has worked with Mexico since the beginning of the H1N1 outbreak, when our National Microbiology Laboratory in Winnipeg played a key role in identifying the novel H1N1 flu virus," said Dr. David Butler-Jones, Canada's Chief Public Health Officer. "Canada's provinces and territories have been instrumental in facilitating a quick response to Mexico's request. Canada's commitment to support global efforts to respond to H1N1 pandemic is possible through our ongoing collaboration with our provincial partners."

THE GLOBE AND MAIL | NATIONAL

Caroline Alphonso

Canada lending H1N1 vaccine to Mexico

Globe and Mail, 6 January 2010, 11:45AM EST
https://web.archive.org/web/20100220012220/http://www.theglobeandmail.com/news/national/canada-lending-h1n1-vaccine-to-mexico/article1420935/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+TheGlobeAndMail-HYPolitics+%28The+Globe+and+Mail+-+Politics+News%29

Canada is lending, not donating, five million doses of the H1N1 vaccine to Mexico – and the federal government remains mum on what it will do with its expected surplus of the pandemic drug.

As demand for the H1N1 shot drops and flu activity slows down, the country will be left with tens of millions of unclaimed doses. But even as other countries, such as Germany and Spain, look to sell their excess vaccine or scale back their orders, the federal government has kept a tight lid on its plans.

“We are reviewing our options to deal with any potential remaining H1N1 vaccine,” said Tim Vail, spokesman for Health Minister Leona Aglukkaq, adding that the government hopes to announce its decision shortly.

In the meantime, the government said yesterday that it will ship five million doses this week to Mexico, where the pandemic first surfaced. Manufacturers will only deliver the bulk of that country's order at the end of this month. Mexico will replenish Canada's supply by the end of March.

“Canada currently has enough H1N1 vaccine on hand to meet the needs of every Canadian who may need or want to be immunized and can accommodate this request,” Mr. Vail said in an e-mail.

The federal government ordered 50.4 million doses from pharmaceutical company GlaxoSmithKline when it was believed that each person needed two shots to be protected. But subsequent clinical trials determined only one dose would be needed to provide immunity.

About 24 million doses of vaccine have so far been shipped to provinces and territories, and, with the second wave over, demand has been waning. Roughly 45 per cent of Canadians have been vaccinated.

The federal government could choose to donate excess vaccine to the World Heath Organization, which is helping developing countries that can't afford to buy it. It can also keep some of the remaining vaccine in reserve in case the virus returns in the winter and a high-profile death, such as that of 13-year-old Evan Frustaglio, acts as a wake-up call for Canadians to get the shot. The vaccine has a shelf life of 18 months.

REUTERS

Canada sends 5 mln H1N1 vaccine doses to Mexico

Reuters, 7 January 2010, 3:06 AM GMT+8
https://www.reuters.com/article/economy/canada-sends-5-mln-h1n1-vaccine-doses-to-mexico-idUSN06148239/

Ottawa, Jan 6 (Reuters) - Canada is sending five million doses of the H1N1 vaccine to Mexico this week to help that country meet its immediate pandemic needs, Health Minister Leona Aglukkaq said on Wednesday.

Mexico will replenish Canada's supply by the end of March. By that time, its own orders for the vaccine from several manufacturers are expected to have been delivered.

"This is not a donation," the Public Health Agency of Canada said in a release.

"Canada already has distributed and has stockpiled enough vaccine in Canada to meet its immediate and ongoing needs, as well as to accommodate Mexico's request."

Canada, which has ordered 50.4 million doses from GlaxoSmithKline <GSK.L> for a population of 33.7 million, has immunized about a third of its population.

Last month, health officials said the number of deaths and hospitalizations in Canada from the flu were dropping, and provincial governments, which are responsible for immunization, have been closing down flu clinics.

At least 12,220 deaths from H1N1 flu had been formally confirmed around the globe as of Dec. 27, the World Health Organisation (WHO) has said.

It said that in North America -- the United States, Canada and Mexico -- transmission has been widespread but has declined substantially in all three countries. (Reporting by Louise Egan; editing by Peter Galloway)

TERRADAILY
NEWS ABOUT PLANET EARTH

Canada lends Mexico five million swine flu vaccine doses

Terra Daily, 6 January 2010
https://www.terradaily.com/reports/Canada_lends_Mexico_five_million_swine_flu_vaccine_doses_999.html

Ottawa (AFP) – Canada will provide Mexico with five million doses of the H1N1 flu vaccine to meet its immediate pandemic vaccine needs, Health Minister Leona Aglukkaq announced on Wednesday.

Mexico placed orders for the swine flu vaccine with several manufacturers, but most orders will be ready only at month's end, the Canadian minister said in a statement.

In the meantime, Ottawa is allowing Mexico to have five million doses of the medication, which had been reserved by pharmaceutical giant GlaxoSmithKline for Canada.

Mexico is expected to replenish the borrowed Canadian stock by the end of March, Aglukkaq said.

As of mid-December, nearly half of Canada's 33 million people had been vaccinated against the swine flu, in the largest immunization program in the country's history.

More than 400 Canadians died from the swine flu.

STERN.de

Länder hoffen auf Kulanz des Herstellers

Stern, 7 Januar 2010, 08:07 Uhr

https://www.google.com/search?client=firefox-b-e&q=%22L%C3%A4nder+als+auch+das+Unternehmen+seien+zum+Zeitpunkt+der%22

Dieses Geschäft hatte sich GlaxoSmithKline sicherlich ganz anders vorgestellt. Statt eines Runs auf den Schweinegrippe-Impfstoff sind die Länder auf dem Mittel sitzen geblieben. Nun hoffen sie auf eine kulante Haltung des Pharmakonzerns. Von heute an wird verhandelt.

Vor den Beratungen von Länder-Gesundheitsministerien zum überschüssigen Schweinegrippe-Impfstoff Pandemrix setzt das Land Niedersachsen auf Kulanz des Pharmakonzerns GlaxoSmithKline (GSK). Sowohl die Länder als auch das Unternehmen seien zum Zeitpunkt der Bestellung von einer zweimaligen Impfung ausgegangen, sagte die Vorsitzende der Gesundheitsministerkonferenz, Niedersachsens Ressortchefin Mechthild Ross-Luttmann (CDU), am Donnerstag dem Sender NDR Info. In Berlin kommen am Nachmittag auf Beamtenebene Vertreter der Länder-Gesundheitsministerien zusammen, um über das Problem der überschüssigen Schweinegrippe-Impfdosen zu beraten.

Niedersachsen setze auf eine Doppelstrategie, sagte Ross-Luttmann. Zum einen verhandele man darüber, nicht alle Dosen abnehmen zu müssen. Zum anderen sollen schon erhaltene Dosen an Länder verkauft werden, in denen noch Bedarf bestehe, zum Beispiel an den Iran oder das Kosovo. Nach Informationen von "Zeit online" gab es bereits erste Anfragen - etwa aus dem Iran, dem Kosovo, der Ukraine und der Türkei.

Länder wollen Bund in die Pflicht nehmen

Auch der Bund sei in der Verantwortung und müsse gemeinsam mit den Ländern diese Doppelstrategie verfolgen, forderte die niedersächsische Ministerin. Denn Pandemie-Vorsorge sei eine gesamtgesellschaftliche Aufgabe von Bund und Ländern. Ross-Luttmann: "Man darf auch nicht übersehen, dass der Bund uns immer sehr gedrängt hat, noch mehr Impfstoff zu bestellen, als wir tatsächlich bestellt haben."

Ziel der Länder sei es, am Ende nur die Kosten für Impfdosen für 30 Prozent der Bevölkerung übernehmen zu müssen, so Ross-Luttmann. "Wir haben jetzt Impfdosen für 60 Prozent der Bevölkerung - 60 Prozent werden sich niemals impfen lassen. Für mich ist ganz wichtig, dass wir zumindest schon mal zehn Prozent runter gehen können." Dies sei zwingend. Für die verbleibenden 20 Prozent forderte sie ein finanzielles Entgegenkommen des Pharmakonzerns: "Da erwarte ich ein Angebot von GSK." Der Pandemrix-Hersteller hat bisher Gesprächsbereitschaft signalisiert, aber auch darauf hingewiesen, dass die Produktion nicht sofort gestoppt werden könne und es gültige Verträge gebe.

Die Länder hatten 50 Millionen Dosen des Impfstoffes Pandemrix für 416,5 Millionen Euro geordert. Dies geschah jedoch noch in der Annahme, dass eine zweifache Impfung notwendig sei. Anfang Dezember hatte das Robert-Koch-Institut aber darauf hingewiesen, dass schon eine einmalige Impfung den nötigen Schutz sicherstelle. Nun könnten sogar 60 Prozent aller Menschen geimpft werden. Aufgrund der Impfmüdigkeit der Deutschen bleiben die Ländern aber auf einem Großteil ihrer Dosen sitzen.

Merkur.de

Zu viel Grippe-Impfstoff: Hersteller soll Kulanz zeigen

Merkur.de, 7 January 2010, 09:33 Uhr
https://www.merkur.de/politik/viel-grippe-impfstoff-hersteller-soll-kulanz-zeigen-zr-582328.html

Hamburg/Berlin – Die Bundesländer bleiben auf ihrem Impfstoff gegen die Schweinegrippe sitzen. Da die Länder nur noch die Hälfte der Impfdosen abnehmen wollen, soll der Hersteller Kulanz zeigen.

Vor den Beratungen von Länder- Gesundheitsministerien zum überschüssigen Schweinegrippe-Impfstoff Pandemrix setzt das Land Niedersachsen auf Kulanz des Lesen Sie dazu auch:

Deutschland will Millionen Grippe-Impfdosen abgeben Pharmakonzerns GlaxoSmithKline (GSK). Sowohl die Länder als auch das Unternehmen seien zum Zeitpunkt der Bestellung von einer zweimaligen Impfung ausgegangen, sagte die Vorsitzende der Gesundheitsministerkonferenz, Niedersachsens Ressortchefin Mechthild Ross-Luttmann (CDU), am Donnerstag dem Sender NDR Info.

In Berlin kommen am Nachmittag auf Beamtenebene Vertreter der Länder-Gesundheitsministerien zusammen, um über das Problem der überschüssigen Pandemrix-Schweinegrippe-Impfdosen zu beraten.

Niedersachsen setze auf eine Doppelstrategie, sagte Ross-Luttmann. Zum einen verhandele man darüber, nicht alle Dosen abnehmen zu müssen. Zum anderen sollen schon erhaltene Dosen an Länder verkauft werden, in denen noch Bedarf bestehe, zum Beispiel an den Iran oder das Kosovo. Nach Informationen von “Zeit online“ gab es bereits erste Anfragen - etwa aus dem Iran, dem Kosovo, der Ukraine und der Türkei.

Auch der Bund sei in der Verantwortung und müsse gemeinsam mit den Ländern diese Doppelstrategie verfolgen, forderte die niedersächsische Ministerin. Denn Pandemie-Vorsorge sei eine gesamtgesellschaftliche Aufgabe von Bund und Ländern. Ross-Luttmann: “Man darf auch nicht übersehen, dass der Bund uns immer sehr gedrängt hat, noch mehr Impfstoff zu bestellen, als wir tatsächlich bestellt haben.“

Ziel der Länder sei es, am Ende nur die Kosten für Impfdosen für 30 Prozent der Bevölkerung übernehmen zu müssen, hatte Ross-Luttmann am Mittwoch der Deutschen Presse-Agentur dpa in Hannover gesagt. “Wir haben jetzt Impfdosen für 60 Prozent der Bevölkerung - 60 Prozent werden sich niemals impfen lassen. Für mich ist ganz wichtig, dass wir zumindest schon mal 10 Prozent runter gehen können“, sagte Niedersachsens Gesundheitsministerin. Dies sei zwingend. Für die verbleibenden 20 Prozent forderte sie ein finanzielles Entgegenkommen des Pharmakonzerns: “Da erwarte ich ein Angebot von GSK.“

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Hamburger Abendblatt

Hamburger Abendblatt
https://www.abendblatt.de › region

Überschüssige Impfdosen – Hoffnung auf Kulanz

Sowohl die **Länder als auch das Unternehmen seien zum Zeitpunkt der** Bestellung von einer zweimaligen Impfung ausgegangen, sagte die Vorsitzende der ...

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THE FLU CASE

German Federal States Attempt to Wring Concessions from GSK over Unwanted Swine Flu Vaccines

The Flu Case, 7 January 2010, 13:21
https://web.archive.org/web/20100322233938/http://www.theflucase.com/index.php?option=com_content&view=article&id=2498%3Agerman-federal-states-attempt-to-wring-concessions-from-gsk-over-unwanted-swine-flu-vaccines&catid=1%3Alatest-news&Itemid=64&lang=en

Will 25 million surplus swine flu jabs in Germany end up on the rubbish dump? Asks Bild Zeitung as Germany's federal states meet GlaxoSmithKline representatives to renegotiate existing vaccine orders – ignoring the fact that these jabs are considered to be a biohazard material and cannot be disposed of so easily.

Bild details the feeble attempts by Germany federal state governments to extract minimal concessions from the pharmaceutical company GSK so that the German tax payer does not have to pay hundreds of millions of euros for the untested and useless jabs.

INDEPENDENT

Alistair Dawber

Germany cancels part of GSK swine flu vaccine order

Independent, 8 January 2010
https://www.independent.co.uk/news/business/news/germany-cancels-part-of-gsk-swine-flu-vaccine-order-1861830.html

German health officials have cancelled part of its order of GlaxoSmithKline's swine flu vaccine, just three days after France indicated that it would also be paring back the number of doses it would be ordering.

Originally GSK's vaccine was designed as a two-dose treatment, although European regulators have since advised that one dose of the treatment is likely to be sufficient to guard against the effects of the virus. Other governments are also thought to be scaling back stocks after the number of expected cases of the illness has fallen well below expectations. A spokesperson for GSK confirmed that the group was in talks with other administrations seeking to renegotiate deals.

GSK has disclosed that it is charging clients based on a sliding scale, from €7 a dose for developed countries, down to providing the World Health Organisation with 50m free doses. It has refused however, to give details of individual agreements.

German officials praised GSK , saying that renegotiations had been conducted on friendly terms: "From the drugs group GSK, we have had signals of goodwill on cancelling a large part of the excess vaccine supply," said Mechthild Ross-Luttmann, who chaired a meeting of German state and federal government officials on the issue. GSK said that the German authorities had not given it permission to disclose the number of cancelled doses.

The company, Europe's biggest drug maker, also denied reports from earlier in the week that France had also cancelled orders. Health minister Roselyne Bachelot told French television on Monday that, "I have cancelled 50 million doses. These orders had not been paid for or delivered so they are cancelled".

GSK insisted that talks with French officials were ongoing. France, which originally said it would need some 94 million doses of the vaccine, ordered the treatment from GSK, Sanofi-Pasteur, Novartis and Baxter.

Separately, the chairman of the influential health committee of the Parliamentary Assembly of the Council of Europe, Wolfgang Wodarg has called on the organisation to debate the role of the major drugs companies in the WHO's swine flue campaign.

The WHO's "false pandemic" flu campaign is, "one of the greatest medicine scandals of the century," Dr Wodarg has said. The WHO has recently reaffirmed its stance that the pandemic is not over, and is still dangerous for those that contract the virus. Nonetheless, the number of swine flu deaths is dramatically lower than initially anticipated.

The Telegraph

Kate Devlin

Swine flu: Ministers 'preparing to offload millions of unwanted vaccines'

The Telegraph.UK, 9 January 2010, 8:00 AM GMT
https://web.archive.org/web/20100112081816/http://www.telegraph.co.uk/health/swine-flu/6952793/Swine-flu-Ministers-preparing-to-offload-millions-of-unwanted-vaccines.html

Ministers are preparing to offload millions of unwanted swine flu vaccines, it has emerged, as officials predicted that there will be no third wave of the pandemic this winter.

Millions of pounds could be wasted if the Government is unable to get out of orders for the vaccine it has placed with GlaxoSmithKline (GSK), the pharmaceutical giant.

Officials confirmed that they are considering a number of options, including attempting to sell or give away millions of the vaccines.

They also considering whether to stand down the National Pandemic Flu Service, the network of call centres which diagnose swine flu and hand out antiviral medications.

Fewer than 5,000 people in Britain are thought to have contracted swine flu in the last week, and the numbers in intensive care are falling, although there has been a rise in those aged over 65.

In May, even before a pandemic had been declared, ministers had signed contracts thought to be worth around £100 million to deliver 90 million vaccines to Britain.

Britain has now received almost 29 million doses of the H1N1 vaccine, but only just over 3.7 million have been given out and in total the Government has announced plans to inoculate only 14 million people.

The Government is considering exercising a break clause in its contract with Baxter, the pharmaceutical company, which supplies one of two vaccines used in the NHS.

There is no such clause in the GSK contract but ministers are currently in discussions with the company about future supplies.

But Prof David Salisbury, the Department of Health's director of immunisation, admitted that that still left the problem of vaccines which had already been delivered.

"There are a number of options open to us," he said. "These include selling vaccines or giving them away.”

Officials are also considering keeping one part of the vaccine, to form the basis of a future pandemic virus jab.

But Prof Salisbury insisted that the Government would keep a stock of the H1N1 vaccines in case the virus returned.

"If there were a UK resurgence during 2010 we would look very foolish if we had disposed of a valuable stockpile," he said.

He refused to give further details of discussions with manufacturers or of how much money might have been wasted, insisting that that was a matter of "commercial confidentiality".

Prof Sir Liam Donaldson, the Chief Medical Officer, who at one point predicted that up to 64,000 people could die from swine flu this winter, insisted that when the contracts were signed much of the news surrounding the pandemic suggested it was extremely dangerous.

"The information coming out at the time that the contracts had to be signed was from Mexico and was very alarming," he said.

He added that predictions now suggested there would be no third wave of the swine flu virus this winter.

He said: "At the moment the modellers in this country … don't think there will be a third wave following Christmas."

A number of other countries including France have already announced plans to sell off their surplus vaccines.

Angus Nicoll, a flu specialist at the European Centre for Disease Prevention and Control (ECDC), said: "All of the vaccination programmes were built on two shots and the good news is that ... we only need one shot to get us protected. So, there is a natural excess there.

"I would not say any country over-ordered because they were ordering on a basis of being cautious to a pandemic that could have been considerably worse."

Newly revised figures show that 360 people across Britain have died after contracting swine flu since April.

Berlingske

Bjørn Willum

Europa brændt inde med H1N1-vacciner for milliarder
Europe is Left with Billions worth of Swine Flu Jabs

9 Januar 2010, 19:25
http://www.berlingske.dk/verden/europa-braendt-inde-med-h1n1-vacciner-milliarder
https://web.archive.org/web/20100111225500/http://www.berlingske.dk/verden/europa-braendt-inde-med-h1n1-vacciner-milliarder

En af århundredets største medicinskandaler, siger formandenfor Europarådets sundshedsudvalg.

PARIS: Der bliver aldrig brug for langt størstedelen af de vacciner mod svineinfluenza, som europæiske lande har brugt milliarder på at indkøbe og oplagre. Det erkendte Frankrig, Tyskland og Storbritannien i denne uge og går dermed i Spaniens fodspor, der allerede har forsøgt at afbestille - eller endda tilbagelevere - millioner af vaccinedoser.

Det var den franske sundhedsminister, Roselyne Bachelot, der åbnede ballet mandag aften, hvor hun i et interview på landets største TV-kanal TF1 erklærede, at hun har afbestilt 50 ud af 94 millioner doser.

Torsdag fulgte tyske delstater trop og erklærede, at man kun ønsker halvdelen af de bestilte 50 millioner doser, hvorefter chefen for det britiske immunisationsprogram David Salisbury fredag annoncerede, at man »lige nu« genforhandler leverancen.

»Absurd at købe to doser«

Der er dog kun i de færreste kontrakter nedfældet afbestillingsklausuler, og europæiske skatteydere risikerer derfor at skulle betale alligevel - også for det store flertal af doser, der ikke er leveret. »Sanofi-Pasteur har fortalt os, at ordren på ni millioner doser simpelthen var annulleret uden nogen erstatningsbetaling,« præciserede Bachelot dog. Det vides ikke hvordan de øvrige producenter stiller sig, men avisen Le Figaro hæfter sig ved, at selv om den franske stat ikke juridisk har ret til kvit og frit at annullere ordrerne, kan man indirekte presse selskaberne, da det er myndighederne der godkender og prisfastsætter deres produkter.

Navnlig i Frankrig, hvor man stort set købte vacciner nok til at give alle to doser, står myndighederne for skud fra uafhængige eksperter, ligesom oppositionen taler om en »ekstravagant fiasko«.

»At købe to doser af vaccinen per person er absurd,« lød det sågar fra et folkevalgt medlem af det borgerlige regeringsparti, lægen Bernard Débre, på radioen.

»Udgifterne er højere end underskuddet for alle franske hospitaler. Det er tre gange udgiften til statens anti-cancer-plan.«

Kun knap fem millioner franskmænd har ladet sig vaccinere, og alligevel har svineinfluenzaen blot kostet 224 franskmænd livet, mens sæsoninfluenzaen årligt kræver 2.000-6.000 dødsofre.

Hemmelige eksperter

Kritikken er ikke blevet mindre af, at kliniske undersøgelser godkendt af europæiske sundhedsmyndigheder i november konkluderede, at der reelt ikke var behov for mere end ét skud per person. Alligevel beretter medicinalselskaberne, at eksempelvis Frankrig først denne uge bad dem regulere leverancen.

Mistanken om inkompetence eller urent trav retter sig dog i høj grad også mod verdenssundhedsorganisationen WHO, der i juni erklærede pandemi og dermed mangedoblede efterspørgslen efter vacciner. Samtidig neddroslede man kriterierne for, hvad der kan kaldes en pandemi.

Formanden for Europarådets sundhedsudvalg, Wolfgang Wodarg, kalder håndteringen af sagen for »en af århundredets største medicinalskandaler« og hæfter sig ved, at WHO ikke vil oplyse hvem der sidder i det ekspertudvalg, der traf beslutningen.

Men andre WHO-udvalg er spækket med eksperter, der direkte eller indirekte arbejder for medicinalindustrien, ligesom eksempelvis den franske sundhedsminister ifølge ugeavisen »Den Lænkede And« rådgives af eksperter med arbejde hos selskaberne.

Vaccins résiliés:
la contrepartie de l'Etat vis-à-vis des labos

TFI News, 9 janvier 2010, 15h22
https://web.archive.org/web/20100110203813/http://lci.tf1.fr/science/sante/2010-01/vaccins-resilies-la-contrepartie-de-l-etat-vis-a-vis-des-labos-5630658.html

Plutôt que de verser des compensations aux laboratoires pour les annulations de commandes de vaccins anti-grippe A, l'Etat s'engagerait, selon le JDD, à leur acheter des vaccins lors de futures épidémies "en versant dès aujourd'hui des arrhes".

Sept Français sur dix estiment que le gouvernement a surestimé la dangerosité du virus et commandé trop de vaccins contre la grippe A (H1N1), selon un sondage Ifop pour Sud-Ouest Dimanche. Ils sont 31% à estimer au contraire "qu'en vertu du principe de précaution, il a eu raison d'en commander une aussi grande quantité". Ceci étant, l'heure n'est quasiment plus à cette polémique, mais à la question de comment dédommager les laboratoires. Selon le Journal du dimanche de samedi, l'Etat aurait choisi de s'engager à acheter des vaccins aux laboratoires lors de futures épidémies, en échange d'un renoncement de ces derniers à des compensations pour les annulations de commandes de vaccins contre la grippe A.

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French Government keeps Vaccine option for "Future" Pandemics

The Flu Case, 11 January 2010, 16:51
https://web.archive.org/web/20100220012323/http://www.theflucase.com/index.php?option=com_content&view=article&id=2523%3Afrench-government-keeps-vaccine-option-for-qfutureq-pandemics&catid=1%3Alatest-news&Itemid=64&lang=en

The French Government has agreed to put down a "deposit" for vaccines for future pandemics rather than pay compensation to pharma companies for cancelling vaccine orders, according to TF1.

It is not clear what this deal consists of. However, it appears the French government is holding on to its existing contract with vaccine manufacturers to produce pandemic vaccines in the future.

OZARKS FIRST.com

U.S. Considers Cancelling H1N1 Vaccine Orders

Ozarks First, 10 January 2010, 18:18
http://ozarksfirst.com/content/fulltext/?cid=223541 (deleted)
https://web.archive.org/web/20100220012247/http://www.theflucase.com/index.php?option=com_content&view=article&id=2513%3Aus-considers-cancelling-h1n1-vaccine-orders&catid=1%3Alatest-news&Itemid=64&lang=en

(Washington, DC) - No decision has been by U.S. health officials on whether to cancel or sell its orders for the H1N1 flu vaccine.

An official with the Centers for Disease Control and Prevention says demand for the vaccine is steady and the focus remains on mass immunizations.

The U.S. currently has contracts for 251-million doses of bulk vaccine from five pharmaceutical companies.

As the U.S. mulls over its decision to cancel orders, Germany has arrived at the decision to do so.

Officials there are planning to cancel half of the 50-million orders for the H1N1 vaccine from GlaxoSmithKline.

Doctors in Germany had initially thought two doses of the vaccine would be needed to stave off flu.

Meantime, France has already placed a stop on over half it orders.

Länder ein Drittel weniger Schweinegrippe-Impfstoff abnehmen

Bild, 11 Januar 2010, 19:23 Uhr
https://www.bild.de/politik/2010/laender-muessen-ein-drittel-weniger-impfstoff-bezahlen-11077894.bild.html?t_ref=https%3A%2F%2Fwww.google.com%2F

Die Bundesländer müssen der Pharmaindustrie nur rund 34 Millionen Impfdosen gegen die Schweinegrippe abnehmen. Das ist rund ein Drittel weniger, als ursprünglich vereinbart.

Dadurch sparen die Länder nach BILD-Informationen rund 133 Millionen Euro. Bund und Länder hatten sich am vergangenen Donnerstag mit dem Pharmakonzern Glaxo Smith Kline (GSK) auf eine Reduzierung der Schweinegrippe-Impfdosen geeinigt.

Das niedersächsische Gesundheitsministerium, das den Vorsitz der Gesundheitskonferenz hat, wollte die Zahlen zunächst nicht bestätigen. Ein Ministeriumssprecher verwies in Hannover darauf, dass die Länderkabinette dem Verhandlungsergebnis noch zustimmen müssten.

Die offiziellen Zahlen zu den Impfdosen und dem Impfstoff-Verbrauch sollten am Dienstagnachmittag auf einer Pressekonferenz in Hannover vorgelegt werden.

Die Länder hatten bei dem Pharmaunternehmen ursprünglich 50 Millionen Impfdosen gegen die Schweinegrippe bestellt. Sie wollten diese Menge aber nicht mehr abnehmen, weil – anders als zunächst angenommen – eine einmalige Impfung reicht.

Bei der Bestellung der 50 Millionen Impfdosen im Herbst waren Experten noch davon ausgegangen, dass eine Zweifach-Impfung nötig sei.

Zudem ließen sich bislang weniger Menschen als erwartet impfen. Die Länder fürchten deshalb, auf Impfdosen und damit auf hohen Kosten sitzen zu bleiben. Sie drängen daher auch auf den Verkauf überschüssiger Impfdosen ins Ausland.

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German States to keep 34 Million Swine Flu Jabs

The Flu Case, 11 January 2010, 16:47
https://web.archive.org/web/20100220012318/http://www.theflucase.com/index.php?option=com_content&view=article&id=2522%3Agerman-states-to-keep-34-million-swine-flu-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

The German federal states will have to keep 34 million jabs of the untested and toxic swine flu vaccine under a deal reached on Thursday with GlaxoSmithKline according to Bild newspaper.

Isn't it time for the police to start to investigate these extraordinary contracts and the officials who are agree to hand over 100s of millions of taxpayers money to pharma companies for unwanted jabs that should never have been purchased in the first place?

REUTERS

Sanofi says no change in its H1N1 U.S. contracts

Reuters, 12 January 2010, 12:39 am EST
http://www.reuters.com/article/idUSLDE60A20320100111

London, Jan 11 (Reuters) – Sanofi-Aventis (SASY.PA) is meeting all its U.S. contracts for sales of swine flu vaccine, despite Washington's decision to cut supplies from rival drugmaker CSL (CSL.AX), a company spokesman said on Monday.

"We are fulfilling all our contracts with the U.S. government, so there is no change," said Pascal Barollier at the French group's vaccine unit Sanofi Pasteur.

Sanofi is the leading supplier of flu vaccine to the U.S. market.

Earlier, Australian company CSL said its order for vaccine from the United States had been cut in half in the latest example of governments around the world cancelling orders in the face of low demand. [ID:nSGE60A0DK]

Different manufacturers have different contracts with governments. Some contain break clauses allowing customers to reduce the size of orders. (Reporting by Ben Hirschler; Editing by Dan Lalor)

TERRADAILY
NEWS ABOUT PLANET EARTH

GSK says it will cut Germany's swine flu vaccines order

Terra Daily, 12 January 2010.
https://www.terradaily.com/reports/Swine_Flu_Vaccine_Cut_As_WHO_Faces_Questions_999.html

London (AFP) Jan 12, 2010 - British drug maker GlaxoSmithKline said Tuesday it had agreed to cut the amount of swine flu vaccines that had been ordered by Germany. "Today, GSK confirmed that it has reached an agreement with the German Ministry of Health to amend its existing contract to receive approximately 70 percent of the ordered vaccine, equivalent to 34 million doses," the group said in a statement to the London Stock Exchange. The pharmaceuticals giant added that it was in ongoing discussions with other nations regarding its pandemic H1N1 vaccine. "Following declaration of the pandemic by the World Health Organization in June 2009, GSK has been working closely with governments to respond to their changing needs as understanding of the H1N1 pandemic has increased," it said.

"The company is currently in ongoing discussions with a number of governments regarding their specific pandemic planning needs, including governments who are changing their planned immunisation programmes." GSK added that many countries were amending their vaccine orders because one dose appeared to be sufficient to give a strong immune response. "At the start of the pandemic and based on previous experience, immunisation programmes were expected to consist of two doses of vaccine," the firm said. "However, data from subsequent clinical trials demonstrating a strong immune response from one dose of the vaccine, have resulted in some public health authorities adapting their recommendations for immunisation. It added: "The clinical trial programme for H1N1 vaccines is ongoing and data continues to be made available."

TERRADAILY
NEWS ABOUT PLANET EARTH

Serbia puts swine flu vaccine purchase on hold

Terra Daily, 12 January 2010.
https://www.terradaily.com/reports/Swine_Flu_Vaccine_Cut_As_WHO_Faces_Questions_999.html

Belgrade (AFP) Jan 12, 2010 – Serbia decided on Tuesday to put on hold further purchases of swine flu vaccines from Swiss Novartis due to low interest among the people to the government's vaccination programme, a minister said. "Upon expertise by health authorities, the government has recommended the further purchase of vaccines to be put on hold," Health Minister Tomica Milosavljevic told Serbian state television RTS. Serbia has already purchased more than 850,000 doses of A(H1N1) vaccines, with plans to buy a total of three million doses. But so far, only about 130,000 people have been inoculated since the start of the campaign on December 17, Milosavljevic said.

However, he insisted that the mass vaccination would continue in the country where 68 people have so far died of the flu. "We hope that the response (among people) will be higher and there are enough doses of vaccines in stock until mid-February," when health authorities will again reconsider further purchases, Milosavljevic said. Health officials said they had confirmed 671 cases of the A(H1N1) virus so far, but added the true number could be far higher as not all patients were tested for the disease. Some 384 people are hospitalised with severe flu-like symptoms. Serbia, which has a population of 7.5 million, declared a swine flu epidemic on November 11.

THE WALL STREET JOURNAL

Jeanne Whalen and David Gauthier-Villars

European Governments Cancel Vaccine Orders

The Wall Street Journal, 13 January 2010, 5:48 am ET
https://www.wsj.com/articles/SB126335633266727463
https://web.archive.org/web/20210124230315/https://www.wsj.com/articles/SB126335633266727463

Just months after rushing to order enough swine-flu vaccine to protect their citizens, European governments are cancelling orders and trying to sell or give away extra doses as they sit on a glut of the vaccine.

The main reason: European health officials decided that only one shot per person was needed, instead of the two originally planned. Low demand is also to blame. Many Europeans believe the pandemic has turned out to be fairly mild, and don't see a reason to get vaccinated. Some are also concerned that they will suffer side effects from the shots, despite assurances otherwise from global health officials.



French Health Minister Roselyne Bachelot gets an H1N1 flu shot in Paris in November.
Amid a glut of the vaccine, France, which had ordered 94 million doses,
is seeking to cancel 50 million of them. European Pressphoto Agency

"The population is not running to get the vaccination," says Roland Jopp, a spokesman for Germany's health ministry.

Declining interest in the shots could be bad news for vaccine makers, particularly if countries demand their money back for supplies already delivered. Companies may be able to sell the shots elsewhere, however. Most vaccine makers, including GlaxoSmithKline PLC, Sanofi-Aventis SA, Novartis AG and Baxter International Inc. BAX -0.62% , have been expecting a large sales bump from H1N1 vaccine.

In October, analysts estimated that Glaxo would ring up an extra £1 billion ($1.62 billion) of fourth-quarter sales thanks to the vaccine. Novartis has forecast H1N1 sales of $400 million to $700 million for that period.

But some countries are now canceling orders. Germany on Tuesday said it canceled 30% of the 50 million doses it had ordered from Glaxo, which it said would save the country €133.3 million ($194 million). Mr. Jopp of the German health ministry said the main reason for the cancellation is that only one shot is needed per person.

France, which had ordered 94 million doses from four companies, is seeking to cancel 50 million of those doses, according to its health ministry. The U.K., Switzerland, the Netherlands and Spain also say they are seeking to trim their orders, or to sell already delivered doses to other countries.

In the U.S., where vaccine supplies are now ample after an earlier shortage, a top health official last week said the country is focused on vaccinating as many people as possible, and has made no decision about canceling vaccine orders or selling supplies.

Mr. Jopp said Germany still aims to vaccinate one-third of its population, which would cover all groups who are at greater risk for suffering bad infections—including pregnant women, young children and people with asthma. So far, though, only about 10% of the population has stepped forward to be vaccinated, he said.

Some health officials say the public's lack of interest reflects the thought that the outbreak is milder than many people expected. Last week, the World Health Organization said that rates of "influenza-like illness" have declined substantially in Western Europe in recent weeks, though it added that there was still "intense virus circulation" in parts of Central, Eastern and Southeastern Europe.

When France began vaccinating people in November, the government opened makeshift vaccination centers in basketball arenas and meeting halls. People at first rushed to get vaccinated, even lining up in the cold. After a few weeks, however, the public's concern ebbed, leaving most vaccination centers idle and the government facing criticism that it overreacted to the threat.

French President Nicolas Sarkozy on Tuesday defended the government's planning. "I will always prefer to be too prudent when it comes to people's health than not enough," he said in a speech to doctors and nurses.

France initially focused on vaccinating high-risk groups, but has since made vaccine available to the entire population. Still, as of Jan. 10, only about 8% of France's population of 65 million had been vaccinated, according to health officials.

Swiss authorities have run television and Internet ads to promote vaccination, helping convince about 15% to 20% of the population to get vaccinated— about the same number that would during the regular flu season most years, a spokesman for the Swiss health ministry said.

In an emailed reply to questions, a WHO spokeswoman declined to comment on countries' attempts to cancel their vaccine orders. She said: "It is premature to consider the pandemic as completed, and there is still immense value in the H1N1 immunization."

Glaxo said it is "working closely with governments to respond to their changing needs." Novartis said it "will evaluate government requests on a case-by-case basis within the framework of the contractual agreements, which are considered binding."

A Baxter spokeswoman said its "have always included provisions allowing the contract holder to adjust its vaccine supply requirements based on its evolving pandemic needs." All three companies declined to comment on how cancellations might affect sales.

A Sanofi spokesman said the company doesn't yet anticipate any significant changes in revenue due to vaccine cancellations.

INDEPENDENT

Alistair Dawber

Nations scrap orders for GSK swine flu jab
British drugs company renegotiates H1N1 deals with 'many governments'

Independent, 16 January 2010, 01:00 GMT
https://www.independent.co.uk/news/business/news/nations-scrap-orders-for-gsk-swine-flu-jab-1869653.html

The British pharmaceuticals giant GlaxoSmithKline has confirmed it is in talks with several countries keen to reduce their orders of its swine flu vaccine Pandemrix. The Belgian government yesterday became the latest to tell the company that it was paring back its requirement.

The health ministry in Brussels said it would be cutting its order by about €33m (£29m) after initially asking for 12.6 million doses of Pandemrix. The cancellation comes after a host of countries in the northern hemisphere told the pharmaceuticals industry that there was insufficient demand for the treatment. Britain, France, Germany, Spain and the US have all indicated in the past two weeks that they will be renegotiating their deals.

Demand for vaccines to combat H1N1 influenza has fizzled out because the pandemic has proven to be less aggressive than was first feared. Regulators who initially indicated that two vaccinations would be needed by each swine flu patient now say that one dose is sufficient. Analysts predict that European governments could return or cancel up to 50 per cent of what they ordered, which could reduce GSK's income from Pandemrix by £300m.

Andrew Witty, the chief executive of GSK, said in October that forecasts for about £1bn in sales of Pandemrix in the fourth quarter were "pretty close to being right". However, since he made his remarks a number of analysts have lowered the estimates. Credit Suisse, for example, cut its forecasts for GSK's 2009 and 2010 sales by $800m.

GSK issued a statement yesterday, saying it shipped 130 million doses of Pandemrix, worth £835m, in the final three months of last year. "Shipments of the vaccine continue to be delivered in the first half of 2010 and GSK is in ongoing discussions with many governments as their needs evolve," the company added. "This includes renegotiation of contracts with governments who have announced changes to their planned immunisation programmes, and with governments who have placed new orders for the pandemic vaccine. It is therefore too early to say what the final number of doses supplied and the value of these orders will be."

GSK pointed out that while sales in the northern hemisphere would be hit, countries in the southern hemisphere had yet to reach peak swine flu season. Drugs that were originally earmarked for countries such as Britain and Germany this winter could be re-routed elsewhere in the coming months.

Yet this could still be costly for GSK. Countries south of the equator are generally thought to be paying less for the vaccine. The company has disclosed that it charges clients on a sliding scale, from €7 a dose for developed countries, to providing the World Health Organisation with 60 million vaccines for free.

Earlier this week, GSK confirmed that German health officials had cancelled 30 per cent of its Pandemrix order, trimming it to 34 million doses. Meanwhile, the French health minister, Roselyne Bachelot, told French television last week: "I have cancelled 50 million doses. These orders had not been paid for or delivered so they are cancelled."

GSK insists that talks with France are ongoing. Ms Bachelot's ministry originally said it would need 94 million vaccines and ordered them from GSK, Sanofi-Pasteur, Baxter and Novartis. Baxter, along with GSK, has a contract to supply swine flu vaccine in the UK.

News of more cancelled vaccine orders came as the WHO hit back at claims that its H1N1 forecasts had been unduly influenced by the big drugs companies. Keiji Fukuda, the WHO director-general's special adviser on pandemic influenza, said yesterday: "The world is going through a real pandemic ... the description of it as a fake is both wrong and irresponsible".

His comments followed a claim by Wolfgang Wodarg, the chairman of the Council of Europe's health committee, that global drugs companies had influenced the WHO's assessment of the dangers of the H1N1 virus, calling the outbreak a "false pandemic"

Mr Wodarg said the WHO's campaign was "one of the greatest medicine scandals of the century".

GSK also issued a robust rebuttal of Mr Wodarg's comments yesterday, saying: "Allegations of undue influence are misguided and unfounded. The WHO declared that H1N1 swine flu met the criteria for a pandemic.

"Responding to it has required unprecedented collaboration. As WHO have stated, legal regulations and numerous safeguards are in place to manage possible conflicts of interest."

RIANOVOSTI

Greece cancels order for swine flu vaccine

RIA Novosti, Athens, 19 January 2010, 02:35

https://web.archive.org/web/20100122123538/http://en.rian.ru/world/20100119/157606062.html

Greece has canceled the remaining order for about 8 million batches of the vaccine against the deadly swine flu, local media said citing the government sources.

Greece has previously ordered over 11 mln batches to vaccinate its entire population, and has received 3.6 mln batches, worth 25 mln euro ($36 mln) from that order.

"The state will pay only for vaccines which have been received so far," local TV quoted Health Minister Mariliza Xenogiannakopoulou as saying on Monday.

The minister said the vaccination against the A/H1N1 virus had not been popular among the Greek citizens. Only about 360,000 Greeks have voluntarily received the vaccination up till now, and it is questionable if all the received vaccines would be used until their expiration in 2011.

According to official data, up to 96 people have died so far in Greece from the swine flu and its complications.

The World Health Organization (WHO) reported late in December 2009 that the death toll from the swine flu outbreak had reached 11,516 worldwide.

The number of infections continues to rise in some areas of central and eastern Europe, as well as in western, southern and central Asia, which were hit by the virus outbreak later than other parts of the world, the organization said.

WHO had earlier suspended publishing weekly reports on the spread of swine flu after some countries refused to report each infection.

REUTERS

Greece halts purchases of H1N1 flu vaccines

Reuters, 19 January 2010, 7:56 PM GMT+8
http://www.reuters.com/article/idUSLDE60I0RI20100119
https://web.archive.org/web/20100123031951/https://www.reuters.com/article/idUSLDE60I0RI20100119/

ATHENS, Jan 19 (Reuters) - Greece cancelled orders for more than 12 million doses of swine flu vaccine to reduce costs, as it struggles with soaring budget deficits, the country's health minister said.

Greece is well stocked for its 11-million population after receiving 3.7 million doses, Health Minister Marilisa Xenogiannakopoulou said late on Monday.

The Mediterranean country, which sees about 15 million tourists every year, has attributed nearly 100 deaths to the virus. About 360,000 people have been vaccinated so far, according to government figures.

"At a time of financial hardship and efforts to economise, it is important to save up funds," Xenogiannakopoulou said.

Cutting health and hospital costs are key in the Greek government's drive to tidy up public finances after the budget deficit soared to 12.7 percent of GDP last year.

Greece's previous conservative government had earmarked 40 million euros ($57.59 million) to buy 16 million doses of vaccine from Novartis (NOVN.VX), Glaxo (GSK.L) and Sanofi (SASY.PA).

Several governments have started cutting orders for the vaccine because the pandemic has not turned out to be as deadly as originally feared and most people need only one dose, not two, to be fully protected [LDE6070ML]. (Reporting by Harry Papachristou; Editing by Rupert Winchester)

S. Todorović

Contract with 'Novartis' for purchase of vaccines cancelled

Blic, 27 January 2010, 08:30 h

https://web.archive.org/web/20100129101729/http://english.blic.rs/Society/5920/Contract-with-Novartis-for-purchase-of-vaccines-cancelled

Serbia has officially cancelled contract for purchase of vaccines against the new flu with the Swiss manufacturer 'Novartis', 'Blic' learns unofficially. On the other hand 'Novartis' yesterday warned governments not to cancel already placed orders since next time when some other pandemic occurs 'the reliable countries shall have priority'.

According to Svetlana Vukajlovic, Director of the Republican institute for healthcare (RZZO) the contract was cancelled as early as on December 12 after decision by Serbia Government. However, it is not clear if we shall have to pay penalties for cancellation of the contract.

The importer 'Jugohemija' claims, however that the contract is still in force but that they shall support every agreement reached in negotiations between the Government and the supplier.

NZZ

900'000 Dosen Schweinegrippe-Impfstoff nach Iran

NZZ, 28 January 2010, 16:47
https://web.archive.org/web/20110319184633/http://www.nzz.ch/nachrichten/politik/schweiz/900000_dosen_impfstoff_von_der_schweiz_nach_iran_1.4676520.html?printview=true

Schweiz lagert Teil der ursprünglich 13 Millionen gekauften Impfungen ein
Der Iran erhält von der Schweiz 900'000 Dosen des Schweinegrippe-Impfstoffes Celtura. 750'000 Dosen werden verkauft. Weitere 150'000 Portionen erhält das Land als Spende geschenkt, wie das Bundesamt für Gesundheit mitteilte. ...

Der Iran erhält von der Schweiz 900'000 Dosen des Schweinegrippe-Impfstoffes Celtura. 750'000 Dosen werden verkauft. Weitere 150'000 Portionen erhält das Land als Spende geschenkt, wie das Bundesamt für Gesundheit am Donnerstag mitteilte.

(sda) Nachdem sich herausgestellt hatte, dass es für den Schutz vor H1N1 nicht bei allen Menschen zwei Impfdosen braucht, beschloss der Bundesrat, bis zu 4,5 Mio. Dosen ins Ausland abzugeben. Ob weitere Impfdosen das Land verlassen, hängt laut dem BAG-Sprecher davon ab, ob die Haltbarkeit verlängert werden kann.

Der Iran erhält vorläufig insgesamt 360'000 Dosen Celtura. Der Impfstoff ist vorläufig sechs Monate lang haltbar. Novartis als Herstellerin strebt eine Verlängerung um zwei Mal drei Monaten an. Davon hängt es ab, ob auch die übrigen 540'000 Dosen in den Iran geliefert werden können.

Impfstoff geschenkt erhält auch die Weltgesundheitsorganisation (WHO), nämlich rund 1,3 Mio. Dosen Pandemrix von GlaxoSmithKline. Das Unternehmen wird den zwei Jahre haltbaren Impfstoff direkt der WHO zur Verfügung stellen.

Impfstoff wird auch eingelagert
Die Schweiz wird auch Impfstoff einlagern. Dieser soll der Bevölkerung in der Schweiz für den Fall zur Verfügung stehen, dass eine nächste Pandemiewelle anrollen sollte. Insgesamt hatte die Schweiz 13 Millionen Impfdosen für 84 Millionen Franken gekauft.

H1N1 auf dem Rückzug
Derzeit ist in der Schweiz das H1N1-Virus, das die Schweinegrippe verursacht, weiter auf dem Rückzug. Für die vergangene Woche meldete das BAG noch 54 Arztbesuche pro 100'000 Einwohner wegen Grippeverdachts oder 5,6 Verdachtsfälle auf 1000 Arztbesuche. Das sind etwas mehr als der nationale epidemische Schwellenwert.
Total wurden bis Mittwoch 13'433 Fälle bestätigt. 561 Personen mussten wegen Schweinegrippe ins Spital; von ihnen brauchten 105 Intensivpflege. 18 Personen starben wegen des H1N1-Virus.

Switzerland to send 900,000 swine flu jabs to Iran
Novartis applies to use jabs after expiration date

The Flu Case, 28 January 2010 15:36
https://web.archive.org/web/20100220013202/http://www.theflucase.com/index.php?option=com_content&view=article&id=2655%3Aswitzerland-to-send-900000-swine-flu-jabs-to-iran-novartis-applies-to-use-jabs-after-expiration-date&catid=1%3Alatest-news&Itemid=64&lang=en

Switzerland is to send 900,000 doses of Novartis's Celtura to Iran; 750,00 doses of which were sold and the rest donated.
Celtura can be used for six months but Novartis is applying for the swine flu jab to be used for two to three months after its expiration date, reports the Neue Zürcher Zeitung.

THE FLU CASE

Canada donates 5 million doses of excess H1N1 vaccine to WHO redistribution effort

The Flu Case, 28 January 2010, 15:28
https://web.archive.org/web/20100220013147/http://www.theflucase.com/index.php?option=com_content&view=article&id=2652%3Acanada-donates-5-million-doses-of-excess-h1n1-vaccine-to-who-redistribution-effort&catid=1%3Alatest-news&Itemid=64&lang=en

Canada donates 5 million doses of excess H1N1 vaccine to WHO redistribution effort

Toronto – The federal government is donating five million doses of H1N1 vaccine to the World Health Organization.

The doses will be added to a pool of donated vaccine that the WHO is redistributing to countries that could not afford to secure their own pandemic vaccine contracts.

As well, Canada will donate $6 million to the WHO to support the agency's ongoing pandemic relief efforts.

Health Minister Leona Aglukkaq announced the donation in a news release, saying Canada can take this step now because the country's own immediate needs have been met.

Demand for the vaccine here has plummeted since late December, as flu activity has tailed off.

Canada bought 50.6 million doses of vaccine and likely faces a surplus of several tens of millions of doses, even after making the donation to the WHO.

Quad-City Times

Vaccine recall prompts RI County flu clinic changes

Quad City Times, 1 February 2010, 4:55 pm
https://web.archive.org/web/20100209001942/http://www.qctimes.com/news/local/article_6beb2bbc-0f85-11df-a556-001cc4c002e0.html

A weakened batch of the H1N1 flu vaccine in the inventory of the Rock Island County Health Department has been recalled by the manufacturer, Sanofi Pasteur.

That means the injectable H1N1 vaccine will not be available this week for children 6-35 months old. Public health officials are seeking other sources of the injectable version and plan to resume that type of vaccination next week, beginning Monday, Feb. 8.

There are adequate amounts of the injectable vaccine for those older than 36 months, including adults. In addition, vaccine in a nasal mist form is available for most people who are 2 to 49 years old.

Sanofi Pasteur recalled the children's vaccine because it was not potent enough, officials said. The vaccine is not harmful, but it may not be fully effective as it creates protection for the patient. Children who recently received the vaccine do not have to be revaccinated, the health department announced.

Scheduled Rock Island County Health Department clinics this week are: 8 a.m. to noon and 1-4:30 p.m. Tuesday at the health department, 2112 25th Ave., Rock Island; and 2-5:30 p.m. Wednesday at Our Lady of Guadalupe Church, 800 17th St., Silvis, Ill.

Centers for Disease Control and Prevention

CDC Health Update:
Sanofi Pasteur H1N1 Influenza Vaccine Expiration Date Change

CDC Health Update, 2 February 2010, 18:45 ET (6:45 PM EST)
CDCHAN-0309-2010-02-02-UPD-N
https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/downloads/CDC_Health_Update_Sanofi_Pasteur_H1N1_Influenza.pdf

Sanofi Pasteur Monovalent 2009 (H1N1) Influenza Vaccine in Pre-Filled Syringes – Shortened Shelf Life of Certain Lots

Summary
Sanofi Pasteur has notified CDC and FDA that some lots of monovalent 2009 (H1N1) influenza vaccine in prefilled syringes will have a shorter expiration period than indicated on the label. The lots of Sanofi Pasteur monovalent 2009 H1N1 influenza vaccine in prefilled syringes should be used by February 15, 2010, as indicated in the table below regardless of the expiration imprinted on the package. This is to ensure that the vaccine is used while it remains within its potency specification. There are no safety concerns with these lots of 2009 H1N1 vaccine. People who received vaccine from the lots listed below with shortened shelf life do not need to take any action.

Background
As part of its quality assurance program, Sanofi Pasteur performs routine, ongoing stability testing of the vaccine after it has been shipped to providers. Stability testing means measuring the strength of a vaccine over time. The 50 lots subject to this change in expiration date include approximately 12 million doses. These lots were shipped to providers between November 2009 and January 2010. Although these lots remain potent, they are losing their potency more rapidly than expected, and therefore the shelf life is being shortened. While most of the doses from these lots are believed to have already been administered, there are almost certainly some doses that have not yet been used.
The change in expiration date described here is specific to the 50 lots of Sanofi Pasteur 2009 H1N1 influenza vaccine in pre-filled syringes listed below. However, a related recall was conducted recently, which involved lots from Sanofi Pasteur's 2009 H1N1 vaccine in 0.25 mL and 0.5 mL pre-filled syringes. These actions do not affect Sanofi Pasteur's 2009 H1N1 vaccine in multi-dose vials. =>

Non-Safety-Related Voluntary Recall of Unused Doses
from Certain Lots of Sanofi Pasteur H1N1 Vaccine in Pre-Filled Syringes
CDC Health Update – 29 January 2010, 19:15 EST (7:15 PM EST)

Summary: As part of its quality assurance program, Sanofi Pasteur, Inc., performs routine, ongoing testing of influenza vaccines after the vaccine has been distributed to health care providers to ensure that the vaccine continues to meet required specifications. In recent testing of its influenza A (H1N1) monovalent vaccine, Sanofi Pasteur found five distributed lots of single-dose, pre-filled syringe pediatric (0.25 mL) vaccine and one distributed lot of single-dose pre-filled syringe for older children and adults (0.5 mL) vaccine had potency below pre-specified limits. The manufacturer is conducting a non-safety related voluntary recall of any unused doses of these affected lots of vaccine. Information will be sent by Sanofi Pasteur to providers who received vaccine from the affected lots. ... => see this link below
https://web.archive.org/web/20100223124207/http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00306

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Non-Safety-Related Voluntary Recall of Sanofi Pasteur 2009 H1N1 Flu Vaccine in Pre-filled Syringes (February 2010)

CDC, 3 February 2010, 6:00 PM ET
https://www.cdc.gov/h1n1flu/vaccination/qa_recall.htm

1. Why are some of the doses of H1N1 vaccine manufactured in pre-filled syringes being recalled from the market?

As part of its ongoing quality assurance program, Sanofi Pasteur performs routine stability testing of its 2009 H1N1 influenza vaccine after the vaccine has been shipped to health care providers. Stability testing means measuring the strength (also called potency) of a vaccine over time. It is performed because sometimes the strength of a vaccine can decrease over time.

Sanofi Pasteur (the manufacturer) notified the FDA that the potency of some of its pediatric and adult syringes that had been distributed between November 2009 and January 2010 were found to have dropped below a pre-specified potency after they were shipped. On February 2, 2010, Sanofi Pasteur sent health care providers instructions to return unused vaccine from the affected lots.

These actions apply only to the lots of 2009 H1N1 vaccine in pre-filled syringes manufactured by Sanofi Pasteur.

2. What does "potency" mean for the H1N1 vaccine?

Potency (or strength) is determined by measuring the concentration of the active ingredient (also called antigen) in the vaccine.

3. Are there any concerns about the safety of 2009 H1N1 vaccines being recalled?

No. There are no safety concerns with the recalled lots of H1N1 vaccine and no re-administration of the vaccine is required. All of the H1N1 vaccine lots successfully passed pre-release testing and additional post-release testing supports the conclusion that there is no cause for concern over safety.

4. What are the lot numbers affected by this recall?

The vaccines in pre-filled syringes affected by this recall include the following lot numbers:
- UT023AA, UT023BA, UT023CA, UT023EA, UT023FA (NDC # 49281-650-25, which also may be recorded as # 49281-0650-25), 0.25 mL syringes in 10-packs
- UT037AA (NDC # 49281-650-90, which also may be recorded as # 49281-0650-90), 0.5 mL syringes in 25-packs

5. How many doses are in these lots?

There are approximately 1.3 million doses in the lots that were distributed to health care providers. The manufacturer is recalling any doses from these lots that may still be unused.

THE WALL STREET JOURNAL.

Leos Rousek

Czechs hold talks with GSK to cancel swine flu jabs

The Wall Street Journal, 4 February 2010, 14:11
http://online.wsj.com/article/BT-CO-20100204- (deleted)
https://web.archive.org/web/20100220013400/http://www.theflucase.com/index.php?option=com_content&view=article&id=2689%3Aczechs-hold-talks-with-gsk-to-cancel-swine-flu-jabs&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Prague (Dow Jones) – Czech Healthcare Minister Dana Juraskova will hold talks with Glaxo-SmithKline PLC (GSK) on possibly canceling vaccination shots for swine flu, or A/H1N1, ordered earlier, ministry spokesman Vlastmil Srsen said Thursday.

The ministry had ordered a total of 1 million shots of the vaccine from GSK and planned to use them all. "The minister has been asked by the government security council to initiate such talks with GSK so that there's such a possibility of not receiving all ordered vaccines," Srsen said.

GSK has so far delivered 238,000 swine flu vaccination shots and "over 60,000 have been used up so far," Srsen said.

Bloomberg

Tom Randall
Editors: Lisa Rapaport, Andrew Pollack

Sanofi Speeds Swine Flu Shot Expiration after Recall

Bloomberg, 5 February 2010, 04:43 PM EST
https://web.archive.org/web/20100220013557/http://www.theflucase.com/index.php?option=com_content&view=article&id=2721%3Aexpiry-date-of-sanofi-swine-flu-jabs-shortened-by-16-months-shots-must-be-used-by-end-of-week-says-us-government-&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Feb. 5 (Bloomberg) – Sanofi-Aventis SA shortened the expiration of its 12 million pre-filled swine flu shots by as much as 16 months to ensure the potency of the vaccine doesn't decline.

The shots should be administered by Feb. 15, according to a Web site run by the U.S. Department of Health and Human Services. The vaccines previously had expiration dates that varied from March to June 2011. Paris-based Sanofi in December recalled 800,000 doses of the shot for H1N1 influenza, known as swine flu, and AstraZeneca Plc withdrew 4.7 million spray vaccines, after tests showed the potency was too low.

Flu rates in the U.S. have declined since peaking in late October, and the H1N1 virus is no longer widespread in any state, the U.S. Centers for Disease Control and Prevention reported today. More than 70 million people have received a swine flu vaccine, the Atlanta-based CDC said. The December recalls were made after routine tests showed declining potency in some batches.

"The FDA and the manufacturers are really looking into this," Anne Schuchat, head of the National Center for Immunization and Respiratory Diseases at the CDC, said today during a conference call. The declining potency of pre-filled syringes is "a special focus of attention to understand mechanically what may have been going on and to learn from that.

U.S. Vaccines

The shortened expiration date only affects shots in the U.S., said Len Lavenda, a spokesman for Sanofi in Swiftwater, Pennsylvania, in a telephone interview. The shots don't affect vaccine the company is donating to the Geneva-based World Health Organization because the donated shots are in multidose vials, not pre-filled syringes, he said.

Most of the shots were shipped early in the season, and the number of unused doses that are affected by the shortened shelf life is low, said Richard Quartarone, a spokesman for the CDC, in an e-mail.

All pre-filled syringes "should now be administered by Feb. 15, 2010, regardless of the expiration imprinted on the package," according to the U.S. Web site.

Sanofi's decreased vaccine potency may have been due to the key ingredient, antigen, clinging to the wall of the syringe over time, Schuchat said after the December recall.

Different Doses

Multidose vials, the most common form of the vaccine, aren't affected by the expiration change. The single-dose syringes are sometimes used for convenience and because they don't require thimerosal, a preservative that has been shown to be safe in studies though remains controversial.

Sanofi shares declined 1.74 Euros, or 3.3 percent, to close at 51.68 in Paris trading.

Swine flu continues to circulate in the U.S., though at rates below average for seasonal flu in previous years, the CDC's Schuchat said. Pneumonia and flu deaths remain at an epidemic level, above average for the season, she said.

"We aren't seeing signs of a major increase in H1N1, but we are seeing persistent transmission," Schuchat said today. "It's really easy to be vaccinated now, and we hope that people will take advantage of that."

The U.S. government ordered 229 million doses of antigen. About 155 million doses have been made available in the U.S., and 124 million doses have shipped throughout the country, Schuchat said.

Berliner Morgenpost

Berlin wirft Schweinegrippe-Impfstoff auf den Müll

Berrliner Morgenpost, 5 Februar 2010, 11:33
https://www.morgenpost.de/berlin-aktuell/article103957957/Berlin-wirft-Schweinegrippe-Impfstoff-auf-den-Muell.html

In Berlin landen viele ungebrauchte Packungen des Schweinegrippe-Impfstoffs Pandemrix im Müll. Dies hat die Gesundheitsverwaltung bestätigt. Für die bislang weggeworfenen Impfdosen muss das Land bereits einen hohen fünfstelligen Betrag zahlen.

In Berlin sind Impfdosen des Schweinegrippe-Mittels Pandemrix im Wert von 90.000 Euro abgelaufen. Das geht aus der Antwort der Senatsgesundheitsverwaltung auf eine Parlamentsanfrage des CDU-Abgeordneten Mario Czaja hervor. Rund 10.700 Impfdosen seien bisher im Müll gelandet, da die Haltbarkeit des Wirkstoffs abgelaufen war. Nach Öffnen eines Zehnerpacks Pandemrix muss das Serum binnen 24 Stunden gespritzt werden, sonst wird es unbrauchbar. Ungeöffnet ist der Impfstoff zwei Jahre haltbar. Für die weggeworfenen Dosen bezahlt das Land Berlin.

Seit dem Start der Massen-Immunisierung im November 2009 haben sich nur 128.000 Berliner gegen das H1N1-Virus impfen lassen. Ausgeliefert wurden rund 245.000 Dosen. "Die Anzahl der verbrauchten Impfdosen und die Auslieferungen sind stark abnehmend", sagt Benjamin-Immanuel Hoff, Staatssekretär der Gesundheitsverwaltung.

Ursprünglich sollte Berlin zwei Millionen Impfdosen bekommen. Das Land verhandelte erneut mit dem Hersteller und soll nun nur die Hälfte der gelieferten Dosen abnehmen. Dennoch bleibt Berlin auf einem Großteil des bestellten Vorrats sitzen. Wird das Serum nicht gespritzt, entstehen dem Land Kosten in Höhe von etwa 13 Millionen Euro.

THE FLU CASE

Berlin throws away swine flu jabs

The Flu Case, 7 February 2010, 13:33
https://web.archive.org/web/20100220013436/http://www.theflucase.com/index.php?option=com_content&view=article&id=2704%3Aberlin-throws-away-swine-flu-jabs&catid=1%3Alatest-news&Itemid=64&lang=en

Berlin in Germany has already thrown away 10,700 doses of GlaxoSmithKline's Pandemrix swine flu jab because they have passed their expiry date, it has emerged.

Berlin Senate health officials said in answers to MP Mario Czaja that Pandemrix jabs worth 90,000 euros have passed their expiry date.

Only 128,000 people in Berlin took the swine flu jab in a city of about 3.4 million people leaving the city with a gigantic surplus of pre ordered swine flu jabs.

algerie-dz.com

L'Algérie réduit ses importations du vaccin contre la grippe porcine

Algerie-Dz, 8 février 2010

https://web.archive.org/web/20101204073434/http://www.algerie-dz.com/article18225.html

L'Algérie n'importera que cinq millions de doses du vaccin contre la grippe porcine contre vingt millions prévues initialement.

Le déclin de la propagation de virus H1N1 à travers le monde et la non-adhésion de la population à la campagne de vaccination ont poussé le ministère de la Santé à revoir à la baisse l'importation du vaccin contre la grippe porcine. L'Algérie n'importera finalement que 5 millions de doses du vaccin contre la grippe A/H1N1 au lieu de 20 millions de doses prévues initialement, selon M. Faouzi Derrar, le directeur du centre de référence de la grippe porcine au ministère de la Santé, invité hier matin de la radio nationale. Après une campagne hystérique qui a accompagné l'urgence de ramener des millions de lots de vaccin H1N1, le ministère de la Santé a finalement décidé de revoir à la baisse les besoins en matière de ce vaccin.

Au lieu de 20 millions de doses, l'Algérie n'en importera finalement que 5 millions, dont 2,5 millions de doses sont déjà réceptionnées et le reste suivra, selon ce responsable au ministère de la Santé. «L'Algérie a entamé des négociations avec le laboratoire britannique GlaxoSmithKline (GSK) pour ramener de 20 à 5 millions de doses sa commande de vaccins contre la grippe H1N1», a souligné l'invité de la radio nationale. Et d'ajouter : « Nous avons transmis nos préoccupations au fournisseur qui les a comprises et nous sommes actuellement en discussion sur les clauses du contrat pour que soient livrées 5 millions de doses et pas 20 millions.» Le directeur du centre de référence a affirmé que l'Algérie avait commandé au départ vingt millions de doses, mais la population, particulièrement les personnels de santé, «n'a pas adhéré» à la campagne de vaccination qui a débuté à la fin de décembre dernier. Il a également mis en avant les «données épidémiologiques» relevées dans le pays faisant état d'un déclin de la maladie, pour justifier la révision à la baisse de la commande.

Synthèse de Samir, www.algerie-dz.com
D'après le Jeune Indépendant
http://www.algerie-dz.com/article18225.html

THE FLU CASE

Algeria cuts swine flu vaccine order by three quarters

The Flu Case, 8 February 2010, 15:11

https://web.archive.org/web/20100220013502/http://www.theflucase.com/index.php?option=com_content&view=article&id=2709%3Aalgeria-cuts-swine-flu-vaccine-order-by-three-quarters&catid=1%3Alatest-news&Itemid=64&lang=en

The Algerian government has cut back its order of GlaxoSmithKline swine flu jabs from 20 million to 5 million doses following the decline in swine flu cases across the world and the refusal of people to take the vaccine, according to the local media.

NEWS BBC

Two-thirds of swine flu vaccines remain unused in NI

BBC News, 10 February 2010, 10:40 GMT, 2010
http://news.bbc.co.uk/2/hi/uk_news/northern_ireland/8507274.stm

The Department of Health in Northern Ireland still has half a million swine flu vaccines which remain unused.

In mid-January, there were more than 60% of the vaccines left. The health minister had estimated he would need £61m to combat the virus in NI. But a member of the British Medical Association said it was better to have too many than too few vaccines.

Dr Tom Black said swine flu no longer posed a threat - therefore, lives have been saved.
"I think it is better to have vaccine left over than to be left short," he said.
"If we had needed to vaccinate the whole population then we would have needed a lot more vaccine.
"This was the fourth pandemic influenza outbreak in the last century. The previous three killed millions of people. I think we did very well with this one."

There have been 18 deaths related to swine flu in Northern Ireland.
There are still about 500,000 doses of the vaccine which have not been used. The majority of those are still held centrally and not distributed to surgeries. To date 751,200 vaccines have been received by the health service in Northern Ireland and 252,182 have been administered. There are currently 334,600 vaccines held centrally with the balance being held by health trusts and GPs.

The health minister has insisted that all decisions related to the virus were taken after scientific advice. Michael McGimpsey agreed with fellow executive ministers in December that he would need £61m to combat the threat of the virus. It is understood that figure is being re-evaluated and an updated bid will be supplied to the Department of Finance in February.

Review
The evaluation comes as health chiefs around the world assess their reaction to the global outbreak. The death rate from those suffering from the virus in the UK was low, at 0.026%. In addition, hundreds of thousands of people are thought to have been infected but not displayed any symptoms.

The World Health Organisation (WHO) has already announced it will review its handling of the pandemic. Council of Europe Health Committee Chairman Dr Wolfgang Wodarg has been one of the most vocal critics. He has said experts have been unduly influenced by the pharmaceutical industry, and questioned whether a virus that proved to be so mild could really be classed as a pandemic.

However Mr McGimpsey pointed to the fact that the WHO had called Dr Wodarg's comments "irresponsible" as well as "scientifically wrong and historically inaccurate" and said his department's response was guided by the "best scientific advice available in the UK". He added that his department is unable to divulge how much it paid for the vaccines as it would "violate confidentiality clauses in the contracts with the manufacturers."

GUELPH Mercury Tribune

Czechs reduce swine fu vaccine order by 300,000 due to lack of interest

Guelph Mercury Tribune, 19 February 2010
https://www.guelphmercury.com/news/czechs-reduce-swine-fu-vaccine-order-by-300-000-due-to-lack-of-interest/article_e1c92a4b-168d-51a1-90c9-4e2a146faee9.html

Prague, Czech Republic – The Czech Republic's health minister says authorities are reducing an order for swine flu vaccine shots by 300,000 due to a lack of interest among people to get vaccinated.

The country had planned to vaccinate about 1 million people in high-risk groups, including people with chronic diseases, health workers, soldiers and pregnant women.

The Health Ministry says only about 64,000 people have agreed to get the shot.

Minister Dana Juraskova said Friday that as a result the state reduced its order to 700,000 doses from the British pharmaceutical company GlaxoSmithKline PLC.

The ministry said 100 had died of swine flu in the Czech Republic.

POST BULLETIN
POSTBULLETIN.COM

Order for 300,000 H1N1 vaccines cancelled

Post Bulletin, The Associated Press (CP), 20 February 2010, 5:17 AM
https://www.postbulletin.com/news/order-for-300-000-h1n1-vaccines-cancelled

The Czech Republic's health minister says authorities are reducing an order for swine flu vaccine shots by 300,000 due to a lack of interest among people to get vaccinated.

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Minister Dana Juraskova said Friday that as a result the state reduced its order to 700,000 doses.

The Atlanta Journal-Constitution

Craig Schneider

Georgia has glut of swine flu vaccine

The Atlanta Journal-Constitution, 26,February 2010, 6:11 p.m.
https://web.archive.org/web/20100301095513/https://www.ajc.com/health/georgia-has-glut-of-332591.html

Georgia has a glut of more than 2 1/2 million doses of swine flu vaccine, and some local health departments are working hard to administer them before they expire.

Less than a third of Georgia's total allocation of 3 1/2 million doses – 978,092 doses – have been administered, according to the state Department of Community Health.

With only weeks left in a flu season that traditionally ends around late March, state and county health officials are faced with distributing a large amount of vaccine to a public that has largely lost interest in swine flu. Some local health officials say some of their vaccine will start to expire at the end of March.

"There's just not much interest in it right now," said Lisa Crossman, director of clinical and prevention services at Cobb and Douglas Public Health.

The Cobb/Douglas health agency has administered less than half of the doses intended for its own clinics and mass vaccination events -- a total of 17,000 of 37,000 doses. Some 8,300 doses there will expire at the end of March, Crossman said.

Georgia has experienced 860 hospitalizations and 53 deaths due to swine flu, DCH said. The virus, which has diminished in activity, has largely displaced the common flu this season, officials said.

The Georgia problem reflects a national excess of the vaccine. The federal government has produced about 155 million doses for public distribution. About 50 million doses are still unused, said Tom Skinner, spokesman for the Atlanta-based Centers for Disease Control and Prevention.

It remains unclear what will happen to leftover vaccine, but federal health officials said some might go to waste, a potential loss of millions of taxpayer dollars. The federal government took on the full cost of the swine flu vaccination program.

Skinner said the federal government will make an announcement shortly on a plan regarding the unused vaccine. For now, concern remains that the flu season is not over and another uptick in activity could occur.

The injectable vaccine has a shelf life of a year to 18 months, he said. The mist vaccine has a shelf life of about 18 weeks once it is shipped to a provider.

According to the CDC, 23 percent of Americans have received swine flu vaccinations. About 37 percent of children and teens up to the age of 18 years have been vaccinated.

Health officials are concerned that many people remain unprotected while the virus is still circulating and people are still getting sick and dying. They are particularly worried about children. Two swine flu vaccination doses are required for children 9 years and younger, and only 37 percent of children in this age group received their second dose, according to the CDC.

The problem has been one of timing, Skinner said. Essentially, by the time the vaccine was widely available to the public, the flu activity – and the public interest – had peaked.

Swine flu, also known as H1N1, first appeared last April, but it was December before the vaccine was widely available. In addition, concern over the virus, which initially raised worries of a major health disaster, diminished as it became apparent the effects for most people mirrored the seasonal flu.

While federal health officials say that producing a new vaccine in months was monumental, the effort had problems with delays, shortages and the recall of over 5 million doses that lost potency.

"We wanted to make sure there was enough vaccine for everyone who might want one," Skinner said.

The federal Department of Health and Human Services spent $1.6 billion on 229 million doses of H1N1 vaccine bulk antigen and associated supplies, according to the CDC. About 155 million doses have been placed into syringes, vials and sprayers. The CDC is hopeful that the raw antigen, which lasts longer, can be used in future flu vaccines. Some extra vaccine may be made available to the World Health Organization for donation to countries that otherwise would not have access to the vaccine.

To move more vaccine, Cobb health officials set up several H1N1 mass vaccination clinics in the evenings, on weekends and at large community events such as those held at the Galleria.

Gwinnett and DeKalb health officials offered vaccinations this month at the Vietnamese New Year's Celebration in Norcross. DeKalb has been working hard for months to vaccinate people, at one point presenting the benefits in a puppet show that featured a big dancing needle and "Captain Healthy" showing kids to use hand sanitizer.

The excess stands in stark contrast to the situation in the fall, when people stood on long lines to receive swine flu vaccine, which, because of shortages and production delays, was being administered only to high priority groups.

Free vaccine clinic

The Fulton County Department of Health and Wellness is holding a swine flu vaccination clinic noon to 4 p.m. Saturday at North Springs High School in Sandy Springs. The vaccine is free.

TOPNEWS
NEWS YOU CAN USE.....

Amit Pathania

Excess of Vaccines, the Biggest Challenge

Top News, 6 March 2010, 09:45
http://topnews.us/content/212545-excess-vaccines-biggest-challenge

All the top U. S. public health leaders at the conference saw the eye to eye on Friday, regarding the fact that that people have stopped being vaccinated and now how the surplus vaccines of H1N1 swine flu to be used, is the one of the biggest challenges. Earlier people were bawling for H1N1 vaccines, but only a few came for vaccination.

"The truth is for this pandemic we had about the longest warning we might ever have for a potential bio-threat. And yet we all lament how long it took for vaccine to be made", said Dr. Nicole Lurie, who heads preparedness at the Health and Human Services Department.

About 12,000 Americans have been killed by the H1N1 virus and nearly 250,000 patients have been hospitalized, according to the U. S. Centers for Disease Control and Prevention. According to CDC about more than half the U. S. population should have been vaccinated and 250 million vaccines had been ordered but the scheduled didn't happen.

"We told people to prepare to be vaccinated in October and then we didn't show up with vaccine", said Texas State Health Commissioner David Lakey.

To make available free H1N1 vaccinations to students upto age 9 and to those who require their second dose, the Lexington-Fayette County Health Department will to three public schools.



Barinder Khatra

Dutch Health Ministry intends to sell back Swine Flu vaccine doses

TopNews, 7 March 2010, 13:50
https://web.archive.org/web/20100309112132/http://topnews.co.uk/22907-dutch-health-ministry-intends-sell-back-swine-flu-vaccine-doses

The Dutch Health Ministry has intended to sell back its 21 million unexploited H1N1 flu vaccine doses, as the Government doesn't find its requirement anymore.

The Health Ministry has been advancing to GlaxoSmithKline and Novartis for the selling back those doses.

However, the Ministry has refused to provide the exact details of the cost of these doses, as of now.

When the Swine Flu Pandemic was at its peak, the Dutch Government had ordered more than 34 million doses of the tamiflu.

During that period, around 11 million doses were put to use and 2.2 million were preserved for the crisis.

INDEPENDENT

Alistair Dawber

Government cuts H1N1 vaccine order by two-thirds

Independent, 7 April 2010, 00:00 BST
https://www.independent.co.uk/news/business/news/government-cuts-h1n1-vaccine-order-by-twothirds-1937544.html

The Department of Health and GlaxoSmithKline yesterday agreed to cut the number of doses of swine flu vaccine the Government will buy from the group by about two-thirds, after the H1N1 virus proved to be far less devastating than first feared.

Last year, when concerns about the the virus were high, the Government ordered enough vaccine for everyone in Britain from GSK and the US pharmaceutical group Baxter. Health officials yesterday said that they would now take just 34.8 million doses of GSK's treatment, after initially ordering 90 million batches. The company had recommended at the start of the pandemic that each patient take two doses of the drug. The Government terminated its contract with Baxter in February.

"This deal means that the UK will save approximately one third of the original value of the orders with GSK," said the Health Secretary, Andy Burnham. "I am pleased we have reached an agreement that is good value for the taxpayer and means the department has retained a strategic stockpile to protect the UK population without incurring a cancellation fee."

While the Government is not paying a cancellation fee, it is paying substantially more per dose for the vaccine. GSK said that the Government would receive other treatments, such as H5N1 *bird flu* vaccine and courses of the anti-viral Relenza, to balance the deal.

The Department of Health said that the UK now has a stockpile of 23.6 million doses and confirmed that those deemed vulnerable to the virus, such as pregnant women and health workers, would continue to get the drug. The Government said it would donate 3.8 million batches of swine flu vaccine to the World Health Organisation.

Both the Government and GSK have refused to say how much the UK has paid for swine flu vaccine. A Freedom of Information request submitted by The Independent to force the Government to disclose how much it was paying per dose was rejected on the grounds that the details would "prejudice the commercial interests" of GSK and the Government's ability to negotiate with its commercial partners.

GSK has charged governments on a sliding scale, from €7 for the most developed economies, to 50 million free doses submitted for distribution by the World Health Organisation. The UK was offered a discount, but the size of the cut has not been made public.

Yesterday's deal is the result of lengthy negotiations between the Government and GSK and follows similar action from the German authorities, who agreed to take and pay for 70 per cent of its original order in January.

GSK is in talks with a number of other administrations over plans to par back vaccine orders. A host of northern hemisphere countries are known to want to slash orders after the initial spike in incidents of swine flu cases quickly tailed off. Among them, France, Belgium and Spain are thought to be in talks with GSK.

The company said that it would not be altering its earnings estimates for 2010, saying that it expects to see swine flu vaccine sales of about £880m this year, a similar amount to 2009.

The Washington Post

Rob Stein

Millions of H1N1 vaccine doses may have to be discarded

The Washington Post, 1 April 2010
https://web.archive.org/web/20100408172009/http://www.washingtonpost.com/wp-dyn/content/article/2010/03/31/AR2010033104201.html
https://web.archive.org/web/20100408172009/http://www.washingtonpost.com/wp-dyn/content/article/2010/03/31/AR2010033104201_2.html

Despite months of dire warnings and millions in taxpayer dollars, less than half of the 229 million doses of H1N1 vaccine the government bought to fight the pandemic have been administered - leaving an estimated 71.5 million doses that must be discarded if they are not used before they expire.

Between 81 million and 91 million doses of swine flu vaccine were injected into peoples' arms or squirted up their noses through the end of February, according to federal officials, leaving about 138 million doses unused. An estimated 60 million of those will be donated to poor countries or saved for possible future use. But doses already in vials and syringes will be thrown away if not used before their expiration dates pass.

The prospect of millions of doses of the once-precious vaccine being discarded is the latest twist in the $1.6 billion program - the most ambitious immunization campaign in U.S. history. The government-led effort produced a vaccine in record time, but unexpected production problems delayed delivery of the bulk of supplies until after the second wave of infections had peaked, leaving millions anxious and frustrated as they scrambled for the shots and nasal sprays.

Nevertheless, officials said they were largely satisfied with the effort, which blunted the impact of the first flu pandemic in decades. Between 72 million and 81 million people are estimated to have been immunized.

"Did we do as well as we would have liked to? No, not at all," said Anne Schuchat of the federall Centers for Disease Control and Prevention (CDC). "But the country did an extraordinary job of responding. It's pretty incredible to think about how much uncertainty we had at the beginning of this."

Given the potential seriousness of the threat and the uncertainties of vaccine production, Schuchat said, it was unavoidable that some doses would go to waste.

"We were dealing with a very unusual situation. We had a pandemic. We had young people being killed," she said. "We wanted to make sure we had enough. We didn't want to be short. It was important to us to be able to protect the American people."

Noting that the virus still poses a threat, Schuchat and other experts stressed that they hope millions more in the country will still get vaccinated.

"It's too early to write the final chapter on this vaccine," said Michael T. Osterholm of the University of Minnesota. "If we're at the beginning of a third wave, I just bet you a lot of that vaccine that is sitting there will not be unused."

But officials acknowledge that it becomes more difficult in spring to persuade a skeptical public to get vaccinated, especially because the threat appears to be fading.

"We still don't know what the future is. We need to be nimble enough in case there is an uptick in disease," said Bruce Gellin, head of the National Vaccine Program Office.

The immunization program was designed to provide enough vaccine to protect every U.S. resident if needed. But antiquated technology dependent on growing the virus in chicken eggs delayed arrival of most of the doses. Fears about the pandemic fostered wide-scale anxiety and spawned long lines as the first doses trickled in amid the second wave of infections last fall. By the time the vaccine was plentiful, demand had dissipated.

Of the 229 million doses bought by the federal government, about 162.5 million were put into vials and syringes, which starts the clock ticking on an expiration date. About 25 million are being donated to poor countries, and about 35 million remain in bulk form, which lasts longer and could be used if the virus flares up again later this year or as part of next year's seasonal flu vaccine. The Defense Department received about 3 million doses.

Overall, about one-third of people considered at the highest risk from the virus, including nearly 37 percent of children ages 6 months to 17 years, were vaccinated through January. But the proportion of people immunized varied widely nationwide, with some states reporting vaccination rates three times as high as others.

"The message we should take away from this experience is that we need to continue to explore technologies to improve the stability of the flu vaccine supply and, equally as important, we need to invest in public health infrastructure to make sure that there are strong health departments to communicate with the public and administer vaccine once it is produced," said Rep. Henry A. Waxman (D-Calif.).

The World Health Organization, meanwhile, faces mounting charges that it overreacted to the pandemic. The Council of Europe's Parliamentary Assembly is investigating allegations that the Geneva-based arm of the United Nations was influenced by pharmaceutical companies to exaggerate the risk, thereby helping in vaccine sales.

WHO officials have strongly disputed the charges, saying the response was vital given the uncertainty about the new virus and its potential threat. Many independent public health experts have defended the agency.

Nevertheless, the WHO has launched an internal review of its response and announced Monday that a committee of 29 outside experts would conduct an independent assessment. The critique will include whether WHO's pandemic alert system should consider the severity of a new virus, not just whether it is novel and spreading globally.

"Could we have made decisions better? Could we have considered things in a different way at the time?" said Keiji Fukuda, WHO's top flu official, told reporters Monday. "We, along with many others, are asking the same kinds of questions of ourselves and each other."

The CDC estimates that more than 60 million people in the United States were sickened by the virus, at least 265,000 were hospitalized and more than 12,000 died. Although about 36,000 residents succumb in a typical flu season, officials said H1N1 tended to kill pregnant women, children and otherwise healthy young adults, making the impact far more serious than the numbers alone indicate.

Infections have dropped sharply in most of the country, but the CDC reported Monday that the virus was still spreading in several southeastern states, including Georgia, where hospitalizations have increased in recent weeks.

Internationally, officials are concerned because the virus has started spreading widely for the first time in some parts of the Southern Hemisphere, especially in poor African countries with limited resources to stem the spread and treat cases.

TOPNEWS
NEWS YOU CAN USE.....

Prakash Sharma

Millions of H1N1 Vaccine doses to be Discarded in the US

Top News, 1 April 2010, 11:49
https://web.archive.org/web/20171027025018/http://topnews.us/content/214923-millions-h1n1-vaccine-doses-be-discarded

It is reported that less than half of the 229 million doses of H1N1 vaccine the Government purchased to combat against the pandemic have been administered, thereby rendering an estimated 71.5 million doses in a position to be discarded if they are kept unused before they expire, despite months of dire warnings and millions spent in taxpayer Dollars.

The federal officials claim that nearly 81 million to 91 million doses of swine flu vaccine were used through the end of February, leaving nearly 138 million doses unused.

They post that nearly 60 million of those will be donated to poor countries or saved keeping in mind the future possibility of requirement. However, doses already in vials and syringes will be discarded if not used before their expiration dates pass.

The prospect of millions of doses of the vaccine being thrown away has emerged as a twist in the $1.6 billion program, revealed as the most ambitious immunization campaign in U. S. history.

However, officials uncover that they were highly gratified with the effort. Between 72 million and 81 million people are estimated to have been immunized.

Keeping in mind the potential seriousness of the disease and the uncertainties linked to the vaccine production, Schuchat posted that there was no other way than to witness some doses go to waste.

ВЕСТИ RU | Новости | Смотрим новости | Прямой эфир

Америка спешит избавиться от вакцин против свиного гриппа
Text & Video

ВЕСТИ.RU, 2 апреля 2010, 12:49
https://www.vesti.ru/article/2085314

Америка избавляется от излишков вакцины против свиного гриппа. 138 миллионов доз оказались неиспользованными. Часть из них собираются подарить бедным странам. Американские эксперты уже называют панику по поводу свиного гриппа одной из самых широкомасштабных медицинских афер. С подробностями – собственный корреспондент радио "Вести ФМ" в Вашингтоне Елена Соколова.

Соколова: Америка готова избавиться от излишков вакцины против свиного гриппа.
США закупили 229 миллионов доз, но, несмотря на потраченные деньги налогоплательщиков и активную рекламу прививок, в США на сегодняшний день использовали меньше половины закупленной вакцины.

138 миллионов доз оказались невостребованными. И теперь американское правительство в срочном порядке ломает голову – как же избавляться от лишней вакцины до истечения срока её годности. Согласно статье-расследованию в газете "Вашингтон пост", 25 миллионов доз вакцины собираются подарить бедным странам, 35 миллионов оставить в США про запас, на всякий случай, 3 миллиона доз вакцин – отправить в армию, а остальные 71 с половиной миллионов доз, скорее всего, будут просто списаны, так как использовать их просто некуда.

История с вакцинацией от свиного гриппа была самой широкомасштабной и агрессивной в истории американского здравоохранения – общий счёт этой широкомасштабной программы, по оценкам "Вашингтон пост", составил более полутора миллиардов долларов.

Многие американские эксперты называют кампанию по иммунизации против свиного гриппа одной из самых успешных и самых раздутых медицинских афер при непосредственном участии Всемирной организации здравоохранения. Сейчас комиссия Европарламента проводит независимое расследование – насколько фармакологические корпорации могут быть причастны к раздуванию паники и объявлению пандемии свиного гриппа.

Американцы же больше не желают прививаться от мнимой угрозы – в прошедший сезон, согласно статистике, свиным гриппом заболели примерно 60 тысяч американцев, некоторые умерли от осложнений. Эта цифра гораздо меньше, чем количество смертей от осложнений во время эпидемии обычного гриппа в Америке. Поэтому вопрос – как избавиться от лишних 138 миллионов доз ненужной вакцины – в Америке по-прежнему открыт.

THE FLU CASE

Frank Wiley

H1N1 Vaccine going to Waste.
$100 million of swine flu vaccines past or close to expiration date, says CDC

The Flu Case, 2 April 2010, 9:20 pm
https://web.archive.org/web/20100613224639/http://www.theflucase.com/index.php?option=com_content&view=article&id=3204%3A100-million-of-swine-flu-vaccines-past-or-close-to-expiration-date-says-cdc&catid=41%3Ahighlighted-news&Itemid=105&lang=en

It may be spring, but its still flu season. Especially since many people didn't get vaccinated.

Over stocked, and under used. Global panic, millions hospitalized, and millions of deaths – not enough to scare many Oklahomans into getting vaccinated for the h-1-n-1 swine flu virus.

"I don't think you need shots, per se," said parent, Shawn Johnson.

"I think that's kind of crazy, everyone should get vaccinated," said parent, Becky Gentes.

In a year's time, more than 1,100 hospitalized, in Oklahoma, and 44 have died form the virus. Since September, causing panic among parents like Gentes.

"I don't want to be sick, I don't want my child to be sick and I certainly don't want anybody else's child to be sick," said Gentes.

The chances of that happening, increased. Only 20 percent of Oklahomans have gotten the shot.

The Centers for Disease Control says more than $100 million doses of the vaccine were wasted. Expiration dates have either passed, or are looming, leaving the CDC calling for change, next flu season.

"Definitely the recommendation is let's put it in this year's seasonal flu vaccine because we want to get people protected early on," said a CDC Spokesman.

Officials hope the effort isn't wasted next time.

REUTERS

Kate Kelland

GSK agrees to one-third cut in UK H1N1 vaccine order

Reuters, 6 April 2010, 7:45 PM GMT+8

https://www.reuters.com/article/economy/gsk-agrees-to-one-third-cut-in-uk-h1n1-vaccine-order-idUSLDE6350RB/

London, April 6 (Reuters) - GlaxoSmithKline (GSK) <GSK.L> has agreed the British government can cut its order of H1N1 swine flu vaccines by about a third.

The government and GSK said separately on Tuesday they had agreed to cap the number of Pandemrix shots to 34.8 million doses, including those already delivered, and there would be no cancellation fee.

"The final settlement was mutually agreed as representing fair value for the UK government and the manufacturer," the health department said in a statement. The government also said the agreement meant it would now receive other GSK products, including H5N1 "bird flu" vaccines and courses of the antiviral drug Relenza to replace the amount used during the peak of the swine flu outbreak.

The government did not give further details of the deal, saying they were commercially confidential, but said the agreement was in line with GSK's settlements with other countries. The government's statement was repeated in GSK's statement on the deal.

About 17,000 people have died from laboratory-confirmed cases of H1N1 but the World Health Organisation, which declared the H1N1 flu a pandemic last June, has said the real death toll is likely to be many times higher. However, initial fears that the pandemic would kill many millions have turned out to be unfounded so far and governments around the world that ordered vast supplies of vaccines have been seeking to renegotiate their deals with suppliers like GSK.

The British company, which is the biggest supplier of H1N1 vaccines, has already reached agreements to cut vaccine orders for Germany and Belgium.

Other H1N1 flu vaccine manufacturers such as Novartis <NOVN.VX> and Sanofi-Aventis <SASY.PA> also faced order cancellations from France.

Simon Jose, general manager of GSK UK, said the firm was keen to work with governments when public health needs changed.

"Understanding of the H1N1 pandemic has significantly evolved since the declaration by the WHO last June and we recognise that governments' needs and public health priorities are changing," he said in a statement.

"We are committed to working with them to respond to their needs as the pandemic evolves and find appropriate and fair solutions."

GSK shares were 0.7 percent lower by 1025 GMT.

British health minister Andy Burnham said the deal represented "good value for the taxpayer" and meant the government would be able to keep a strategic stockpile of vaccine.

"This both protects the public purse and ensures the UK remains at the forefront of pandemic preparedness worldwide," he said in a statement. (Additional reporting by Paul Sandle, editing by Karen Foster)

REUTERS

Maggie Fox

U.S. has 71 million unused flu vaccine doses

Reuters, 4 May 2010, 11:06 PM GMT+8Updated 14 years ago
https://www.reuters.com/article/idUSTRE6425HW20100504/

Washington (Reuters) - The United States still has 71 million doses of H1N1 swine flu vaccine that have not been used, but it is not yet time to throw them out, the federal government said on Monday.

States and other providers should hang on to the vaccine and continue to offer them to people until drug companies can start distributing seasonal vaccine for the coming influenza season in the autumn, said Health and Human Services Department spokesman Bill Hall.

Senator Chuck Grassley, the ranking Republican on the Senate Finance committee, released a letter on Monday that he sent to HHS secretary Kathleen Sebelius asking her how much vaccine was left over and when it would expire.

H1N1 swine flu is still technically causing a pandemic and health officials say anyone who has not been vaccinated should still try, in case it causes a third wave of serious disease.

Health experts consider swine flu likely to join the mix of seasonal flu viruses and it will be included in the seasonal flu vaccine for 2010-2011, which will also contain two other flu strains.

When the H1N1 virus started spreading in April, HHS and its agencies, along with commercial flu vaccine makers, rushed to formulate and make a vaccine.

Influenza vaccines are made using old and unwieldy methods that require incubating the virus in chicken eggs, and the process always takes months.

Vaccine started rolling out in October and the U.S. eventually ordered 229 million doses from its five licensed makers -- Novartis, AstraZeneca unit MedImmune, Sanofi Aventis, GlaxoSmithKline and Australian vaccine maker CSL.

Sebelius said last month that 162 million doses were produced and distributed, but only 90 million actually got into people's arms or noses.

Varying Shelf Life

"Depending on the vaccine manufacturer, the shelf life of the H1N1 vaccines range from 18 weeks to 18 months, with some due to expire on June 30, 2010," Grassley wrote in his letter to Sebelius

Scott Hensley

Sen. Grassley Wonders What Will Happen To Swine Flu Vaccine

NPR, 4 May 2010, 3:25 PM ET
https://www.npr.org/sections/health-shots/2010/05/sen_grassley_wonder_what_will.html

A lot of the swine flu vaccine produced in such a hurry is about to expire.

Republican Sen. Charles Grassley of Iowa wants to know what will happen to it. The federal government ordered 229 million doses of the stuff last year and some doses of unused vaccine started expiring in February.

After Americans' pretty so-so response to the government's push for immunization the clock is ticking on vaccine sitting around – more than 70 million doses by some reports. =>
https://www.npr.org/sections/health-shots/2010/02/flu_vaccine_in_america_epidemi.html/

So Grassley fired off a letter to Health and Human Services Secretary Kathleen Sebelius to figure out what her department has in mind.
https://web.archive.org/web/20100506014547/http://grassley.senate.gov/news/Article.cfm?customel_dataPageID_1502=26437

The short answer, according to an HHS spokesman quoted by Reuters, is that states and health care providers should hold onto the vaccine and keep offering it to people until the new seasonal flu vaccine becomes available. The agency will send a fuller response directly to Grassley.
=> https://www.reuters.com/article/idUSTRE6425HW20100504/

We're eager to learn how Sebelius answers some of Grassley's questions about the billions of dollars the government devoted to the new H1N1. "To date, how much of the appropriated dollars from Congress has been obligated and expended?" Grassley asks. "Please provide a breakdown of the spending by HHS and its agencies."

BBC NEWS

Billions wasted over swine flu, says Paul Flynn MP

BBC, 24 June 2010
https://www.bbc.com/news/10396382

Billions of pounds in public money were wasted worldwide on buying drugs to combat a swine flu "pandemic that never was", says Newport West MP Paul Flynn.

He has compiled a report on the H1N1 virus for the Council of Europe.
He told BBC Wales' Dragon's Eye the World Health Organisation (WHO) made a "terrible mistake" in causing panic.

WHO said it reminded the public in its pandemic assessments that most people had mild symptoms and made a full recovery without medical treatment.

Dr Tony Jewell, chief medical officer for Wales, said: "It is easy with hindsight to say things should have been done differently."

Mr Flynn, one of the 47 parliamentarians from across Europe who sits on the human rights-focused Council of Europe, said: "They [WHO] frightened the whole world with the possibility that a major plague was on the way."

He added: "The result of that was that the world spent billions and billions of pounds on vaccines and anti-virals that will never be used. It is huge waste of money."

Mr Flynn's report will be debated by the Council of Europe later.

He claimed that the decision by WHO, a body of the United Nations, to declare a pandemic had been influenced by pharmaceutical companies.

He said: "The firewall that should exist between the commercial interests, the pharmaceutical bodies, and the scientists has been breached.

"We know the only people who benefited were pharmaceutical companies. They had a huge influence in defining what a pandemic is."

Mr Flynn said WHO was not being transparent in not explaining who had sat on the emergency committee that had declared H1N1 a pandemic.

'Resources distorted'

He said as a result "resources and priorities in health services in dozens of countries were distorted".

Globally, more than 15,000 people died as a result of the H1N1 virus compared to the two to four million deaths that had been predicted by WHO, he said.

"The mistake was to say this was the most dangerous form of flu. It created vast over-buying that wasn't necessary," said Mr Flynn.

WHO has rejected Mr Flynn's conclusions, saying they had not exaggerated the dangers.

In a statement, it said: "In every assessment of the pandemic, WHO consistently reminded the public that the overwhelming majority of patients experienced mild symptoms and made a rapid and full recovery, even without medical treatment."

Mr Flynn said governments, while "damned if they acted, and damned if they didn't," did have a choice in how they responded to the warning from WHO.

While the UK spent £500m on anti-viral drugs that will now never be used, Poland spent nothing, explained Mr Flynn.

The UK ordered 90 million doses of H1N1 vaccine and 4.63 million doses were used in England.

Vaccines and public awareness campaigns cost Wales £35m, according to official figures.

'Clear response'

Dr Jewell said: "Our response to the pandemic has been clear.

"When the infection first arrived, we didn't know how severe it would be and the potential impact. Therefore the only prudent course of action was to plan for a worst-case scenario - based on scientific advice. To do otherwise would have been irresponsible."

A spokesperson for the Department for Health, in England, said that pandemic decisions had been based on advice from independent experts.

"The response was the result of careful preparation and thoughtful consideration, this continues to be the case.

"It is important that we learn lessons. A review into the WHO's handling of the pandemic is currently underway and this is happening in the UK too. This will ensure we remain one of the best prepared countries in the world for any future pandemics."

Mr Flynn said that while WHO had done incredible work, including eliminating smallpox, it had "cried wolf four times".

He said: "With Sars, CJD, avian flu and swine flu, none of them justified the billing as mass killers.

"WHO can't go on crying wolf and expect to have its views respected."

WHO convened a panel earlier this year to conduct a "credible and independent review" of how it and national authorities handled the outbreak.

Two experts on the panel resigned recently because of their close ties to the UN health body and concerns over conflict of interest.

What pandemic?
$260 million worth of H1N1 vaccine to go up in smoke

Local Tech Wire, 1 July 2010, 8:35
https://web.archive.org/web/20101125032138/http://localtechwire.com/business/local_tech_wire/news/blogpost/7887392/

"Only a small number of influenza viruses are being reported, most of which are 2009 H1N1. Flu is unpredictable, but sporadic cases of flu, caused by either 2009 H1N1 or seasonal flu viruses, will likely continue to occur throughout the summer in the United States. Internationally, 2009 H1N1 viruses are still circulating, including in the Southern Hemisphere, which is entering its flu season." – Latest CDC H1N1 update

AP, LTW; Atlanta – What happened to the pandemic?

About a quarter of the H1N1 vaccine produced for the U.S. public has expired - meaning that a whopping 40 million doses worth about $260 million is being written off as trash.

"It's a lot, by historical standards," said Jerry Weir, who oversees vaccine research and review for the U.S. Food and Drug Administration.

The outdated vaccine, some of which expired Wednesday, will be incinerated. The amount, more than twice the usual leftovers, likely sets a record. And that's not even all of it.

GlaxoSmithKline (NYSE: GSK), which maintains its U.S. headquarters in Research Triangle Park, N.C., was one of the firms that won contracts with the federal government and other countries worldwide to produce H1N1 vaccine.

GSK has struck a number of deals with countries on deals through which less vaccine was required.

Novartis, which is building a massive vaccine production plant in Holy Springs, N.C., also produced H1N1 vaccine.

About 30 million more doses will expire later and may go unused, according to one government estimate. If all that vaccine expires, more than 43 percent of the supply for the U.S. public will have gone to waste.

Federal officials defended the huge purchase as a necessary risk in the face of a never-before-seen virus. Many health experts had feared the new flu could be the deadly global epidemic they had long warned about, but it ended up killing fewer people than seasonal flu.

"Although there were many doses of vaccine that went unused, it was much more appropriate to have been prepared for the worst case scenario than to have had too few doses," said Bill Hall, spokesman for U.S. Department of Health and Human Services.

Most leading health experts generally agree with that.

Millions of doses of flu vaccine generally go unused every year and are marked for burning, but in recent years the leftovers amounted to closer to 10 percent of the supply, rather than the 25 percent expiring now. Government flu experts couldn't recall throwing away anything close to 40 million doses before.

The new H1N1 swine flu emerged in April last year, hitting children and young adults particularly hard. It was difficult to predict how deadly it might be or how easily it might spread. Federal health officials pushed five vaccine manufacturers to produce a vaccine as quickly as possible. What's more, they wanted a lot of it - many experts thought most people would need two doses for it to work.

The government placed three orders last year for a combined total of nearly 200 million doses - an unprecedented amount and almost double the amount of vaccine produced in recent years for seasonal flu.

About 162 million doses were meant for the general public. Another 36 million included doses for the military and other countries. But demand never took off, for several reasons:

- Tests of the vaccine soon showed only one dose was enough to protect most people.
- Much of the vaccine was not ready until late 2009, after the largest wave of swine flu illnesses passed.
- Swine flu turned out not to be as deadly as was first feared.

About 12,000 deaths have been attributed to it - or roughly a third of the estimated annual deaths from seasonal flu.

So while people were waiting hours for swine flu vaccinations in some cities in October and November, by January local health departments were trying gimmicks to get anyone at all to come in for a shot.

Government officials have known for months that they were looking at a huge surplus. According to an Associated Press calculation based on federal purchasing information, the dollar value of the 40 million expired doses is about $261 million. The government didn't release an official figure, but Hall said the AP estimate was approximately correct.

In Europe, where nations also found themselves with millions of unused doses, some commentators have attacked the World Health Organization, which declared swine flu a global epidemic, or pandemic.

The critics have questioned the motivation of some WHO advisers who had links to the pharmaceutical industry.

Some critics have simply lamented that a lot of anxiety was raised and money wasted, not just during the swine flu scare but also in government responses to bird flu and SARS, a respiratory virus that swept parts of Asia in 2003.

"Each time the so-called experts told us that millions of people would be killed worldwide by the respective viruses. We have learned that the experts were utterly wrong," said Dr. Ulrich Keil, a professor at Germany's prestigious University of Muenster and a WHO adviser.

"This behavior is irresponsible because the angst campaigns ... confuse the priority setting in public health," he said. The death toll from influenza epidemics is much smaller than the number killed annually by chronic illnesses like heart disease, cancer, stroke and diabetes, he added, in an e-mail.

Unused flu vaccine is a common problem. The June 30 expiration date is set by the FDA and has less to do with the vaccine's shelf life than the desire to tweak the recipe each year to protect against the three flu strains expected to cause the most illness.

"It's not necessarily because it's degraded or not potent," said Dr. Mark Mulligan, an Emory University vaccine researcher.

In the past year, about 114 million doses of seasonal flu vaccine were distributed. The government thinks most of that was used - demand was unusually high because of fears about swine flu.

In the flu vaccination campaign for this coming fall, swine flu vaccine is being combined with two seasonal strains in single doses. Manufacturers have told the government they expect to make about 170 million doses.

An influential government advisory panel this year recommended that virtually all Americans get flu shots each year. Still, that doesn't mean it will all get used.

"No doubt there will be unused doses. This happens every time," said Dr. John Treanor, an immunology specialist at the University of Rochester Medical Center.

Jennifer Evans

Happy Trails, Swine Flu Vaccine

NPR, 1 July 2010, 5:24 PM ET
https://www.npr.org/sections/health-shots/2010/07/01/128248906/happy-trails-swine-flu-vaccine

After a crash project to develop swine flu vaccine last year, some 40 million unused doses of the stuff made to protect Americans have officially expired.

The expired vaccines – roughly a quarter of the amount produced for the U.S. – are about to get incinerated, the Associated Press' Mike Stobbe reports. That's the equivalent of $260 million going up in smoke, according to some number crunching by the AP.

Americans raced to receive the vaccine last October. But by January, when it became apparent the swine flu wasn't as deadly as initially feared, the public started losing interest. So, Sen. Charles Grassley (R-IA) asked to Health and Human Services Secretary Kathleen Sebelius what was to become of the millions of leftover and expiring doses?

Leftover flu vaccines is an annual occurrence. Every spring, manufacturers and purchasers engage in a kind of a guessing game, estimating just how many people will turn out for their annual seasonal flu shots in the fall. Some years they're way off, other years, it's spot on. Back in May CDC spokesman Tom Skinner said that close to all of the 114 million doses of seasonal flu vaccine produced this year were administered.

When there are leftovers, there are simple procedures for disposal – burn them up or bury in a landfill, according to the state requirements.

What's different in the case of the swine flu vaccine is the sheer volume of vaccine slated for disposal. "Government flu experts couldn't recall throwing away anything close to 40 million doses before," the AP found. And there's more. In total, roughly 30 million doses of viable swine flu vaccine remain unused, the AP reports.

"Our decisions regarding vaccine production were in line with the existing threat at the time such decisions were made," HHS spokesman Bill Hall told Shots by e-mail. "Although there were many doses of vaccine that went unused, it was much more appropriate to have been prepared for the worst case scenario than to have had too few doses. As we have said repeatedly, the risk of influenza disease is far greater than the risk of vaccination either for seasonal or pandemic influenza."

But millions of doses into the air? What kind of threat could that be? The Environmental Protection Agency says no worries: "If the H1N1 vaccine is managed in accordance with applicable state rules and regulations, EPA does not foresee any environmental risks. The volume of the vaccine to be destroyed does not present any environmental issues," the agency told Shots last month by e-mail.

That won't be the end of the story. Sebelius tells Grassley that while this year's seasonal flu vaccine "will contain protection against 2009 H1N1," they're encouraging states to keep a supply of this year's vaccine on hand, in case there's a rerun of the panic of 2009.

FIERCE Pharma

John Carroll

Up to 70M doses of unused H1N1 vax to be destroyed

Fierce Pharma, 1 July 2010, 9:33
https://www.fiercepharma.com/vaccines/up-to-70m-doses-of-unused-h1n1-vax-to-be-destroyed

With the great swine flu pandemic of 2009 largely forgotten by the U.S. public, health officials say they are preparing to burn 40 million doses of expired H1N1 vaccine they bought to guard the population--and another 30 million doses may soon find their way into the flames.

The 40 million doses bound for the incinerator represent about a quarter of the massive stockpile the U.S. contracted to buy from manufacturers as fears of a lethal wave of infections made headlines around the world. And if the other 30 million doses follow the path to the dumpster the U.S. will have disposed of almost half of its entire shipment, a record level of waste after tens of millions of Americans ended up shrugging off a virus that proved far more mild than was originally feared. But U.S. officials aren't apologizing for any miscalculations.

"Although there were many doses of vaccine that went unused, it was much more appropriate to have been prepared for the worst case scenario than to have had too few doses," Bill Hall, an HHS spokesman, told *Local Tech Wire*.

Japan and a long lineup of countries around the world have been able to cancel portions of their vaccine shipments. And officials at the WHO have been forced to defend itself against angry accusations that they colluded to whip up a frenzy over the swine flu virus to help the manufacturers sell their supplies. The pandemic did leave one positive lasting legacy: putting a spotlight on the old technology used to develop and manufacture vaccines. A host of vaccine developers have been at working proving the potential of new technologies that will be able to deliver bulk quantities of new vaccines at a much faster pace.

NBC NEWS Expired swine flu shots amount to $260 million loss

Mike Stobbe

Expired swine flu shots amount to $260 million loss

NBC News, 2 July 2010, 5:59 AM + 08
https://www.nbcnews.com/health/health-news/expired-swine-flu-shots-amount-260-million-loss-flna1c9457544

About a quarter of the swine flu vaccine produced for the U.S. public has expired – meaning that a whopping 40 million doses worth about $260 million are being written off as trash.

"It's a lot, by historical standards," said Jerry Weir, who oversees vaccine research and review for the U.S. Food and Drug Administration.

The outdated vaccine, some of which expired Wednesday, will be incinerated. The amount, as much as four times the usual leftover seasonal flu vaccine, likely sets a record. And that's not even all of it.

About 30 million more doses will expire later and may go unused, according to one government estimate. If all that vaccine expires, more than 43 percent of the supply for the U.S. public will have gone to waste.

Federal officials defended the huge purchase as a necessary risk in the face of a never-before-seen virus. Many health experts had feared the new flu could be the deadly global epidemic they had long warned about, but it ended up killing fewer people than seasonal flu.

"Although there were many doses of vaccine that went unused, it was much more appropriate to have been prepared for the worst-case scenario than to have had too few doses," said Bill Hall, spokesman for U.S. Department of Health and Human Services.

Most leading health experts generally agree with that.

"We were faced with the first pandemic we'd had in 40 years. We had to ensure there would be enough vaccine for our nation," said Dr. Mark Mulligan, an Emory University researcher who was involved in testing the vaccine.

Many average Americans also agreed earlier this year, said Robert Blendon, a Harvard University professor who conducts polls on public health. He said a Harvard poll in January found that 59 percent of Americans would prefer the flu vaccine be over-ordered to ensure enough was available, even if it meant doses went unused.

Millions of doses of flu vaccine typically go unused every year and are marked for burning, but in recent years the leftovers amounted to closer to 10 percent of the supply, rather than the 25 percent expiring now. Government flu experts couldn't recall throwing away anything close to 40 million doses before.

The new H1N1 swine flu emerged in April last year, hitting children and young adults particularly hard. It was difficult to predict how deadly it might be or how easily it might spread. Federal health officials pushed five vaccine manufacturers to quickly produce a vaccine. What's more, they wanted a lot of it – many experts thought most people would need two doses for it to work.

The government placed three orders last year for a combined total of nearly 200 million doses – an unprecedented amount and almost double the amount of vaccine made in recent years for seasonal flu.

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But demand never took off, for several reasons:

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– Swine flu turned out not to be as deadly as was first feared. About 12,000 deaths have been attributed to it – or roughly a third of the estimated annual deaths from seasonal flu.

So while people were waiting hours for swine flu vaccinations in some cities in October and November, by January local health departments were trying gimmicks to get anyone at all to come in for a shot.

Government officials have known for months that they were looking at a huge surplus. According to an Associated Press calculation based on federal purchasing information, the dollar value of the 40 million expired doses is about $261 million. The government didn't release an official figure, but Hall said the AP estimate was approximately correct.

In Europe, where nations also found themselves with millions of unused doses, some commentators have attacked the World Health Organization, which declared swine flu a global epidemic, or pandemic. The critics have questioned the motivation of some WHO advisers who had links to the pharmaceutical industry.

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"This behavior is irresponsible because the angst campaigns ... confuse the priority setting in public health," he said. The death toll from influenza epidemics is much smaller than the number killed annually by chronic illnesses like heart disease, cancer, stroke and diabetes, he added, in an e-mail.

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In the flu vaccination campaign for this coming fall, swine flu vaccine is being combined with two seasonal strains in single doses. Manufacturers have told the government they expect to make about 170 million doses.

An influential government advisory panel this year recommended that virtually all Americans get flu shots each year. Still, that doesn't mean it will all get used.

"No doubt there will be unused doses. This happens every time," said Dr. John Treanor, an immunology specialist at the University of Rochester Medical Center.

KOCO 5 News

40M Vaccinations For H1N1 Wasted

KOCO 5 News, 3 July 2010
https://www.youtube.com/watch?v=6VGpXQ4QxE0

After the federal government rushed H1N1 flu vaccine to all 50 states, including Oklahoma, last year, about 40 million doses expired unused and will wind up being destroyed.





INDEPENDENT

Netherlands destroying 17 million swine flu vaccine doses

Independent, 29 July 2010, 00:00
https://www.independent.co.uk/life-style/health-and-families/netherlands-destroying-17-million-swine-flu-vaccine-doses-2038287.html

The Netherlands is destroying more than 17 million unused doses of swine flu vaccine that were nearing their expiry date and that it could not resell, the health ministry said Tuesday.

"We have started destroying" the vaccines, health ministry spokeswoman Inge Freriksen told AFP. "In the coming months, 17.8 million doses will be destroyed because the expiry date is approaching."

The Dutch government bought 31 million doses of vaccine against the A(H1N1) virus at the height of the global swine flu outbreak last year. About 11 million were used.

Some 2,156 people infected with swine flu were hospitalised in the Netherlands between April and December last year and 53 died.

In November the Dutch goverment said it was putting 19 million doses on sale to other countries, but managed to offload only 257,000.

The government will keep 2.2 million doses with a later expiry date "in case the virus returns in one form or another", Freriksen said.

The World Health Organisation declared a swine flu pandemic on June 11, 2009, and says it has since claimed some 18,311 lives worldwide.

The Council of Europe recently called for a probe into the WHO's handling of the outbreak, which it said caused unjustified scares and waste of public money.

THE LOCAL de

Swine flu vaccine worth €250 mln to be destroyed

The Local de, 17 Aug 2011 11:13 CEST
https://www.thelocal.de/20110817/37007

German health authorities are making arrangements to burn around 15 tonnes of swine flu vaccine worth around €250 million which people refused to take, and is now past its use-by date.

A report in the *Frankfurter Allgemeine Zeitung* on Wednesday totted up the amount of Pandemrix vaccine, which state health authorities were scrambling to obtain at the height of the pandemic, but are now disposing.

The issue has created bad blood between the state health ministries and their federal counterpart. The state authorities have the responsibility to fund and organise the purchase and administration of vaccines, but they have to follow the recommendations of federal authorities.

The guidelines were for the provision of vaccine for a third of the population - this is the minimum considered necessary to keep everything running and protect a population in general.

Yet the Germans proved less willing than expected, to have the vaccine – after a widely publicized argument between various medics about the safety of GlaxoSmithKline's product. It was said that Pandemrix had not been sufficiently tested to be administered to the public, after it was licensed in an accelerated process.

GlaxoSmithKline's initially slow production led to panicky efforts by authorities to secure the supplies they needed while the number of cases increased and the H1N1 virus spread across the world. In the end it turned out that not two, but only one dose was necessary to provoke the desired immune system response – and that for most of those infected, the disease was much milder than expected.

In the end only around seven percent of Germans took the shot, leaving the authorities sitting on stockpiles of the vaccine. Efforts to sell or even give the Pandemrix to other countries have largely failed, the *FAZ* reported.

Germany's largest state North Rhine-Westphalia bought up 7.1 million doses of Pandemrix when the pandemic was officially declared. Around a million of these were used, and a small number is likely to still be stored by doctors and pharmacists, leaving more than six million in decentralized state storage. Now that their use-by date has been reached, these doses will have to be disposed of.

Although the controlled burning of vaccine stocks is not expected to be terribly expensive – the *FAZ* said it costs around €100 a ton – the waste of money cannot be denied.

North Rhine-Westphalia had followed federal guidelines and bought in enough vaccine to inoculate a third of its nearly 18-million population – at a cost of €62 million. This leaves the authorities having to destroy around €46.9 million worth of vaccine – its purchase price plus two years of storage costs.

"We reckon at the end with costs of nearly €47 million costs," said Serap Celen, the state's Health Ministry spokesman.

Efforts made by the state authorities to get the federal government to shoulder some of the costs have repeatedly failed.

In total the states spent €303.2 million on Pandemrix, and are estimated to be left with around €250 million worth of soon to be out-of-date vaccine. Although there different batches have different use-by dates, the last one will be reached at the end of this November. Since the WHO declared the pandemic over, the vaccine is, "not much more than expensive waste," the *FAZ* wrote.

Richard Connor

Surplus to Requirements

Deutsche Welle, (AFP), 17 August 2011
https://www.dw.com/en/germany-to-destroy-expensive-unwanted-swine-flu-vaccine/a-15324186

Out-of-date swine flu immunizations that were bought by Germany amid fears of a pandemic two years ago are to be destroyed. The number of people who wanted the vaccine at the time was lower than expected.

Swine flu vaccine that German states bought amid fears over a pandemic two years ago, but which few people wanted, is to be destroyed.

The news was confirmed by a spokesman for the Health Ministry of the state of Saxony Anhalt on Wednesday, as stocks of the vaccine reach the end of their shelf life.

Officials from Saxony Anhalt, which currently chairs a working group on the issue, are inviting tenders from disposal firms to get rid of as many as 16 million vials of the material.

The vaccine - which is to be burnt at high temperatures - was bought to meet demand across all German states at the time of the swine flu outbreak in 2009, and had been stored centrally. In addition, said the spokesman, many states had bought their own supplies - some of which have already been destroyed.

In total it is believed that there was an excess of up to 30 million containers of vaccine, costing as much as 250 million euros ($360 million).

Widespread skepticism

States were left with the excess vaccine because fewer people than expected had taken up the opportunity to have the immunization, amid widespread skepticism about the true threat posed by the flu.

Swine flu became a concern across the world in 2001, after it appeared to have originated in Mexico.

The outbreak was declared a pandemic in June that year. The classification came to an end in August last year as the threat posed was considered to have diminished.

The World Health Organization had come in for harsh criticism at the Council of Europe in Strasbourg early last year for its handling of the H1N1 flu pandemic.

Accusations were made that the organization had exaggerated claims of the risk in order to benefit drug companies keen to sell the vaccine.

Bloomberg

Niklas Magnusson

Germany to Destroy 30 Million Glaxo Pandemrix Doses, FAZ Says

Bloomberg, 17 August 2011, 2:18 PM GMT+8
https://www.bloomberg.com/news/articles/2011-08-17/germany-to-destroy-30-million-glaxo-pandemrix-doses-faz-says?leadSource=uverify%20wall

Germany will destroy as many as 30 million doses of GlaxoSmithKline Plc's Pandemrix swine flu vaccine valued at 250 million euros ($360 million) that remain unused a year after the World Health Organization declared the pandemic over, Frankfurter Allgemeine Zeitung said today.

While Pandemrix was ordered to vaccinate some 30 percent of Germans, less than 10 percent of the population elected to be vaccinated, the German newspaper reported today, without saying where it got the information. The vaccine will expire in the coming weeks and must therefore be destroyed by burning in an incinerator, Frankfurter Allgemeine Zeitung reported.

...

INDEPENDENT

Netherlands destroying 17 million swine flu vaccine doses

Independent, 18 September 2011
https://www.independent.co.uk/life-style/health-and-families/netherlands-destroying-17-million-swine-flu-vaccine-doses-2038287.html

The Netherlands is destroying more than 17 million unused doses of swine flu vaccine that were nearing their expiry date and that it could not resell, the health ministry said Tuesday.

"We have started destroying" the vaccines, health ministry spokeswoman Inge Freriksen told AFP. "In the coming months, 17.8 million doses will be destroyed because the expiry date is approaching."

The Dutch government bought 31 million doses of vaccine against the A(H1N1) virus at the height of the global swine flu outbreak last year. About 11 million were used.

Some 2,156 people infected with swine flu were hospitalised in the Netherlands between April and December last year and 53 died.

In November the Dutch goverment said it was putting 19 million doses on sale to other countries, but managed to offload only 257,000.

The government will keep 2.2 million doses with a later expiry date "in case the virus returns in one form or another", Freriksen said.

The World Health Organisation declared a swine flu pandemic on June 11, 2009, and says it has since claimed some 18,311 lives worldwide.

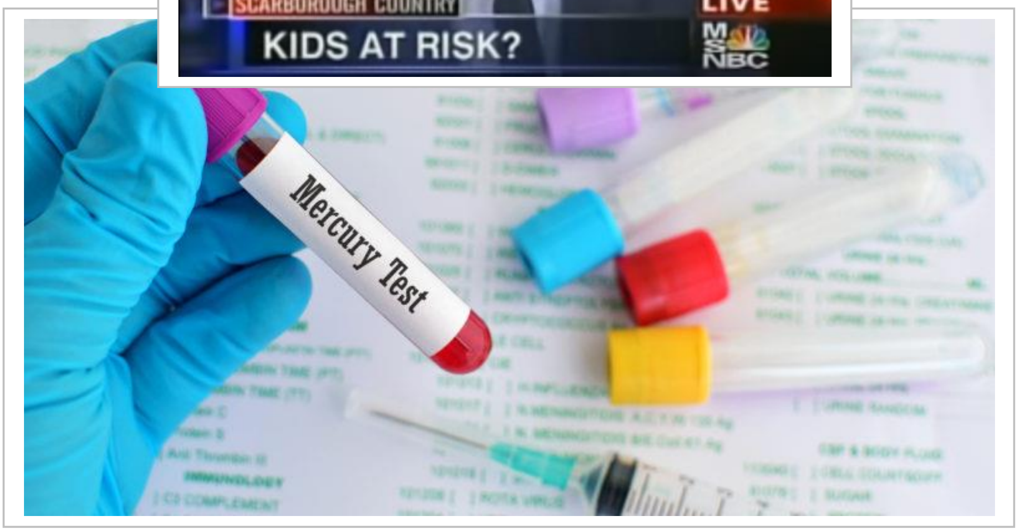
The Council of Europe recently called for a probe into the WHO's handling of the outbreak, which it said caused unjustified scares and waste of public money.

Chapter 18

AUTISM & ENCEPHALOPATHY

MERCURY, METHYLMERCURY, THIMEROSAL, SQUALENE, ETC.





Autism Research Institute Autism Is Treatable!

Defeat Autism Now!

The Autism Research Institute – Autism is Treatable

https://web.archive.org/web/20100412211516/http://www.autism.com/

The Autism Research Institute (ARI), a non-profit organization, was established in 1967. For more than 40 years, ARI has devoted its work to conducting research, and to disseminating the results of research, on the triggers of autism and on methods of diagnosing and treating autism. We provide research-based information to parents and professionals around the world.







Pediatrics

Randolph K. Byers, Frederic C. Moll

Encephalophathies Following Prophylactic Pertussis Vaccine

Pediatrics, 1948, April, 1(4): 437-457
https://archive.org/details/pediatrics-1948/ https://doi.org/10.1542/peds.1.4.437

Introduction

Inflammatory reactions involving various parts of the nervous system following injections of various sera or vaccines *have long been known* but, so far as we are aware, no one has described the severe encephalopathies which have been observed following the prophylactic use of pertussis vaccine in infants.

Madsen[1] in his report on the prophylactic inoculations of 1,832 Faroe Islanders mentioned the death of two small infants in convulsions beginning one or two hours after injections of fluid pertussis vaccine. He reported that autopsies failed to disclose any adequate cause of death. Werne and Garrow[2] reported the death in shock of a pair of identical twins 16 and 24 hours respectively after the second injection of alum-precipitated diphtheria toxoid and pertussis antigen. Careful post mortem examination showed widespread vascular injury. Convulsions, said to be ephemeral in character, have been reported by a number of observers, Doull, Shibley, and McClelland[3] reported three children with convulsions among 496 children immunized with fluid vaccine. Taylor[4] reported a reaction to the vaccine of a ten-month-old boy characterized by subnormal temperature, limpness, and convulsions coming on a few hours after the injection. Recovery was stated to be complete in a few hours. Kendrick and Eldering[5] reported the immunization of 1,815 children, 6 to 15 months of age, by 9,075 injections, with one reaction characterized by convulsions. Sako[6] and his co-workers reported two instances of convulsions following 6,600 injections of H. pertussis alum-precipitated vaccine, and in a personal communication Sako states that in approximately 105,000 children immunized to pertussis, there have been four transient convulsions. Many large series, such as the early ones of Sauer[7] involving 3,974 children and the later one of Cravitz and Cauley[8] including 5,000 chil-dren, have been reported without reference to such accidents.

...

Summary

Inspection of the records of the Children's Hospital for the past ten years has disclosed 15 instances in which children developed acute cerebral symptoms within a period of hours after the administration of pertussis vaccine. The children varied between 5 and 18 months in age and, in so far as it is possible to judge children of this age range, were developing normally according to histories supplied by their parents. None had had convulsions previously. Many different lots of vaccine, made by eight different manufacturers over a period of eight years, were implicated. The inoculations were given throughout the usual geographic range of children coming to this hospital. All but one, at the time of follow-up or death, showed evidence of impairment of the nervous system, which might still have been in the healing stage in three or four.

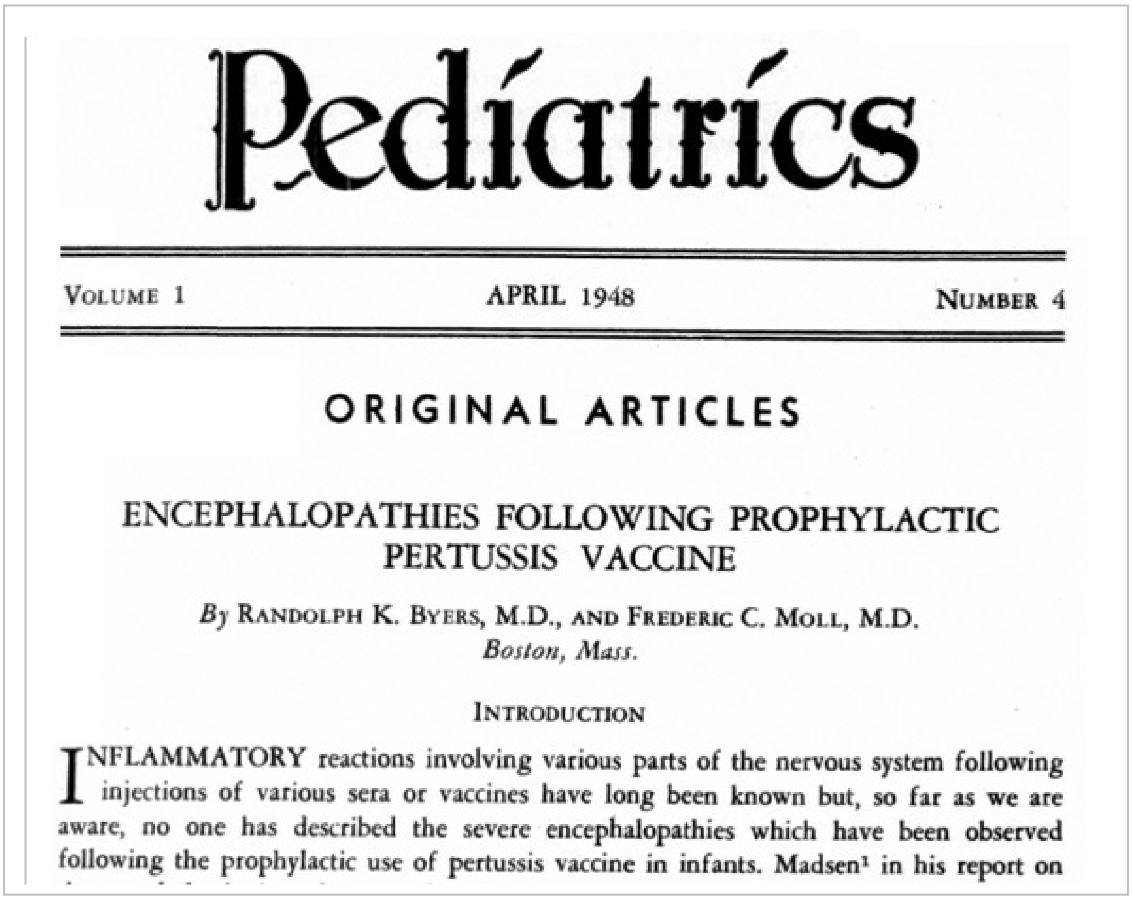
During the same period about half as many children were seen in the hospital suffering from the encephalopathy secondary to smallpox vaccination, and about twice as many from the encephalopathy complicating pertussis itself.

A variety of etiologic considerations were suggested by consideration of the reported cases and references to the literature. That constitutional factors may have been involved was suggested by both the preponderance of males as opposed to females, and by the high incidence of abnormalities of the nervous system in the family histories. The clinical course and cytologic abnormalities of spinal fluids found in acute cases indicated an encephalopathy. The literature suggested that this process might have resulted from either the activity of a specific toxin or from an antigen-antibody response. Against the former of these hypotheses was the unstable nature of the heretofore recognized toxins which could hardly survive in properly aged vaccines. The rapid onset of symptoms, occasionally within minutes of the first injection, seemed strong evidence against the second. The present study has left these etiologic considerations unanswered, but it has called attention to a risk of the prophylactic use of pertussis vaccine not hitherto recognized.

In view of the impressive evidence of the effectiveness of prophylactic pertussis vaccine now accumulating, it seems likely that babies are safer vaccinated than not. Further studies should be made to prove this point definitely, for the encephalopathy following pertussis vaccine seems more devastating than the vast majority of the nervous lesions following the use of smallpox vaccine.

Conclusion

In common with many other biologic materials used parenterally, an important risk of encephalopathy attends the use of prophylactic pertussis vaccine. The mechanism whereby the encephalopathy is produced is not elucidated by the present study. The universal use of such vaccine is warranted only if it can be shown to be effective in preventing encephalopathy or death from pertussis itself in large groups of children. If avoidance of the inconvenience of the average attack of pertussis is all that is expected, the risk seems considerable. Efforts to diminish the hazard by modification of the vaccine or new methods of administration seem indicated.


Pediatrics

VOLUME 1 APRIL 1948 NUMBER 4

ORIGINAL ARTICLES

ENCEPHALOPATHIES FOLLOWING PROPHYLACTIC PERTUSSIS VACCINE

By RANDOLPH K. BYERS, M.D., AND FREDERIC C. MOLL, M.D.
Boston, Mass.

INTRODUCTION

INFLAMMATORY reactions involving various parts of the nervous system following injections of various sera or vaccines have long been known but, so far as we are aware, no one has described the severe encephalopathies which have been observed following the prophylactic use of pertussis vaccine in infants. Madsen[1] in his report on

Subacute Sclerosing Panencephalitis

Petersdorf RG, Adams RD, Braunwald E, Isselbacher KJ, Martin JB, Wilson JD. Eds.
Harrison's Principles of Internal Medicine.
10th ed. New York, etc.: McGraw-Hill Book Company, 1983, p. 2096
https://archive.org/details/harrison-s-principles

This progressive and ultimately fatal disease of children and adolescents had been suspected to be of viral origin since its initial description by Dawson in 1932. Measles virus or a virus very closely related to measles virus has been recovered from the brains of patients with the disease. The disorder may be considered to be a slow form of measles encephalitis (see Chap. 200).

giform virus encephalopathies. Although these diseases have been shown to be of infectious etiology by the transmission of neurological illness to higher primates, their causative agents remain incompletely characterized. They are classified as the slow virus infections due to unconventional agents.

SUBACUTE SCLEROSING PANENCEPHALITIS (INCLUSION-BODY ENCEPHALITIS) This progressive and ultimately fatal disease of children and adolescents had been suspected to be of viral origin since its initial description by Dawson in 1932. Measles virus or a virus very closely related to measles virus has been recovered from the brains of patients with the disease. The disorder may be considered to be a slow form of measles encephalitis (see Chap. 200).

SSPE occurs in patients between the ages of 4 and 20; 80 percent are under 11. The disease affects boys 3 to 10 times as frequently as girls. The incidence has fallen recently. Most patients are from rural areas or small towns. Characteristically, they are entirely well until the disease begins. The onset of usually insidious mental deterioration, often expressed by a decline in the patient's schoolwork, is the presenting symptom. Incoordination, ataxia, and myoclonic jerks develop within a few months along with abnormalities of the pyramidal and extrapyramidal motor systems. Cortical blindness, papilledema, and optic atrophy may be present; focal chorioretinitis has been described. A few cases have occurred in association with infectious mononucleosis.

The patient becomes bedridden within 6 to 9 months. Death results from superimposed pulmonary or urinary tract infections or from decubiti. Signs of meningeal irritation are absent.

The CSF gamma-globulin level, as determined by electrophoresis, quantitative immunochemical assay, or colloidal gold curve, is elevated, but the fluid is otherwise normal. The EEG typically shows a "burst suppression" pattern characterized by synchronous and symmetrical spike and high-voltage slow wave activity followed by electrical inactivity. Elevated levels of measles antibody are found in the serum and CSF.

Pathologic findings include lymphocyte and mononuclear infiltrations about small cerebral arteries and veins, intranuclear and intracytoplasmic inclusions in neurons and glial cells, and varying degrees of destruction of medullated nerve fibers. The lesions occur in the cerebral gray and white matter, brainstem and cerebellum.

Measles virus is the etiologic agent. Electron-microscopic studies show that the intranuclear inclusions in brain cells are composed of hollow tubular filaments resembling the internal nucleocapsid component of a paramyxovirus. Staining of brain tissue from patients with the disease demonstrates measles virus antigen in the inclusions. An agent serologically identical with measles virus and having the properties of measles virus has been recovered from brain by cocultivating cell cultures originating from brain tissue with established laboratory cell lines.

Attempts to transmit the disease to animals have met with variable results. Ferrets inoculated with suspensions of brain from patients with the disease develop a nonfatal neurological disorder with EEG changes.

There is evidence that SSPE patients have clinical measles at an unusually early age, but SSPE appears many years after the patient's initial rubeola infection. A few reported cases may have been related to measles vaccination. The risk of SSPE following measles vaccination is far less, however, than the risk of encephalitis or SSPE following natural measles.

SSPE patients lack antibody to one of the measles virus proteins (the M or matrix protein) despite high titers of antibodies to the other viral proteins. The M protein is a nonglycosylated protein localized to the inner surface of the viral membrane; it is important in the assembly of the virus particle at the cell surface. SSPE brain cells do not appear capable of synthesizing the M protein even in normal amounts. The reason for this selective defect in a single viral protein has not been ascertained.

Isoprinosine[1] has been reported by some to affect the course of the disease favorably in an open therapeutic trial, but there is controversy about the drug's effectiveness.

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY This rare neurological condition, first described in 1958, usually occurs in patients who have leukemia, malignant lymphoma, carcinomatosis, immunosuppressive therapy, or a variety of other chronic disease processes. The disease is consistently associated with disorders of cell-mediated immunity with which deficits in humoral antibody response may or may not coexist.

The disease affects adults of both sexes, and its duration from onset of symptoms to death is 1 to 6 or more months. The neurological signs and symptoms reflect a diffuse, asymmetric involvement of the cerebral hemispheres. Hemiplegia, hemianopsia, aphasia or dysarthria, and organic mental changes are frequent; visual field abnormalities and complete or incomplete transverse myelitis may develop. Headache and convulsive seizures are rare, but EEG abnormalities consisting of diffuse or focal abnormalities are often present. Lesions in the white matter may be recognized on CT scans. CSF is normal.

The pathologic changes consist of multiple areas of demyelination with little or no perivascular infiltration and abnormal mitotic figures in astrocytes. The presence of distinctive intranuclear inclusions in oligodendrocytes first suggested that the disease was of a viral etiology. Electron-microscopic observations show the intranuclear inclusion bodies to be composed of closely packed spheres, which have the physical dimensions and properties of the polyomavirus genus of the papovaviruses.

By employing tissue cultures derived from human fetal brain it has been possible to recover a new human polyomavirus serotype (JC virus) from the brains of PML patients. Abundant virus particles are present in brain. Rapid identification of the virus in brain is possible using fluorescent antibody staining or electron-microscopic agglutination with monospecific hyperimmune rabbit serum. Serologic diagnosis using the patient's serum is unreliable. The virus has not been demonstrated in tissues other than brain; the disease has not been transmitted to animals.

There are isolated reports of clinical remission with cytosine arabinoside, but no cures. Death usually occurs within 6 months of onset.

PML may result from the activation of a polyomavirus which has been latent in brain or other tissues since childhood infection. Alternatively, there may be certain individuals who fail to acquire immunity in childhood and have their first encounter with the virus when a disease which interferes with cell-mediated immunity develops. The demyelination which

TABLE 360-3
Slow virus diseases of the CNS

Conventional viruses	Subacute sclerosing panencephalitis (SSPE) (inclusion-body encephalitis)
	Progressive multifocal leukoencephalopathy (PML)
	Progressive rubella encephalitis
	Persistent viral disease in immunodeficient patients
Unconventional virus-like agents	Kuru
	Creutzfeldt-Jakob Disease (CJD)
	? Familial Alzheimer's disease

[1] *This drug has not been approved by the Food and Drug Administration at the time of publication.*

SSPE occurs in patients between the ages of 4 and 20; 80 percent are under 11. The disease affects boys 3 to 10 times as frequently as girls. The incidence has fallen recently. Most patients are from rural areas or small towns. Characteristically, they are entirely well until the disease begins. The onset of usually insidious mental deterioration, often expressed by a decline in the patient's schoolwork, is the presenting symptom. Incoordination, ataxia, and myoclonic jerks develop within a few months along with abnormalities of the pyramidal and extrapyramidal motor systems. Cortical blindness, papilledema, and optic atrophy may be present; focal chorioretinitis has been described. A few cases have occurred in association with infectious mononucleosis.

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Wakefield AJ, Murch SH, Anthony A, et al.
Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children.
Lancet. 1998 Feb 28;351(9103):637-41. doi: 10.1016/s0140-6736(97)11096-0.
https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(97)11096-0.pdf

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to aphthoid ulceration. Histology showed patchy chronic inflammation in the colon in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p=0·003), low haemoglobin in four children, and a low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351:** 637–41
See Commentary page 611

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPath, S E Davies MRCPath) **and the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP,), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), **and Radiology** (A Valentine FRCR), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental histories included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

UNITED STATES
HOUSE *of*
REPRESENTATIVES

The status of research into Vaccine Safety and Autism
Hearing before the Committee on Government Reform

House of Representatives One Hundred Seventh Congress, 2nd Session.
19 June 2002; Serial No. 107-121. Washington.
https://archive.org/details/vaccine-autism

THE STATUS OF RESEARCH INTO VACCINE SAFETY AND AUTISM

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENT REFORM
HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

JUNE 19, 2002

Serial No. 107–121

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UNITED STATES HOUSE of REPRESENTATIVES

Hon. Dan Burton, of Indiana

Mercury in Medicine Report

The House of Representatives, 20 May 2003
Congressional Record, 2003, May 21, 149(9): 12720-12739
https://www.govinfo.gov/content/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm
https://archive.org/details/burton-mercury-medicine_202408

Mr. Burton of Indiana. *Mr. Speaker, I submit the following report prepared by the staff of the Subcommittee on Human Rights and Wellness, Committee on Government Reform. This report is the result of a three-year investigation initiated in the Committee on Government Reform.*

Mercury in medicine – taking unnecessary risks

I. Executive summary

Vaccines are the only medicines that American citizens are mandated to receive as a condition for school and day care attendance, and in some instances, employment. Additionally, families who receive federal assistance are also required to show proof that their children have been fully immunized. While the mandate for which vaccines must be administered is a state mandate, it is the Federal Government, through the Centers for Disease Control and Prevention (CDC) and its Advisory Committee for Immunization Practices that make the Universal Immunization Recommendations to which the majority of states defer when determining mandates. Since the early to mid 1990s, Congress has been concerned about the danger posed by mercury in medical applications, and in 1997, directed the Food and Drug Administration (FDA) to evaluate the human exposure to mercury through foods and drugs.

In 1999, following up on the FDA evaluation and pursuant to its authority, the House Committee on Government Reform initiated an investigation into the dangers of exposure to mercury through vaccination. The investigation later expanded to examine the potential danger posed through exposure to mercury in dental amalgams. This full committee investigation complemented and built upon the investigations initiated by two of its subcommittees. In January 2003, the investigation continued in the newly formed Subcommittee on Human Rights and Wellness.

A primary concern that arose early in the investigation of vaccine safety was the exposure of infants and young children to mercury, a known toxin, through mandatory childhood immunizations. This concern had been raised as a possible underlying factor in the dramatic rise in rates of late-onset or 'acquired' autism. The symptoms of autism are markedly similar to those of mercury poisoning.

Significant concern has been raised about the continued use of mercury in medical applications decades after the recognition that mercury can be harmful, especially to our most vulnerable population – our children.

This report will address one form of mercury in medical applications, ***Thimerosal,*** as a preservative in vaccines.

In July 2000, it was estimated that 8,000 children a day were being exposed to mercury in excess of Federal guidelines through their mandatory vaccines.

One leading researcher made the following statement to the Committee in July 2000:

"***There's no question that mercury does not belong in vaccines***." etc. a Report - see Vol. 3

A Future with Hope
Fort Worth, Texas
2008 General Conference
The United Methodist Church

Protecting Children from Mercury-Containing Drugs

United Methodist Church, Fort Worth. 23 April – May 2, 2008

https://calms2008.umc.org/Text.aspx@mode=Petition%26Number=409.html

https://pathwaystofamilywellness.org/wellness-lifestyle/the-united-methodist-church-resolves-to-protect-children-from-mercury-in-drugs.html

Policy Base: The United Methodist Social Principles, 162.J (Alcohol and Other Drugs), 162.T (Right to Health Care)

Theological Foundation: In Mark 10:13-16, it says, "People were bringing little children to him in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, 'Let the little children come to me; do not stop them; for it is to such as these that the Kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it.' And he took them up in his arms, laid his hands on them, and blessed them."

Photo by Mike DuBose

When the 2008 General Conference of The United Methodist Church, meeting in Fort Worth, Texas, approved the resolution "Protecting Children from Mercury-containing Drugs" on April 29th, it brought a new and commanding voice to the issue of mercury in medicine. Comprised of 992 international delegates, the General Conference is the top decision-making body of the United Methodist Church. In passing this resolution, the United Methodist Church affirms its commitment to safe vaccines and seeks to safeguard public confidence in vaccines and other drugs by advocating the removal of mercury from them.

Mercury is a known poison, neurotoxin, and carcinogen. Of particular concern, thimerosal, the mercury-based 'preservative' first patented in 1928, remains commonplace in some vaccines (including flu and tetanus shots) as well as other drugs, both prescription and over-the-counter, used in the United States and abroad. With many published scientific, medical, toxicological, and epidemiological studies (some underwritten by pharmaceutical companies and government agencies) reaching opposite conclusions about the danger posed by mercury in the global drug



Delegates to the 2008 United Methodist General Conference meeting

Whereas, as demonstrated in the Social Principles, The United Methodist Church affirms:

"...wise policies relating to the availability of potentially beneficial or potentially damaging prescription and over-the-counter drugs; we urge that complete information about their use and misuse be readily available to both doctor and patient."

Whereas, Thimerosal (synonyms include: Thiomseral, Merthiolate, Thimerasol) is a severely toxic, antiquated, organic mercury compound (approximately 50% mercury by weight) that has been added to some vaccines and pharmaceutical products since the 1930s,

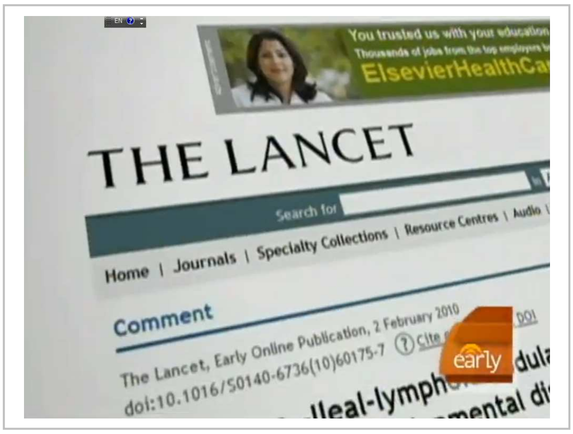
Whereas, numerous peer-reviewed scientific/medical studies published over many decades, at least since the 1930s, have recommended removing or restricting the use of Thimerasol in medicinal products, and have demonstrated its significant toxicity, etc. => see Vol. 3.

Vaccine Link to Autism Retracted

YouTube, 3 February 2010
https://www.youtube.com/watch?v=oBh7-qI9G08



A respected British medical journal, The Lancet, retracted a study that the childhood vaccine MMR triggers autism. Richard Roth reports on the controversy debated for more than a decade.





Controversy Over Autism

YouTube Videos, 2010
https://www.google.com/search?q=Controversy+Over+Autism&client=firefox-b-e&sca_esv=339a018dea4bc811&biw=1252&bih=546&sxsrf=ADLYWIJClxofkNc9izNkrIqfomb-642HCA%3A1729224450171&source=lnt&tbs=cdr%3A1%2Ccd_min%3A2010%2Ccd_max%3A2010&tbm=vid

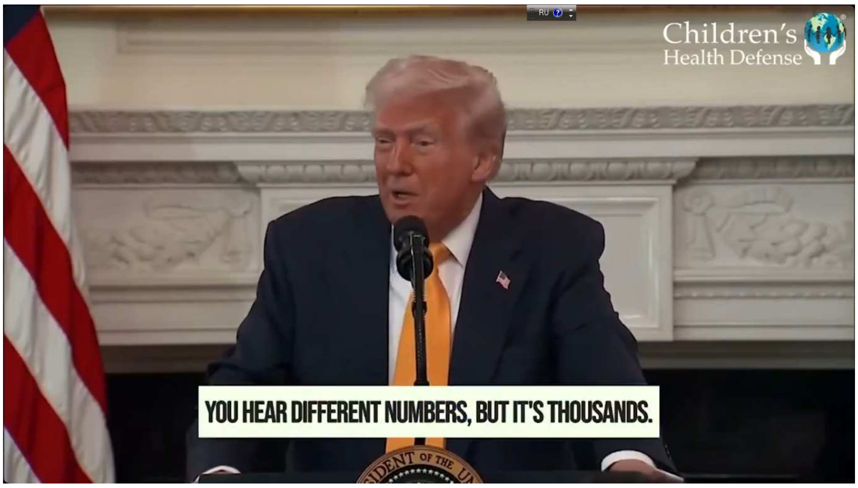
FOCAL POINTS
COURAGEOUS DISCOURSE

Nicolas Hulscher, MPH

How to Address the Autism Epidemic
Two Key Targets: Childhood Hyper-Vaccination and Toxic Pesticide Exposure

Focal Points, 25 February 2025
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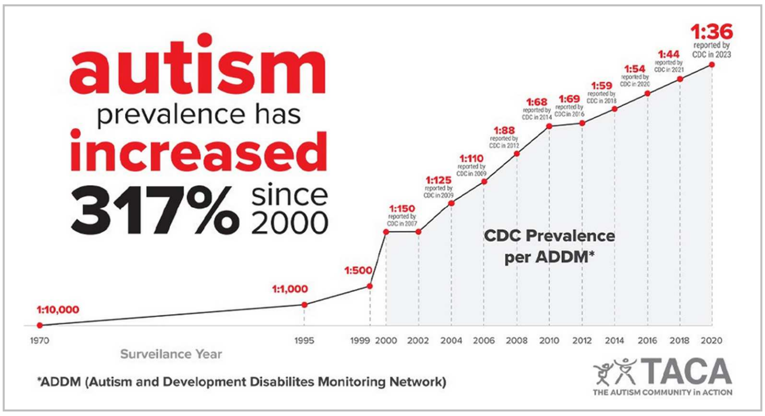
A few days ago, President Trump delivered the following remarks:



You know, we have one stat that I quote, the autism stat … if you go back 15 years ago, we had like nobody. It was 1 in 20,000. Now we have 1 in 34 … So 34 or 36 kids have autism. And if you go back … 18 years, whenever that was done, it was 1 in 20,000.

So we got from 20,000 to 34-36. That's unbelievable. So there's something wrong …We've done something wrong. There's something you're going to figure it out.

Maybe it's a spray that we spray all over the place that nobody else does – Other countries don't. The Pennsylvania Dutch [Amish], they don't do anything. And they're amazingly healthy.



President Trump is correct – the CDC estimates that 2.78% of children and 2.21% of adults have autism in America.

A 2010 study titled Prevalence Rates of Autism Spectrum Disorders Among the Old Order Amish estimated that ASD affected approximately 1 in 271 children in the Amish community. This is significantly lower than the CDC's 2010 estimate for the general U.S. population, which was 1 in 68 children. Why do Amish children fare better than others? And why is the autism rate in America continuing to skyrocket with no end in sight? We now have abundant evidence that the following factors should be key targets in addressing the autism epidemic:

TARGET #1 - Childhood Hyper-Vaccination

As of 2025, the CDC recommends that children receive up to 32 doses by age 2. This represents a massive increase in recommended vaccine doses since the inception of the 1986 National Childhood Vaccine Injury Act giving vaccine makers full liability protection:



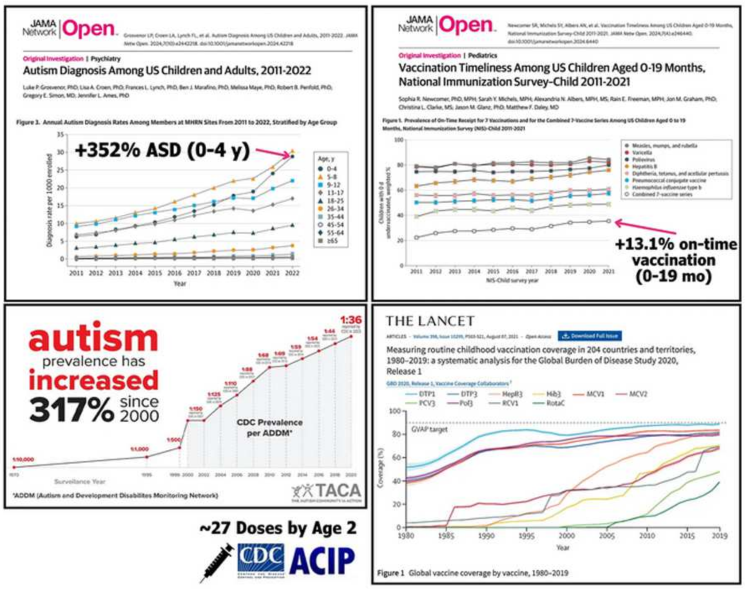
Since they enjoy full liability protection, pharmaceutical companies currently get their injections approved with no long-term, placebo-controlled trials:

ICAN Informed Consent Action Network

None of the vaccine doses the CDC recommends for routine injection into children were licensed by the FDA based on a long-term placebo-controlled trial

Type	Doses	Age Injected	Brand	Company[1]	Control	Placebo?	Safety Review After Injection[2]	Long	Source	Note
HepB	3	Birth 1M 6M	Recombivax HB	M	None	NO	5 days	NO	Package insert at § 6.1	Note that to license a vaccine for children, the FDA relies upon the clinical trial conducted with children, not adults, because as the FDA explains, "It's important that the public recognize that, because young children are still growing and developing, it's critical that thorough and robust clinical trials of adequate size are completed to evaluate the safety and the immune response to a ... vaccine in this population. Children are not small adults[.]"
			Engerix B	G	None	NO	4 days	NO	Package insert at § 6.1	
DTaP	15	2M 4M6M 15M 4Y	Infanrix	G	DTP	NO	30 days		Package insert at § 6.1	DTP was also not licensed based on a placebo controlled trial and it increases mortality.
			Daptacel	S	DT or DTP	NO	Up to 2 months + 1 trial 6 months	NO	Package insert at § 6.1	The 6-month Daptacel trial had no control, 1,454 children and "[w]ithin 30 days following any dose of DAPTACEL, 3.9% subjects reported at least one serious adverse event."
PCV	4	2M 4M 6M 12M	Prevnar 13, PCV-13	P	Prevnar 7	NO	6 months	NO	Package insert at § 6.1	Prevnar 7 trial's control was an "[i]nvestigational meningococcal group C conjugate vaccine." In Prevnar 13 trial, "[s]erious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar 7 recipients." In Vaxneuvance trial, "serious adverse events...were reported by 9.6% of VAXNEUVANCE recipients and by 8.9% of Prevnar 13 recipients" but deemed "safe" because "no notable patterns or
			Vaxneuvance PCV-15	M	Prevnar 13	NO	6 months	NO	Package insert at § 6.1	

We recently observed that autism rates have skyrocketed alongside the ever-expanding inadequately tested childhood vaccination schedules:



This corroborates at least 4 peer-reviewed studies demonstrating a strong association between childhood vaccination and autism:

DeLong (2011) – State-Level Analysis

- 1%↑ vaccination → 1.7%↑ autism prevalence (680 additional cases, $p < 0.01$)

Mawson et al. (2017) – n = 666

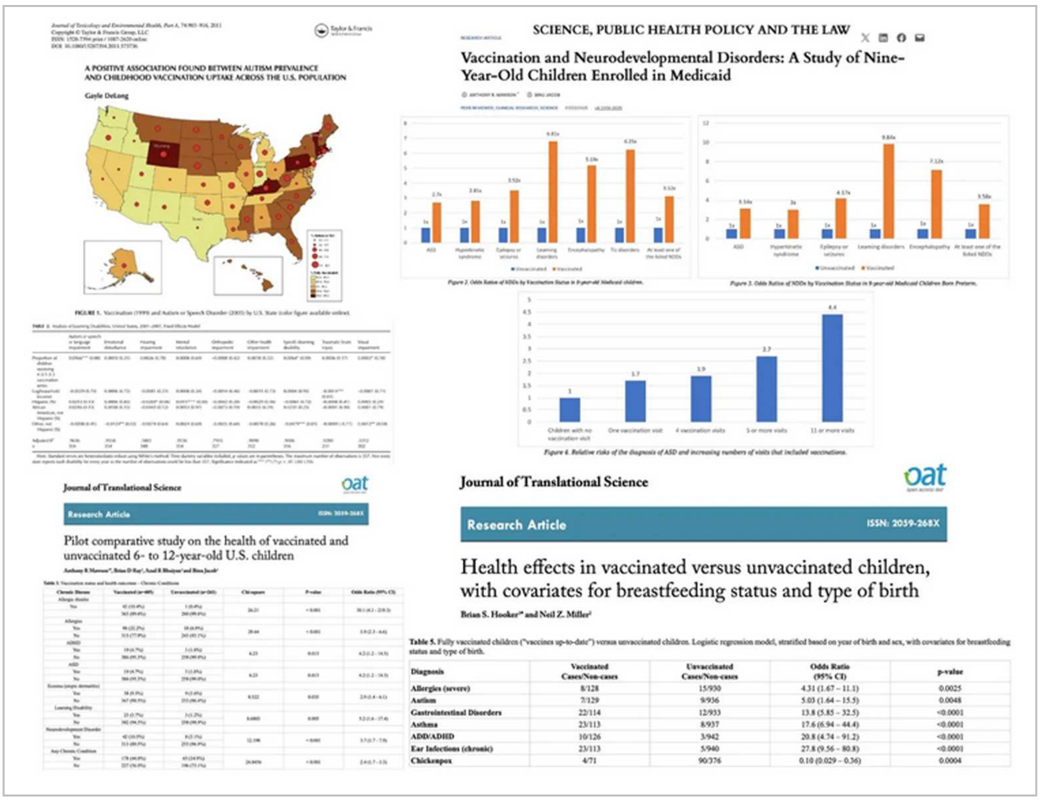
- OR 4.2 (320%↑ autism risk, $p = 0.013$)

Hooker & Miller (2021) – n = 1,565

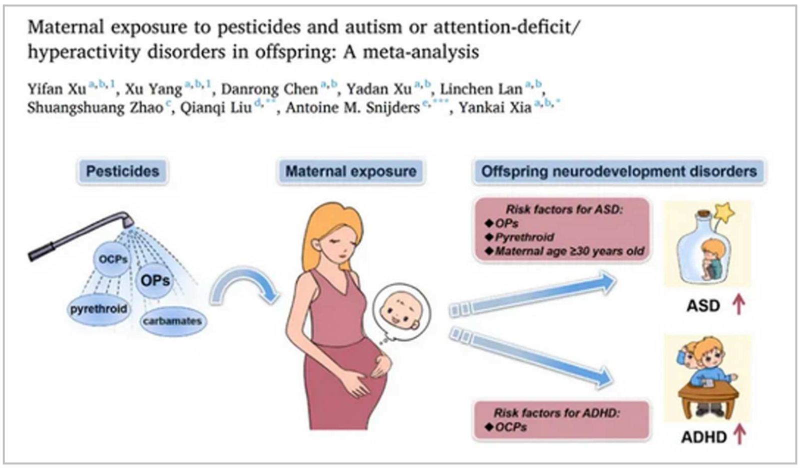
- OR 5.03 (403%↑ autism risk, $p = 0.0048$)

Mawson & Jacob (2025) – n = 47,155

- OR 2.7 (170%↑ autism risk, $p < 0.0001$), RR 4.4 (340%↑ for 11+ vaccine visits, $p < 0.0001$)

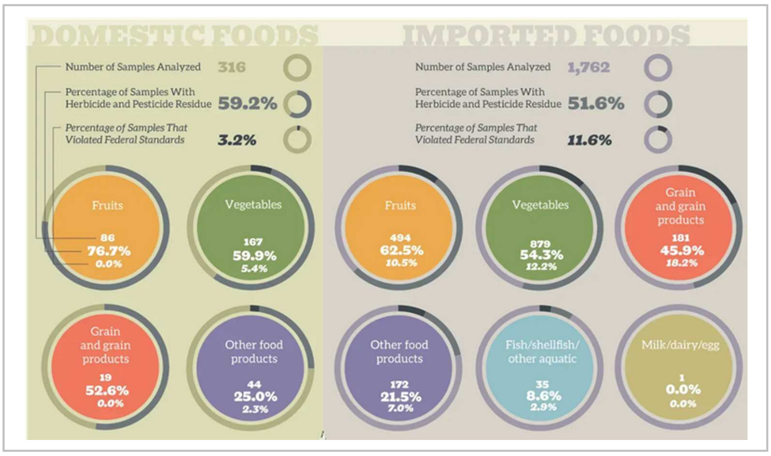


TARGET #2 - Pesticides
As President Trump stated, "Maybe it's a spray that we spray all over the place."
The Association Between Pesticides and Autism
Nicolas Hulscher, MPH
November 16, 2024

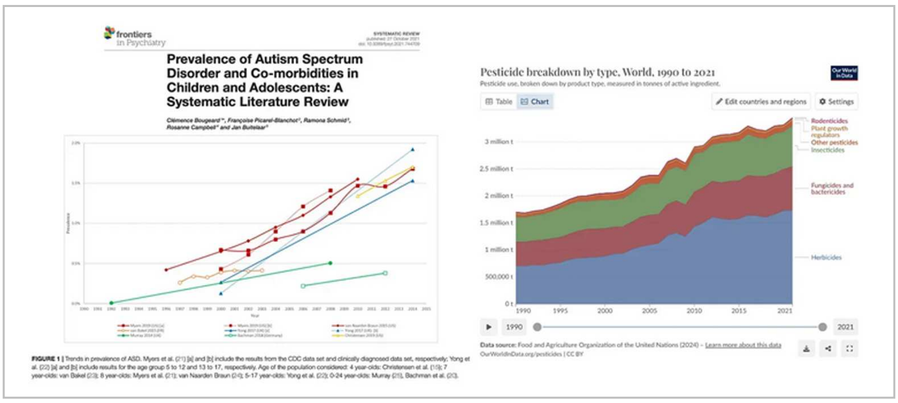


By Nicolas Hulscher, MPH
=> https://www.thefocalpoints.com/p/the-association-between-pesticides

The FDA 2020 Pesticide Residue Monitoring Report "tested for approximately 750 different pesticides and selected industrial compounds on 2,078 human food samples (316 domestic and 1,762 import samples) in its regulatory monitoring program." Nearly 60% of all domestic foods contained herbicide and pesticide residue, with 3.2% violating federal standards. 11.6% of all imported foods violated federal standards for pesticide residues:



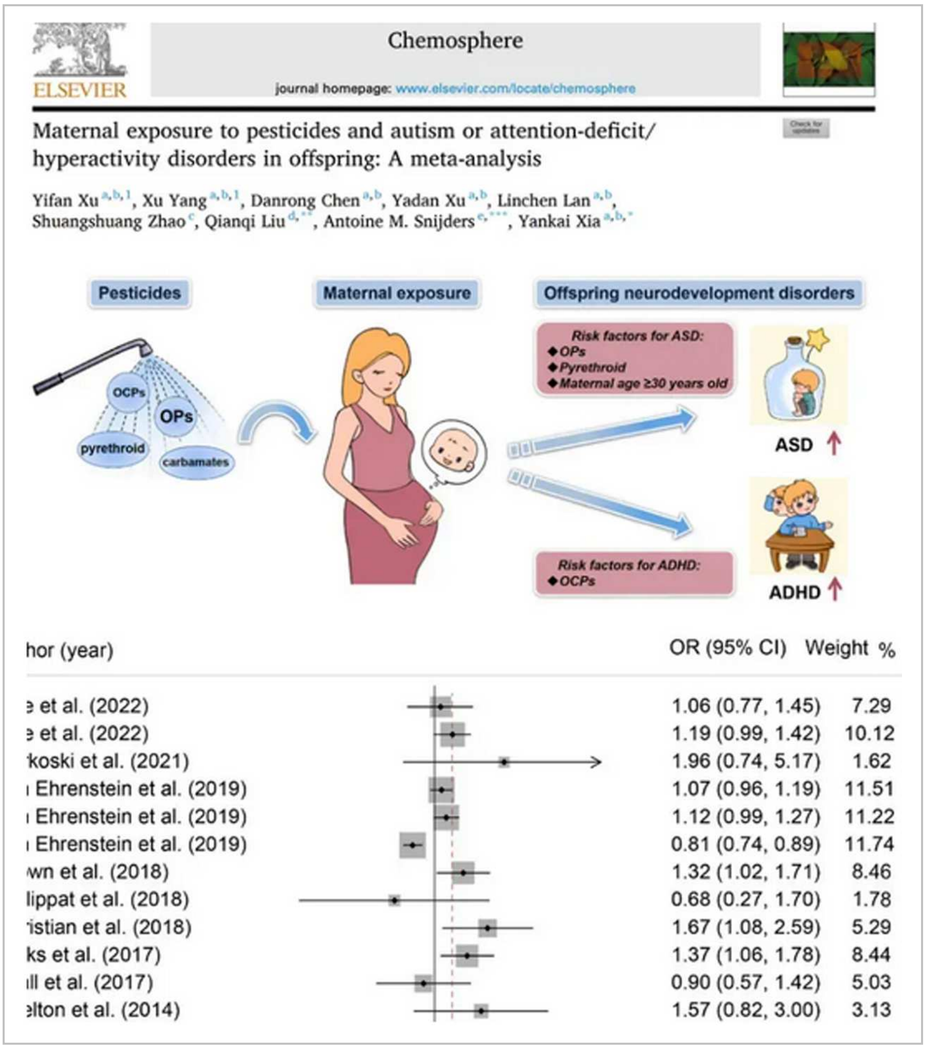
Since 1990, autism rates have skyrocketed along with pesticide use:



A 21-year case-control study by Roman et al found a 34% rise in ASD prevalence rate in regions with elevated pesticide use compared to regions with low use [OR: 1.34, 95% CI: 1.24–1.44].

Pu et al found that the exposure to high levels (0.098%) glyphosate during pregnancy and lactation caused ASD-like behaviors in male juvenile offspring (mice).

A meta-analysis by Xu et al included 19 studies and found maternal pesticide exposure was associated with a 19% increased risk of ASD in offspring [pooled OR = 1.19, 95% CI: 1.04-1.36].:

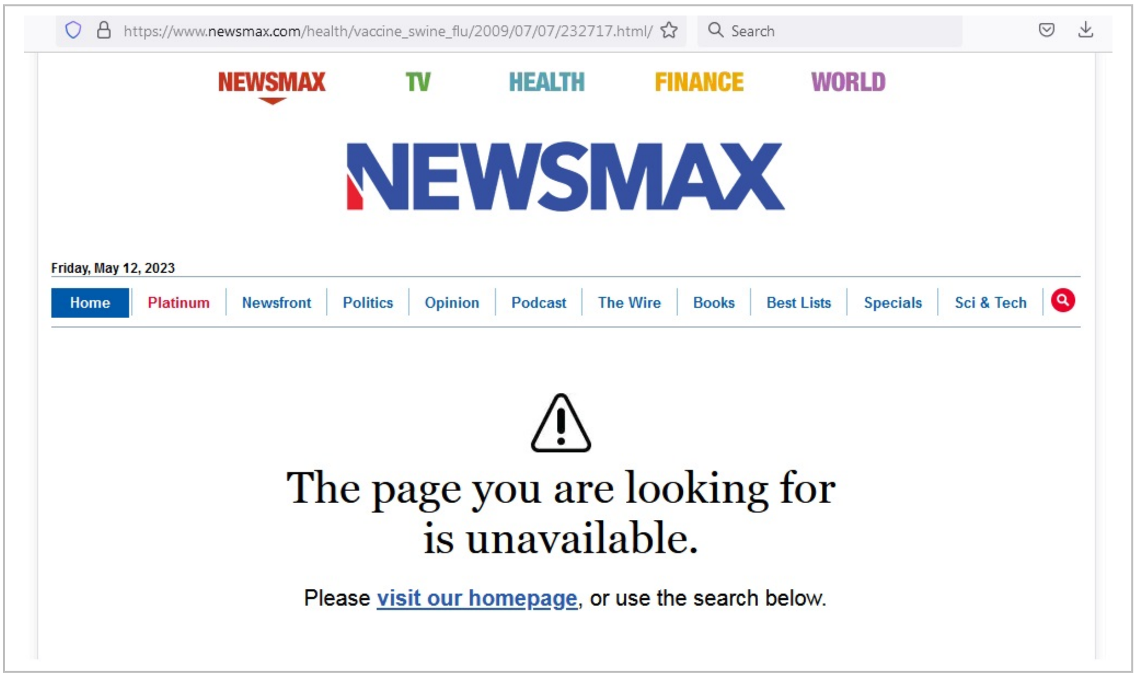


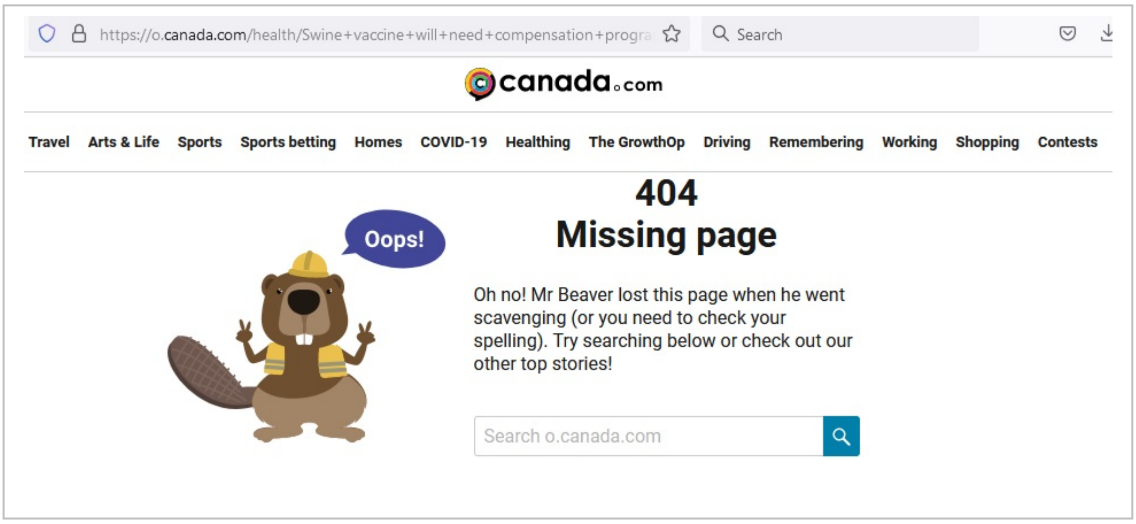
These data suggest that restructuring the CDC's childhood hyper-vaccination schedule and drastically limiting toxic pesticide use should be two priority targets in addressing the autism epidemic. A comprehensive, science-driven investigation into these factors is urgently needed to protect future generations.

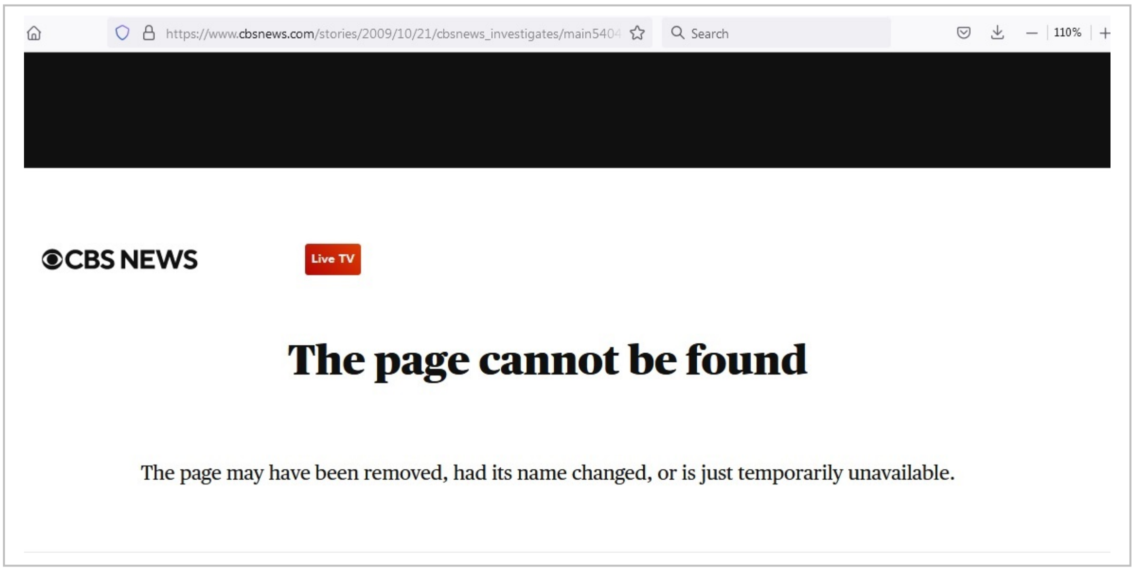
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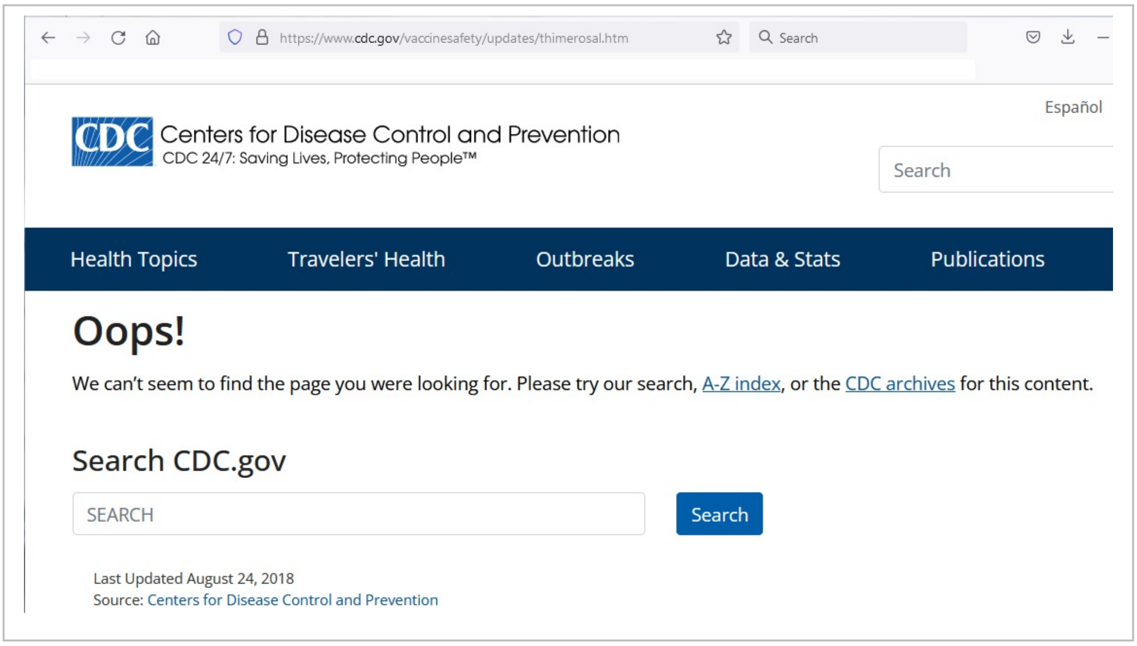
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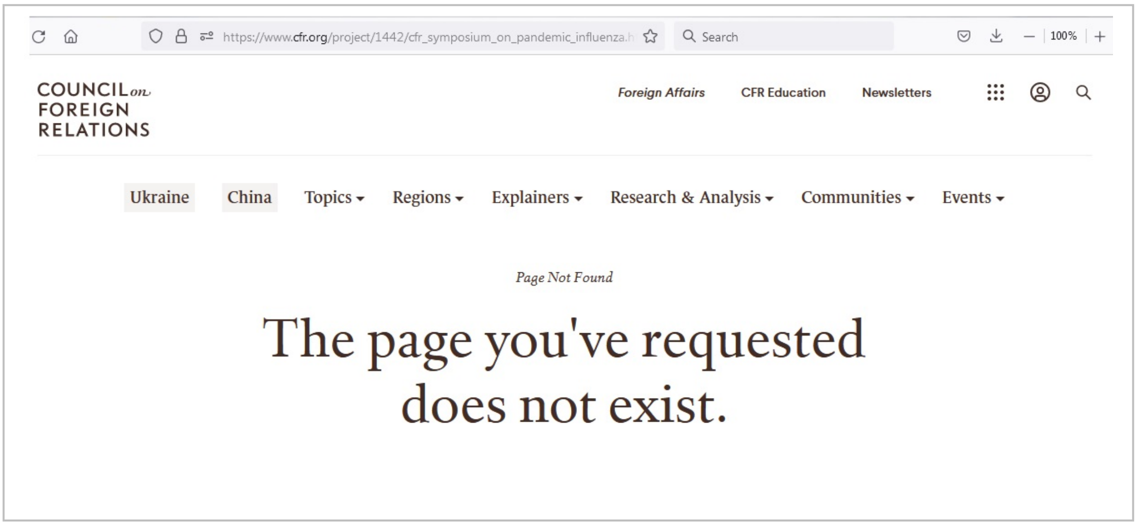
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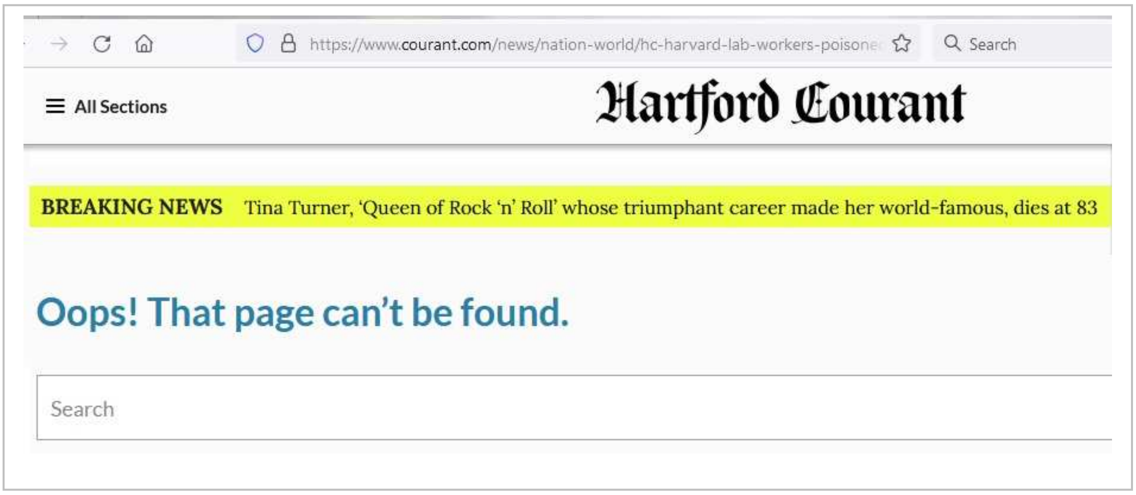

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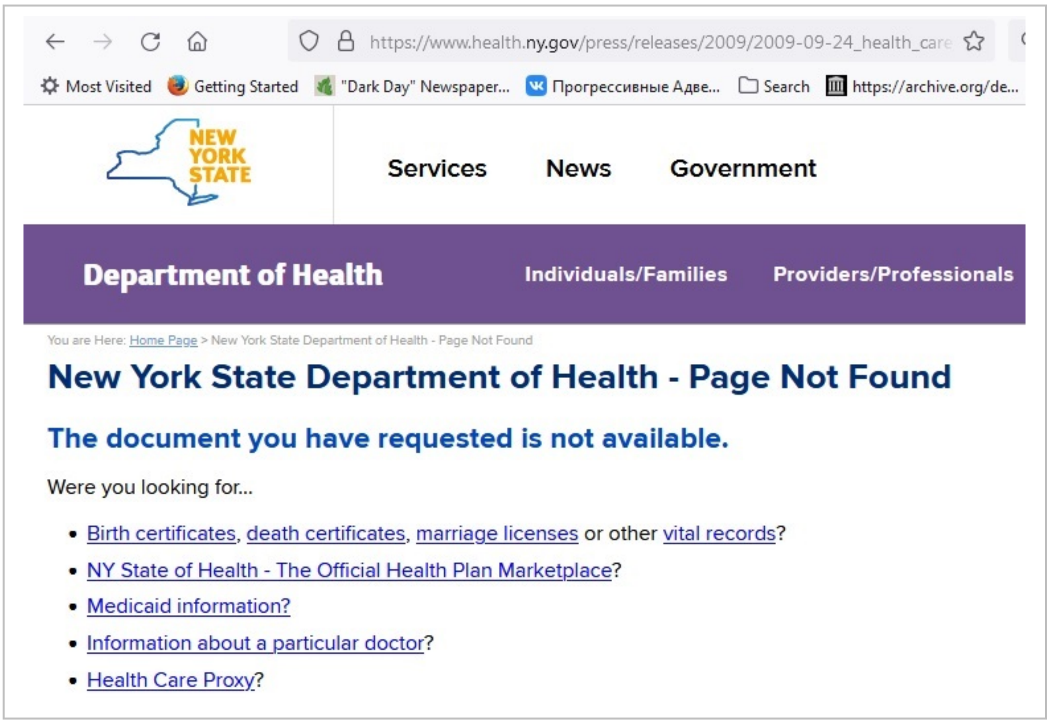

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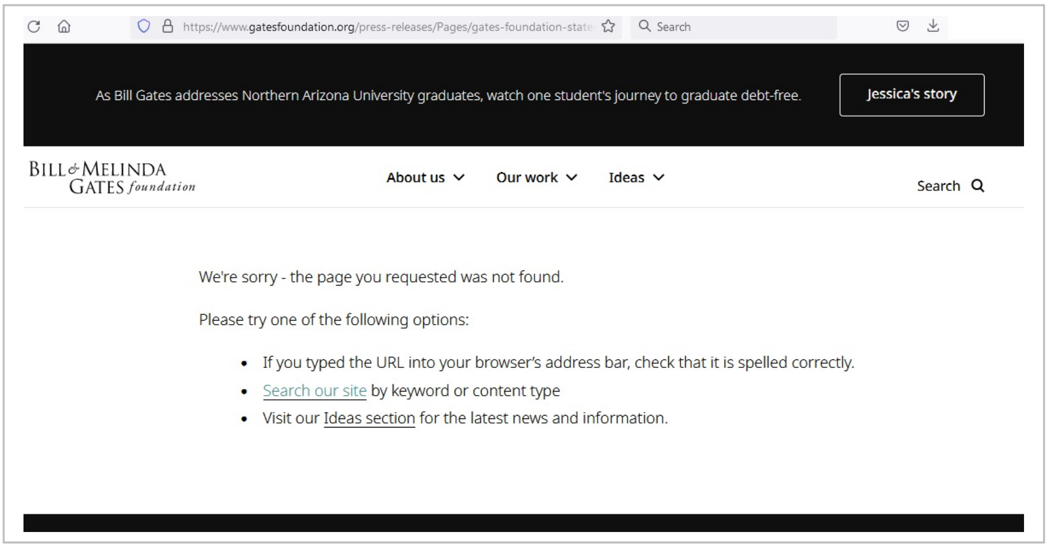

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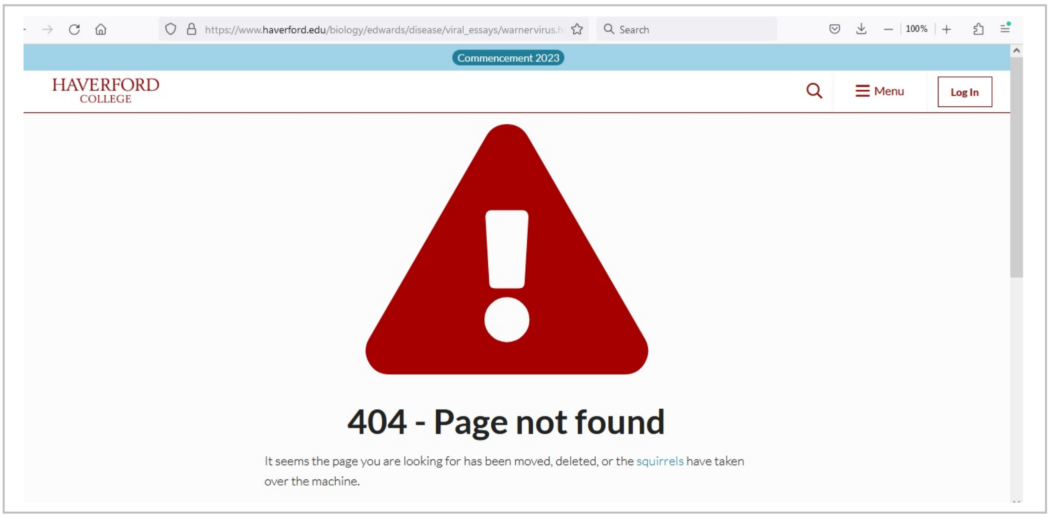

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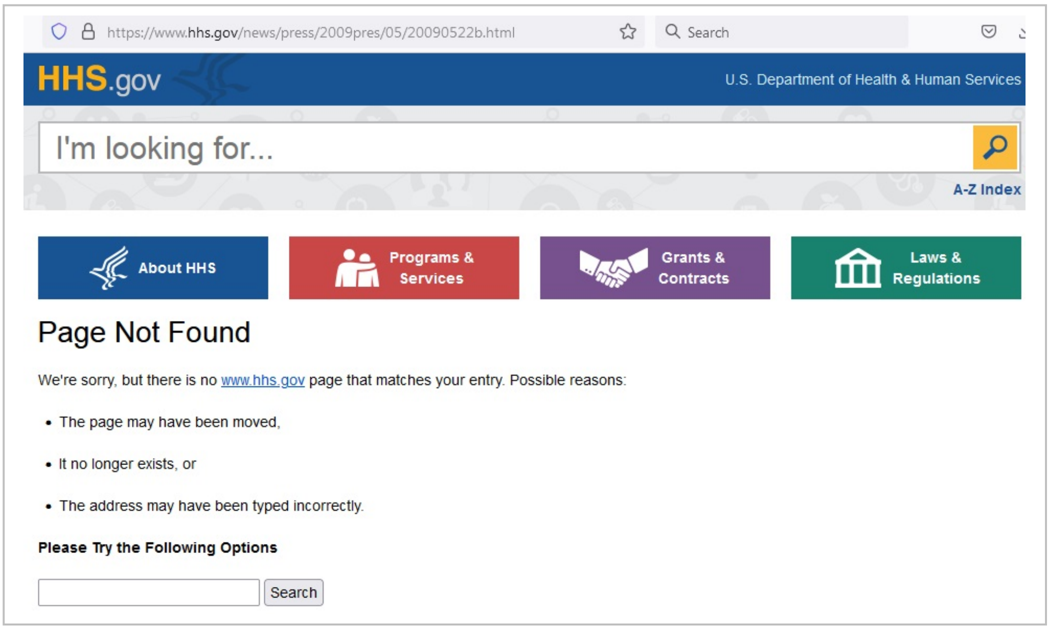

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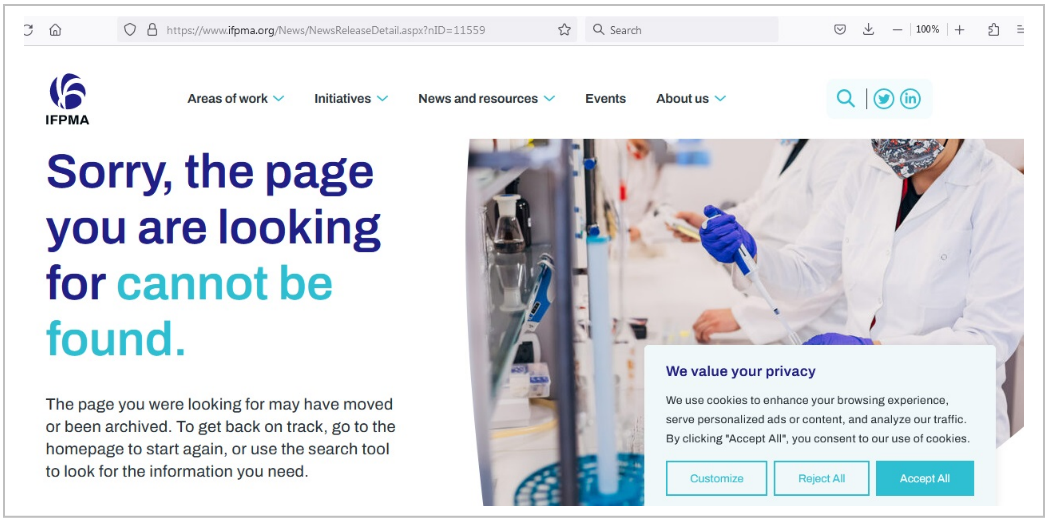

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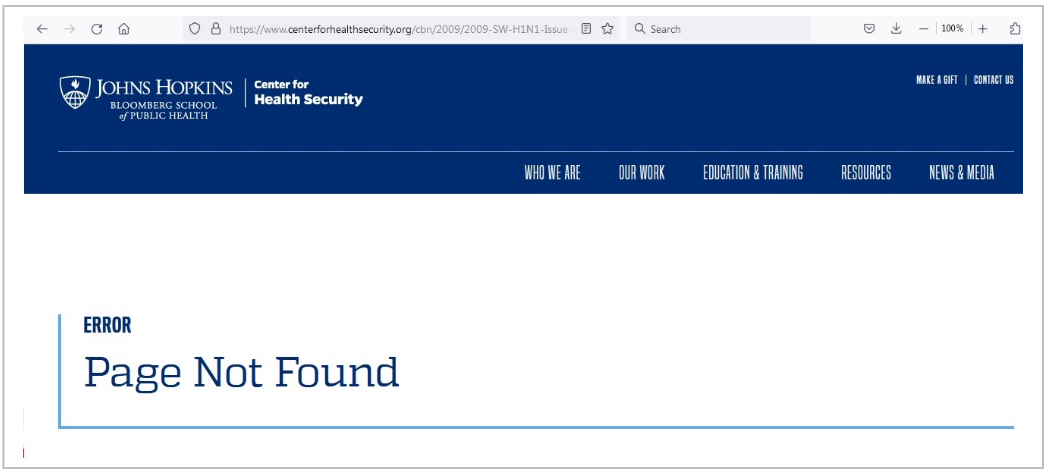

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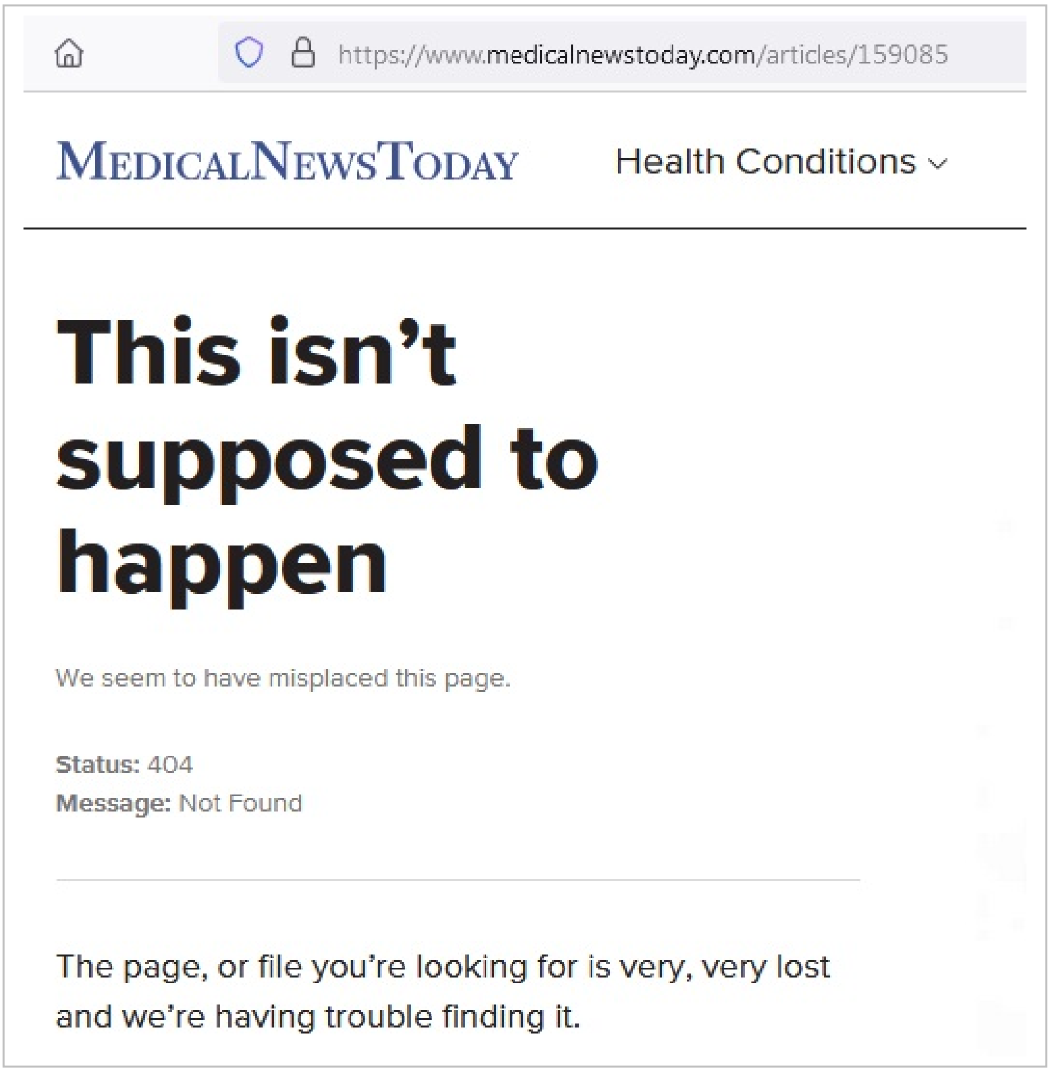

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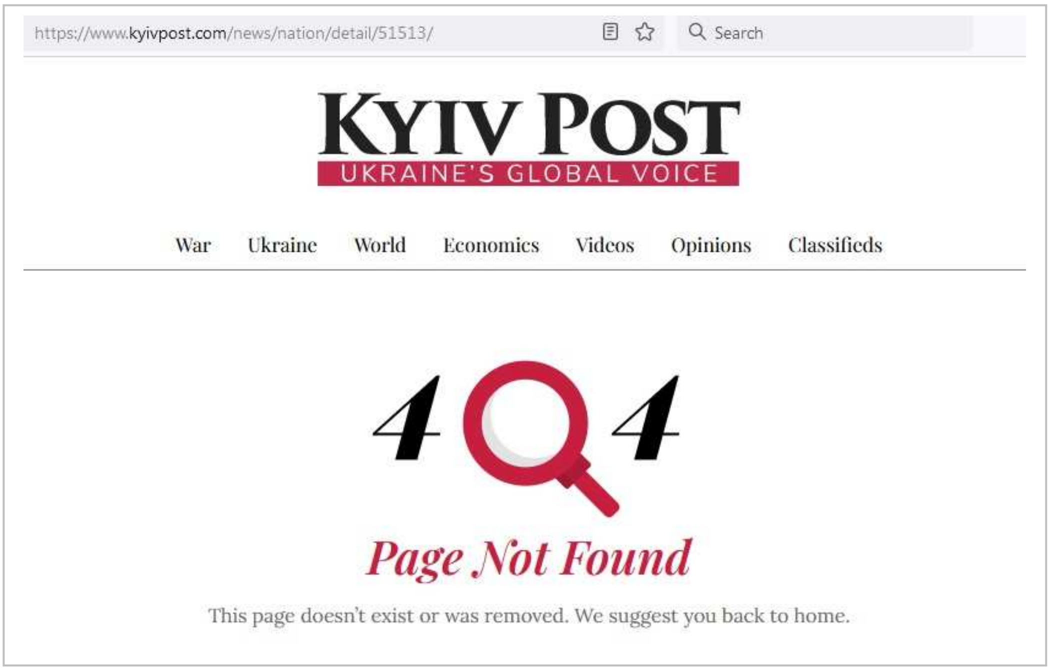

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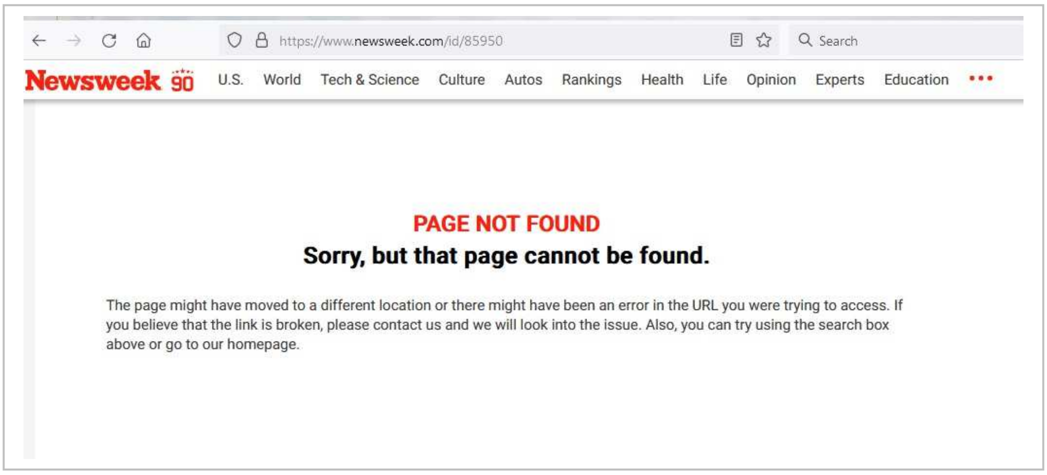

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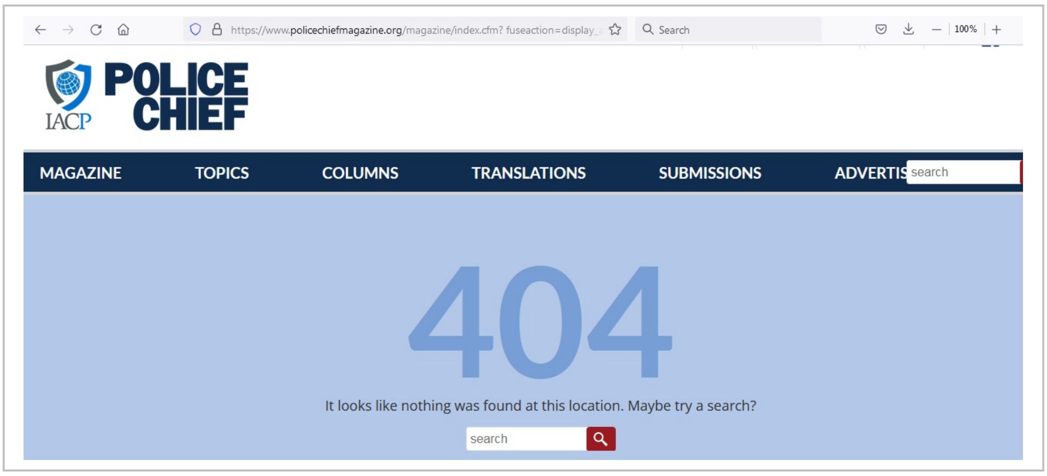

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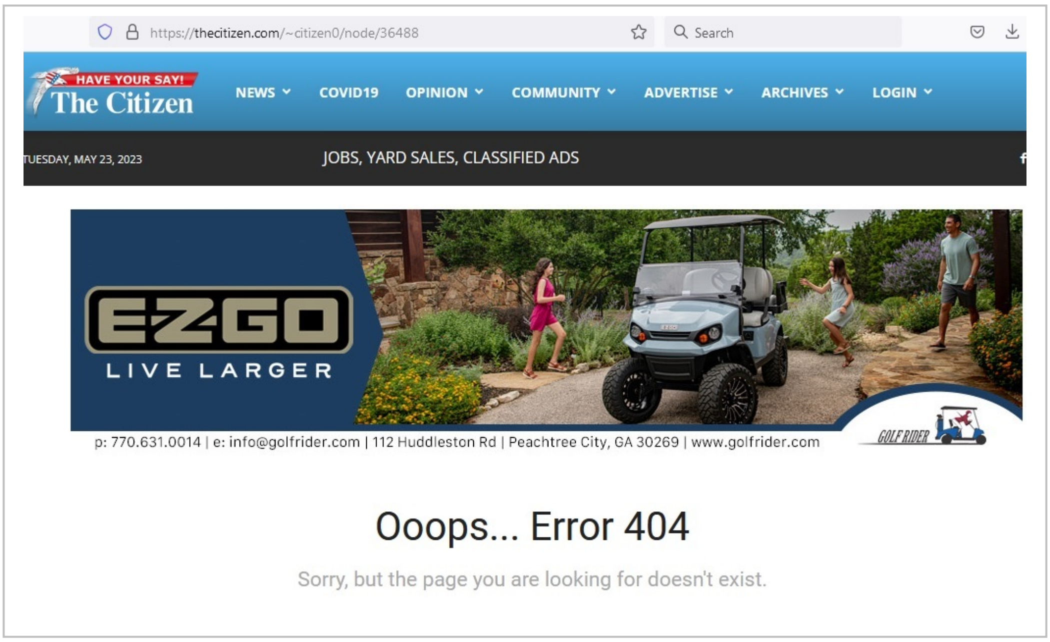

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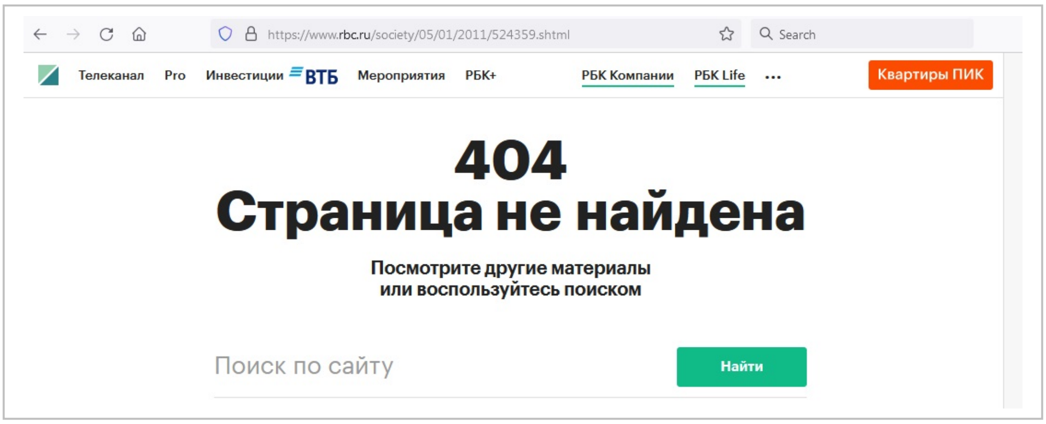

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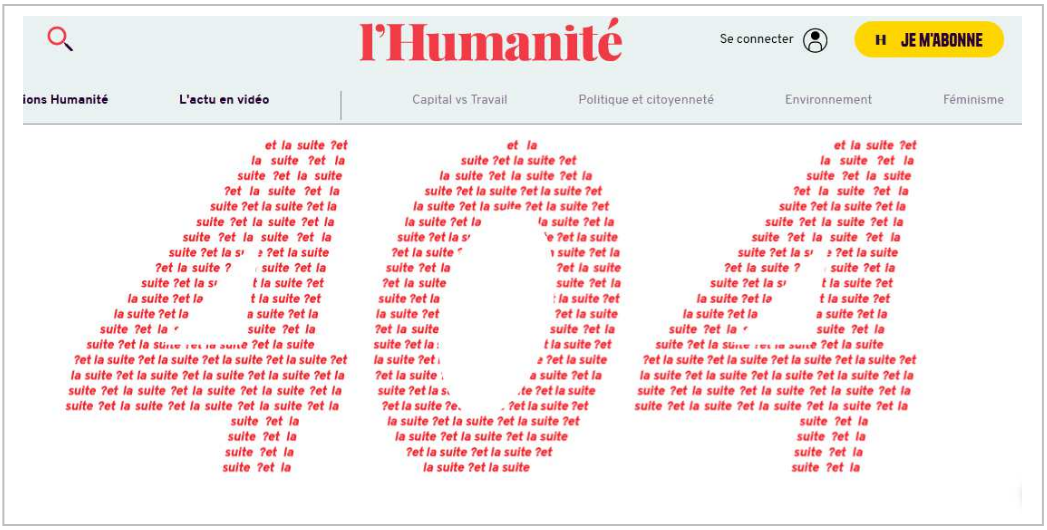

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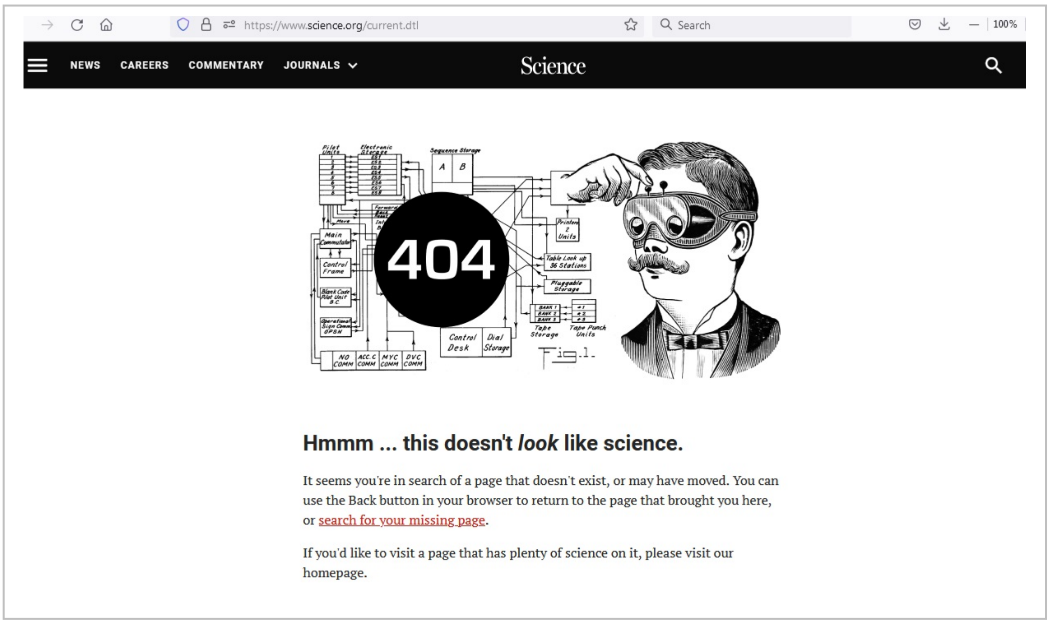

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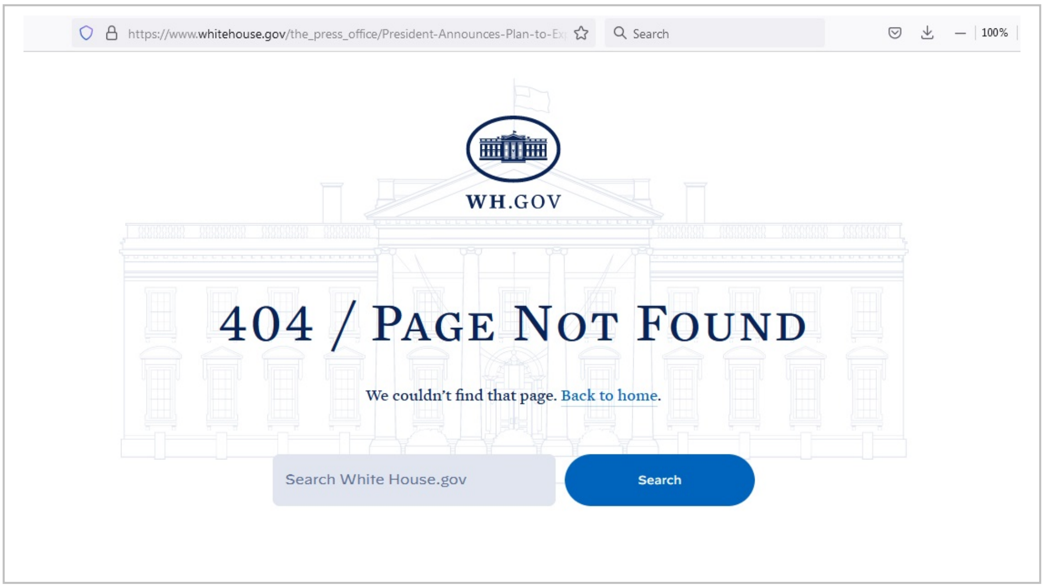

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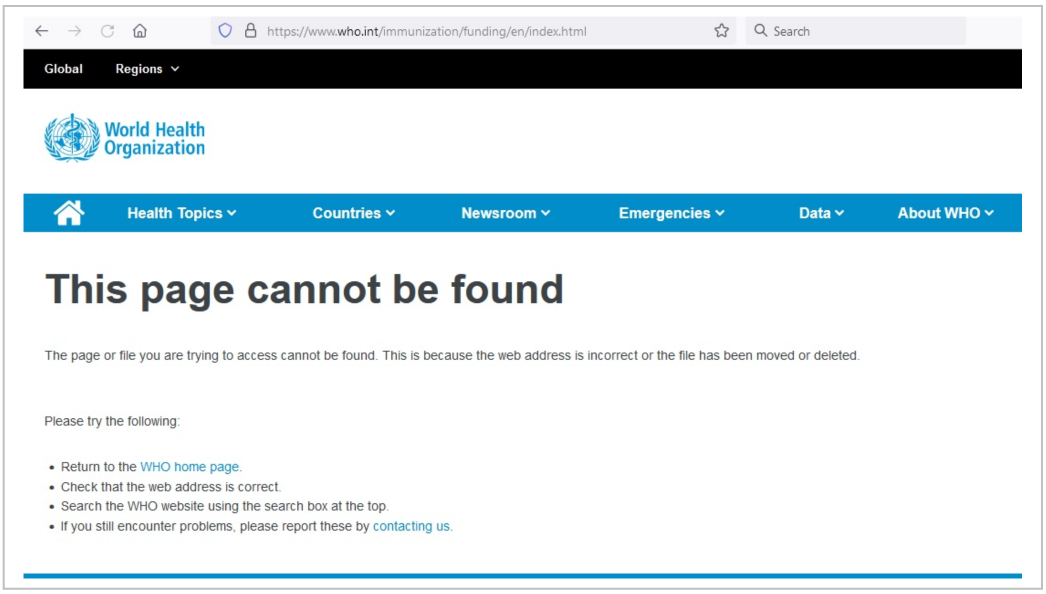

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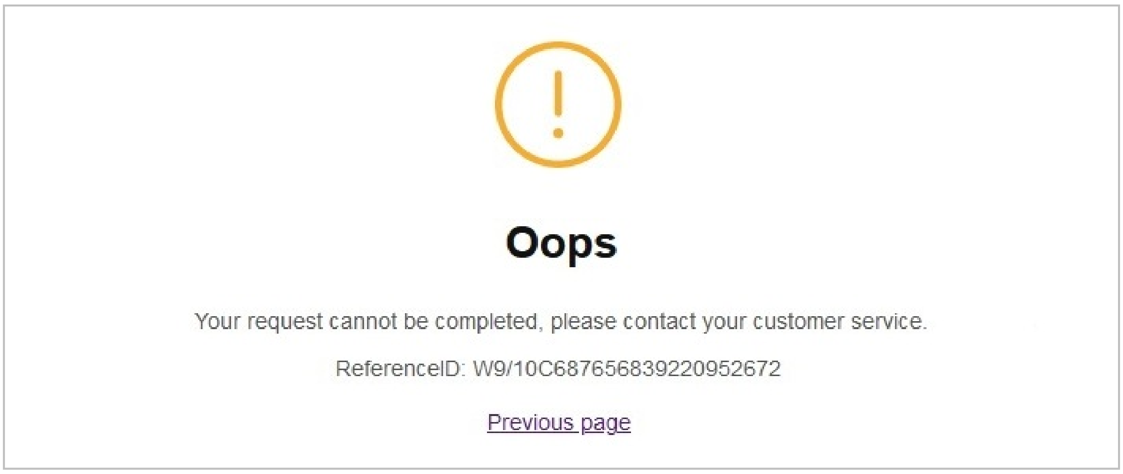

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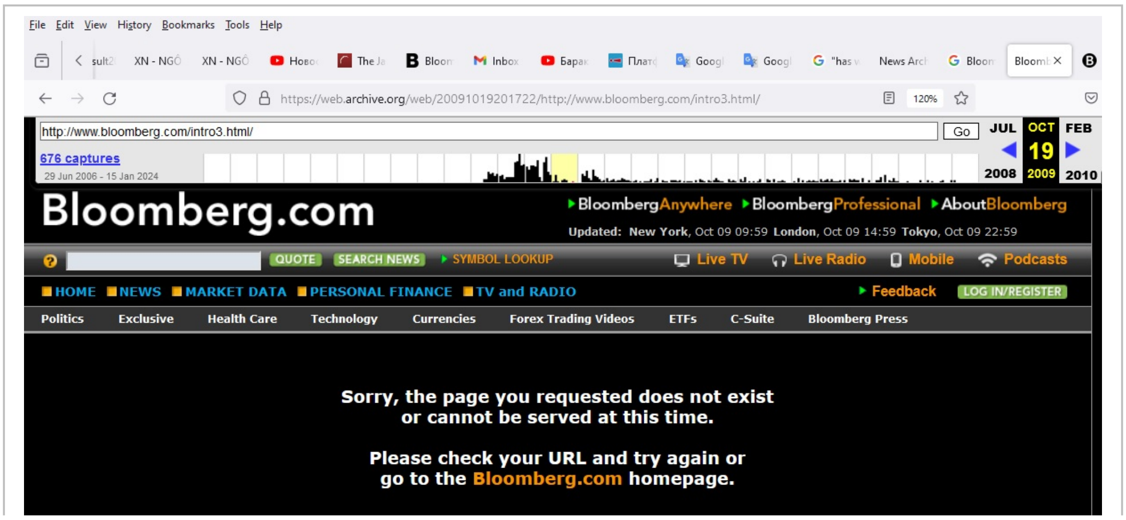

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